

Foundation of Men's Health (ed.)

# Sexuality of Men

3<sup>rd</sup> German Men's Health Report

*Condensed version*



Psychosozial-Verlag

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Foundation of Men's Health (ed.)

# **Sexuality of Men**

**3<sup>rd</sup> German Men's Health Report**

**Condensed version**

With contributions from Aisha-Nusrat Ahmad, Sabine Andresen, Doris Bardehle, Klaus M. Beier, Jens Borchert, Martin Dinges, Nicola Doering, Anja Drews, Talke Floercken, Annette Gueldenring, Farid Hashemi, Michael Hettich, Michaela Katzer, Torsten Kettritz, Theodor Klotz, Bernhard Koennecke, Tillmann H.C. Krueger, Phil C. Langer, Torsten Linke, Kirstin Linnemann, Michael J. Mathers, Carl-Philipp Meyer, Gunter Neubauer, Jorge Ponseti, Thomas V. Rieske, Arn Th. Sauer, Boris Schiffer, Katinka Schweizer, Kurt Seikowski, Udo Sierck, Kurt Starke, Matthias Stiehler, Heino Stoever, Harald Stumpe, Stefan Timmermanns, Elisabeth Tuidler, Heinz-Juergen Voss, Henrik Walter, Martin Walter und Reinhard Winter

Psychozial-Verlag

## **Definition of Men's Health**

At the invitation of the Men's Health Foundation, a group of experts developed a new definition »Men's Health« in April 2013. The definition has reference to the WHO concept of »Health« and includes dimensions of health and disease, risk and protective factors that require special prevention and care services for all phases of life (Gesundheitswesen 2015; 77 e30-e39. © Georg Thieme Verlag KG Stuttgart – New York. ISSN 0941-3790).

## **Definition of Men's health, developed by the Foundation of Men's Health, Berlin 24/4/2013**

Men's health encompasses the dimensions of health and diseases which are particularly relevant to men and boys.

Health is a state of physical, psychological and social well-being resulting from a balance of risk and protective factors which is the responsibility of the individual, the partners, as well as being a collective responsibility.

Protective factors are a healthy and conscientious lifestyle, accepting one's strengths but also weaknesses as a man, meaningful experience and zest for life, social support and personal recognition.

Especially in men the risk and protective factors are unequally distributed, depending on education, ethnic and social background, income and professional position.

Health problems in men require special preventive and care services throughout life, which for the most part still need to be developed.

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# **National and international significance of the *Sexuality of Men – Men’s Health Report***

Men’s sexual health is too often seen as being just about HIV, syphilis, chlamydia or other sexually transmitted infections. The definition is sometimes broadened to include problems like erectile dysfunction and premature ejaculation. These issues are, of course, extremely important and deserve much more attention.

But the authors of this unique, timely and authoritative report are to be congratulated for adopting a much more comprehensive view of sexual health. As they rightly demonstrate, sexual health for men is about well-being as well as diseases, it is an issue across the lifespan and for men of all sexualities, and is inextricably linked to male gender roles and norms. It is particularly heartening to see that the sexual health of older men, disabled men and transsexual men are covered in the report as these are prominent among the groups of men too often overlooked.

This report is significant for the development of men’s health work in Germany but also in Europe and much more widely.

Men’s health researchers, practitioners and advocates around the world should both learn from it and seek to replicate it in their own countries.

*Peter Baker*  
*Director of Global Action on Men’s Health*  
*[www.gamb.org](http://www.gamb.org)*  
*UK, January 27, 2017*





# Foreword

We encounter the topic of sexuality everywhere: in films and books, in advertising, in press and on the internet. But how is the situation of sexual health in Germany? Although the scientific interest in masculine sexuality has grown over the last few decades, data that is reliable for many aspects is missing.

The present Third Men's Health Report, which was developed in collaboration with the Men's Health Foundation and the Institute for Applied Sexual Studies at the Merseburg University of Applied Sciences, provides a current insight into the diverse facets of the sexuality of men from both social and medical perspectives. 40 experts from various disciplines have analyzed in 31 contributions the state of progress achieved, presented deficits and suggested recommendations for action.

The contributions are bundled into five chapters:

1. Male sex and male sexuality (sexualities – past and presence)
2. Sexual health in the course of life
3. Heterogenous masculinities
4. Medical stress factors for male sexuality
5. Sexuality and boundaries, sexual offences

Extensive recommendations for action, which include the need to catch up on research and health care, as well as a wide range of recommendations for marginalized groups, are the subject of discussion and political consensus building.

The Survey »Men's Health: Perceptions from around the Globe«, carried out in summer 2016 in 8 countries (Australia, France, Germany, Italy, Poland, Sweden, United Kingdom and United States) with 16,000 male and female participants (commissioned by Sanofi) showed interesting results regarding men's behaviour towards health and especially towards sexual health. »Men remain reluctant to seek help for a range of sexual health problems and are still deterred

by embarrassment and a belief that the problem will go away on its own« (Foreword: Men's health: Perceptions from around the globe, [www.gamh.org](http://www.gamh.org)).

The survey underlines the concern of the third Men's Health Report.

*Foundation of Men's Health,  
Berlin  
Scientific Board*

*University of Applied Sciences,  
Merseburg  
Institute for Applied Sexual Studies,  
Department of Social Work,  
Media and Culture*

*January 2017*

# 1 Male sex and male sexuality (sexualities) – past and presence

## 1.1 Sexuality in Germany (1933–2016)

*Prof. Dr. phil. Martin Dinges*

Deputy Director of the Institute for the History of Medicine at the Robert Bosch Stiftung in Stuttgart

Sexual cultures in Germany are presented in five *periods of time* – from 1933 to the Present (Table 1). Thus, those social conditions are described, which have influenced today living persons. Disputes over *models* or »*scripts*« of sexuality, as well as the closely related *representation* in media, the *legal framework*, and finally the changing *practice* of subjects are analyzed respectively.

**Table 1: Germany – Steps of development of sexual health 1933–2016**

1933 – Ambivalent sexual policy and war experiences of national socialism
1950 – »Wild« post-war period and sexual conservative 1950s
1965 – Liberalization and commercialization since the mid-1960s
1982 – Risky sexuality and ubiquity of sexuality since the onset of AIDS
2000 – Virtualization of sex and new sexual conservatism

The *Nazi sexual politics of Natalism* (human reproduction philosophy) led to certain easings for heterosexual, healthy comrades (»*Volksgenossen*«) (contraceptives, divorces), whereas the control of the marginalized were intensified: sterilization projects for the »*imbeciles*«, applying stricter criminal laws for homosexuals, racial laws for Jews. The war offered opportunities for sexual violence, particularly within the troops. After the »wild postwar-era« conjugal sexuality was established as an exclusive leading model in the *1950s*, notwithstanding the

fact that empirical sexual research had discovered an unexpected variety of sexual practice since the Kinsey Reports. While the Federal Republic of Germany (FRG) was promoting the traditional marriage (wife at home – »Hausfrauenehe«), the increased professional activity established more opportunities for women in the German Democratic Republic (GDR). As a matter of fact premarital intercourse was reduced in the FRG. The persecution of homosexuals almost came to an end in the GDR, whereas it was intensified in the FRG. Since the *mid-1960s* left liberal scientists and media provoked liberalization and commercialization of sex, which also entailed strong proliferation of pornography. Sexual counseling services and therapies were booming, followed by a large decriminalization of homosexuality. Finally, it was the »pill« that unlinked sexuality, procreation and marriage. *After Aids (1982)* entered the scene, »safer sex« became a leading model – also favoring heterosexual practice. Commercialization increased in the FRG supported by new media (private television, video, phone sex). The German Reunification led to further legal liberalization – with regard to abortion and homosexuality. *Since 2000*, the virtualization of sex is increasing. Negative perceptions (forced prostitution, pedophilia) becoming more important, as well as fundamentalist criticism of the liberalization. The complete legal equality of homosexuals will be reached in future. The diversity of sexual practice increases also by younger people. Negotiation of sexual practice becomes standard, and auto-sexuality becomes more accepted.

## **1.2 Male Sexuality in the Digital Age: Current Debates, Trends and Data**

*Prof. Dr. Nicola Doering*

University professor for »Media Psychology and Media Conception« at the Technical University of Ilmenau (Faculty of Economics and Media, Institute of Media and Communication Science, IfMK)

Sexual health as a comprehensive concept of well-being in relation to sexuality is an ambitious goal for individuals and society alike: Not only is it necessary to recognize and solve a variety of sexual problems, but also to identify and foster the diverse, potentially positive aspects of sexuality. Focusing specifically on the sexual health of men, this chapter deals with seven main problem areas: 1. sexual violence, 2. sexually-transmitted infections and diseases, 3. unplanned procreation, 4. sexual dysfunctions, 5. sexual marginalization, 6. sexual insecurity, and 7. sexual deficit. These problem areas are complemented by eight positive aspects of male sexuality: 1. sexual pleasure, 2. interpersonal closeness and attachment, 3. spirituality, 4. fatherhood, 5. identity validation, 6. sexual competence, 7. sexual

satisfaction, and 8. physical and mental health benefits of sexual activity. The less men in Germany are affected by the aforementioned sexual problems, and the more positive aspects their sexual lives provide, the better – by definition – is their sexual health.

