

FRANK & ERNEST

Bob Thaves



**4TH Annual
CLINICAL FORUM ON MENTAL HEALTH
"Turning Knowledge Into Practice"**

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10:00 a.m. to 11:30 a.m.**

"Men and Trauma"

by

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This presentation will be up at:
<http://home.att.net/~parisser>
within the next couple of weeks

What is Trauma?

In common, everyday language usage,

"trauma"

simply means

a highly stressful event.

**PTSD =
Post Traumatic STRESS
Disorder**

**Stress = any change
Eustress = positive stress
Distress = negative stress**



Three ways to cope with stress:

- 1) Learn to control the amount of stress coming into the system (vessel)**
- 2) Learn to let stress out of the system (vessel)**
- 3) Build the walls of the vessel higher in order to be able to handle more stress**

In Criteria for Building a Trauma-Informed Mental Health Service System, NASMHPD adopted this definition:

"Trauma is interpersonal violence, over the life span, including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism, and disasters."

Psychological trauma is the unique individual experience of an event or enduring conditions, in which:

1. The individual's ability to integrate his/her emotional experience is overwhelmed,

or

2. The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.

The definition of trauma includes responses to powerful **one-time incidents** like accidents, natural disasters, crimes, surgeries, deaths, and other violent events.

It also includes responses to **chronic or repetitive experiences** such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation.

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.

**THERE ARE
TWO
COMPONENTS
TO A
TRAUMATIC
EXPERIENCE:**

- 1) OBJECTIVE**
- 2) SUBJECTIVE**

**IT IS THE
SUBJECTIVE
EXPERIENCE OF
OBJECTIVE
EVENTS THAT
CONSTITUTES
TRAUMA.**

**THE MORE YOU
BELIEVE YOU ARE
ENDANGERED,
THE MORE
TRAUMATIZED
YOU WILL BE.**

In other words,

TRAUMA

is defined by the
*experience of
the survivor.*

We can learn to be non-reactive to triggers but not by repression. The Dalai Llama's physician was tortured every day for 17 years by the Chinese, then they stopped and 4 years later he was released without any signs of PTSD. His guiding principle was that hate does not cease by hate, only by love.

Psychological effects are likely to be most severe if the trauma is:

1. Human caused
2. Repeated
3. Unpredictable
4. Multifaceted
5. Sadistic
6. Undergone in childhood
7. And perpetrated by a caregiver

Other possible effects of trauma

Triggering and retraumatization

Damage to faith and spiritual groundedness

Loss of trust in others

Anger

Difficulty modulating intimacy

Feelings of alienation and disconnectedness from others

Suicidality

Self-mutilation

Extreme shame and guilt

Surviving the Violence

Common Reactions to the Stress of Trauma

Survivors of physical, sexual, or verbal abuse often experience several of the following:

- Disassociation
- Intellectualization/rationalization
- Minimization of events
- Depression
- Severe anxiety
- Confused thinking
- Lowered concentration
- Memory impairment
- Trouble sleeping
- Flashbacks
- Migraines
- Chest pains or heart palpitations
- Suicidal thoughts
- Self harm behaviors or fantasies
- Trying to be “perfect”
- Isolating/avoiding people
- Nightmares
- Inability to talk about event
- “Acting out”
- Emotional numbness
- Denial
- Feeling overwhelming emotions (panic, rage, depression, grief, shock)
- Increase in heart rate and blood pressure, fast breathing, clammy hands or feet, etc.
- Problems with eating behaviors
- Choking sensations
- Pelvic pain
- Fatigue
- Gastrointestinal disorders
- Chronic pain syndromes (Fibromyalgia)
- Self-medication as a coping mechanism (for instance, alcohol or drug use)

Men and Trauma



Trauma Prevalence: Community Samples

- **National Comorbidity Survey: 61% of men (51% of women) reported at least one traumatic event**
- **Detroit Area Survey of Trauma: approximately 90% lifetime exposure; men reported 5.3 traumatic events (4.3 for women)**
- **Other community studies consistent with these: trauma is pervasive, not rare**

TAPA Jail Diversion Sites N=1251/21 Sites

	<u>% Reporting Trauma Experience</u>		
	Male	Female	Total
Lifetime Witness of Violence	61.9%	65.3%	63.4%
Current Witness of Violence (Last 12 Months)	31.5%	31.9%	31.7%
Lifetime Sexual Abuse	32.7%	75.1%	51.5%
Current Sexual Abuse (Last 12 Months)	24.4%	35.5%	31.6%
Lifetime Physical Abuse	86.6%	91.1%	88.6%
Current Physical Abuse (Last 12 Months)	61.3%	66.7%	63.8%
Any Lifetime Trauma	90.2%	96.0%	92.8%
Any Current Trauma (last 12 months)	58.8%	64.7%	61.4%
Any Lifetime Abuse	88.2%	94.9%	91.2%
Any Current Abuse (last 12 months)	55.5%	62.9%	58.8%

