Understanding Male Survivors of Military Sexual Trauma

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Overview of Presentation

- Introduction
- Male MST: Prevalence
  - Rates and Issues with reporting
- Characteristics of Male MST
  - Types of traumas reported
  - Perpetrator characteristics
- Symptom Comparison
  - Who reports more symptoms: men or women?
  - Who does responds more favorably to treatment?
Overview of Presentation

- **Male MST:**
  - Prominent Themes
    - The Military as a Culture
    - Gender Identity Concerns
    - Sexual Identity Concerns
    - Barriers to Help-Seeking
  - Targets for Treatment
    - Interpersonal Deprivation
    - Substance Abuse
    - Perpetration and Gender Rigidity

- **Summary and Clinical Implications**
Prevalance: How Common is Male MST? VA’s 2002 Study

- 1% of males screened positive
- 22% of females screened positive
- 54% of total MST cases are men
- 38% report sexual harassment
Prevalence: How Common is Male MST?

  - Sexual Harassment: 23% among men
  - Sexual Assault: 1% among men

- **Reservist Samples (Street et al., 2003)**
  - Sexual Harassment: 27% among men
  - Physical sexual harassment/sexual assault: 3% among men
Prevalence: Issues with Data

- Underreported phenomenon
- Sexual assault/harassment sometimes thought of as only women’s issues
- Directly conflict with military values
- Broader culture does not support
  - E.g, Great Britain—no law about male rape until 1994
  - Inconsistent with male gender role
  - Lack of specialized treatment services
    - Rape crisis centers for men?
Prevalence: Issues with Data

- Appears that prevalence of MST is higher among women
  - 21% (women) vs. 1% (men) among VA healthcare users for 2008

- However:
  - Disproportionate ratio of men to women in the VA system – nearly 20 to 1
Prevalence: Issues with Data

The **20:1 Ratio rule** (prevalence vs. numbers) means:

- Actual numbers of men and women who screen positive for MST are roughly equal
- 54% of all VA patients who screen positive for MST are male

Some evidence to suggest **higher risk of PTSD in male survivors of MST**
Commonly Reported Acts of MST by Male Survivors

1. Forced to give oral sex (fellatio)
2. Forced to receive oral sex
3. Anal rape (sodomy)
4. Foreign object anal rape (sexual torture)
5. Forced to perform anal sex on perpetrator
6. Forced to masturbate perpetrator
Common Characteristics of MST Perpetrators

- Male
- Married
- Known to self-identify as heterosexual
- Higher Rank or fellow soldier (s)
- Direct control, or unique relationship with victim
  - Not a stranger to the victim
- Obtains compliance by grooming &/or coercion, *and/or* physical violence
Prevalence: Association of Sexual Trauma with PTSD

Sexual trauma is a particularly toxic stressor for men.

<table>
<thead>
<tr>
<th></th>
<th>Rape</th>
<th>Combat</th>
<th>Molestation</th>
<th>Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>45.9%</td>
<td>--</td>
<td>26.5%</td>
<td>48.5%</td>
</tr>
<tr>
<td>Men</td>
<td>65.0%</td>
<td>38.8%</td>
<td>22.2%</td>
<td>22.3%</td>
</tr>
</tbody>
</table>

(Kessler et al, 1995)
Prevalence: Association of Sexual Trauma with PTSD

Study of Gulf War Veterans
Probability of Developing PTSD

- Sexual trauma is a particularly toxic stressor for men (cont.)

