Gender, Sexuality and Trauma Informed Responses.

International Men’s Health Week Symposium

Improving Responses to Men Sexually Abused in Childhood: Confronting the Complexity

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Confronting the Complexity of Identity Politics, Sense and Self Making

“Many of the experiences of re-traumatization which adult survivors encounter with services are the result of misrecognition of their experience or needs, and both denial of the relevance of gender and exaggeration (through reliance on stereotypes)” (Hooper & Warwick, 2006: 473).

- Gender
- Sexuality
- Trauma Informed Responses
Politics of Gender and Service Development

- Women’s experiences of sexual abuse and sexual assault have been central to the development of service responses since the 1970s, when rape became the focus of the feminist movement and services were initiated, developed and run by women for women (initially with no or little government funding). It is understandable therefore that service development in the 1980s and early 1990s emphasised support for the “female victim”, as the identified client, whether sexually abused in childhood or sexually assaulted as an adult.

- In 1998, the National Standards of Practice Manual identified a “need for more detailed standards for working with male victim/survivors” and that “such standards would need to address some unique issues faced by male victims and the implications for practice”.

- In 2009 KPMG Review of Queensland Health Services to Adult Victims of Sexual Assault stated that: ‘Nationally service responses to males are not comprehensive and service access by males is very poor.’

- Internationally, “compared with females, recognition of male victims is seen as a relatively new discovery, and attitudes to service delivery needs and other responses can be uninformed and indifferent”.

A Question of Gender Identity

“I recognise culturally for women to talk about sexual abuse was a risk of them appearing to others as damaged goods and so on; but for men I think it was different because it gets mixed up with gender identity and not so much for the women the self-image of a man being sexually physically able to look after yourself and the necessity of doing that and so on and so forth….I know you’ve got males who have been sexually assaulted and, because of stigmas of society, are still unwilling to get counselling and help for it.”

The mask we live in

Inscribing the male body

Act like a man, Look like a man, Be a Man

Think about what prescriptions or descriptions our culture has in relation to how boys or men are or should be.

Think about what you saw or heard when you were growing up in your family/community/school, on television, in films/books.

How should men act?
What are the ways men’s bodies should look?
What are the sorts of jobs men should have?
What are the ways men should think about romance/sex?
What are the recreational activities men should enjoy?
What are the ways men are supposed to feel about their bodies?
What are the feelings and emotions men should show. (from BoysTalk, Brook Friedman, 1995)
Confronting Masculine Norms

Strong and powerful – physically and mentally
Masculinity as instinctual/biological – not trying, just are.
Self-reliant
In control
Rational, logical
Emotional control (not showing emotions other than anger)
Risk takers
Hard working – Work primary identity
Pursuit of status
Able to cope with anything that is thrown at him
Heterosexual – the doers and instigators of sexual acts (always interested and ready for sex)
Not a victim

For men who have been sexually abused ‘qualities of reserve and independence idealized by masculine norms, suggest that they experience aloneness as a natural aspect of the male experiences and, furthermore that this experience is necessary for demonstrating the masculine ideal of self reliance.’ Kia keating et al 2005:177

Double Trouble
Men ‘should not’ be victims and ‘should’ be able to cope with anything that is thrown at them.

• Men are tough, Men are macho. Men don’t need help. All we have to do is “Get over it – be a man!” You know, men don’t cry, men don’t eat quiche either! [laughs] It’s sad, very sad. Teram et al 2006.

Men’s Health

It is important to remain aware of the multiple and contextual factors that influence the mental health and well being of men who have been sexually abused.

Men’s difficulties and help seeking sits within a culture where:
- Lower knowledge and awareness of health issues
- Less likely to access GP, health care practitioners
- Lower mental health literacy
- Poorer diet and nutrition
- Higher consumption of alcohol and illicit drugs
- Greater use of tobacco
- Increased negative impact of unemployment
- Higher likelihood of being a victim of assault, robbery and homicide
- Higher likelihood of perpetrating violence
- Higher likelihood of committing suicide.

