Gender Response Care-Gender Responsive Trauma Informed

**David Stanley** 00:00

When I say gender responsive trauma informed care, what I'm talking about is combining what's called gender role analysis with stage one trauma intervention. So I'll go into gender role analysis in a minute. But stage one trauma interventions again, are just based on safety, trust, choice, collaboration, empowerment. So we want men to feel safe, we want them to build trust with others and build connection. We want to offer them choices, we want to collaborate rather than tell them what to do. And ultimately, we want to empower them to make their own decisions and to feel as though they are back in control of their own life, that they're back in the driver's seat. All of this is what we consider to be gender responsive trauma informed. And again, I just want to repeat that women have their own challenges in our culture and society, they have their own gender norms. But for the sake of the time today, I'm only covering the men. But I think it's interesting to think about what this also might look like for women who go into recovery and what those expectations are. For a lot of men will not say that they've been victimized, or they've been, they've experienced trauma. And a lot of that is because if I say I'm a victim of something, it brings, it may bring a lot of shame and fear. And it may sort of touch on that lost sense of masculinity. Because the implicit message is that men should always be on top, they should always be aware of threats, they should always neutralize those threats, get rid of them. And if you don't, and if you're hurt by somebody, it means you did something wrong, you weren't strong enough. So it may result in all of these things. So asking a man to talk about his trauma is really important to recognize that these things when I say talk about your trauma, I need to recognize that all of these things may come up for that individual. While we're talking about that person's experiences. Oftentimes, what I do is I don't say, Hey, have you been through trauma? Have you experienced trauma, I'll say something like, if it's okay with you. I'd like to talk about adverse life experiences, how you made it through them, and how they shaped who you are today. And I talk about adverse life experiences, because it doesn't have the same baggage that trauma does. It's just like kind of bad things that happen that you got through and then you made it through the other side, what were those things? So oftentimes, just changing the language a little bit will help to ease some of those feelings of shame, fear and lost sense of masculinity. Also, not staying on the trauma but moving to a place where, how did you make it through that? What are the strengths that you brought away? Because again, going back, we want to reinforce that, yeah, you went through that, but you came through and maybe made you more resilient. The fact that you're sitting here, shows me that you survived, that you've made it through that. You might be struggling now but you've survived, what are those things that helped you to survive, so we're moving it to a strengths based perspective, and then keeping it on neutral language around adverse life experiences.

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If a client says, well, what's an adverse life experience, I can say, you know, I can name some of those common traumas to help illuminate what we're talking about. So the central relational paradox that men are confronted with, is that healing takes place through relationships. But if a man cannot bring his entire self into the relationship, it will lose authenticity, and thus, its ability to heal and will become a source of further disconnection. And that's where I was talking about the importance of bringing one's whole entire self into treatment, into the relationship. If I'm split, and I'm dissing every female part of our feminine part of myself, that I'm not enough not willing to acknowledge that are willing to respect it and validate it, then there's always going to be a piece of the puzzle that's missing from the equation. And it's always going to feel like something's not right because this person isn't bringing their authentic self into the recovery. I grew up as a male in our American culture with all of these norms and expectations. And when I went to my first I think it was an AA meeting and I noticed that men were like, hugging each other, telling them I love you, man, you know, all of this stuff, and I was like, whoa, where have I come to? This is really weird. Men are hugging and they're telling them, they love them and they're talking about their emotions. But I think because I saw that, and you see that with a lot of people in recovery, because I think what men have learned a lot of men in recovery is that, you know, if you're going to do this walk, if you're going to recover, you got to get serious about you know, breaking through some of those norms and expectations. You just got to let it go. Maybe when you go to an AA meeting and you're all over the place, you're very affectionate but when you leave the AA meeting, a lot of people then go back to living under the same norms and expectations. But oftentimes, recovery groups are where men can be allowed to let down some of those norms. So male relational dread is the sense of, you know, we don't spend a lot of time in our culture, talking to young boys about emotions, and all the different kinds of emotions and the nuances of emotions. They don't get a lot of, a lot of chance to kind of have those emotional talks, because we don't really expect boys to be emotional. We kind of think boys are just kind of in their bodies, they're not the emotional one, women are emotional, right? You know, we kind of have that kind of, you know, those expectations happening.

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So in a relationship, a man might be thinking, Oh, my gosh, I have no idea how to navigate relationships or talk about my feelings. So when his partner says, you know, our marriage is in trouble, we need to talk about it, he might be saying, Oh, my God, our marriage in trouble, I'd better keep my mouth shut because I don't know how to talk about these things. I'm not comfortable with it. It makes me feel vulnerable. No one's ever taught me about emotions. So when issues come up, I might really want to connect with my partner. But I don't know how to do it, because I don't have the skills necessary to make that happen. So oftentimes, what men do is they pull away as soon as things get too emotional, even though they want to connect, they might pull away because it feels like it's overwhelming for them. So again, the same thing might happen in treatment, my recovery, you get to a certain point, and you know, it's getting vulnerable, and it feels too vulnerable. You know, a man might say, my recovery is in trouble, I'd better keep my mouth shut. So you might say, you know, I better keep all this stuff down here because I'm gonna get in trouble because I don't know how to navigate this emotional landscape that I'm having to go through. I remember for myself, speaking from personal experience, I went through, I've gone through a lot of trauma in my life, and I went to therapy, and I was really, I finally was like, I gotta, I gotta do this, I gotta do therapy. And I remember crying in the therapist's office, being really emotionally just torn apart and then getting out of the therapist's office, feeling like I had made progress, but also struggling with, Oh, my God, I must have looked like such a fool in front of my therapist. I can't believe I just sat there and cried, he must think I'm such a jerk, he must think I'm so emotional. And so I had to not only struggle with, with going through the trauma treatment and doing that hard work that trauma specific therapies require, but also keeping in check some of that internal tape recordings that I was playing for myself, and re editing those and challenging that. And a lot of that was more of a cognitive behavioral approach that I was using with myself to go, is it really true? Is it really true that my therapist, who's trained to sit with people and do this, is going to think that I am somehow less masculine, because I cried in his office, like, and you begin to challenge that, but it took a while and it was a struggle. Again, the therapist might be saying, I want you to talk about it, but he's not ready to talk about it, he doesn't know. So again, we need to acknowledge when that happens that if a man is pulling away in treatment, it may be because you're going to a place that feels too vulnerable, it feels too much like it's going to bring that shame. So what I would do in treatment is address that and then move on once if he feels safe enough. So create that safety in the relationship and in the environment. And only then and only then once that safety is established, then begin to go further into what feels vulnerable for him.