Although scientific interest in male sexuality has been rising in recent decades, the current state of research is still fragmentary: For many negative and positive aspects of male sexuality in Germany (Table 2) there is no empirical data available.

**Table 2: Current social trends in male sexuality**

- Liberalization and individualization of male sexuality
- Commercialization of sexuality
- Medicalization of sexuality
- Digitization of sexuality via internet

Societal trends like the individualization, commercialization, medicalization and above all the digitalization of sexuality are difficult to evaluate: What opportunities and challenges do they present, and how influential are they? In public debates, male sexuality is often either demonized or glorified, and nearly always represented stereotypically. Against this backdrop, a continued evidence-based analysis of the sexual health of men seems necessary and beneficial. The article ends with practical recommendations for science, health and education systems, media and politics. Selected practical examples and online materials complete the treatment of this topic.



## 2 Sexual Health in the course of life

### 2.1 The notion »Sexual Health«

*Prof. Dr. phil. Heinz-Juergen Voss*

Professorship based on Foundation at the Institute for Applied Sexuality Studies at the University of Applied Sciences of Merseburg

*OMR Prof. Dr. sc. med. Doris Bardehle*

Coordinator of the Scientific Board of the Foundation of Men's Health, Berlin

This article deals with the concept of sexual health (Table 3) and gives an overview of the role of the World Health Organization (WHO) in finding a definition of »Sexual Health« and its dissociation from »Reproductive Health« since 1975.

**Table 3: Key conceptual elements of sexual health**

- Sexual health is about well-being, not merely the absence of disease
- Sexual health involves respect, safety and freedom from discrimination and violence
- Sexual health depends on the fulfilment of certain human rights.
- Sexual health is relevant throughout the individual's lifespan, not only to those in the reproductive years, but also to both the young and the elderly
- Sexual health is expressed through diverse sexualities and forms of sexual expression
- Sexual health is critically influenced by gender norms, roles, expectations and power dynamics
- Sexual health needs to be understood within specific social, economic and political contexts (WHO. Developing sexual health programmes. A framework for action. 2010)

International expert organisations led by the World Association for Sexual Health (WAS), the International Planned Parenthood Federation (IPPF) and the European Federation of Sexology (EFS), have significant influence on the development of sexology in Germany.

There are numerous and highly differentiated variety of associations for sex education in Germany. This applies to a large number of medical and social scientific societies; however with regard to an alignment of courses there is even a pend-up demand. As a result approaches to action are described as to how social concepts for sexual health should be developed in Germany in the future.

## 2.2 Sexual health of boys before puberty

*Gunter Neubauer*

Graduate Teacher (Dipl.-Paed.), Managing Partner  
at the Social Science Institute Tuebingen (SOWIT)

Sexual health is a broad term that needs to be clarified and limited in relation to children and in our context, in particular towards boys. When considering the infantile sexuality, it can only refer to basal (later) reproductive health generally; insofar it is not so much related to the prevention of sexually transmitted diseases or the treatment of sexual disorders. The focus of interest is rather on the sexual development of boys until puberty (Table 4).

**Table 4: Phases of development of boys**

Age in years	Phase of development of boys	Characteristics
0–1,5	<b>Oral phase</b>	Discovery of the penis, genital masturbation
1,5–3	<b>Anal phase</b>	Plaisure gain by control of anal and urethral functions
4–6	<b>Infantil-genital phase</b>	Awareness of gender differences and sexual constancy, fear of loss of the penis and prior to being genital inferior, oedipal conflict
7–10	<b>Latency</b>	Manifest sexualisations, »drive pressure« and sexual interests decrease, masturbation as tension-regulating for mental stability
11–12	<b>Pro-puberty</b>	Development of secondary sexual characteristics, increase of erections and sexual sensations, prae-genitality, adaptation of the body image, preadoleszent regression
13–14	<b>Puberty</b>	Spermarche* and Ejakularche**, regular masturbation, increase of sexual fantasies, at the same time defense of genital impulses

(\*Spermarche: beginning of development of sperm in boys' testicles; \*\* Ejakularche: first ejaculation)



This includes the physical and psychosexual development; a »healthy« dealing with their own bodies, addressing social challenges in the context of growing up sexually and the acquisition of sexual knowledge; also questions concerning the male gender role and sexual identity. Not least, it is important to work against sexual violence already in infancy and even for boys as also for the right of sexual self-determination and protection. Finally against the background that, in turn, ideas about infantile sexuality reflect social conceptions of sexuality as a whole, the sexual health of boys is to be considered least in the context of institutional frameworks, particularly in family, day care and primary school. Exemplary practical projects or informational approaches that are explicitly related to sexual health promotion with boys are rather scarce.

### 2.3 Circumcisions of boys

*Prof. Dr. phil. Heinz-Juergen Voss*

Professorship based on Foundation at the Institute for Applied Sexuality Studies at the University of Applied Sciences of Merseburg

In 2012, the German Debate on Circumcision was raising major attention. Key topic was the dilemma between physical integrity and religious freedom. There was international concern that, in the future, it might not be possible anymore to practice the two world religions of Judaism and Islam in Germany. This article gives a brief outline of the debate, focusing on the statements of German scientific medical societies, followed by an overview of medical findings in regard to circumcision. The available data on outpatient and inpatient circumcision of the years 2014 and 2015 are shown in Figure 1.

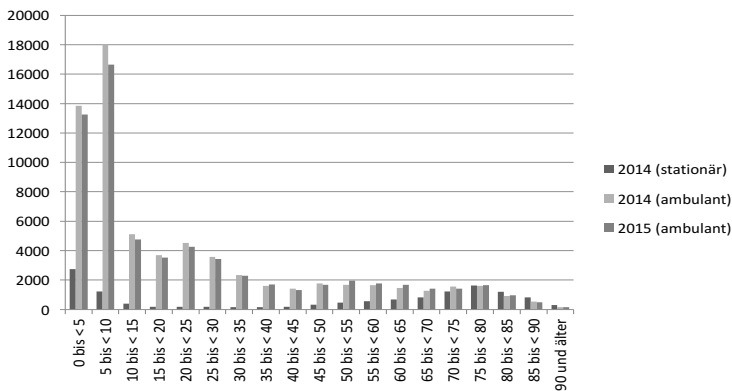


Figure 1: Number of circumcisions by age groups, Germany, 2014 and 2015

The data are incomplete because not all operations carried out as private circumcision are recorded. The article ends with recommendations for action and some concluding recommendations.

## 2.4 Sexual health of male adolescents. Indicators for male juvenile sexual health

*Dr. rer. soc. Reinhard Winter*

Managing Partner at the Social Science Institute Tuebingen (SOWIT)

Sexuality is a key aspect in the health of male adolescents. Contrary to the WHO definition of sexual health, the view on male sexuality has been mostly focusing on problems. This article now consequently pursues a perspective of sexual health of male adolescents. In the first part, the topic is discussed in regards to aspects of gender and health of male adolescents; moreover, current quantitative data is presented.

Male adolescents today are very rare fathers (Table 5). Over a period of 2000 to 2014, an average of 238 boys under the age of 18 witnessed a child.

Aborted pregnancies are not counted. These small numbers can be considered as evidence of successful contraception.

**Table 5: Live births by age of the father. Source: Federal Statistical office, download 20.01.2016, own calculation**

Age of the father from ... up to ... years	Mean of the years 2000 up to 2014 in absolute numbers
less than 15	2
15–16	8
16–17	58
17–18	170
<b>Total</b>	<b>238</b>

The second part reports exemplary results of a qualitative study on sexual health, for which experts and adolescents between the ages of 14 and 21 were interviewed.

To conclude, indicators are developed, which can characterize specific areas of sexual health of male adolescents.

## **2.5 Straight and gay: Demands and difficulties in relation to homosexuality in the male identity**

*Prof. Dr. Stefan Timmermanns*

Professorship for Social Education and Diversity in Social Work at the University of Applied Sciences, Frankfurt/Main

Research on men and boys within the last years has been influenced by Raewyn Connel's concept of hegemonic masculinity. Men not only exert power over women – there also exist hierarchies among men. The situation of gay youths and the development of their identity have been neglected in German youth research until now. Legal discrimination of homosexuals in Germany currently still persists. The consequences of stigmatisation through criminal prosecution during National Socialism and after World War II until 1969 are still recognizable today to some extent.