Men’s Health and Men & Family Relationships initiatives outline a number of effective strategies:

- Designing, developing and marketing services specifically to men.
- Reduced waiting times for consultations. There is often a short window period when men seek assistance
- Flexible appointment times, offering evening appointments in particular.
- Creating a more male-friendly entrance and waiting room using posters and relevant information.
- Providing associated, relevant services—like relationship and couple counselling, a men’s group, parenting support, or health check-ups
- Developing genuine partnerships with local service providers that support warm referrals and avoid unnecessary repetition of personal information.
- Demonstrating a practical, professional, competent approach to working with men—in personal interactions and written material.
- Acknowledging and adapting services to meet the differences in men’s cultural and sexual identities—not presuming one size fits all.
Emphasis on Engagement.

- Create multiple sites of engagement.
- Understand first steps will be tentative. Checking person and service out (work from understanding that one foot is already out of the door).
- Need to overcome isolation and self blame/shame to access support.
- Need to develop material that speaks directly to men, partners, family and service providers. website, leaflets, posters, postcards, booklets, blogs, videos.
- Material that names issues, acknowledge difficulties and particular problems men face AND provides encouragement, practical information, support and hope for the future.
- Practical information and success stories required to demonstrate ‘it works’.
- Engage and get information out there to address barriers to accessing support, (restrictive ideas of manhood, sexuality, victim to offender discourse)
- Offer choice of service provider, an option to see either a woman or man.
- Identify as queer friendly, whilst acknowledging that some men will present as ‘homophobic’ in response to assault and social context.
- Linkages to facilitate warm referrals from diverse service providers, Mental Health and Community Services, Independent counsellor/therapists, Alcohol and Drug Services, Relationship Services. Corrective services, Probation, Parole, Refugee, Multicultural Services. Medical Practitioners, Sexual assault services, Domestic violence/Batterers programs, Police.

Adapt services to engage and support diverse groups of men.

Design responses that consider the intersectionality of gender, race, class ability, sexuality, age, geographical location and particular contexts. Responses that meet the needs of particular groups of men:

- men with a disability (French 2007; Mitra et al., 2011; Murray & Powell 2008; Sobsey, 1994);
- men experiencing a mental illness (O’Leary & Gould, 2009);
- Aboriginal and Torres Strait Islander men (Office for Status of Women, 2004; Aboriginal Child Sexual Assault Taskforce, 2006; KPMG 2009);
- men from culturally and linguistically diverse communities (Grossman et al., 2006; Sorsoli et al., 2008);
- men in prison (Hilberman, 1998; Yap et al., 2011);
- men in the military (Frumkin, Mclean and Pearce, 2011; DLA Pifer Report, 2012);
- men in conflict and post conflict zones, refugees (Russell 2008, SVRI 2011, Australian Civil-Military Centre 2014);
- rural and regional men (Nislow & Henshaw, 2004);
- young men (Tyler, Haller, Graham, Churchill, & Sanci 2007); and
- male sex workers (McMullen, 1990; Office for the Status of Women, 2004);
- Transgender men (FORGE 2005)
- same-sex attracted men (Davies, 2002; Fanaughty, Braun, Gavey, Aspin, Reynolds and Schmidt 2006; Pitts, Smith, Mitchell & Patel 2007; Schwarzkoff, Wlczynski, Ross, Smith, & Mason, 2003).
Men report having to confront questions relating to sexuality/sexual identity.

- “He’s not really a man, he gave in, he must have wanted it”
- “He must be gay and is just too afraid to admit it”
- Men are not only concerned about what other people might say or think, but also will evaluate and question themselves in relation to whether they might ‘really’ be gay or straight?
- “It makes you wonder when you’re being raped. You know, some guy just had anal sex with me. You know, who am I? Am I gay or am I hetero? You know, you wonder?”