Experiencing Abuse Before Sentence

	Ever		Before 18	
	Male	Female	Male	Female
Probationers	9.3%	40.4%	8.8%	28.2%
Jail inmates	12.9	47.6	11.9	36.6
Federal inmates	7.2	39.9	5.8	23.0
State prison inmates	16.1	57.2	14.4	36.7

Bureau of Justice Statistics, (1999)
*Prior Abuse Reported by Inmates
 and Probationers*



Veterans' PTSD RISK

--80% of post-deployed soldiers at risk for PTSD are not referred for care*

--approximately 50% of those diagnosed with a MH problem received care, but less than 10 percent were referred**

***GAO report of May 2006**

****Hoge et al. , March 2006 in JAMA**



Factors Discouraging Disclosure

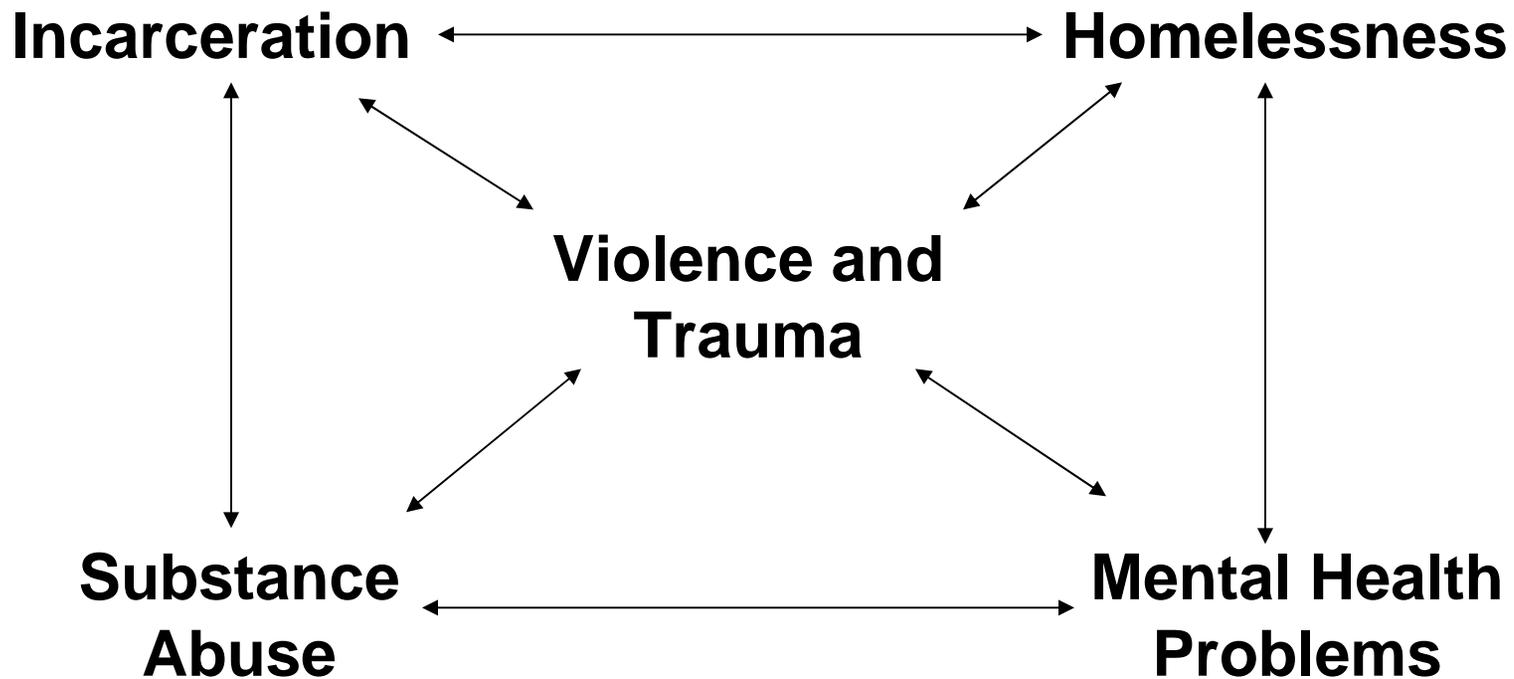
- **Myth: Male's Can't Be Victims**
- **Fear of stigma**
- **“Big Boys Don't Cry”**
- **“Suck it Up”**
- **“Brush it Off”**
- **“Don't get sad, get mad, or better still – get even.....”**



Why is Trauma so Important?

