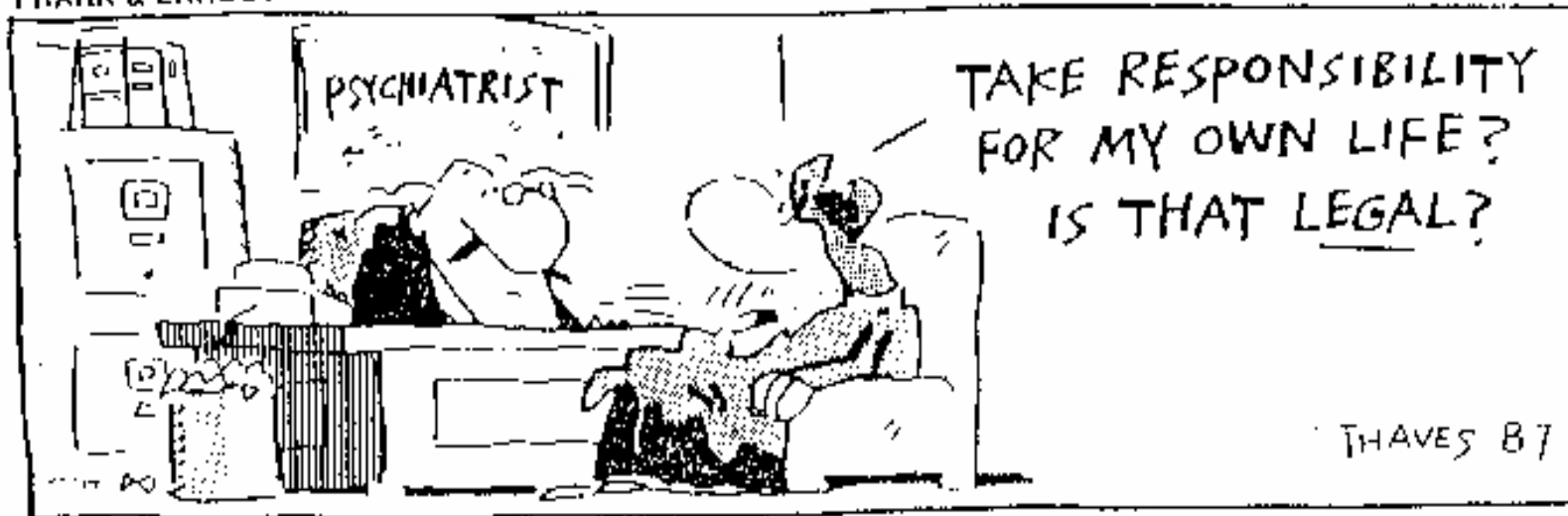


FRANK & ERNEST

Bob Thaves



Men and Trauma

Pat Risser

Email: parisser@att.net

Download this Presentation at:

<http://www.PatRisser.com>

What Makes a Man a Man?

Social Myths:

1. Athletic Prowess* (The ability to dominate other men)
2. Sexual Prowess (The ability to dominate women)
3. Financial Prowess (The ability to dominate everything)

Myths are important because they impact on how and what we feel.

* NOTE: This is generally considered the only time it is okay for men and boys to openly express emotion; when there's a ball involved.

These are "myths" of what it means to be a "man" because at the end of our lives, as we look back, the actual important things, those things that will matter if we're to consider our life a "success" will be:

1. Relationships – Was I a good husband, father, friend, etc.

2. Community – Did I contribute anything? Did things change for the better? Did I have a positive impact?

Some of the essentialist constructs making a **man a man**, is that **he** can defend **himself** and that **he** is sexually virile, dominant and possibly aggressive. Other traditional constructs of the **male** role, or masculinity, may include an emphasis on competition, status, toughness, and emotional stoicism. Contemporary scholars of **men's** studies view certain **male** problems such as violence, devaluation of women, fear and hatred of homosexuals, detached fathering, and neglect of health needs as unfortunate, yet predictable results of the **male** role socialization process.