Gay youths on average realize their homosexuality between 13 and 16 years and do have their first coming out at the age of 17. They generally experience sexuality, intimate relationship and partnership several years after their heterosexual peers. This throws them back in the development of their identity and limits resources that they need for other tasks during puberty. Only a certain part of gay youths and men corresponds to the stereotype of a »sissy boy«. Some behave conform to gender roles, some don't. Many gay youths and men still have experiences with discrimination and social exclusion at work, in public, in school and among peers. This leads to minority stress and makes them an especially vulnerable group, which influences their physical and mental health in a negative way. The basis of a negative self-perception is established in early childhood through pejorative comments on homosexuality. Gay youths and men need protection against discrimination and exclusion as well as support to establish their self-esteem. This can be encouraged in addition by social acceptance and equal rights, but is mainly a task within the sectors of education, health and social care. Diversity in existing role models helps to develop a positive identity and self-esteem for both – straight and gay boys and men. At present, all boys and men are restricted in developing an individual understanding of manhood, which is a risk for their physical and mental health. The article terminates with a short description of examples of best practice in education, school, youth and social work as well as in health care.

## **2.6 Basics of socio-pedagogical work with male children and adolescents**

*Dr. Thomas Viola Rieske*

Research Associate at Dissens – Institute for Education and Research, Berlin

*Dipl.-Pol. Bernard Koennecke*

Managing Director at Dissens – Institute for Education and Research, Berlin

Sex education for boys can draw important insights from boys work, a field of discourse and practice that has emerged and developed in the last 40 years. Central points of discussion in this field are: How do you define a »boy« and who should be discussing sex education with them? What are the conceptions of gender? What kind of pedagogical approach is appropriate? This contribution describes recent developments and proposes an idea of boys sex education that is oriented towards diversity of boys and at relieving them from the norms of masculinity. The main aspects of such an approach are teaching boys communication skills and knowledge about their bodies, addressing topics beyond reproduction, recognizing multiple social positions of boys, and reflecting norms of masculinity that hinder boys in developing a joyful, relational and satisfying sexuality.

Recommendations for action are given

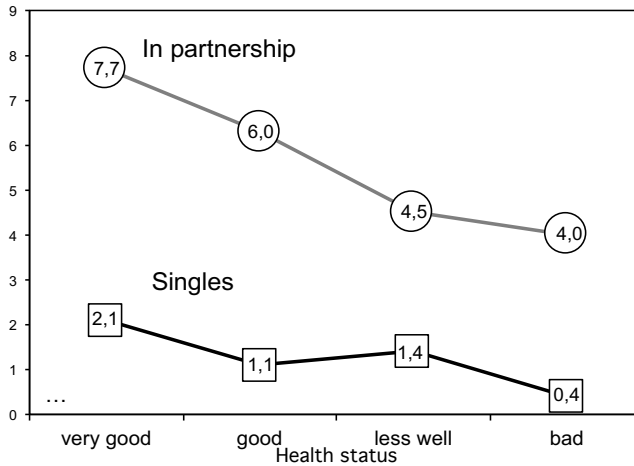
- a) for practice, explicitly by addressing the diversity of sexualities
- b) for research, e.g. realising a representative study of sex education with boys
- c) for politics, e.g. establishing a sex education based on male health

## **2.7 Sexuality in midlife**

*Prof. Dr. med. habil. Kurt Starke*

Sexologist and sexual investigator, self-employed, Zeuckritz

In the about three decades of their midlife, most men have reached a responsible position in society and profession as well as in private and family life. Beyond job and career on one hand and partnership together with family and children on the other hand, these men have to cope with a conflict of values that can only occasionally be solved optimal. This has substantial impact on their partnership and sexual behavior. Those that work too much often have no power and muse left for their love life. The others, that do not have success in their jobs or are unemployed, are at risk to get sexually lethargic as well. A part of men in this age tries by choice or involuntary to be happy and satisfied as a single, an attempt that does not always lead to success and can end in sexual precarity.



**Figure 2: Monthly coitus frequency according to health status. Source: Record relationship biographies 776: 30-, 45- and 60-year-old men**

The main part of sexual activity of the middle aged male population is conducted by men in a fixed and emotionally stable partnership (Figure 2). A positive relationship between sexual activity, well-being and health can be observed.

## 2.8 Sexuality of disabled men

*Graduate librarian (Dipl.-Bibliothekar) Udo Sierck*

Author, journalist, Gnutz

Forty years ago, specialists of education, medicine and theology worried whether disabled people had sexuality and how this could be possibly controlled. Even in the present, the subject is by no means free from exclusive prejudices. Thereby disabled men and women have to deal with body ideals that are not theirs. Accordingly they are not recognized as a lover and sexual partner at first sight. Dependencies of care and assistance generate an emotional and physical closeness, which leads to a risk of insufficient distance and sexual abuse. Such approaches are still not paid enough attention to, which look at »sexuality and disability« not as a problem but as an issue that should be supported with advice and practical solutions.

Note: In this document the term »disabled men *and women*« or disabled *people* is often used – this is due to the fact, that many experiences described apply to both genders.

## 2.9 Types of disabilities in relation to gender and health focused on men's health

*Michaela Katzer, Specialist in urology*

University of Applied Sciences of Merseburg

*Prof. Dr. med. Theodor Klotz, MPH*

Chief Physician of the Clinic for Urology, Andrology and Urology for Children, Weiden

*OMR Prof. Dr. sc. med. Doris Bardehle*

Coordinator of the Scientific Board of the Foundation of Men's Health, Berlin

Systematic and scientific data concerning the relationship between disabilities and sexuality, especially various types of disability and male sexuality do not exist. This is understandable, given the many types of disabilities (Table 6).

**Table 6: Number and proportion of severely disabled men (degree of disability 50+) by main categories, Germany, 2013. Source: Statistisches Bundesamt. Statistik 2016. Disabled persons (Schwerbehinderte Menschen). 2013. Own composition.**

Number	Main Categories	Severely disabled men (degree of disability 50+) 2013		
		End of year on 31.12.2013	Percentage of men (%) with this disability	Percentage (%) of all disabled men
1	Musculoskeletal system	959.765	49	24,9
2	Internal organs	1.092.184	58	28,4
3	Sense/communication	316.084	47	8,2
4	Cerebral palsy/cerebral and mental disabilities/ Addiction diseases	806.710	52	20,9
5	Other and unspecified disabilities, Mamma am- putation, small growth	676.825	51	17,6
1-5	<b>Total</b>	<b>3.851.568</b>	<b>51</b>	<b>100,0</b>

As there is to be distinguished between physical and mental disabilities, the complexity of the matter is even increased. An isolated focus on sexual organs and their functions (e.g. erectile dysfunction) is not appropriate. There are abundant number of studies regarding partial aspects of disability and sexuality. This is a strong indication for the importance of the issue. Therefore, the following study

shall serve as an inventory. First, various types of disabilities in general and thereafter, the restricting consequences for sexuality, in particular male sexuality shall be described. No doubt, this contribution can be no more than a beginning of a larger analysis in the future.

## 2.10 Sexuality in old age – consultation and therapy

*Priv.-Doz. Dr. rer. nat. habil. Kurt Seikowski*

Head of Department of Psychosomatic Dermatology and Urology,  
University Leipzig

Sexual health in old age most likely emerges with the reflection on developmentally altered functions of sexuality in the context of tenderness, sensuality and eroticism. Four different levels of functions of sexuality are described, with each level bringing forth developmental changes. The functions of sexuality are settled on the individual level, the couple relationship level as well as on the social and societal level.

**Table 7: Changes of the sexuality of the aging man**

- Decrease of sexual pleasure
- Erection takes more time
- It takes longer to get ejaculation
- Masturbations occur less frequently
- Chronic illnesses and drug intake lead to sexual disturbances

After having worked out the specific peculiarities of sexuality in old age (Table 7), forms for the restructuring and remodeling are described which lead to specific suggestions for counseling and therapy.

It becomes clear that men and women do approach in their understanding of sexuality and their sexual experience with increasing age.





# 3 Heterogeneous masculinities

## 3.1 Migration, flight and sexual health of men

*Farid Hashemi, student of computer science*

University of Hannover

*Torsten Linke, Graduate social worker and sexologist, M. A.*

University of Applied Sciences of Merseburg

*Prof. Dr. phil. Heinz-Juergen Voss*

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Following a brief description of the legal situation, exemplified by labor migration, this article provides an overview of the recent history of migration in Germany and subsequently turns to questions of health, and particularly of sexual health, in relation to migration and flight. Thereby the socioeconomic situation, especially with regard to health and sexual health, is being analyzed. It turns out that results with regard to labor migration differ from those with regard to forced migration. Based on the health needs identified, an overview of the current health care and supply situation for people with migration or flight experience is given. The article recommends an increase of intercultural offers and emphasizes the need for a stronger involvement of self-organizations of migrants in the development of such offers.

The article provides recommendations for the following areas:

- In order to avoid sexualized violence, legal and institutional standards for safe accommodation and care of refugees are to be ensured.
- Ensure that telephone interpreting services and presence interpreting services are available for urgent medical care.
- Ensure a good network of authorities and medical facilities in order to reduce information losses.

