

Toxic Stress Among Men and Boys of Color

OFA Brown Bag Series

Transcribed by Pearl Interactive Network, Inc.

[female announcer]: Good day, and welcome to the OFA Brown Bag webinar series, “Toxic Stress.” Today’s conference is being recorded. At this time, I’d like to turn the conference over to James Butler. Please go ahead.

[James Butler]: Good morning and good afternoon to some. Welcome to OFA’s Brown Bag Series. This is our third in a series of several brown bag webinars sponsored here by OFA, the Office of Family Assistance. Today, joining us today, we’re going to be doing a brown bag on the topic of toxic stress among men and boys of color. And speaking to you today will be our illustrious presenter, Dr. David J. Pate, who is the Associate Professor of Social Work at the University of Wisconsin-Milwaukee and the Affiliated Associated Professor of the Institute for Research on Poverty. Joining him is his co-presenter, Dr. James Dimitri Topitzes, also from the University of Wisconsin.

I’m not going to labor you with a bunch of bio about either one of them, but I’ll just quickly let you know that Dr. Pate’s interest is in domestic violence, fathers of the welfare-reliant children, and the life course of men and boys of color. He authored several publications, including “The Involvement of African-American Fathers with Welfare-Reliant Children and the Child Support Enforcement System.” Today, Dr. Pate, of course, will be talking to you about the toxic stress among men and boys of color along with Dimitri.

Dimitri, a relatively recent doctor, teaches courses on Advanced Direct Social Work Practice and Trauma Counseling to master’s level students. He also co-teaches a Philosophy of Science course to doctoral students.

After Dr. Pate and Dr. Dimitri’s presentation today, we’ll have a verbal Q and A session, but we also encourage you to submit any questions online that you have throughout the duration of the webinar. To submit questions online, you can find the question and answer pod, designated by the letters Q and A, in the top right portion of your screen. Type your question in the open field at the bottom, and then click Send Question. You will receive an automatic reply thanking you for the question, and your question will be forwarded here.

I also wanted to let you know again that there will be an audio recording and a transcript for today’s webinar, and that will be posted on the Welfare Peer TA Network website within the next coming weeks. So without further ado, I would like to present to some, and introduce to others, Dr. David Pate.



[Dr. David Pate]: Yes, good afternoon and thank you to everyone who's in, who expressed interest in this webinar today, and for those of you who are, have already heard some of this webinar if you were at the Rec Conference. I've added some new materials to be sure that I've enlightened the other three providers and more enlightenment on this topic that we're going to title today as, "Seeing Men and Boys as Victims of Color" under the broader topic of Toxic Stress.

My co-investigator who I've done this project with, James Dimitri Topitzes, is not with us today. He is on vacation starting today, but he had a lot of involvement with this particular webinar that we're doing today, and I wanted to make sure I acknowledge him, but also, I hope that you have questions and I will definitely allow time for that. And also, I want to thank OFA for inviting me to be a part of this webinar series. I also want to thank all of my research team who was very involved with this project, from my doctoral student to all of the wonderful individuals I've had over the last year who have expressed significant interest in learning more about particularly men of color, particularly African-American men who have experienced some issues of trauma, but I also want to thank my very wonderful community partner liaison, Mr. Gregory Williams from my outfit in Milwaukee. He has been very instrumental in allowing me to work with the center and all of the students that provide workforce opportunities for men in the vicinity of Milwaukee, but also under the direction of Mr. [unintelligible] I've been able to do some wonderful work around collecting data, and we'll examine what are some of the averse childhood experiences these men have dealt with, but also, what are some of the things that really may hamper them from being able to reach their full potential as parents and as adults in the city more so than the country.

I also want to acknowledge all of the wonderful funding resources we've had; the Wisconsin partnership program in UW School of Medicine and Public Health was our initial funding for this project, they really encouraged a community-university partnership—that's what we have and I'll talk about that later—but I've had a variety of other people who have provided me with assistance, to OFA, to the Institute for Research on Poverty, to [unintelligible] Applied Behavioral Health Research, along with my own endowment and university which funded most of my undergraduate researchers, and a really wonderful project. And I hope that you'll be able to see some of the wonderful things we've learned, but also how it can help you in your own work in the future.