<table>
<thead>
<tr>
<th></th>
<th>MST</th>
<th>Combat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>5x higher</td>
<td>4x higher</td>
</tr>
<tr>
<td>Men</td>
<td>6x higher</td>
<td>4x higher</td>
</tr>
</tbody>
</table>

(Kang et al., 2005)
Prevalence: Association of Sexual Trauma with PTSD

- Women more likely to be diagnosed with PTSD overall (across all traumas)
- *But*, 65% of men & 46% women develop PTSD following adult sexual assault
- Some evidence to suggest that assaulted men tend to report *more* trauma symptomology than women
Prevalence: Male vs. Female Symptom Comparison

- **Elliot et al., 2004:**
  - Higher levels of:
    - Trauma related fear based symptoms
    - Negative beliefs about the self
    - Reported dysphoria

- **O’Brien et al., 2008:**
  - More persistent trauma symptoms overall
  - More persistent sexual problems
  - Less reduction in trauma symptoms by the end of treatment
Why are men doing worse?
Male MST Survivors: Prominent Therapeutic Themes and Targets for Treatment

1. The Military as a Culture
2. Gender Identity Concerns
3. Sexual Identity Concerns
4. Barriers to Help-Seeking
5. Interpersonal Deprivation
6. Substance Abuse
7. Perpetration and Gender Rigidity
Theme #1: The Military as a Culture

- Value placed on staying “in control”
  - Regardless of stressor

- “Family–based Hierarchy”
  - Value placed on unit cohesion – e.g., families “stick together no matter what”
  - Do not discuss issues “outside the family”
  - Do not question authority

- Value placed on secrecy
  - “Classified information”
  - “Need to know basis”
  - “Don’t ask, don’t tell”
Theme #1: The Military as a Culture

- Perception that being a soldier relinquishes choice and certain freedoms
  - Examples:
    - Emotional needs come secondary to the mission
    - Ignore physical needs/messages of the body

- Multiple aspects of identity contained within same environment:
  - Career
  - Social
  - Home
  - Physical/medical

- **Note:** Overlap of multiple roles increases likelihood for enmeshment
Theme #1: The Military as a Culture

- When a male is raped in the Military:
  - Likely continued contact with the perpetrator—sleep, eat, work, relax
  - **No Safe Haven**: Sleeping quarters with same gender as the perpetrator
    - Increases level of fear
  - Threat of death is real:
    - Everyone carries a weapon
    - Trained to kill in combat
    - “Accidents happen”, “killed in crossfire”, “disappear” off ship
  - Career limiting/ending administrative action
Theme #2: Gender Identity and the Military

The Military Culture Taps into Cultural and Gender Stereotypes:

1. The Good Soldier
2. The “Real” Man
Men receive implicit and explicit messages that "A Good Soldier" is:

- Physically strong
- Brave, courageous
- Heterosexual
- Actively suppresses:
  - Pain
  - Fear
  - Vulnerability
  - Weakness
Theme/Issue #2: Gender Identity in Military Culture

- Similar to a good soldier, men receive messages that a "Real Man" is:
  - NOT feminine
  - Heterosexual
  - Physically strong
  - Unemotional
  - In control
OH LORD, WHY DO I THROW LIKE A GIRL?

PARENTS – PLEASE!
LET YOUR SON PLAY LITTLE LEAGUE!
Therefore a Good Soldier....
Is A Real Man
But if you’re a man, and a sexual trauma occurs...
MST+ Masculinity = HUGE Conflict

- Sexual Trauma evokes everything that masculinity rejects:
  - Fear
  - Shame
  - Vulnerability
  - Helplessness/submission
  - Intense, inescapable emotions
Gender Identity Concerns

- Sexual Trauma shatters both categories for men:
  - They lose their status as a good soldier
  - They lose their status as a man
Cultural Schemas About Masculinity

Being raped is experienced as inconsistent with male identity and several “schemas” are challenged simultaneously:

Schemas such as:
- I am in control of my life
- I make choices about my body
- I can protect myself and make others safe
- Effort and good intentions pay off
Many men subscribe to rape myths that impair recovery

Rape Myth: *Real Men Don’t Get Raped*
So, if a male is raped, normal male gender identity is no longer an option

**Conclusion:** “If I was raped, I can’t be a real man.”
Theme/Issue #3: Sexual Identity Concerns

- Rape Myth: *Male Rape is Homosexual Sex*

- So if I was raped...
  - “Am I gay?”
  - “I must be gay.”
  - “I am gay and I can’t face it.”
Male Attributions of Self—Blame