### **3.2 Bisexuality in the context of hetero- and homosexuality – sexual diversity and health**

*Prof. Dr. med. Harald Stumpe*

University of Applied Sciences of Merseburg

Traditional ways of thinking related to categorization also determine the individual development of identity. The need of assignment to heterosexual orientation is particularly important. The term »sexual diversity« tries to overcome the existing classification of sexual orientation and thus, to eliminate the discrimination of people with sexual needs deviating from heterosexuality. Due to the mono-sexual orientation in our Western societies, Bisexuality used to have a subordinate public significance. Henceforth Bi-oriented people begin to emancipate themselves. Sexual needs in conflict with the heteronormative attitude of the majority population, and not admitted to be autonomously lived out by the individuals concerned, may affect the physical, mental and social health to a great extent. How could this deterioration of health be prevented? Prevention is an established method recognized by society. However the unilateral pathogenetic orientation of prevention is hereby ignored; it is always about the prevention of diseases or of pathogenic risks. In contrast to this, salutogenetic approach by Antonovsky includes diseases and risks as »normal phenomena« of human life. The consequences of such thinking are compared to the considerations and perceptions of resilience research. Finally, conclusions and recommendations for the improvement of the sexual health are derived from the previous considerations.

### **3.3 Asexuality – definitions and specific references to men/masculinities**

*Talke Floercken, M.A.*

cand. PhD at the Humboldt University, Berlin

Since the beginning of the 21st century, more and more people identify as »asexual« and the media interest and research in »asexuality« is growing. Information on the frequency of asexuality in the literature ranges from 0.6% to 5.5%, Bogaert assumes 1% of the population.

Various definitions of »asexuality« are proposed in the community, activism and research. However, a key definition suggested by AVEN – currently the largest online network for asexual people – conceptualizes asexuality as the sexual orientation of people who do not experience sexual attraction. Regardless of how the definition of asexuality is exactly worded, it means a deviation from the prevailing hetero- and sexual-normative standard. This often gives rise to the discrimination

of asexual people. Asexual men/masculinities find themselves confronted with the problem that in this society a strong need for sexuality is usually attributed to men and that this contradicts concepts of asexuality. However, research on asexuality, although increasing, rarely focuses on men/masculinities and health aspects – research on relationships between asexuality and diseases and disorders, as well as the study of female asexuality predominate. All the more reason to initiate further research on asexuality, men/masculinities and related health issues. At the same time visibility of asexuality, support of acceptance, eradication of discrimination and empowerment of asexual people should be pursued.

### **3.4 Health care for trans\*-masculinities: current status, needs, recommendations**

*Arn Thoben Sauer, M.A.*

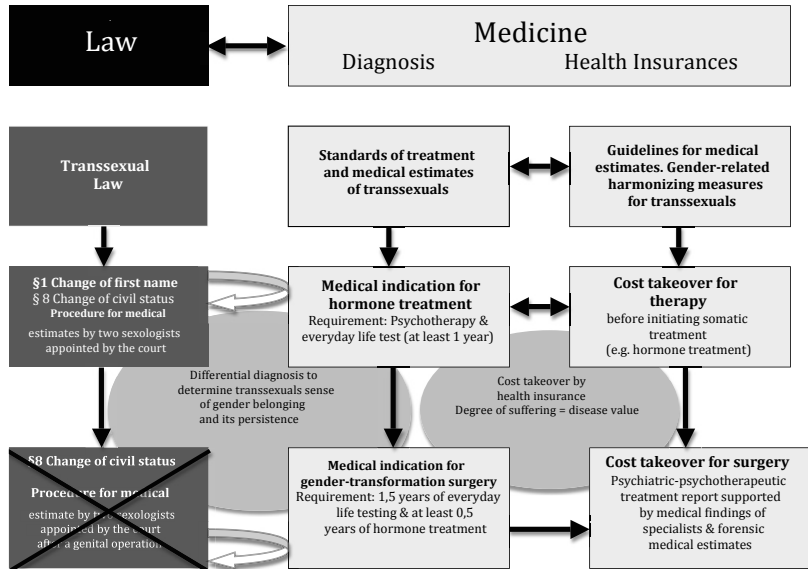
cand. PhD at the Humboldt University, Berlin

*Dr. med. Annette Gueldenring*

Senior physician at the Westkuestenkliniken Heide/Brunsbuettel, Clinic for Psychiatry and Psychotherapy, and Psychosomatic

The article concerns the health and systemic conditions for trans\* masculinities and trans\* men. Based on emancipatory, national and international trans\* research as well as experiences in the German trans\* community, the authors perform a review of the health situation of people who self-define on a trans\* male spectrum. First, transition-related psychological as well as somatic needs are considered; followed by a brief review of non-transition-related general health needs. In these contexts, the interaction of legal and medical-psychiatric regulations and their negative impacts on the health of trans\* men are also discussed (Figure 3).

A main point of critique is the naturalised, binary understanding of sex and gender and the disregard for diverse gender identities with their diverse health needs within the existing health and legal systems. Finally, the authors reflect upon possibilities for changing the current health system, which pathologises trans\* identities, to better realise and prioritise its responsibility to the well-being and health of trans\* men.



**Figure 3: Trans \* in the negotiating area between law and medicine. Source: Franzen J, Sauer A. Disadvantage of trans \* persons, especially in working life. Berlin. Antidiscrimination centre of FRG; 2010:18.**

### 3.5 Challenges of healthcare related to intersex

*Dr. phil, Dipl.-Psych. Katinka Schweizer*

University Hospital Hamburg Eppendorf; Center for Psychosocial Medicine, Institute for Sexual Research and Forensic Psychiatry

This paper addresses challenges for the experience of maleness, resp. masculinity, as well as health and health care problems of individuals with diverse sex development (dsd), i.e. intersex conditions. The main emphasis will be on the lack of predictability concerning gender identity in adulthood, as in most cases of diverse sex development (dsd), and the uncertainty that goes along with it (Table 8).

Problems being revealed are the dichotomous view on gender, the medical paradigm of feasibility and the difficulties of dealing with uncertainty and ambiguity. Restrictions in functioning requiring medical care but also iatrogenic restrictions, i.e. medically caused health problems and harm, will be pointed out. In addition, a sizable lack of adequate health care that is free of discrimination for individuals with intersex/dsd will be described. A focus will be on the health

problems of men resp. individuals experiencing themselves as male with different intersex conditions, e.g. congenital adrenal hyperplasia (CAH), androgen biosynthesis defects and Klinefelter syndrome.

**Table 8: Gender experience and satisfaction with gender allocation in adults with diverse intersex conditions. Source: Schweizer K, Brunner F, Handford C, Richter-Appelt H: Divergences of Sex Development (dsd). Psychol Sex 2014; 5: 56–82.**

Sex	Genital APPEARANCE at birth n=69	Social Gender allocation n=69	Gender role today n=69	Gender identity today n=68
Male (9%)	2 (3%)	12 (17%)	8 (12%)	6
Female (65%)	37(54%)	57 (83%)	56 (81%)	2
Further* (26%)	30 (43%)	- (0%)	5 (7%)	18

\*Ambiguous; undecided; multi-/two-gendered, intersex, third sex

The formerly common medical approach of making female appearing anatomies out of ambiguous genitalia or sex characteristics already in early childhood will be discussed, as well as »correcting« or »preventing« natural virilisation, i.e. bodily masculinisation. Consequently, the suppression of a male or intersex development can be seen as a form of discrimination.

Finally, recommendations for how to deal with intersex conditions will be given, taking into account political and judicial aspects such as the rights to self-determination, an unharmed body, medical care and an open future.

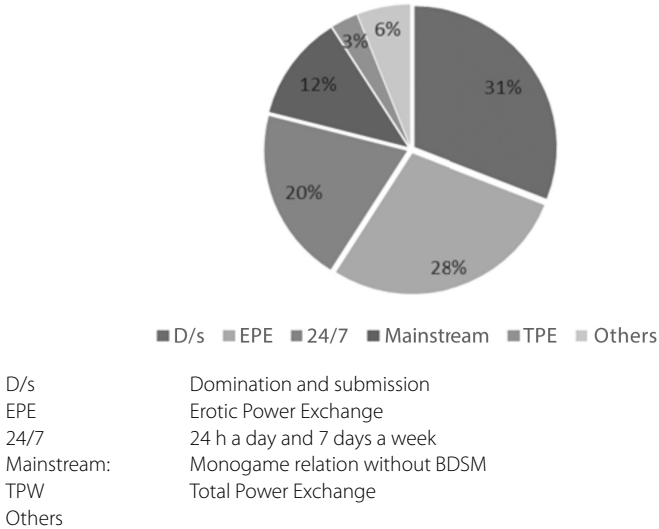
### 3.6 Sexuality and ways of life- BDSM- variations

*Kirstin Linnemann, M.A.*

cand. PhD at the University Kassel

The question of the exact meaning of the term BDSM (this is a contraction of the English terms »Bondage & Discipline, Dominance & Submission, Sadism & Masochism«) cannot be answered in a comprehensive way. Usually, BDSM is conceived as a voluntary sexual practice, proponents of which experience a sexual arousal by enduring or inflicting pain and humiliation. This understanding of BDSM, focused exclusively on a sexual approach and based on a mutual agreement, is opposed by different kinds of other life models within the BDSM culture – some of which extend far beyond a pure understanding of exclusively sexual acting. Despite the fact that BDSM seems to expand into the midst of society in recent years – in this context attention should be drawn not at least to the book

series »Fifty Shades of Gray« by Erika Leonard – BDSM is a field of sexuality and relations not much paid attention to within the academic world. This article gives a brief insight into the current state of research of life experiences and way of life within BDSM (Figure 4).