Well, I'm going to start off with a quote that I have from Victor Hugo that I always, that I've been looking at, have looked at as I think about my work, and the quote goes that "If the soul is left in darkness, sins will be committed. The guilty one is not he who commits the sin, but he who causes the darkness." And I really reflect on that particular quote because it really helps me to think about who is these men I'm talking about, what are some of the things that they've dealt with in their lives that may be issues of trauma or toxic stress, which is a much more popular topic right now, but also if we allow some of this stuff to fester, or we allow this residue to continue on the path, how do we hope to ever get to the point where they [unintelligible] self-actualize, and to have the agency to take care of themselves and their families, as well as to help build a strong community.

So I wanted to briefly start with some of our goals. So the philosophical that I tend to think about when I do a lot of my work, as to, well, how do I place some of this in a historical context, but also some of our philosophers' minds can think what we're thinking about today [sic].

The term "toxic stress" has become very, very popular over the last couple of years, and I want to go to a definition in the American Academy of Pediatrics that came out in 2013. It says, "Protecting children from adversity is a promising, science-based strategy to address many of the most persistent and costly problems faced in contemporary society, including limited educational achievement, diminished economic productivity, criminality, and disparities in health."

Much of the research that I've seen over the last couple of years, and much of the research I've seen related to, around child development and really what's going on, actually looked at the issue of persistent stress, persistent adversity, persistent and consistent issues of something that causes you to have a discomfort, because it's going to do something to your genes, it does something to your brain, it does something to your well-being, and of course, it's the same with what we generally refer to more commonly as trauma. And if you look at it, trauma has two components that Dimitri and I want to be sure that we get across to people today, in that exposure to an event that overwhelms cognitive and emotional resources. It's, for example, if someone is exposed to an environment where they are witnessing gun violence on a regular basis, or in their community where they feel unsafe on a regular basis, or they're in a home where there's a lot of discomfort, where some of the parents may be consistently arguing or are making the children feel unsafe, or if it's a case where they feel in school that they're not safe. So if there's an exposure to it, or if someone has been part of a car accident or someone has been part of a violation of their body, if there's something that overwhelms their cognitive and emotional resources to the point where it may cause them to have something that we would call "ongoing symptoms and consequences."

And when we say consequences, the one thing we need to think about in our own work as we do some analysis of data that we've selected in the last two years: what is some of the residue that comes from having those consequences? Could it be that you're more anxious? And this has been researched by people such as Dr. John Rich at Drexel University, and others. You'll see that people who are in very violent communities, they have very high anxiety, and not feel safe at all, and have a very hard time concentrating and thinking about how to then look toward a future or the sense of hope that [unintelligible] more enhanced because of the issues that may be related to this particular exposure they've had to an event that may overwhelm their cognitive and emotional resource.

And also, just recently I had a conversation with someone about the issue of resiliency as it relates to additional trauma and what does that mean, and it can go either way. You know, resiliency can mean that you don't have the resiliency to move forward, but also, the trauma could also be able to give you more resiliency, and that's something that myself and Dimitri are looking at as a future area of research. But also there have been others who have documented, it can be a reverse experience as well, so



sometimes trauma and things work in the opposite way. So that's something I'm not as versed in as say Dimitri and maybe I'd love to talk about that particular phenomena in the future, but this is something that we think that I'm going to leave the audience to think about as well. It could be a means to the advantage of the person, as a source of strength for them to come out instead on the other side.

"Adverse childhood experiences" [ACEs] is also a topic right now that we're going to, and we're going to talk a lot about that throughout this webinar with some of the data I've been able to collect over the last year about what does that really mean. And the adverse childhood experience, is something that is looked at from conception, through birth—and looking at also what are some of the environmental influences that may present itself in this adult as they behave or some of the things they may do that may help them to overcome whatever the adverse childhood experience they think. And I'll define those in a second. And those that can be presented in health and mental health outcomes that we were able to document, and we'll talk about how we were able to document some of those. But also it can be seen as persistent health disparities, which could also be associated with poverty, discrimination or maltreatment, which has been documented in more recent publications by scholars around the country. Some people will think of only health and mental health issues as it has an outcome that's a result of the adverse childhood experience.

But we also seeing, in more recent work that is being done by other scholars around the country, that poverty and socioeconomic status could have a major influence, and be considered an adverse childhood experience, and discrimination as well as maltreatment. And I look forward to more discussion about that as well.

I don't know how much people know about the ACES Study, but ACES was an original study that was done to explore the relationship between early childhood experiences, particularly those that were traumatic events such as abuse, neglect, and exposure to domestic violence, and looking at adult health outcomes. The initial wave of this particular study was a total of 9,000 adults in San Diego who were part of the Kaiser Permanente Health Maintenance Organization, and the sample itself was relatively representative of middle class working populations, and the middle class population was white middle class population primarily, 75 percent of them. And I think it is important to notice why I became very interested in this topic because I felt there was something also in my [audio dropout]

[female announcer]: And I do apologize. It looks like Dr. Pate's line has disconnected. We'll wait for him to re-dial back in. And Dr. Pate, you are now live.