People search for “**meaning**” after an event:

**Question:** “As a man, why do you think that you were raped?”

**Answer:** “It happened because…

- I gave off some *gay signal*
- I was *too effeminate*
- I was *too trusting/eager to make friends*
- I was being *punished for being gay*
- I was *physically weak*— I should have been heavier, stronger, bigger, etc.
Theme/Issue #3: Sexual Identity Concerns

- “Meanings” that harm tend to result in problematic behaviors and interpersonal patterns related to sexual identity

- Possible adaptations and resultant behaviors:
  - Extreme homophobia
  - Attempts to “prove” their heterosexuality
  - Multiple “conquests” of women/promiscuity
  - Early or impulsive marriage
Theme/Issue #3: Sexual Identity Concerns

- **Possible adaptations and resultant behaviors (cont.):**
  - Homosexual sex without clarity on sexual orientation
  - Foreclosure on healthy adult sexual identity development
  - Disowning of one’s sexual identity, if homosexual
  - Perpetration of sexual assault on others to invoke sense of power or “payback”
Theme/Issue #4: Barriers to Help Seeking

Men tend not to seek treatment for various reasons:

- **Limited Awareness**
  - Qualities and skills reinforced and rewarded as a soldier lower veteran’s awareness that help is needed:
    - Suppression of pain
    - Numbing of fear
    - Misrecognition of fear as anger
    - Intolerance of weakness
    - Heavy drinking
Theme/Issue #4: Barriers to Help Seeking

Men tend not to seek treatment for various reasons:

- Disclosure Perceived as Risky
  - Common Responses to Disclosure:
    - “Are you gay?”
    - “Why didn’t you fight him off?”
    - “You’re not a real man.”
    - Silence, denial
Theme/Issue #4: Barriers to Help Seeking

Men tend not to seek treatment for various reasons:

- **Limited Public Awareness:**
  - Social stigma for rape vs. other PTSD-inducing events
  - Whereas female identity may be seen more flexibly, many still subscribe to traditional male identity values:
    - **Weak and unmanly to:**
      - Be victimized
      - Need help
      - Seek help
      - Talk about victimization
      - Share vulnerable feelings
MST Survivors: Prominent Therapeutic Themes and Targets for Treatment

1. The Military as a Culture
2. Gender Identity Concerns
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4. Barriers to Help-Seeking
5. Interpersonal Deprivation
6. Substance Abuse
7. Perpetration and Gender Rigidity
Theme/Issue #5: Interpersonal Deprivation

- Men are socialized to: “always be in control”
  - Lack or loss or control likely to be interpreted as:
    - “doing something wrong”
    - “should have done something different”
  - Event interpreted as: evidence of a “behavioral” or “characterlogical” failing (self-blame)
  - Blame and “shoulds” imply:
    - Disapproval
    - Judgment
    - Morality
    - Need for punishment or consequence
Theme/Issue #5: Interpersonal Deprivation

- Balance of Rewards vs. Punishments:
  - Perception or wrong-doing leads to imbalance and tendency to punish relentlessly

- Various forms of punishments, but most common is **social isolation**
  - Usually gender-specific strategy (intent is to avoid other men)
    - Soliciting social rejection by other men as “safety” position
      - Intentional use of poor social skills
      - Overly disclosing of personal faults
Theme/Issue #6: Substance Abuse

- Men are socialized to **avoid/minimize expression of emotions**
  - Many “gender-acceptable” & military-condoned ways to manage/numb intrusive thoughts, feelings, & images

- High comorbidity of Substance Use Disorders (SUD)
  - Creates appearance of being “just like all the other guys”
  - PTSD symptoms may go undetected by veteran himself
  - Most convenient of almost all ways to avoid emotional expression
Theme/Issue #6: Substance Abuse