- Trauma is pervasive
- Trauma's impact is broad and diverse
- Trauma's impact is deep and life-shaping
- Trauma, especially interpersonal violence, is often self-perpetuating
- Trauma is insidious and differentially affects the more vulnerable
- Trauma affects how people approach services
- The service system has often been retraumatizing

A Vicious, Repetitive Cycle



Rape is usually understood by average society to be the penetration of a woman by a violent and aggressive man, and literature indicates usually not known to the victim. **Men** cannot be raped, especially not by a woman and another man can only indecently assault a **man**. Statistics from RapeCrisis indicate that **men** are less likely to report rape and that one in seven **men** are raped. Donaldson (1990), as quoted by RapeCrisis, states that in ancient times, “there was a widespread belief that a **male** who was sexually penetrated, even if it was by forced sexual assault, thus ‘lost his manhood,’ and could no longer be a warrior. Gang rape of a **male** was considered an ultimate form of punishment and, as such, was known to the Romans as punishment for adultery and the Persians and Iranians as punishment for violation of the sanctity of the harem.”

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
- 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: “tend and befriend”
- **Men**: “fight or flight”

Gender and Trauma Sequelae

- **Boys** more “externalizing” and girls more “internalizing”
 - **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

**... there is
no way to
see men as
“victims”
and still as
men.**

Scarce, M: Male on Male Rape: The hidden Toll of Stigma and
Shame – Insight Books, New York, 1997

Is trauma something men are allowed to experience or have traditional constructions of gender placed trauma only within the realm of the feminine? Thus, to what extent is a man who is traumatized seen as less of a “man”, possibly as more of a “woman”, or even worse, a “womanly man”, a “pansy”, or a “sissy?”

Men get traumatized just like women and children do, despite constructions to the contrary. A (Ph.D.) (Eagle, 2000) study at the University of the Witwatersrand has shown that **men** process trauma in a much more complex manner than women do exactly because they have been denied the opportunities and skills required to process trauma.

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

Zoloft (sertraline hydrochloride), is approved for both **men** and women to treat several conditions, including post-traumatic stress disorder (PTSD). This approval was based on clinical trials in which Zoloft showed little effect in **men** with PTSD, while the drug's benefit over a placebo was clear in the women studied.

"True gender differences in responsiveness may be one explanation," says Thomas Laughren, M.D., team leader for the FDA's psychiatric drug products group. "However, it should also be noted that the types of PTSD differed in the two groups," he says. Many of the **men** in these trials had a long-lasting and treatment-resistant PTSD, based on military combat experience, compared to many of the women who tended to have a more acute form of PTSD, based on recent physical abuse.

Men are expected to handle our pain ‘stoically’ and alone. If **men** feel pain, we aren’t supposed to acknowledge it, and certainly not ask for help, for this would reinforce the feeling of a ‘lack of masculinity’ – a feeling based on the notion that ‘**men**’ aren’t supposed to be victims in the first place.

7 Myths About Male Sexual Victimization

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

This myth, instilled through masculine gender socialization and sometimes referred to as the "macho image," declares that males, even young boys, are not supposed to be victims or even vulnerable. We learn very early that males should be able to protect themselves. In truth, boys are children - weaker and more vulnerable than their perpetrators - who cannot really fight back. Why? The perpetrator has greater size, strength, and knowledge. This power is exercised from a position of authority, using resources such as money or other bribes, or outright threats - whatever advantage can be taken to use a child for sexual purposes.

The belief that a male victim could have prevented an assault ignores a basic reality: the threat of bodily harm or death can overpower the desire to defend oneself.

7 Myths About Male Sexual Victimization

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

Pedophiles who molest boys are not expressing a homosexual orientation any more than pedophiles who molest girls are practicing heterosexual behaviors. While many child molesters have gender and/or age preferences, of those who seek out boys, the vast majority are not homosexual. They are pedophiles.

7 Myths About Male Sexual Victimization

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.”)

In reality, males can respond physically to stimulation (get an erection) even in traumatic or painful sexual situations. Therapists who work with sexual offenders know that one way a perpetrator can maintain secrecy is to label the child's sexual response as an indication of his willingness to participate. "You liked it, you wanted it," they'll say. Many survivors feel guilt and shame because they experienced physical arousal while being abused. Physical (and visual or auditory) stimulation is likely to happen in a sexual situation. It does not mean that the child wanted the experience or understood what it meant at the time.

7 Myths About Male Sexual Victimization

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

While some studies have found males to be less negatively affected, more studies show that long term effects are quite damaging for either sex. Males may be more damaged by society's refusal or reluctance to accept their victimization, and by their resultant belief that they must "tough it out" in silence.