Daphne, J: A new masculine Identity: gender awareness raising for men –
Agenda Vol. 37

What accounts for the differences between Men and Women who develop PTSD?

- 1. The nature of the traumatic event**
- 2. Biology**
- 3. Social/Cognitive**
- 4. Other factors**

Defining Trauma

Trauma is the experience of interpersonal violence and victimization over the lifespan including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.

(National Association of State Mental Health Program Directors)

- This definition *intentionally* does not allow *us* to determine whether a particular event is traumatic; that is up to each survivor.
- This definition provides a guideline for our understanding of a survivor's experience of the events and conditions of his/her life.

Prevalence of Trauma

90% of public mental health clients report having been exposed to trauma; Detroit Area Survey of Trauma: approximately 94% lifetime exposure; men reported 5.3 traumatic events (4.3 for women)

(Mueser et al, 2004)

Up to two-thirds of men and women in SA treatment report childhood abuse and neglect; National Comorbidity Survey: 61% of men (51% of women) reported at least one traumatic event

(SAMHSA CSAT, 2000)

71% to 90% of adolescent and teenage girls and 23% to 42% of adolescent and teenage boys in a Maine inpatient substance abuse treatment program reported histories of childhood sexual abuse.

82% of all adolescents and children in continuing care inpatient and intensive residential treatment programs in Massachusetts have histories of trauma as discovered in medical record reviews.

95% of male serial killers were sodomized as children.

Most self injurers have a history of childhood physical or sexual abuse. 40% of self-injurers are men

Elements of the traumatic experience:

- May be an isolated event or prolonged and repetitious
- Will have different impact depending upon the age and circumstance of the victim
- Are more likely to produce harm if they threaten life or bodily integrity
- Are more likely to produce harm if the person is exposed to extreme violence or death
- Are more likely to produce harm if the person is trapped, taken by surprise, or exposed to the point of exhaustion
- May include active victimization, coerced witnessing of atrocity, coercion to participate in the victimization of others
- The specific characteristics are important:
 - loss of control
 - helplessness
 - unpredictability
 - arbitrary or inconsistent rules
 - invasiveness
 - isolation
 - constant terror
 - blaming the victim
 - periods of remorse or special treatment from perpetrator

Types of Childhood Trauma

- Medical procedures, esp. anesthesia and prolonged immobilization
- Illness of self or family member
- Loss of a parent or close family member
- Separation/divorce
- Death of a loved one or caregiver
- Natural disaster/accident
- War, either as victim or family member serving in military/refugee
- Poverty
- Parent with substance abuse or mental health struggles
- Oppression due to race, religion, sexual orientation, class, culture, disability...
- Witnessing violence
- Sexual abuse – incest, date rape...
- Physical abuse
- Bullying
- Psychological/Emotional abuse
- Physical neglect
- Emotional neglect
- Torture/Ritualized abuse

Lasting Effects of Trauma

Effects are neurological, biological, psychological and social in nature, including:

- Changes in brain neurobiology
- Social, emotional, and cognitive impairment
- Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self injury, sexual promiscuity, aggression)
- Severe and persistent behavioral health, health and social problems, and early death

(acestudy.org: *Felitti et al, 1998; Herman, 1992*)

Factors in determining PTSD

1. The Event(s)
2. The perception of the event by the individual
3. The assessment of symptoms by a professional

The DSM

Our labels barely even begin to describe the complex interrelated, physical, psychological, social and moral impacts of trauma; and they are almost entirely inadequate in helping us know what to do to help.