- Men’s concerns extend beyond questioning whether they were complicit in the abusive act, to consider whether they might ‘really’ be gay, something the person abusing them could see, but that the man has not recognised or acknowledged yet.
- Concerns can surface and trouble gay identifying men, and those sexually abused by females

The Question of Pleasure and the Problem of Erection

- What if I developed an erection or gained physical pleasure from some aspect of the contact? Does this mean I am responsible? Does it mean I really wanted it to happen? Does this mean I am gay?

- It is not uncommon for males to develop an erection and ejaculate at the time of being assaulted. It is important to make men aware of this and discuss how this can influence an act becoming identified as consensual or non-consensual.

- Some people who perpetrate sexual assault work very hard to stimulate and arouse the other person!

- Watch out for ideas that the truth of the person is within the body (the inner child, the true self, ideas of hidden/latent desire) and the suggestions that erection automatically signals desire.
Approaching the problem of sexual abuse of males from a Sexual ethics, Queer perspective

• Value in a sexual ethics framework with a process orientation that prioritises choice. (Carmody Sex and Ethics 2009)

• Need to look at the cultural production of sex, gender and sexuality and to make visible how people’s lives are enabled and constrained by particular ideas and identity categories.

• In relation to male sexual assault, the terms heterosexual, bisexual and homosexual, gay and straight can become unhelpful constraints for understanding the complexity of events and people’s lives.

• Differentiate between behaviour and identity. Focus on choice.

Trauma Informed Responses

“Although there is little doubt that men and women undergo many of the same traumatic events and suffer in may of the same ways, it is clear that (1) some traumas are more common in one sex than the other, and (2) sex role socialisation affects how such injuries are experienced and expressed. These difference, in turn have significant impact on the content and process of trauma-focused therapy.” Briere J. & Scott C. Principles of trauma therapy: A guide to symptoms, evaluation, and treatment. Sage Publication: Thousand Oaks, California, 2006: 78.

15. Therapists should be culturally competent and sensitive to gender, sexual orientation, ethnicity, age, dimensions of ‘difference. (ASCA Practice guidelines for treatment of complex trauma and trauma informed care and servicedelivery 2012:?”
PTSD (DSMV Criteria) and Complex Trauma

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, and in response has experienced:

Criterion B: Intrusion Symptoms, whereby the traumatic event is persistently re-experienced.
Criterion C: Avoidance, involves persistent effortful avoidance of distressing trauma-related stimuli after the event:
Criterion D: Negative alterations in cognitions and mood
Criterion E: Alterations in arousal and reactivity
Criterion F: Persistence of symptoms (in Criteria B, C, D and E) for more than one month.

“What distinguishes people who develop PTSD from people who are merely temporarily stressed is that they start organising their lives around the trauma”. (Van Der Kolk, McFaulone 1996)

PTSD and Complex trauma

Complex psychological trauma involve traumatic stressors that
(1) are repetitive and prolonged;
(2) involve direct harm and or/neglect and abandonment by caregivers or ostensibly responsible adults;
(3) occur at developmentally vulnerable times in the victim’s life, such as early childhood; and
(4) have great potential to compromise severely the child’s development.

The interpersonal nature of sexual abuse can produce complex trauma leaving a child/adult struggling to self-regulate (i.e. to feel in control of his or her feelings, cognitions, beliefs, intentions and actions), to achieve a sense of self-integrity (i.e. the feeling that one is a unique, whole, coherent, and worthy individual), or to experience relationships as nurturing and possess reliable resources that support self-regulation and self-integrity.
Trauma informed Framework


• Phase 1: Safety, Stabilisation & Engagement
• Phase 2: Processing of traumatic memories –
  Meaning making for self and developing sense of personal integrity.
• Phase 3: Integration – reintegration – process of self making and re making.