**Figure 4: Distribution of relationships in monogamous relationships**

It is pointed out that BDSM-oriented people trapped between processes of social standardized obligation and individualization cannot easily live up to and experience their own inclinations. Furthermore the necessary expansion of sexual and social scientific research on the subject of BDSM is underlined.

### **3.7 Sextoys – meaning, use, application in the context of male sexuality**

*Graduate Educator (Dipl.-Paed.) Anja Drews*

Author and expert for sexual questions, freelance, Hamburg

The sex toy business is booming. It can be estimated that the annual turnover is three-digit million. And the industry is always looking for new opportunities, complimenting the current product lines like vibrators, artificial vaginas, anal plugs and penis rings. They all work for self-stimulation as well as with partners and they can be used to sustain *sexual functional capability*. According to a survey, about 17% of couples regularly use sex toys. Another 26% of the couples occasionally use sex toys. To the use of Sex toys including their hygiene, companies now offer online sexual counseling. There's almost no research how sex toys change our sexuality, their potential and dangers. Erection and coitus typically are in the center of attention. This genital focus creates immense pressure to both sides. One wonders how the use of sex toys can release this pressure and extend the variety of sexual experiences, especially in the context of sexual problems regarding the penis and its erection. This could lead to improved satisfaction in relationships and better quality of life. Last but not least: We need well-grounded information and education about the relevance, use and possibilities of sex toys in the context of male sexuality – especially for men looking for new ways of stimulation.





# 4 Medical stress factors for male sexuality

## 4.1 Organic prerequisites of male sexuality

*Prof. Dr. med. habil. Theodor Klotz, MPH*

Chief Physician of the Clinic for Urology, Andrology and Urology for Children, Weiden

For a consideration of male sexuality, a knowledge of anatomy and physiology is indispensable. The anatomy of the penis and the physiology of erection are complex, but well understood meanwhile. The occurrence of an erection is primarily a vascular »high performance operation«, which is dependent on an intact neural and cellular communication.

Again, the most part these processes are well understood and can be influenced directly – as shown by the use of PDE5 inhibitors. Those have an effect of facilitating the erection via a defined physiological enzymatic mechanism. However, the regulatory mechanisms for a smooth muscle relaxation have to be basically intact. This explains why a chronic injury of the smooth muscle and/or a harmed neural control of the cavernous lead to erectile dysfunction difficult to treat. (see section 4.3).

Coitus itself is subject to a wide variability and follows different phases. Depending on the decades of life and the duration of a partnership the frequency of intercourse fluctuates (Table 9). The frequency and duration of intercourse is usually overestimated by far.

**Table 9: Average frequency of co-mating depending on the age of a man with a stable partner relationship. Source: Klotz T. Erectile Dysfunction – A Guide to Practice. Counselor. Bremen: Uni-Med Publishing; 2005.**

Age	Frequency
20–25 year old men	2–4x weekly
26–35 year old men	1–2x weekly
36–45 year old men	2–6x monthly
46–55 year old men	2–4x monthly
>56 year old men	2–3x monthly, with approximately 25% no longer carry out any sexual intercourse at all

## 4.2 Male sexuality and hormones

*Priv.-Doz. Dr. med. Michael J. Mathers,*

Urologist at PandaMED Remscheid, cooperative practice at the University of Witten/Herdecke

*cand. med. Carl-Philipp Meyer*

University of Witten/Herdecke, Faculty of Health, Department of Human Medicine

Male sexuality and hormones can influence each other, but an individual lifestyle can affect both. Nutrition, physical activity, (occupational)-stress, alcohol and nicotine consumption but also noxious substances (e. g. medical drugs) are to be mentioned as the decisive factors that influence sexuality and hormones – both positive and negative. In an informed society these individually modifiable factors should be known, so every man has the opportunity to influence his circumstances.

Persistent stress often leads to sequelae that can develop from re-occurring mental disorders. In a study, effects of psychosocial stress on sex hormones (cortisol and testosterone) on men and women were investigated. It was found that women are more vulnerable to psychosocial stress than men. One reason for this could be testosterone.

The article gives an overview of relationships of male sexuality and hormones taking a selective literature search into account, which took place in December 2015 in PubMed without a retrospective time limit.

### 4.3 Erectile Dysfunction and Premature Ejaculation

*Prof. Dr. med. Theodor Klotz, MPH*

Chief Physician of the Clinic for Urology, Andrology and Urology for Children, Weiden

Erectile dysfunction (ED) and premature ejaculation (EP = premature ejaculation) is the most common male sexual dysfunction. Over the last 15 years fundamental understanding of both disorders has been reached, so that currently a broad knowledge base exists. The therapy is based on guidelines with a high success rate. The ED is primarily a degenerative disease with an age-dependent overall prevalence of about 20% in the age group 30–70 years. Furthermore, ED can be affected by external influences, inter alia by psychological factors. The psychological strain for the patients differs strongly and depends on the individual situation of the person concerned as well as of his partnership. Approximately 80% of the patients with an ED can well be treated. In EP a primary and secondary acquired form must be distinguished. The primary EP is independent of age and affects about 20% of all men. According to the current state of knowledge, it is based on a transmitter disorder of the serotonin metabolism in the central nervous system. The secondary EP-type depends on age and correlates very often with comorbidities, especially with the ED (Figure 5).

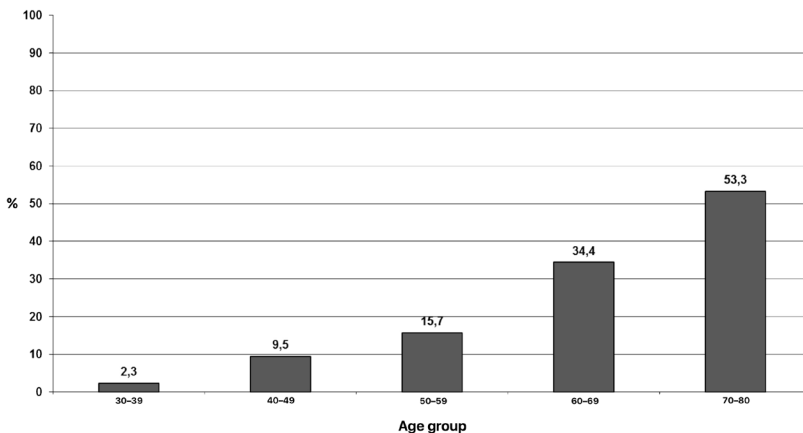


Figure 5: Prevalence of erectile dysfunction depending on age

The treatment is based on behavioral and pharmacological measures. Similar to the ED, psychological strain for the patients differs strongly and depends on the individual situation of the affected as well as of their partnership.

#### **4.4 Sexual disorder related to mental diseases**

*Dr. med. Michael Hettich*

Chief Physician of Psychosomatic Medicine at Klinikum Wahrendorff, Sehnde, Management of a consulting practice in Hanover

Because of its high prevalence sexual dysfunction in mental illness has an extreme importance of the medical care for men. At the same time sexual problems are not taken into account in the diagnosis and treatment of mental illness. Mental diseases always affect the whole human being. He is changed in his feeling, thinking and acting, but also in his body reactions. Against this background it is understandable that 50% to 90% of mentally ill people also suffer from sexual problems. Sexual problems occur in mood disorder, anxiety and obsessive-compulsive disorder, as well as in addiction disorders, psychosis and personality disorder. Mental illness is a complex disorder with many psychosocial stress factors, which have a negative impact on interpersonal relationships and leading therefore to difficulties in sexual life. In the treatment of mental disorders sexual disorders have to be actively checked and when needed to be included in the treatment planning. A stronger emphasis on this issue is therefore required in the training of doctors and psychotherapists.