[Dr. David Pate]: Hello? I'm back. Sorry. I'm now showing you three different types of adverse childhood experiences that are documented over the duration of this study, and also the areas that we particularly looked at and we tried to get a better idea of the typology of who are the men who are coming to the workforce center to see whether or not there were some of the issues that are looked at as toxic stress or trauma that could be affecting their ability to be involved with their children, or to be involved with their own life or family.



There's three categories of abuse that are caught in the Adverse Childhood Experience study. One is verbal or psychological abuse, and there's two items [sic] from there that, one, "How often did a parent living at home swear at you, insult you *or* act in a way that made you feel like you're going to be physically hurt?" There's also physical abuse under that category: "How often did a parent in your home push, grab or slap you or throw something at you or hit you so hard that they left marks on your body?" And the third area of abuse was sexual abuse, where we were asking, "Has anyone ever touched you in a sexual way, touched or fondled your body in a sexual way or forced you to have sexual intercourse that was uncomfortable or inappropriate?"

Then under the neglect, there's two categories. One is emotional neglect. The second one is physical neglect. And neglect basically is looking at, "Is there someone there who overlooked, who you felt close to but they didn't give you, you didn't feel a sense of strength or support from them?" Or into the physical neglect, "Were you in a situation or an environment where your parents were too drunk or too high to take care of you most of the time, or you had to wear dirty clothes?" So those are some of the examples, some of the questions on the scale that we used.

And then the last one is household dysfunction, which has five different categories, the first one being questions on "Was your mother a victim of domestic violence or a survivor of domestic violence? Was there any household substance abuse? Did you see any evidence of mental illness in your household? Did you have anyone in your home with an incarcerated member?" as well as "Did you feel that you were not safe?"

So when we looked at those 10 different categories as part of our overall survey, these are the ones that we decided to, in our smaller version of this particular scale, use to get some information on who are these men, and what were some of the things that they were exposed to as children that may have some impact on their adult life.

Our research site was the Milwaukee Area Workforce Investment Board, which is a public-private partnership between government and business that plans, administers, and coordinates employment and training programs for adults and youth in Milwaukee County. I'm not going to read all of this because I want to make up for the time we lost when I was kicked off the phone. But basically, their main job is that people will come to them voluntarily and say "I'm looking for a job." There is community sites around the city of Milwaukee that will provide a variety of opportunities for people who are young workers at the age of 18 or younger, as young as 16, to older adults who may be those who lost their job or those who are looking for employment because they haven't had employment over time.

But it was a wonderful opportunity that I was able to capture through working with Mr. Donald [unintelligible] who came to me five years before this. And between five years of negotiation between the university and them and fundraising, we were able to get some funding that the University at UW Madison provided for us to be able to have this community-university resource partnership, whether or

not this is something that could help them around program development, but at the same time, provide me an opportunity to further my research agenda.

We have three questions—we have *more* than three questions—but there are three questions in this particular webinar I want to be sure that you're aware that we're going to answer today, at least talk about. One was, what is the health status of African-American men seeking job services in Milwaukee as indicated by measures of physical, mental and behavioral health outcomes? What's the prevalence of various adverse childhood experiences among African-American men seeking job service in Milwaukee? And how do African-American men seeking job service categorize their earlier life experiences, life status, [unintelligible] related challenges?

I don't know, hopefully you don't hear that. There's some interference. Hopefully you don't hear that on the other line.

The research design that we had was a mixed method of study, and by that I mean that we did qualitative as well as quantitative data collection. People in our study had to be 18 years or older. We also had to verify, based on [audio dropout] said these were recipients of services in that they, and also that they were not a non-duplicated [audio dropout]. So for that reason, we worked very closely with the MAW staff, and I have to say they did a phenomenal job in helping my undergraduate students [audio dropout] be part of our work.

Also, we had a convenience sample, and by convenience sample, that means that people who showed up, those who agreed to be part of our study based on [audio dropout] at the University to be part of the study. Finally, there is a random sampling that goes on, but we [audio dropout] of conversations between the MAW and the University [audio dropout] Hopefully—I know I'm breaking in and out, hopefully it's getting better. I can hear something's going on with my phone. Hopefully that [unintelligible].

