

Men and Trauma: Paths to Recovery

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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, including those seeking help

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

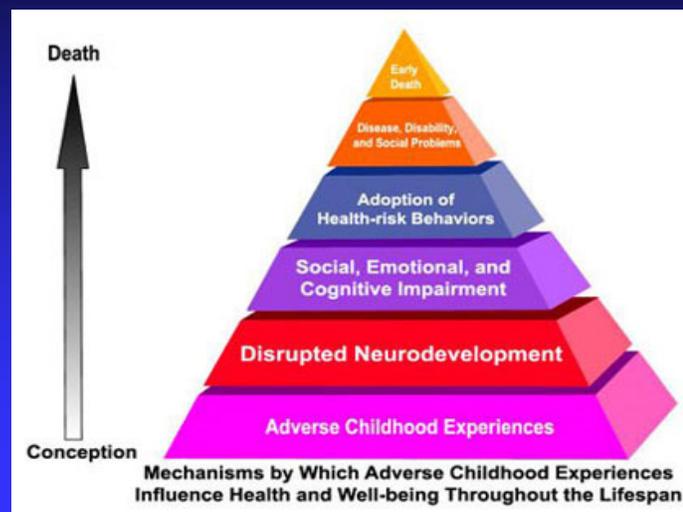
Types of Exposure to Violence

- Emotional Abuse
- Physical Abuse
- Sexual Abuse and Assault
- Community Violence
- Institutional Violence
- Witnessed Violence (may apply to any of the above)

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Adverse Childhood Experiences (www.ACEstudy.org)



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Trauma Prevalence: People with Severe Mental Disorders

- Virtually universal trauma exposure (well over 90% report at least one traumatic event)
- Childhood sexual abuse: 52% of women and 35% of men
- Adult sexual assault: 64% of women and 26% of men
- Attacked with weapon in adulthood: 49% of men and 37% of women
- Witnessed killing or serious injury: 43% of men and 24% of women

Recent Violence Among Men with Severe Mental Disorders

- In past year, 8% experienced sexual assault
- In past year, 34% experienced physical assault

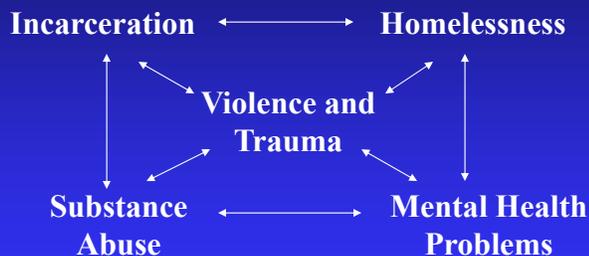
Prevalence of Physical Abuse Among Males

- Community samples: >30%
- Clinically-identified samples higher
 - ◆ Nearly 60% in childhood
 - ◆ Nearly 80% in adulthood
 - ◆ Over 85% 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

A Vicious, Repetitive Cycle



Why Focus on Trauma Among Men?

- Exposure to different types of trauma
- Exposure to different characteristics of trauma (even if trauma is same type)
- Different appraisals regarding trauma
- Different acute reactions to trauma
- Different attributions about trauma
- Different coping styles
- Different trauma sequelae
- Different “cultures”

Gender and Trauma Exposure

- Community samples (e.g., NCS)
 - ◆ Women report more sexual assault and child abuse
 - ◆ Men report more physical assault, combat, life-threatening accidents
- Individuals with severe mental disorders (e.g., Mueser et al., 1998)
 - ◆ 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 Appraisal

- “Subjective” interpretations of trauma rather than “objective” exposure variables
- Women report stronger sense of threat and greater loss of control
- Men report higher levels of perceived control
- Lower perceived control related to PTSD risk

Gender and Acute Reactions to Trauma

- Women report stronger emotional responses to trauma exposure: fear, anxiety, helplessness, horror
- Men report less fear
- Men report less peritraumatic dissociation
- Dissociation and hyperarousal as gender-specific pathways to PTSD?

Gender and Trauma Attributions

- 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 use more emotion-focused strategies
- Men more action-oriented and instrumental, including interpersonal withdrawal
- 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: PTSD linked to major depression (both 2x as frequent among women); “borderline” personality styles
- Men: PTSD linked to “antisocial” personality
- Gender-specific pathways to substance abuse?