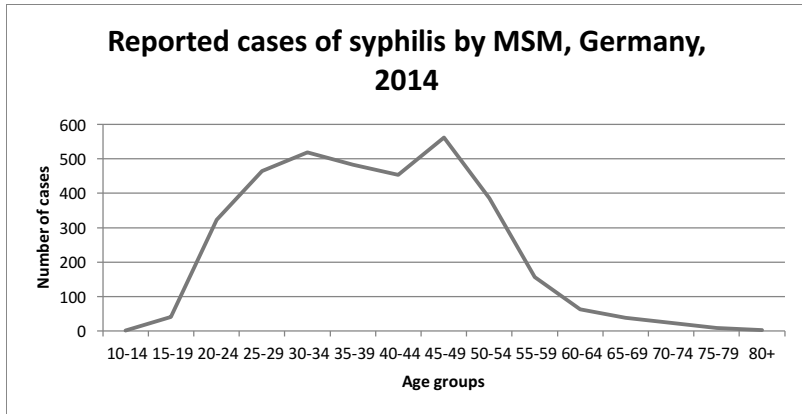
#### **4.5 Sexually transmitted infections and their importance for men's health and sexuality**

*Dr. phil. Matthias Stiehler*

Chairman of the Dresden Institute for Adult Education and Health Sciences and the Head of the Aids and Sexually Transmitted Infections Center at the Dresden Health Office

Sexually transmitted infections (STI) are part of sexuality. Since the years after 2000 an increase in this group of diseases is recorded. Here, a relationship between HIV infection and the infection with the classical bacterial STI is seen. HIV prevention since the early eighties has also led to a decrease in gonorrhea, chlamydia and syphilis. All of these infections in the wake of changed treatment options of HIV are rising again and fall more in the focus of medicine and prevention. The same also applies to sexually transmitted viral infections (Hepatitis, HPV).

In almost all of these STI men are more affected than women. In Germany, as in most Western countries, the transmission from man to man plays the biggest role (Figure 6).



**Figure 6: Reported cases of syphilis, pathway of infection: MSM for age groups, Germany, 2014**

However, heterosexual transmission is more important worldwide. The meaning of sexually transmitted infections for the understanding of male sexuality results from the apparent sexual behavior of men. It is marked on cultural and social influences by significantly greater promiscuity and willingness to take risks. The prevention of sexually transmitted infections, therefore, needs a gender approach, which also includes the lifestyle of men.

## **4.6 Chronic diseases and masculinity – an intersectional perspective**

*cand. PhD Aisha-Nusrat Ahmad, M.A.*

Research Assistant at the International Psychoanalytic University Berlin (IPU)

*Prof. Dr. Phil C. Langer*

Professor of Psychoanalytic Social Psychology and Social Psychiatry at the International Psychoanalytic University Berlin (IPU)

Chronic diseases are one of the most widespread and most serious health problems worldwide.

The European Health Report »The State of Men's Health in Europe« notes that an average of 33% of women and 29% of men are affected by at least one chronic disease in EU countries.

Approximately 60% of the deaths worldwide are due to chronic non-infectious diseases. Whereas the risk to acquire a chronic disease as well as being able to use proper health care that allows a successful coping with chronic disease(s) are unequally distributed. The social inequality refers e.g. to gender, sexual preference, age, social status and ethnicity. With recourse to masculinity theories the article illustrates the consequences of chronic disease on the sexual health of men. Based on selected study findings to especially prostate cancer and HIV, research gaps are pointed out since the data available on masculinity and sexuality in the context of chronic diseases is only presented in a very fragmented way. Additionally, the article points to the need of an intersectional approach for understanding sexuality and masculinity for men that are affected by chronic disease. Especially since little is known so far about the socio-cultural different images of masculinity in the context of chronic disease(s) and the impact of these on the (re)negotiation of masculinity in different life situations.

# 5 **Sexuality and boundaries, sexual offences**

## 5.1 **Endangerment of the best interest of the child. Burden for adolescents concerned**

*Prof. Dr. phil. Sabine Andresen*

Professorship for Social Pedagogy and Family Research at the Faculty of Education at the Goethe-University of Frankfurt am Main

The condemnation of violence, as a method of education is a historically new phenomenon. The best interest of the child and its endangerment are vague legal concepts. This makes the competence of all professional groups working with boys and girls, particularly necessary. The article deals with the concept of child welfare and child endangerment. The concept of child well-being aims at a balance between the needs for care, attention and guidance of children on the one hand, and child's striving for freedom and autonomy on the other. An extreme form of hurting children and exploiting their specific vulnerability is child abuse in the family, in family-like institutions such as state permanent home education facilities and in educational institutions.

Furthermore, the article refers to empirical findings and the data available on the »educational assistance«. The results of a representative study from the year 2014 show that events such as ill-treatment, violence (including sexual violence) and neglect of children lead to mental impairments. An expertise on current frequency data on sexual abuse in Germany showed 1.0% for boys and 5.0% for girls (with body contact) up to 14 years of age.

In conclusion, the article outlines four action-guiding perspectives.

1. Design the framework conditions to improve the assessment of the vulnerability of children
2. Designing the principle of advocative ethics, which takes account of the interests of children
3. Improvement of the basic conditions for the assistance and counseling of children affected – disclosure. At present, only 2% of affected children turn to pedagogical specialists.
4. Politics, research and practice should agree on the general conditions.

## **5.2 Perspectives on sexual violence and sexual transgressions among adolescents – Peer Violence**

*Prof. Dr. soc. Elisabeth Tuider*

Professorship of Sociology of Diversity in the Department of Social Sciences at the University of Kassel

Peer Violence, i.e. sexual violence among adolescents, is an extended unknown territory of the violence and health research. There is an increasing number of public debates and reports on sexting, cyber-mobbing and dating violence of a supposedly »sexually neglected youth«, but hardly any research exists that focuses on young people's views on sexualized violence among young people. What do young people see and define in their daily life experience a sexualized violence?

In this contribution, perceptions of sexual violence of adolescents are presented and in particular the question is focused, whether there are different perceptions of everyday situations as sexual transgression in relation to the self-awareness of the adolescent being a »typical boy«, »rather a typical boy« or »somehow between typical boy and typical girl«. The lower sensitivity to everyday transgression noticed by those adolescents, who evaluated themselves as »typical boy«, is placed in the context of current theories of masculinity. A higher sensitivity, regarding to sexualized violence were more frequently found at those young people who define themselves »somehow between« and »rather a typical boy« – probably due to their experience of sexual and gender discrimination and hate-speech. Peer violence can therefore be seen as an argument of the struggle with a fierce masculinity, which must be defended.

Finally, a »culture of a closer look and a better listening« is promoted, which includes a not self-evident, denaturalized and queered view on masculinity and violence.



### 5.3 »Offender« and »victim« too: Boys and young men with a sexual assaulting behavior

*Graduate Educator (Dipl.-Paed.) Torsten Kettritz*

Staff member of the Mobile Advisory and Information Center of Sexualized Violence Gernrode/Dessau. Lecturer (sexualized violence, sexual education, trauma education) at University of Applied Sciences of Merseburg

There is a distinction between sexualized border violations resulting from ignorance or misjudgment, and sexual assaults that do not happen accidentally. Sexual assaults are aggressive and violating sexual acts against the will of those affected.

From the German criminal statistics it can be seen that about 14,000 children are affected by sexual abuse annually, among them 25% are male and 75% are female.

Contrary to the often practiced approach that takes boys and young men showing sexual assaulting exclusively as perpetrators, this article examines the topic in a multidimensional manner. For this purpose, the dispute is first approached on a notional level. Sexual assaulting is not regarded as fixed behavior as behavior is subject to change. The point is not finding a binding guiding principle but to act with adequate linguistic care, both in scientific discourse as well as in the fields of practical work. This primarily serves the purpose to avoid stigmatising the children and adolescents concerned. This paper intends to discuss the possible ratio between former victims and future offenders taking into regard the appropriate differentiation and the risk of revictimisation. A central concern of the article is to look at each individual boy in his diversity in the work with boys and young men with sexually transcendent behavior while moving away from the closely delioriented work towards holistic approaches.

## **5.4 Pedophilia and sexual abuse of children: psychological and neuroscientific perspectives**

*Prof. Dr. med. Tillmann HC. Krueger*

Senior Physician, Head of Division of Gerontopsychiatry and Day clinics, and Associate Professor at the Department of Psychiatry, Social Psychiatry and Psychotherapy at the Center for Mental Health at the Hanover Medical University

*Prof. Dr. Med. Martin Walter*

Professor and Deputy Director at the Department of Psychiatry and Psychotherapy at the University Tuebingen

Co-authors from NeMUP (Neuronal Mechanisms Underlying Pedophilia and child Sexual Abuse) research consortium:

*Prof. Dr. med. Dr. phil. Henrik Walter*

*Prof. Dr. med. Klaus M. Beier*

*Associate Professor (PD) Dr. phil. Dipl.-Psych. Jorge Ponseti*

*Junior Professor Dr. Boris Schiffer*

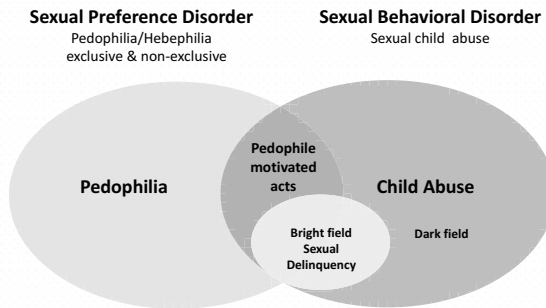
The public debate regarding the sexual abuse of children and adolescents has resulted in the past several years in the development and intensification of preventative- and research-related projects that focus not only on victims, but also on potential offenders. Of particular interest for diagnosis, prevention, treatment, and prognosis are assessments that allow a better understanding of sexual preference disorders, as well as offending behavior punishable by law. With a better understanding of how these disorders and behaviors develop come also opportunities to develop better treatments and prognosis, especially for those who have already offended or those who are at high risk of doing so.