Data collection was last year, last summer in particular, late summer, early fall. They looked to get 195 surveys of data collected. Also that administrative data. We also were able to have interviews and focus groups. And also, we have an advisory board that consisted of key stakeholders in the city or the state government, because we really wanted to, thought could be not only a program, this is a program, but also how can we change policy in, as well as the benefit of having me further a research agenda about the issues of Black men in particular, looked at what they're confronted with [sic].

We used a variety of measures. I want to just gloss over this because I really want to be sure we get to some of the other data parts, and I hope that people have questions. But there was a short formula that looked at health that was again, this was all self-report with the smoking items as well as drug abuse screening tests that are a valid measure. We looked at depression and anxiety as the men self-reported. Then we had a modified version of the ACE survey. Then also, we talked about issues related to self-sufficiency. Did they have employment problems? Had they been previously incarcerated? Because we

really wanted to see what do these men look like, because we really don't have much data about men who are presenting to workforce programs who are actively employed or seeking employment for this particularly low-income population presenting themselves.

The demographics of the men who presented in our study are as follows. They were from the ages of 18 to 63, and they all fell within the working government age as accepted. They were 94 percent African-American men presented as African-American, but later we found out that they were Latino, or they may have been dual, maybe a mixed race. They may define themselves as being Latino and Black. So no one accepts them as Black, but we are looking for people, particularly Black and brown men, 94 percent of those men who said that their only identified race was African-American. A very small sample were married. A third of the men had no children. Another two-thirds did have children. Only 45 percent of them had completed high school. But 75 percent of the men who came to this particular workforce site reported earning less than \$10,000 a year income. That to me is significant because I had the opportunity, working as an affiliate at the Institute for Research on Poverty, to be able to get administrative data on men who were willing to provide me with their social security numbers so I could validate whether or not some of this information I'm getting was true. We call that triangulation [audio dropout] in this world. And so I was able to through some funds, I was able to get through OFA, to get some information on what was the historical work history data of these men who provided me with social security numbers.

Now, the men who filled out the surveys, they gave—88 of them gave me valid social security numbers where I could look up what was their wage earnings. And this is the actual wage earnings of the men in the sample that I worked with for three years prior to the study. And they're relatively low, so these men are not making a whole lot of money. And this is what is their administrative unemployment insurance data. So if they were going to go seek employment, unemployment insurance, this is what their income looked like. So on average for 2010, the highest amount of salary was \$33,090, even though those are a range of \$0 to \$35,000 for those men, the average salary was \$3,300. And if you put this, if you looked right in the middle where everyone fell, the median salary was \$310. For 2011 it was \$4,247. The median was \$1,266 with the range being \$0 to \$27,000. And you look in 2012, it's a little bit, it goes back down again to \$3,725 with the median being \$925 and the range being \$0 to \$26,000.

So again, these are not men who are doing very well in income. Some men were doing better than others. That sample is very small of this 88 men who voluntarily let me look at their employment data. But again, the majority of these men had zero incomes for these three years I was able to gather data. So the whole idea of having a workforce program is very important, but there's something else going on here as well besides that. So that's what we were looking for, so who are these men who are presenting?

Some early quantitative findings as it relates to health and also some adverse childhood experiences as follows. When we looked at physical health for these men on this health survey that they reported, the



average is that most men will report that for the most part, 75 percent of them are, there were no [unintelligible]. They're within a scale that they're not 100 percent but, they're not the healthiest group, but as you can see here, this group is reporting that they're not very healthy. Sixty-six, they're only able to show that of what the scale is asking them about their health status, they're not doing that well. They're very high, they're people who are barely engaged—a lot of smoking behavior which has its own issues around health. There's a high rate of substance, of drug abuse. The U.S. average is 10 percent. For this population it was 38 percent, so 10 percent unfortunately is not under the U.S. average. I didn't see that until now. I apologize.

When you look at their own mental health status as they self-report, depression and anxiety numbers are two to three times higher than the average of the United States. There's also this issue here that these men are not doing very well around their own well-being. And again, this is where we were really interested in understanding is there any possible relationship of what's going on with them around the ACEs survey that we can get information on about what's been some of their own childhood experiences. And they've been contributing to this. That's why some of my qualitative work I thought was really important to also bring into at this point in time.

So again, you look at the scales, they're not doing very well. In fact, they're doing anywhere from two to three, four times worse than the average population in society, in the U.S.