- **Several Problems:**
  - Law of Diminishing Returns: Most coping methods are less effective over time
  - Facilitates aggression, re-enactment and re-victimization
  - Blunts expression of emotion reducing effectiveness of exposure-based therapies
  - May be seen as the “identified problem”
    - Misconception reinforced by treating providers and others in veteran’s support system
  - Health issues associated with ETOH/SUD use
Men are socially encouraged to actively use **anger and aggression**

- Different messages received in development about expression of anger vs. other emotions
  - Expression of anger (being “hard core”) vs. expression of sadness/pain (“being soft”)
  - Reinforces gender rigidity (“Alpha Male” syndrome)
    - “Baddest man on the planet”
    - “Hardest man on the yard”
  - Devalues the male as a person
    - Example: “I am a beast”; “I’m the king of the jungle”
Theme/Issue #7: Perpetration & Gender Rigidity

- Belief: “I am a beast (e.g., lion).”
- Consequences/Costs: ???
- Questions:
  - What does view suggest about how men manage relationships?
  - How does control work in relationships with animals?
  - What types of people of “beasts” and “lions” attract?
    - Lion tamers; people that like to go to the zoo
  - Are there any relationships in where being viewed as an animal has harmed the person?
    - Spouse, children, other family/friends, co-workers, therapists
Active use anger and aggression often destructive:

- Leads to rigid or inflexible world-view
- Increases threat or actual perpetration of interpersonal violence towards men & women
  - Often paired with drug/alcohol use

Factors in the cycle of violence: gender rigidity and emotional constriction
Author Lisak, David; Hopper, James W; Song, Pat Journal of Traumatic Stress, vol. 9, no. 4, pp. 721–743, October 1996
Theme/Issue #7: Perpetration & Gender Rigidity

- Active use anger and aggression often destructive:
  - Abused becoming abusers:
    - Many abused men do not perpetrate (38%)
    - Most perpetrators report abuse in childhood or earlier abusive trauma they have experienced (70%)
  - Men who perpetrated:
    - Show more homophobia
    - Gender rigidity
    - Emotional constriction

Factors in the cycle of violence: gender rigidity and emotional constriction Author Lisak, David; Hopper, James W; Song, Pat Journal of Traumatic Stress, vol. 9, no. 4, pp. 721–743, October 1996
Food For Thought

Psychotherapy with male survivors of sexual trauma should include an:

*active critique of traditional gender socialization*
Summary and Clinical Implications
Summary and Clinical Implications

MST is particularly damaging for men:

- Challenges multiple identities for the male simultaneously
- Men socialized differently around expression of emotion
  - Emphasis on minimizing emotion
    - Leads to poorer coping mechanisms to deal with emotion (e.g., avoidance, ETOH/SUD)
  - Expressing emotions as anger
    - Converting fear into anger
MST is particularly damaging for men:

- Several barriers to seeking treatment
  - Substantially fewer resources that exist compared to women
  - Few adaptive role models to model “recovery”
    » Limited number of men who report; male clinicians
  - Disclosure perceived as more risky
- May feel misunderstood by clinicians
  » Viewed as more hostile/aggressive due to stimulus value when compared to women clients
Summary and Clinical Implications

- MST Therapy for men should include:
  - Education about culture and socialization history
    - Encourage learning or recovery of affiliation, connection and meaning to other men
  - Qualities of the “good soldier/real man” can be emphasized therapeutically towards ends that promote healing:
    - Bravery
    - Courage
    - Willingness to stand up for a greater good
      - Promote healing in meaningful vs. meaningless way
    - Persistence in the face of great adversity
Resources for Male Survivors

- myduty.mil (for current or recently deployed)
- www.1in6.org
- www.jimhopper.com
- www.malesurvivor.org
- Boys and Men Healing (documentary)
- Playing With Fire by Theo Fleury
Resources for Clinicians

- [www.jimhopper.com](http://www.jimhopper.com)
- Honor Betrayed: Sexual Abuse in America’s Military Mic Hunter
- The Sexually Abused Male: Application of Treatment Strategies Mic Hunter, 1990
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Questions