New prevention-based projects and the research of sexual offending against children and the related preference of pedophilia, examining primarily the clinical, neuropsychological, and neurobiological correlates thereof over the last 10 years in Germany, have taken a primary role worldwide in the development of other projects. The Prevention Project »Dunkelfeld« (EN: Dark Field), with over 11 clinics in Germany, is a primary example for treating pedophilic men in the Dark Field (those who have not offended or not yet judicially known) in order to prevent future offenses (see Figure 7).

The BMBF-financed multi-center research project NeMUP (Neuronal Mechanisms underlying Pedophilia and Child Sexual Abuse) dedicated itself to examining the neurobiological mechanisms and correlates of pedophilia and sexual offending against children. Besides the identification of pedophilia and offender

subtypes, especially in differentiating risk, NeMUP also aims at identifying neurobiological markers for behavioral control as it relates to committing offenses.

This article introduces a neglected and simultaneously problematic topic. Overall, it can be extrapolated that perhaps 1% of adult men have a pedophile preference that would meet the diagnostic criteria of the classification systems. In their own NeMUP study, 62% of pedophile men had heterosexual orientation and 38% of men had a homosexual orientation. The contribution summarizes the initial experiences and knowledge from two preventative and research projects in Germany, from which the first report for recommendations can be made.



**Figure 7: Differentiation of pedophilia (sexual preference disorder) and sexual child abuse (sexual behavior disorder)**

## 5.5 How to deal with sex offenders?

*Prof. Dr. rer. pol. Heino Stoeber*

Professorship for social sciences addiction research in the Department of Social Work and Health at the University of Applied Sciences Frankfurt am Main

For over 50 years the development of the numbers of sexual offences shows a rather slightly decreasing trend with some fluctuations- contrary to the image which mass media often propagates and which is perceived in the population, and presumably due to increased social attention, a better understanding of sexual assault and higher willingness to report offences. Unfortunately, still exists a considerable number of unreported cases against sexual self-determination, concerning both adults, as well as – in particular – children (mainly in the family setting). Sex offences are mainly committed by men, victims are mainly girls and women. It is only in the last few years that the theme was discussed that also boys and men are victims of sexual violence exerted also here mostly by men.

The number of offenders who remain in preventive detention after release from prison has more than doubled over the past ten years. Likewise, the number of sexual offenders, which are due to mental illness or addiction in custody and which then end up in a psychiatric institution has doubled. Criminal offenders are not allowed to leave the institution (Maßregelvollzug) unless they are judged to be healthy enough to be released. They used to stay four years, now it is an average of six years.

In 2003 a treatment obligation was introduced in a social therapy institute for sex offenders.

Sex offenders are normally transferred from the detention facilities to special social therapeutic institutions. Here, the focus is increasingly laid upon a cognitive-behavioral treatment program. Treating sex offenders in these social therapeutic institutions lowers the relapse rate considerably (only about 20% relapse in a relevant matter). Therefore, offers for social therapy should be made to as many sex offenders as possible. At present, the available places do not yet meet the demand.

## **5.6 Male sexuality in prison**

*Prof. Dr. phil. Jens Borchert*

Professorship for Social Work Science in the Department of Social Work,  
Media Culture at the University of Applied Sciences of Merseburg

This article ponders how duration of imprisonment may affect the sexual behavior of men. The number of prisoners was reversed from 2011 to 2014 (Table 10). There are mainly men in the prisons. Usually a confinement is carried out. The duration of the stay in prison is for the most part up to 5 years.

As an initial point, the actual framework is presented, consisting of firstly legal and organizational conditions and followed by voluntary and involuntary forms of male sexuality as far as they are possible and take place in detention. The state of research on this subject shows to be insufficient. There are only a few studies which tackle sexuality in custody. Usually they are based on a small sample because a greater number of respondents couldn't be reached due to structural particularities existing for surveys in prison.

Therefore, generalisation cannot be made so far. Studies with a sufficient number of participants, using suitable methods for valid results, are still missing. At the end of the article recommendations for action are given, which discuss some conditions for a self-determined and fair sexuality in prison and which claim an adequate contemplation by politics and society.

**Table 10: Prisoners by sex, age and type of penal system (Strafvollzug), estimated duration of the sentence, Germany, 2011–2014**

Prisoners/Duration of the sentence	Deadline of 31st March			
	2011	2012	2013	2014
<b>Total number of prisoners</b>	60 067	58 073	56 641	54 515
<b>According to gender</b>				
<b>Men</b>	56 746	54 765	53 433	51 419
<b>Women</b>	3 321	3 308	3 208	3 096
<b>According to age-groups</b>				
<b>14 up to 18 years</b>	587	581	518	500
<b>18 up to 21 years</b>	3 110	2 916	2 748	2 341
<b>21 up to 30 years</b>	19 186	18 432	17 801	16 658
<b>30 up to 50 years</b>	29 536	28 494	27 837	27 191
<b>50 years and older</b>	7 648	7 650	7 737	7 825
<b>According to the nature of the penal system</b>				
<b>Confinement (Geschlossener Vollzug)</b>	50 307	48 451	47 374	45 574
<b>Non-confinement (Offener Vollzug)</b>	9 760	9 622	9 267	8 941
<b>Prison sentence (Freiheitsstrafe)</b>	53 464	51 811	50 631	49 097
<b>Juvenile correction (Jugendstrafe)</b>	6 099	5 796	5 518	4 910
<b>Preventive detention (Sicherungsverwahrung)</b>	504	466	492	508
<b>According to estimated duration of the sentence</b>				
<b>Up to 3 months</b>	6 165	5 852	5 716	5 854
<b>3 months up to 1 year</b>	19 876	19 180	18 835	18 345
<b>More than 1 year up to 5 years</b>	26 273	25 680	25 065	23 583
<b>More than 5 years up to 15 years</b>	5 201	4 864	4 539	4 272
<b>Life long</b>	2 552	2 497	2 486	2 461



## 6 Resumee

*Prof. Dr. med. Theodor Klotz, MPH*

Chief Physician of the Clinic for Urology, Andrology  
and Urology for Children, Weiden

The present 3<sup>rd</sup> Men's Health Report »Sexuality of Men« is the first comprehensive and interdisciplinary German – language compilation of different aspects of male sexuality. During the preparation of the report, which lasted for approximately one year, it became clear to the editors that research needs in the area of male sexuality is immense. The special feature of this report is its interdisciplinarity. The articles combine sociological and pedagogical, health sciences and medical topics, and include marginal areas of male sexuality.

*Martin Dinges* introduced the report with a historical analysis of the development of »sexual culture« in Germany in five periods (1933–2016). Here, it becomes clear that commercialization has grown strongly with the help of modern media over time. Overall, the historical view shows that a number of liberalizations have taken place in the area of male sexuality in the last few years, but the fundamentalist critique of precisely these liberalizations also increases.

*Nicole Doering* provides an up-to-date overview of male sexuality. She describes the fact that current research is still incomplete and that male sexuality in public discourse is either demotivated or stereotyped. The article provides recommendations for the promotion of sexual health, which focus on science, the media and politics.

A definition of »sexual health« is made by the authors *Heinz-Juergen Voss* and *Doris Bardehle*, who outline the ways in which social concepts for sexual health in Germany should be developed in the future. Furthermore, there is a clear need to catch up on the establishment of study courses in sexual sciences.

Naturally, a report on male sexuality must deal with all ages. For this reason, *Gunter Neubauer's* work focuses on the description of sexual health from boys to puberty. This shows that there is still a lack of practice or informative approaches for explicitly promoting boys' sexual health in Germany.

A topic controversially discussed in recent years, the »ritual circumcision in boys«, is presented by *Heinz-Juergen Voss* within the framework of the German »Debate on circumcision«. The public discussion is by no means concluded here, even if the legislature has given an opinion or »Instruction manual«.

In his contribution, *Reinhard Winter* develops indicators that could serve as characteristics of a specific sexual health of male adolescents.

The theme of homosexuality is edited by *Stefan Timmermanns*. It is shown that versatile role models, especially for boys and men, support identity development and self-awareness. The author also presents »best practice« examples in education, school, youth and social work.