We looked at the ACEs information. This is where we see some significant differences. Very high verbal abuse they report. Higher sexual abuse, higher physical abuse in the ACE study. Our study has 199 sample in it. The ACE study, as I told you before, was a middle class white study, and no one really has looked at a lower-income Black male study. We have also replicated some of these questions in two other cities around the country with very similar populations, which I hope to allow for publication very soon. The neglect numbers are very high that they report from their childhood. And if you look at their household dysfunction, the parental separation and divorce is three times higher. An incarcerated household member is 500 percent, I mean, it's ridiculously high. So these young men had, these men, who ranged in age whether they're earlier, from 18 to I think it was 60, as they reflect on their life as a child, it has some very unique experiences that may have some hampering and also causes them some problems, I think, for their ability to have full agency around their ability to take care of themselves and their families.

Again, this is what we found from this report in Milwaukee. When we go and look at even another important part of this study is to look at how many of these adverse childhood experiences do these men have. So the more childhood experiences you had that are adverse, the more likelihood you're going to have problems as you get older.

So if you look at the ACE sample, almost a third of them, a little more than a third of them had zero adverse childhood experiences. But with this population of low-income Black men who have had—who I talked about previously as to the demographics, they start out as a very low number that had zero. One



is a little bit higher for the ACE study, but as you go further down, the majority of the people and the majority of the men in this study had four or more of those areas, types of experiences that we talked about earlier. They've had four or more of the abuse, neglect, or household dysfunction on the traumatic events in their life. So that makes for them being, having a harder time to deal with issues as they get older.

Now that's one way of looking at it. *Or* it could be that they may be more resilient as a result of that. So I want to make sure that people don't walk away from thinking that these people are damaged to the point that they can't do better. It's just that it requires more investigation. And right now what we're seeing, the fact that these men are coming to seek employment is showing some resiliency. However, when they get a chance to talk about what's going on in their lives, we're seeing that they've been exposed to a lot of traumatic experience.

Some of the early qualitative findings is that "I've been abused." I've had two focus groups and I've interviewed about eight of the men who have agreed to talk to me. Each interview lasts anywhere from an hour and a half to two hours. The focus groups were both about two hours each, and I talked to, and if you total up all the focus group men as well as the individual interviews, it's about, almost 25 men I've had a chance to talk to between all of those different individual interviews.

And some of the things that I've come up with, as a result of my early analysis of my data, is conversations on their work history, issues of mental health, transportation, definitions of masculinity, violence, incarceration and spirituality. I do have some information more on the first of four or five of these things, but the one I don't have. I wasn't able to really get a quote on because I didn't have unfortunately enough time to do that, was the spirituality one.

And I want to start out with that, because that was the one thing that really came out across all of my individual interviews and my focus groups is the sense of spirituality as a way of centering these men because they felt that was the one thing that was holding them together, and how they saw it as a really valid part of their lives, because of either [a] previous incarceration event in their life or what they witnessed. And some of the men talked a lot about the witnessing of violence to a point that it just becomes a very common part of their day-to-day existence. And so that was something I would hear a lot about to the point where I had to really respect and honor their position on where they were around spirituality, but it was definitely a theme that was very, very clear across all of the groups.

In terms of work history, I have a quote here that was very common in my interviews. The man says, "I always worked on my high school, sophomore year in high school until I got grown. I always worked. I always held two jobs. But you know, that was when jobs were plenty, also. My job skills were excellent. My personality is excellent. You know, I might be a loud person and some people share that with the men. I'm a go-getter you know, and I thank God for all the knowledge that He has given me." And this is one of the times where, again, I had a lot of God talk, a lot of spirituality reference in my interviews.



And one of the things I try to do with each one of my interviews was to be sure to get a work profile, a work history, that they would talk about, from what was your very first job to your very last job? And every one of the men I talked to in my individual interviews had a very explicit, very clear work history. Something happened along the way that made their work history stop, from an incarceration, to “I had to take care of my mother,” or somebody was sick or—it was something that was a major life event in their life. It stopped their employment and then from that point on, it became harder to get employed. But they were all men who worked, and that’s something I think you don’t often think of or hear about when we give reference, particularly Black men in this country, but also, Black men have a very high unemployment rate. It’s something that we say is always two or three times more than the general population. Depending on where you live it could be as high as 10 times. In the city of Milwaukee where I do this research, in certain communities, the unemployment rate is as high as 75 percent of Black men, according to a study at UW Milwaukee.

So it’s something I think that we need to really rethink about programmatically but also redefine manhood and your life is based on your definition of what truth you attribute to your family. Work history can be a very stressful, or the lack of a work history can be a very stressful issue for you that allows you not to be able to fulfill what you see as important.