Sandra L. Bloom, MD

Recent Violence Among Men with Severe Mental Disorders

In past year, 8% experienced **sexual** assault

In past year, 34% experienced **physical** assault

Prevalence of Physical Abuse Among Males

Community samples: >30%

Clinically-identified samples higher

58% in childhood

79% in adulthood

86% lifetime

Prevalence of Sexual Abuse Among Males

Community samples: 4-24%

Clinically-identified samples:

Men with severe mental disorders: ~30-35% in childhood and ~25% in adulthood

Male runaway youths: 38%

Almost 100% of male/boy prostitutes

Identified Risk Factors for Male Sexual Abuse

- Under the age of 13
- Nonwhite
- Low socioeconomic status
- Not living with their fathers

Issues in Male Trauma Prevalence Estimates

- Definitional ambiguities and differences
- Under-reporting
 - Gender role barriers
 - Cognitive barriers
- Under-recognition
 - Unasked or unclear questions
 - Stereotypes minimizing prevalence
 - Stereotypes minimizing impact
 - Lack of service resources
- Inadequate follow-through

Initial Impact of Trauma on *Males*

“Externalizing” behaviors
aggression, delinquency, truancy
substance abuse
sexualized behaviors
Physical and somatic complaints
Emotional reactions

Long-Term Impact of Trauma on *Males*

Low self-esteem and depression
Work and school difficulties
Relationship difficulties
Substance abuse disorders
Sexual problems
Aggression and interpersonal violence
High-risk/high-stimulation behaviors

Difference in Impact of Trauma for *Men* and *Women*?

Exposed to different types of trauma
Exposed to different characteristics of trauma (even if trauma is same type)
Different attributions about trauma
Different coping styles
Different trauma sequelae (after effect or consequences)
Different “cultures”

Gender and Trauma Exposure

Community samples

Overall rates of exposure depend on definition

Women report more sexual assault and child abuse

Men report more physical assault, combat, life-threatening accidents

Individuals with severe mental disorders

Women report more child sexual abuse and sexual assault in adulthood

Men report more attacks with a weapon and witnessing a killing or serious injury

Gender and Child Sexual Abuse Trauma Characteristics

Women report more negative coercion (force and threats)

Men report more positive coercion (rewards or promised rewards)

Women more likely to report multiple victimizations

Women more likely to report abuse by close family member

Gender and Trauma Attributions

Men less likely to report extreme fear in response to similar traumas

Women more likely to blame themselves

Women more likely to hold negative views of themselves

Women more likely to perceive the world as dangerous

Women more likely to experience betrayal trauma

Gender and Coping Styles

- Women more emotionally expressive
- **Men** more action-oriented
- Women: Nend and befriend
- **Men**: Nfight or flight

Gender and Trauma Sequelae

- **Boys** more Nexternalizing and girls more Ninternalizing
- **Boys**: more aggression, truancy, substance use
- Girls: more depression, anxiety
- Women more likely to develop PTSD

Gender and Culture

- Gender role expectations shape the ways in which trauma is experienced
- These expectations shape the ways in which trauma is interpreted
- These expectations shape the ways in which trauma recovery proceeds

Facts about Sexual Abuse of *Boys* and its Aftermath

Up to one out of six **men** report having had unwanted direct sexual contact with an older person by the age of 16. If we include non-contact sexual behavior, such as someone exposing him- or herself to a child, up to one in four **men** report **boyhood** sexual victimization.

On average, **boys** first experience sexual abuse at age 10. The age range at which **boys** are first abused, however, is from infancy to late adolescence.

Boys at greatest risk for sexual abuse are those living with neither or only one parent; those whose parents are separated, divorced, and/or remarried; those whose parents abuse alcohol or are involved in criminal behavior; and those who are disabled.

Facts about Sexual Abuse of *Boys* and its Aftermath

Boys are most commonly abused by **males** (between 50 and 75%). However, it is difficult to estimate the extent of abuse by females, since abuse by women is often covert. Also, when a woman initiates sex with a **boy** he is likely to consider it a "sexual initiation" and deny that it was abusive, even though he may suffer significant trauma from the experience.

A smaller proportion of sexually abused **boys** than sexually abused girls report sexual abuse to authorities.

Common symptoms for sexually abused **men** include: guilt, anxiety, depression, interpersonal isolation, shame, low self-esteem, self-destructive behavior, post-traumatic stress reactions, poor body imagery, sleep disturbance, nightmares, anorexia or bulimia, relational and/or sexual dysfunction, and compulsive behavior like alcoholism, drug addiction, gambling, overeating, overspending, and sexual obsession or compulsion.