In their contribution, *Thomas Viola-Rieske* and *Bernard Koennecke* describe the basic principles of sexual-pedagogical working with male children and adolescents, whereby the standards of manhood are critically reflected. This is especially relevant when the development of a pleasurable, partnership-based and satisfying sexuality is hampered by these norms.

The sexuality of the middle age is commonly what is most reflected in the public discussion. Here *Kurt Starke* shows that there are positive interactions between sexuality, well-being and health. The largest sexual activity takes place in the men's male population in a firm and emotionally stable partner relationship.

A further focus is the sexuality of disabled men. This aspect is presented by the authors *Michaela Katzer*, *Theodor Klotz* and *Doris Bardehle* in a concise inventory of facets of the sexuality of disabled men. The topic of *Udo Sierck* is extended by consulting approaches and practical solutions as well as the future development that »sexuality and disability« should not be seen as a problem in society.

*Kurt Seikowski* shows how among the sexes in older age the relationship to sexuality tends to approach. Specific features of sexuality in old age are described which lead to suggestions for counseling and therapy.



An important current topic is edited by the authors *Farid Hashemi, Torsten Linke* and *Heinz-Juergen Voss*. It deals with the sexual health of men from the point of view of migration and flight. The contribution emphasizes, in particular, the expansion of intracultural services and recommends that the self-organization of migrants be included in the development of offers.

*Harald Stumpe* describes sexual variants. As a starting point he uses – innovative – bisexuality, in order to put them into context with the two monosexualities: heterosexuality and homosexuality. Stumpe emphasizes that salutogenetic thinking, according to Aaron Antonovsky, also applies to sexual questions and can not only be the classic concept of »diseases« with regard to sexuality – and thus links the contribution of Bardehle and Voss to »sexual health«.

*Talke Floercken* deals with men and masculinity with regard to Asexuality, a topic that has so far hardly been in public discourse. Floercken recommends that the acceptance and dismantling of discrimination of asexual people should be supported.

A growing concern in recent years is the health care of trans-masculinities, edited by the authors *Arn Sauer* and *Annette Gueldenring*. It is shown how the previously more psychopathologizing health system in Germany could be adapted in order to better accommodate trans-masculinities.

*Katinka Schweizer* deals with the topic of health care and intersexuality with regard to masculinity. The recommendations for dealing with intersexuality, taking into account political and legal aspects, are particularly noteworthy.

The variations of sexuality in the sense of BDSM (The term is composed of the initial letters of the English names Bondage & Discipline, Dominance & Submission, Sadism & Masochism) describes *Kirstin Linnemann*. This article provides an overview of the current state of research on the different forms of experience of BDSM. The author continues to advocate the development of sexual and social science research on the subject of BDSM.

Undoubtedly a marginal theme, but still relevant to male sexuality, is the contribution of *Anja Drews*, who is concerned with »sex toys« and their meaning and application. The fixation on genital sexuality builds immense pressure. The question arises as to how far the use of »sex toys« can relieve this pressure, especially with sexual problems around penis and erection. »Sex toys« could lead to an increase of the relationship satisfaction and thus in general to the increase of the quality of life.

The contributions on medical-organic aspects of sexuality were created by the authors *Michael Mathers* and *Carl-Philipp Meyer*. The organic bases of male sexuality, the specific hormonal situation as well as frequent organic sexual disorders (erectile dysfunction, ejaculatio praecox) are considered. Individual therapy options are also briefly described. It is clear that fundamental research has progressed very far in recent years, and that there is now ample knowledge about the organic prerequisites of male sexual functions.

The important point of sexual disorders in mental illness is presented by *Michael Hettich*. The article describes the need for further training for the practitioners and therapists. It is recommended to place a stronger focus on these problems in the training of medical and (psycho) therapeutic professions.

The importance of sexually transmitted infections and their influence on men's health was analyzed by *Matthias Stiehler*. He stressed the need for approach to the prevention of sexually transmitted diseases, which focuses on the life-world of men.

*Aisha-Nusrat Ahmad* and *Phil C. Langer* are concerned with chronic illnesses and masculinity. The need for an intersectional approach for chronic diseases in the area of sexuality and the masculinity of affected men are presented. It is clear that so far, there are relatively few findings on how socioculturally different images of masculinity are effective in the context of chronic diseases.

*Sabine Andresen* describes the difficult topic of »Endangering Childhood« as well as the data on »Aids for Education«. The contribution is based on the concept of child well-being and endangering childhood. Furthermore, four perspectives for action are sketched out.

*Elisabeth Tuidler* presents various perspectives on sexualized violence and sexualized border crossing, making herself strong for a »culture of looking and listening«. It is important for her to have a »non-self-evident« view of manhood and violence.

The very difficult theme of boys and young men with sexually transcendent behavior, often associated with their own abuse experience, is portrayed by *Torsten Kettritz*. Contexts between victim experience and perpetrator fractions are discussed with the necessary differentiation, taking account of the risks of re-victimization. It is clear that this area is subject to a multitude of sociocultural and daily political influences.

The authors *Tillmann HC Krueger, Martin Walter, Klaus M. Beier, Jorge Ponseti, Boris Schiffer* and *Henrik Walter* have examined the topic »Pedophilia and Sexual Abuse of Children« from a psychological and neuroscientific point of view. It is clear that this area must be a research focus for the coming years. It is important to the authors that the delict-oriented approach is abandoned and that a holistic approach is coming.

The social approach to sex offenders is analyzed by *Heino Stoeber*. The author shows that the treatment of sex offenders in social-therapeutic facilities significantly reduces the risk of relapse. The resulting recommendations for action will be immediately apparent to the reader.

Finally, the topic »Male Sexuality in Prison« by *Jens Borchert* shows the problem of sexuality in custody. This is undoubtedly a taboo subject. There are at most sporadic investigations. The paper concludes with recommendations for action, which discuss some conditions for facilitating partnership sexuality in prison and demand a corresponding reflection on politics and society.

This brief description of the contributions of this 3rd Men's Health Report, »Sexuality of Men«, shows how far the framework was stretched. However, many subjects have remained unprocessed, for example, the topic of contraception and fathers. There is a great need for research both in the social sciences as well as in the medical-organic aspects. Sexuality is a topic that has been widely discussed in the media and in the public for decades. At the same time, many areas of sexuality are tabooed in our society and are not reflected.

We hope that this report, which provides recommendations for action in all contributions, serves as an information basis for decision-makers and – this would be our greatest wish – to foster research and teaching in both the social sciences, pedagogical and health sciences and medicine.

Perhaps we know more in five years, and an updated men's health report on the sexuality of men should follow. A regular reporting on the »sexuality of men and women« as well as on »intersexuality« is the basis of a well-founded discussion for the future.



# Previously published Men's Health Reports

1. First German Men's Health Report – A Pilot Report Foundation of men's Health Berlin. Eds: Doris Bardehle, Matthias Stiehler  
W. Zuckschwerdt Publishing House, Munich, Germany, 2010  
ISBN 978-3-88603-987-6
2. Second German Men's Health Report – In Focus: Mental Health  
Foundation of Men's Health Berlin. Eds: Lothar Weissbach,  
Matthias Stiehler Publishing House Hans Huber, Bern, Switzerland, 2013  
ISBN 978-3-456-85269

We encounter the topic of sexuality everywhere: in films and books, in advertising, in press and on the internet. But how is the situation of sexual health in Germany? Although the scientific interest in masculine sexuality has grown over the last few decades, data that is reliable for many aspects is missing.

The present 3<sup>rd</sup> *Men's Health Report*, which was developed in collaboration with the Men's Health Foundation and the Institute of Applied Sexual Studies at the Merseburg University of Applied Sciences, provides a current insight into

the diverse facets of the sexuality of men from both social and medical perspectives. 40 experts from various disciplines have analysed in 31 contributions the level reached and they give extensive recommendations for action.

With regard to questions of the social development of sexuality, the *Men's Health Report* provides valuable information: How does sexuality develop in the 21st century? How do we avoid sexual discrimination based on sexual orientation? How can sexual offenses be further reduced?

**Doris Bardehle**, OMR Dr. med., Specialist in Social Hygiene/Social Medicine and Coordinator of the Scientific Board of the Foundation of Men's Health, Berlin

**Heinz-Juergen Voss**, Prof. Dr. phil., graduate biologist, Professor of Sexual Science and Sexual Education at the University of Applied Sciences Merseburg and Head of the Research Project »Protection of Children and Adolescents from Sexual Trauma« and the EU-Project »Training in Sexual Education for People with Disabilities.«

**Theodor Klotz**, Prof. Dr. med., MPH, Chief Physician of the Clinic for Urology, Andrology and Urology for Children, Weiden

**Bettina Staudenmeyer**, B.A, M.A., Sociologist and Social Theorist. She is a freelance social scientist in Jena for the University of Applied Sciences Merseburg and for the Research Institute »tifs« in Tuebingen.