Another one was the issue of masculinity in mental health, and a lot of the men I talked to, that a lot of people don’t have those outlets to express themselves. And it becomes or comes out as violence. There’s a lot of violence in our community because they don’t have no outlet [sic]. And a lot of men don’t feel respected. That’s why they can shoot each other. “They took some of my tennis shoes.” They don’t feel respected by society, but they’re going to get respect whether it’s from the person across the street or the person next door to them. And that was a big issue of discussion around men were saying to me without prompting or without probing, “We need mental health services. We need a place to go to vent about some of the stressors we’re dealing with on a day-to-day basis.” And some men would say, “I’m not ready for work until I have a chance to talk.”

There was a really good NPR show on yesterday that came out this week about the idea of stress reduces for health [sic], and health problems increases your stress. It was kind of ironic it came on this week, but it goes to this whole discussion of people need to understand this issue of stress and what it really means for certain groups of people.

And in the African-American community, as we know, infant mortality rates are high across all socioeconomic statuses. And studies have showed, the issues of stress based on your race or your exposure to discrimination, which is a racism, can sometimes be crossed with those issues that may have poor health outcomes.

But access to mental health was an issue that was brought up as a clear issue that they wanted to attend to and have some access to health care around that. And also, the Affordable Care Act does some of that. Unfortunately, certain states are not allowing single adults access to health care through the

Medicaid outlets that's available so again, it's an issue. But again, this is an area of work that maybe needs to have further exploration.

Another one that came up as a theme that may not be seen as an issue of stress, but it's a major one for people in the city of Milwaukee—but also for men around the country where many jobs are not in the city anymore—they're in the suburbs. This one guy said, "I agree with them on the unemployment situation. It's a number one issue with men. I had to decline an offer this morning because it's in Cedarburg." And Cedarburg is a city that's further out of Milwaukee. And he says, "I have a vehicle. It's got some problems, but it has to be fixed." So I had to explain to the guy, "I don't want to take the risk of getting you a job, picking you a job and then getting stranded in a city like Cedarburg." So again, it's the location of the job that can be a very important problem for them. But also, it's another issue of the unemployment problem. It's just that the location of the job is not in a place you can get to them, as well as the city you live in may not have the infrastructure that allows for you to have a workforce that can move back and forth. And also, that community may not want certain people that don't look like them to come in their community to work.

So again, it's not just the transportation issue, but it's all these other complications and complexities such as, "How am I going to feel going into that community? How am I going to be accepted? How often do I look behind my back to make sure that people aren't stalking me or surveilling me [sic] in a way that other people aren't?" So that was something that came up as a result of this conversation as well.

A big one was violence, and the one thing that the men said was this whole issue of PTSD is "It ain't just a veteran thing. It's a people thing." And this is something that was consistent throughout every one of my interviews in my focus groups. The men said, living in the hood, that's where you get PTSD. If you live in the hood and you see somebody—one man said to me in the group, he saw somebody get shot in front of a pizza shop in the head. When he was walking home, somebody came up and shot the person. And that's a regular occurrence for certain people in certain neighborhoods. Certain cities are experiencing more of those violent things, more homicides this year. And if you read any of the newspapers, you'll see some of that. But people are saying that, it goes from you witnessing some of this on a regular basis and it becoming a very common state for you.

I remember interviewing someone in their home one time and I heard a gunshot and I hit the floor because I didn't know what was going on, but the woman I was talking to just kept talking like it was normal. And so that made me also think about the fact that people are living in situations that we just don't know until we do work like qualitative research, or we really take some time to really think and talk to some of the people about, "What's going on with your life?" Even though I have these things, I need you to do this program. What's really going on with your day-to-day?

And people even brought up in this meeting about if you worked as a child, then that can be seen as abuse for some of them, they felt, and interpret how you would think. So again, there's some of this

violence that I think we need to pay attention to as to what effects does it really have in a long-term way for your agency as an adult.

Another issue that came up was the issue of transitional housing. A man talked about the whole idea of he has been incarcerated three times. He did six-and-a-half years in the state of Wisconsin but when he came out of prison and suddenly he was not ready to go to work. He was not ready to even talk to his family. The whole idea of having a transitional housing situation was something that he thought would have been really helpful for him, to be able to have the ability to have a normal conversation and to understand what it meant to be an adult where you didn't have to have someone telling you what to do and when to eat, when to take a shower, when to wake up, when to go to sleep. He had to re-learn to be an adult.