Facts about Sexual Abuse of *Boys* and its Aftermath

The vast majority (over 80%) of sexually abused **boys** never become adult perpetrators, while a majority of perpetrators (up to 80%) were themselves abused.

There is no compelling evidence that sexual abuse fundamentally changes a **boy's** sexual orientation, but it may lead to confusion about sexual identity and is likely to affect how he relates in intimate situations.

Boys often feel physical sexual arousal during abuse even if they are repulsed by what is happening.

Perpetrators tend to be **males** who consider themselves heterosexual and are most likely to be known but unrelated to the victims.

For **males**, being raped by a person of the same sex has significant implications for how they:

- * Perceive their rape
- * Behave after the rape
- * View their sexuality
- * Are judged by others
- * Recover from the assault

7 Myths About Male Sexual Victimization

Myth #1 - Boys and men can't be victims (He could have prevented it.)

Myth #2 - Most sexual abuse of boys is perpetrated by homosexual males.

Myth #3 - If a boy experiences sexual arousal or orgasm from abuse, this means he was a willing participant or enjoyed it (He asked for it.)

Myth #4 - Boys are less traumatized by the abuse experience than girls.

Myth #5 - Boys abused by males are or will become homosexual.

Myth #6 - The "Vampire Syndrome", that is, boys who are sexually abused, like the victims of Count Dracula, go on to "bite" or sexually abuse others.

Myth #7 - If the perpetrator is female, the boy or adolescent should consider himself fortunate to have been initiated into heterosexual activity.

Treatment Issues for Men

There are very few resources that are specifically designed for sexually abused men. Ones that do exist often fail to address homophobia and sexism, which have a direct impact on all men, including heterosexual men.

Services that do exist often fail to challenge stereotypical notions of the male gender role that perpetuate shame, feelings of inadequacy, and non-disclosure.

Treatment issues specific to men who have been sexually abused:

- * Self-blame;
- * Feelings of inadequacy and shame about their gender;
- * Confusion, inner conflict, fear and shame about their sexuality;
- * Mistaking male-to-male sexual abuse for gay sex;
- * Fear that being abused by a man means that they might be gay, or that it caused them to be gay
- * Feelings of inadequacy for continuing to be affected by the abuse;
- * Minimization of the abuse and its effects;
- * Problems with relationships and sex that stem from inner conflict about their gender and sexual identification.

Treatment of Abused Men (1)

While no two rape victims are alike, there are common elements in all rapes. You can help by:

- * Believing him and listening to him
- * Knowing what to expect and helping him to understand what is happening
- * Accepting his feelings and recognizing his strengths
- * Communicating compassion and acceptance
- * Encouraging him to make decisions that help him to regain control
- * Treating his fears and concerns as understandable responses
- * Working to diminish his feelings of being isolated and alone
- * Holding realistic expectations, especially when he becomes frustrated or impatient
- * Helping him to identify resources and support persons
- * Do not tell him that everything is all right when everything is *not* all right. Avoid minimizing the gravity of what has happened because this suggests that you cannot deal with the situation.
- * Do not touch or hold him without asking permission or unless he shows signs that such comfort is welcome.
- * Do not try to lift his spirits by making jokes about what has happened.
- * Do not tell him you know how he feels. Only he truly knows.

Treatment of Abused Men (2)

- * **Respect his fear.** Offenders commonly threaten to seriously harm the victims if their victims do not comply or if they tell anyone what happened. Although this fear remains long after the sexual assault, male victims especially are reluctant to admit that they are afraid. Tell him that fear is a normal and understandable reaction; being fearful does not make him a coward.
- * **Accept** his strong feelings and his mood swings, and remain consistent in your support.
- * **Be patient.** Listen without being critical and without giving unsolicited advice. Let him express his feelings at a pace that is comfortable to him. If he is reluctant to talk, do not become angry.
- * **Respect** his wishes for confidentiality. He alone should decide with whom and under what circumstances to discuss his feelings. Remember, in the aftermath of rape, victims tend to be reluctant to discuss their feelings about the attack. Others, however, may interpret such reluctance to talk as unhealthy withdrawal. In a well-intended effort to be helpful, others might then solicit without the victim's permission assistance from co-workers, clergy, or mental health professionals. Such attempts to intervene, unless requested by the victim, should be discouraged.