7 Myths About Male Sexual Victimization

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

While there are different theories about how the sexual orientation develops, experts in the human sexuality field do not believe that premature sexual experiences play a significant role in late adolescent or adult sexual orientation. It is unlikely that someone can make another person a homosexual or heterosexual. Sexual orientation is a complex issue and there is no single answer or theory that explains why someone identifies himself as homosexual, heterosexual or bi-sexual. Whether perpetrated by older males or females, boys' or girls' premature sexual experiences are damaging in many ways, including confusion about one's sexual identity and orientation.

Many boys who have been abused by males erroneously believe that something about them sexually attracts males, and that this may mean they are homosexual or effeminate. Again, not true. Pedophiles who are attracted to boys will admit that the lack of body hair and adult sexual features turns them on. The pedophile's inability to develop and maintain a healthy adult sexual relationship is the problem - not the physical features of a sexually immature boy.

7 Myths About Male Sexual Victimization

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.

This myth is especially dangerous because it can create a terrible stigma for the child, that he is destined to become an offender. Boys might be treated as potential perpetrators rather than victims who need help. While it is true that most perpetrators have histories of sexual abuse, it is NOT true that most victims go on to become perpetrators. Research by Jane Gilgun, Judith Becker and John Hunter found a primary difference between perpetrators who were sexually abused and sexually abused males who never perpetrated: non-perpetrators told about the abuse, and were believed and supported by significant people in their lives. Again, the majority of victims do not go on to become adolescent or adult perpetrators; and those who do perpetrate in adolescence usually don't perpetrate as adults if they get help when they are young.

7 Myths About Male Sexual Victimization

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

In reality, premature or coerced sex, whether by a mother, aunt, older sister, baby-sitter or other female in a position of power over a boy, causes confusion at best, and rage, depression or other problems in more negative circumstances. To be used as a sexual object by a more powerful person, male or female, is always abusive and often damaging.

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 “get 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 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 (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.

Stages in Trauma Recovery

- **Early recognition:** obstacles for survivors and for clinicians in addressing trauma
- **Recognition:** engagement becomes highest priority
- **Active trauma recovery:** group or individual work focused on trauma and recovery
- **Future orientation:** continuing the healing process and consolidating recovery skills

Recognition: Engaging Male Trauma Survivors in Services

- Addressing obstacles to men's involvement in trauma-specific services
- Addressing strengths men bring to trauma-specific services

Obstacles to Engagement

- The "Disconnection Dilemma"
- Lack of familiarity and/or comfort with emotional language
- Lack of comfort with relationship-centered discussions
- Extreme responses to potential stressors: all-or-nothing intensity

Strengths for Engagement

- Pride and self-esteem related to survival and coping: "Look what I've been through."
- Analytical tendencies: "I can figure this out."
- Bias in favor of problem-solving: "It's what men do."

Active Trauma Recovery

- Understanding relationships between gender role expectations and trauma
- Understanding emotions and relationships
- Understanding trauma and its often broad-based impact
- Understanding recovery skills and their use

Gender Role Expectations and Trauma

- The “Male Myths”
- Being a man is not the problem
- Rigid male stereotypes are a problem
- Emotional constriction is a problem
- Drawing on strengths is part of the solution

Emotions and Relationships

- What do men need in order to address trauma more directly?
- Key emotional realities: anger, fear, sadness, shame, hope
- Key relational realities: trust, loss, sexuality and intimacy

Trauma and Its Impact

- Understanding trauma in general
- Understanding specifics of emotional, physical, and sexual abuse
- Understanding the impact of trauma on psychological “symptoms,” on addictive or compulsive behavior, and on relationships

Recovery Skills

- Self-Awareness
- Self-Protection
- Self-Soothing
- Emotional Modulation
- Relational Mutuality
- Accurate Labeling of Self and Others
- Sense of Agency and Initiative-Taking
- Consistent Problem-Solving
- Reliable Parenting
- Possessing a Sense of Purpose and Meaning
- Judgment and Decision-Making

Future Orientation

- Consolidating skills in new activities and relationships
- Setting realistic goals
- Planning steps to meet vocational, educational, and residential needs
- Realistic appraisal of future relationships
- Assessment of future services and sources of help

Steps in Recovery at Each Stage

- Recognize
- Understand
- Choose
- Practice
- Evaluate

Summary

- Male trauma exposure is widespread
- Men bring unique strengths and vulnerabilities to each stage of trauma recovery
- Clinicians need to be flexibly attuned to gender roles in relation to trauma and recovery



Resources

- **Community Connections**

www.communityconnectionsdc.org

- **Bureau of Justice Statistics**

<http://www.ojp.usdoj.gov/bjs/>

- **GAINS**

www.gainscenter.samhsa.gov

- **National Institute of Justice**

<http://community.nicic.org/blogs/prea/default.aspx>

- **The Moss Group Inc.**

http://www.prisoncommission.org/public_hearing_1_witness_moss.asp