And so this is where some of the things that I'm noticing is that a former fatherhood program person, the peer support groups as MnDOC has reported and other researchers have reported around the country, is that very valuable opportunity for men to vent. And in programs that I've seen around the country such as the Family Support Center in St. Louis where they start out every morning checking in with people, saying, "What's going on and how are you doing it?" And it's one of the biggest things I've ever seen about how you allow people to vent, because these men are going through things every day, and they're just trying to figure out, "What do I do?" And it's, "How do I make ends meet? How do I make myself a whole person again?"

So again, this may be, on the surface, transitional housing, but under that are some other issues around this: "How do I deal with some things that I've been adversely done to me [sic] or traumatically done in order for me to be able to reach my potential?"

Let's see, my next slide will be, some final thoughts I wanted to give, because I want to give at least some time for questions and answers. If not I can definitely talk some more, but there are a few things I wanted to recommend to think about, if it's working with men of this type of population who are just down on their luck and, as you know based on your own conversations, really need some assistance.

Peer support groups, I think, are a really important part of this work in trying to get people into some of their own adverse childhood experiences or some of the toxic stress they deal with on a daily basis. Often in my qualitative interviews, the men just say the whole idea of constantly being stereotyped is a big issue for them because you don't always know whether or not you're doing the right thing, or "Am I just in the wrong place at the wrong time? And how do I leave this community in the way that I'm not seen as someone who is turning my back on them?"

So I think this whole idea of running a peer support group is a really important part of this. I know that the responsible fatherhood programs have incorporated that, and it's something that, the notion of the work that Arturo Johnson did as a researcher, and as I'd observed and documented in other people around the country as well. So I really support and really promote an opportunity to allow men to vent.



Meditation services. Many people have not incorporated them, but I've seen the value of them in many places for these men where they have the chance to reflect and think about what's next and to relax and to learn to relax. This is a fact that the anxiety they deal with on a regular basis is quite overwhelming to the point to where they can't even think. If we could learn how to help them with that it would be great.

In truth, access to social welfare services is the big one, such as housing. Such as food stamps. Such as whatever services can allow them, making a transition for those who are coming out of the corrections system, to those who are just having some problems. Let's improve access to social welfare services for single adults and men of color, because they already are having some—Employment issues would be great. Better access to health and mental health services as the men have already talked about earlier would be really another wonderful [audio dropout] we could enhance and really encouraging more states to take advantage of the ACA's opportunity to allow single, childless adults opportunities to focus on that and mental health services.

And the last one seems common sense, but I just am going to have to say acceptance of who these men are. And not all, they're not all going to present to you in a way that you're going to be happy or glad or really ready to work with them. But I know that in my own previous work, the one thing I saw that really made a difference was, after I accept them like I accept my kids or anybody who I know, they're good people. Everybody's good people. And I think that you have to kind of figure out, how do you get them to be this face that they're going to be the best they can be? Me as a social worker, it was really important that I had to do that because my values and my instincts as a social worker, but I'm supposed to be non-judgmental. And so that's the one thing that I find that these men really wanted someone to just accept them and see them as human. They really took advantage of my focus groups and interviews. The one opportunity they never had in their life to have someone just listen to them. And believe me, I have often cut off interviews, because I could be there for four, five hours, and I just don't have enough brain energy to do that with every interview. Plus, some of these interviews are quite overwhelming and depressing, and I need a break so I want to be sure I can be the best researcher I can be. So acceptance is a really big one for these men.

Lastly, I want to thank everyone for your time and expressed interest, and if you have any more questions about our work or if you want to learn more about our research, I want to be sure to provide you with our e-mail addresses. Mine's is David J. Pate at pated@uwm.edu. My colleague who learned today he got promoted to being Associate Professor—which is great but he can't use the title until August, so I'm a little proactive in giving him the title Associate Professor—but it's topitzes@uwm.edu, and Dimitri is well-versed and he's also been well-published, someone who has been very helpful to me to get me to understand how this could be a more helpful part of my work and understanding and how do you look at the life course of men and their ability to take care of themselves and their family.

So we have about six minutes left for questions if anyone has any questions, but if not, I can definitely—



[female announcer]: Ladies and gentlemen, if you'd like to ask a question over the phone, please press star-one on your telephone keypad. If you're on a speakerphone, please make sure that your mute function is turned off to allow your signal to reach our equipment. Please be aware that a voice prompt on your phone line will indicate when your line is open. Once again, for questions over the phone, please press star-one now.

[male speaker]: And we have a question that came through online, so I'll ask this question first while we wait for that first question from the phone line. And it's, "How do you see your study in connection with the violence in Chicago?"