Treatment of Abused Men (3)

- * **Empower** him; do not try to control or overprotect him. Apart from security needs of young children, there should never be the equivalent of twenty-four hour surveillance of the rape victim. Such monitoring could unintentionally reinforce his feelings of vulnerability and powerlessness.
- * **Let him decide** when a distraction is appropriate and necessary. The rape victim will not recover from an attack simply because others do things to take his mind off of it. Engaging in a friendly conspiracy with others to keep the victim's mind off the rape by acting as if it never happened is counterproductive. The victim could mistake these diversions to mean that his family and friends regard the assault as too awful to discuss or too trivial to acknowledge. True, there are times when the victim might want to engage in distracting activities, but it should be at the victim's request.
- * **Remind family members** and friends that the rape victim has privacy needs. When he expresses the desire to be alone, this desire should be respected. Sometimes a constant stream of well-wishers will be an emotional drain. In respecting the victim's wish for privacy, you will send two empowering messages: he is the best judge of what he needs, and he has the strength to help himself get better.

Treatment of Abused Men (4)

- * **Remind others** that they should never imply that the attack was caused by what the victim did or did not do. Such second-guessing is a form of victim-blaming that reinforces guilt and self-blame.
- * **Encourage** discussions about the nature and negative consequences of homophobia. Viewing same-sex rape through the distorted lens of homophobia only harms victims.
- * **Do not** tell him that he shouldn't think about the incident, or shouldn't feel that way, or that he should be over it by now. He cannot will himself to ignore troublesome images or to bury powerful feelings. Suggesting that he attempt to do so will undermine communication and will hinder his recovery.
- * **Do not** become irritated because he has needs that place additional demands on you. He is reaching out to you, not because he wants to burden you unnecessarily, but because you are a person upon whom he can rely for understanding and support.

Treatment of Abused Men (5)

- * **Do not** be upset if he refuses to accept help that you or others may offer. For many male victims of rape, accepting help seems to be an admission of weakness. Many males will absolutely refuse to go through counseling, even though this may be beneficial to them. Do not demand that the victim help or constantly badger him about the counseling option. A better strategy is to provide him with helpful materials that he can read or view on his own. Most rape-crisis or counseling centers have such materials available.
- * **Do not** become angry if his recovery seems too slow. Remember, rape victims recover at different rates and in different ways. Try not to impose your terms of recovery on him. Such an imposition communicates a lack of understanding rather than compassion, and is likely to cause resentment.
- * **Suggest that he and his partner consider** doing some of the joint activities that brought them closer together in the past. For most rape victims, a sharp dividing line now exists between their pre- and post-assault memories. Engaging in joint activities gives both he and his partner opportunities to rediscover those positive experiences that constitute the pre-assault foundations of their relationship.

Treatment of Abused Men (6)

- * ***Suggest that he seek*** the companionship of friends who are healthy and upbeat, when it is appropriate. The good cheer he can experience from being around positive people may provide a brief (and needed) respite.
- * ***Control your feelings of anger and suggest that his partner not*** act in violent ways in the mistaken belief that violence is a good release for pent-up anger. Similarly, turning to alcohol does not eliminate feelings of anger. If anything, violence and alcohol consumption may harm the relationship and are destructive. Furthermore, he may recoil from anything or anyone associated with anger or violence.
- * ***Suggest*** that he find a support group with whom he can talk without fear of being judged. Support groups where members discuss their experiences and strategies for healing are often available through rape-crisis centers. Knowing that others have endured what he is going through can provide hope.