Engagement

• Engagement is an ongoing process.
• Important to site work in broader personal context: ‘What are the hopes and aspirations for his life?’
• Recent focus on Motivational Interviewing techniques. “It focuses on the clients present interests and concerns, as well as resolving incongruities between his experiences and values” (Newman, Briere & Kirkk 2012).
Safety and Stabilisation

‘It was last August when it just went bang! I had sort of handled things up to that stage. I thought things would never change. I must have fucked it up bad. Lost my licence ... because I got pissed and stoned all the time and did whatever I wanted to do ... I went with this chick ... we’d been in the sack together and I had visions of when I was a kid - went back there and it freaked me out. It was after that I got pissed. I was popping Valium two at the time, and ran amuck. Went home on a Saturday and didn’t wake up til Monday! My old lady [mum] found me on the floor, and I ended up in hospital for a couple of days. That’s when I thought I’d better sort out this shit once and for all.’

Safety and stabilisation

Developing secure base (expanding repertoire of strategies for coping)

Developing tools and strategies for managing overwhelming thoughts and emotions (emotional regulation – distress tolerance).

Involves learning to expect and deal with the unexpected, with unwelcome memories.

• Triggers
• Flashbacks
• Nightmares
• Dissociation
• Numbing
• Flooding of affect

Supporting men to understand and better manage physiological responses to trauma: Fight - Flight – Freeze.
Pay attention to men’s bodies and the well being of the whole person

Trauma is inflicted upon the body. Ask questions concerning men’s relationships with their body, with feelings, with their physical well being. Become familiar with working with people and their bodies (that do not require touch).

We are looking to integrate mind and body. Some simple exercises that help achieve this are:

- Yoga, Tai Chi (Van der Kolk 2012)
- Breathing exercises
- Mindfulness exercises, including mindfulness that uses senses (touch, smell, sight, taste, hearing, smell)
- Body awareness exercises, Progressive muscle relaxation exercises

A focus on overall well being of the whole person recognises that we all face difficulties and require assistance at different points throughout our lifespan, we all benefit from regular exercise, eating the right mix of healthy food, sleeping well, quiet time to breathe, supportive relationships, being connected within our community, having meaningful work to do and possessing a sense of purpose and direction in our life.

Men and Emotions

‘Women appear to be more aware of the names of things. Such as I’m feeling depressed or I’ve been having a real struggle for the past couple of weeks and this is the circumstance. I don’t know what half of that stuff is called...Boys are not brought up to say I mean I was never brought up and told, “You need to be more sensitive to your brother’s needs,” No I was told things like “Kick his ass”.’

I am so glad for these professionals I have now, because they have really challenged me to learn not everything’s called “anger”, some things are called “frustration”, some things are called “annoying”...I mean you’re not always mad. So for me being a man, I didn’t know that, I was, like pissed off. There was rage and there was anger. Then there were other feeling you didn’t talk about like intimacy, love, that mushy stuff. Teram et al. 2006.

We all benefit from better understanding our emotional responses, expanding our emotional vocabulary, utilising strategies that ground us and help to better manage difficult situations. Strategies that include distress tolerance, mindfulness and relaxation exercises (ACT) emotional regulation (Skill Training and Affective Interpersonal Regulation STAIR).
Processing, meaning making for self and developing a sense of personal integrity.

- Processing of memories and emotions
- Meaning making for self. Understanding ‘what happened’ and placing it in context.

Integration and re-integration.
Self making and remaking

- “I spent so much of my teens and twenties just numbing. Now, I choose to live a life of relevance” (Phil - Member of Living Well Support Group).

- Integration and reintegration as a process of ongoing self making. Self making informed by committed action in relation to identified values. From being to becoming.

Men speaking out for Hope

‘The media image of guys who have been abused is often that his whole life is wrecked. This doesn't give us hope. Because basically, we need inspirational work and stories to be told, because otherwise we get the sense that we can't deal with things, that we don't have it within ourselves. It’s sort of like a constant underestimation of our ability to deal with things, and to find peace in the midst of it all, in the midst of the pain and suffering.’

Be kind, for everyone you meet is fighting a battle” – Plato.

Thank you and questions are welcomed.

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