Gender and “Culture”

- Gender role expectations shape the ways in which trauma is experienced and interpreted
- These expectations may shape the ways in which trauma recovery proceeds: male gender role stress
 - ◆ Relationship between PTSD severity and difficulty differentiating/expressing emotional states (“normative” male alexithymia?)
 - ◆ Relationship between PTSD recovery and social support
 - ◆ Male gender role stress associated with both alexithymia and perceived lack of social support

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

I. Early Recognition: Problems in Recognizing Male Trauma

- 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

II. 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.”

III. 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 Messages”
- 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

Trauma and Men's Experience: An Example

- Male Messages
 - ◆ List of ten male gender role messages
 - ◆ Identification of the most significant
 - ◆ Sources of these messages?
 - ◆ Hardest/easiest to live up to?
 - ◆ Advantages and disadvantages?
 - ◆ Which one would you like to eliminate?
- Subsequent references to this session

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, hurt and 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

Men’s Trauma Recovery and Empowerment Model (M-TREM)

- History and context: why separate groups for women and men?
- Rationale for gender-specific groups in both clinical experience and research literature

Kimerling, R., Ouimette, P., & Wolfe, J. (Eds.) (2002). *Gender and PTSD*. New York: The Guilford Press.

Tolin, D. & Foa, E. (2006). Sex differences in trauma and PTSD: A quantitative review of 25 years of research. *Psychological Bulletin*, 132(6), 959-992.

Olf, M., Langeland, W., Draijer, N. & Gersons, B. (2007). Gender differences in posttraumatic stress disorder. *Psychological Bulletin*, 133(2), 183-204.

M-TREM Core Assumptions

- Gender roles matter
- “Disconnection Dilemma”
- Extreme responses in emotions and relationships
- Severed connections and gender role expectations
- Disrupted skill development
- Recognition of strengths as survivor
- Problematic behaviors and origins in coping
- All coping attempts have pros and cons

M-TREM Group Content

- Twenty-four sessions—each with specific topic, goals, and guiding questions
- Three main parts of the intervention
 - ◆ Part One: Male Messages, Emotions, and Relationships (11 sessions)
 - ◆ Part Two: Trauma Recovery (7 sessions)
 - ◆ Part Three: Advanced Recovery Skills (6 sessions)

M-TREM Part One Goals

- To facilitate a sense of safety and trust in the group
- To discuss the importance of gender roles
- To develop a shared emotional vocabulary
- To introduce key relationship themes
- To begin preliminary discussion of the role of violence and abuse in members' lives

M-TREM Part Two Goals

- To help members deepen an understanding of trauma and its broad-ranging impact
- To identify characteristic ways of coping with traumatic events
- To help members understand the connections among trauma and other life difficulties
- To reframe certain problem behaviors or symptoms as coping attempts
- To build on personal strengths in developing alternative coping methods

M-TREM Part Three Goals

- To apply an understanding of trauma's impact to a variety of life domains
- To develop, practice, and consolidate recovery skills
- To deepen the mutual help functions of the group

M-TREM Group Structure

- Eight to ten group members with histories of interpersonal violence
- Two co-leaders; usually both men
- Weekly 75 minute sessions
- Maximally inclusive: men diagnosed with severe mental disorders, substance use disorders, co-occurring disorders
- Wide range of settings (MH, SA, CJ, DV, homeless shelters, other social services)
- Typically offered as part of a comprehensive system of care but can stand alone

Trauma Sequelae: Risks Addressed by M-TREM

- PTSD and generalized anxiety
- Difficulties with modulating emotional expression, especially anger
- Emotional numbness and dissociation
- Difficulties maintaining safe, stable, and satisfying interpersonal relationships
- Depression
- Difficulties in accurate appraisal of self and the world
- Substance abuse

M-TREM Trauma 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

M-TREM and Anger: An Example

- Anger and Behavior
 - ◆ Questions
 - ◆ Name the situations that make you feel angry.
 - ◆ Construct an “anger continuum” from “a little” to “very” angry.
 - ◆ What negative consequences have you experienced as a result of...expressing your anger? Of not expressing your anger?
 - ◆ What benefits?
 - ◆ Exercise: 1) List of effective ways to handle anger; 2) Relaxation exercise/practice

IV. 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

Developing a Toolkit

- Recognize: What is going on with me right now?
- Understand: What is the connection to trauma?
- Choose: What response or skill is most likely to be helpful and positive in my recovery as a whole?
- Practice: How and when can I try out this new skill?
- Evaluate: How did this new response work out?

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