Treatment of Abused Men (7)

You can help if you reassure him that:

- * You believe he is not permanently impaired
- * You are optimistic about his ability to put his life back in order
- * He can heal his wounds, even if the rape is never forgotten
- * He has the strength to resist the stigma associated with being a rape victim
- * He can achieve recovery by turning his anger into the motivation for regaining control over his life and moving forward, despite what has been done to him

Treatment of Abused Men (8)

- ✦ **The different forms of abuse:** Many men focus on the sexual aspect of the abuse and not the totality. They may overlook: coercion, the nature of the relationship with the perpetrator, power differences, emotional abuse, and any other abuse they experienced as a child. Broadening their understanding of abuse helps to reduce their self-blame.
- ✦ **Effects of the abuse and coping strategies:** Many men have not looked at the whole picture of how the abuse has affected and continues to affect their lives. They may have viewed their coping strategies as "weaknesses" rather than self-protection. Focusing on this theme helps to reduce their tendency to minimize and to feel badly about themselves.
- ✦ **The larger context:** It is important to examine the messages they received at home, and from their community, about themselves and what it means to be male. It can help to explore how these messages left them vulnerable to: being abused, feeling ashamed, and staying silent. This work can be very empowering for men and helps them to feel angry about not being protected.

Treatment of Abused Men (9)

- ✳ **Permission to feel:** Many men have never let themselves cry, feel sad, or grieve the abuse, particularly in the company of other men. Encouraging and supporting men to express their feelings and to be vulnerable with one another is important work.
- ✳ **Permission to have needs:** As children, many men's emotional needs were rebuffed, particularly by their fathers. Sexual abuse reinforces this: it tells them that their needs are not important, and that men are not supportive; they reject and abuse. Men need to have opportunities to give to and receive support from other men, in order to break these patterns and to affirm their male identity.
- ✳ **Sexuality:** It is important to encourage men to explore their beliefs about and problems with their sexuality, particularly as it relates to sexual abuse. An openness about gay, bi and straight sexuality is essential and encourages a thorough exploration of their true feelings. Ambivalence and confusion may be an important part of the process for both gay and straight men.

Trauma informed care and it's relationship to improved services



**Not, "What's wrong with you!"
Rather, "What happened to you?"**

TIC – A New Paradigm

Trauma-informed care is initiated by the assumption that every patient or consumer seeking services is a trauma survivor who designs his or her own path to healing, facilitated by support and guidance from the service provider. Susan Salasin, CMHS

Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

Core Principles

Safety

Trustworthiness

Choice

Collaboration

Empowerment

Harris and Fallot

Risking Connection

RICH relationships:

Respect

Information

Connection

Hope

(Sidran Institute)

Addressing Trauma: Systems Change

- Most importantly – *Do No Harm*
- Education – becoming informed from many sources, especially survivors
- Resources for professional community on becoming trauma-informed, i.e. Sidran Institute, NCTIC, Community Connections, Sanctuary model...
- Peer support/integration of survivors

Empowerment and Collaboration

- Empowerment

- Survivors benefit most when they participate actively in treatment and have control over decisions that affect them.

- Collaboration

- Collaboration requires acknowledging our responsibility to our clients/loved ones and the power we have in the relationship while deferring to their personal expertise and authority.

Responsibility

Ultimately, every individual must choose whether or not to overcome any hardship or oppression inflicted by the family, society, or psychiatry. Human beings retain a measure of free will as long as they remain conscious... it is the helper's role to encourage every hint of self-determination.

Peter R. Breggin, M.D.

HOPE

I have learned two lessons in my life: first, there are no sufficient literary, psychological, or historical answers to human tragedy, only moral ones. Second, just as despair can come to one another only from other human beings, hope, too, can be given to one only by other beings.

Elie Wiesel



"Here's Edward Bear coming down stairs now, thump, thump, thump, on the back of his head behind Christopher Robin. It is, as far as he knows, the only way of coming down stairs but, sometimes he feels that there really is another way; if only he could stop thumping for a moment and think of it."

From "Winnie the Pooh" by A. A. Milne