[Dr. David Pate]: That's a really good question. Something definitely of course is going on in Chicago, and I think one is the summer but also the lack of employment. I wrote a paper, a book chapter rather, with Dr. Waldo Johnson at the University of Chicago several years ago, and also with a young man who [audio dropout]. And one thing we looked at was this whole issue of masculinity and redefining what masculinity means. It's important to think about right now, because I think because we are so caught up in masculinity being defined as bills. You have to have some money, you have to be the breadwinner, and there's not those same opportunities available to many people in America. [audio dropout] reaction to that, but also, we haven't had a conversation based on what's going on in very where there's consistent concentrated poverty. And I think that what I'm learning through my work in Milwaukee is ignorance of concentrated poverty or discussion on it [audio dropout] who live in those communities of violence—Violence is an acting out of something else. People don't come out of their mother's womb saying, I want to be violent. Something else is going on in those communities that's making for a discomfort. I really think that what I'm learning in Chicago, I hope to be able to [audio dropout]. I think it requires this conversation and examination of what's going on there.

And the one thing that happened several months ago was a really excellent [audio dropout] American life story on Harper High School. A two-part study [audio dropout] and if no one has listened to that, I would really highly recommend it. It talks about the day-to-day situation children are living under where they are fearful of coming outside. They're fearful of their day-to-day life. And so when you're consistently under this fear of your day-to-day existence, you develop other types of ways of interacting with people. So I don't have the full answer, but I do think it's applicable in some ways.

[male speaker]: Great. Thank you for that answer. Do we have any questions coming in from the phone lines?

[female announcer]: Yes, I do have a couple of questions on the phone. We'll take our first question.

[Stacey]: Hi David, this is Stacey. How are you doing?

[Dr. David Pate]: Hi Stacey, how are you?



[Stacey]: Good. Great presentation. My question has two parts. You know, when we talk about toxic stress, is it also, are we also talking about post-traumatic stress disorder, and does it matter how we label it in terms of how society can address it, how men, particularly minority men, will view it as a diagnosis?

[Dr. David Pate]: I think the post-traumatic—and I wish Dimitri was here that he could answer this question way better than me, and I would highly recommend, and I would definitely be sure that we get back to you. But I think that the post-traumatic stress, PTSD, has been more studied with veterans as some of my men have said, and I think there is a difference. So I think, to be honest, it's all the same thing in what I tend to see. There are derivations of it, but I do think that basically, people as my friend John Rich will say who's at Drexel—people who are exposed to constant fear and constant stress are going to develop what we see as post-traumatic stress syndrome. So that could be in the community, or that could be if you're in Afghanistan or somewhere else—

[Stacey]: I agree, yeah.

[Dr. David Pate] —so I think we need to really think about the fact that people are living in situations that are violent because they're anxious all the time, so I don't know if I would say they're totally different, but my more senior scholars would say there is some slight differences, so I don't want to say that they're totally not different. So, I don't know if that answers your question totally, but I think that the main thing we have to acknowledge is that concentrated poverty and communities where poverty is so high, it's problematic. [unintelligible] exposed to that on a daily basis.

[Stacey]: And the second part of my question is what do you suggest in terms of screening? Kenny Braswell of Fathers Incorporated just completed a study where they tried it at some large African-American churches and got a good response from men there, but I know it's typically difficult to screen minority men for mental health issues.

[Dr. David Pate]: Well, you know, I'm in a situation where for me, this particular study took forever to get through the IRB because they were very nervous about, if you're going to screen, someone has a flashback or bringing up something they haven't talked about in a while, you need to have mental health services available for that. And we had to make sure that we had services within the city that I could refer the men too, and I had to develop this sheet that I would give to them after the study to make sure if they wanted to access those services—But also, I would as an organization have services that they could refer the men to if they really had to. None of the men did that, but I think that I would be very careful of doing screenings, collecting data unless you knew that you were able to refer them to a service in the community that's going to attend to that if there is some issue related to what you have festered up. Whatever that residue is that comes up. That makes me nervous. But I'm not against it, I just think people need to do that. I don't know which tool would be the best one to use, but again, if you do want something more, I'm happy to provide you information from Dimitri when he gets back from vacation.

[Stacey]: Okay, thanks.

[female announcer]: And we do have another question over the phone.

[Philip Robinson]: Hello David, this is Philip Robinson. I'm out here at CSD in Southern California, and great job on that presentation. My question was, does your study address or encompass socioeconomic stress in the workforce—I guess, in the workforce amongst men of color, how to cope with the working environment and development of good work practice?

[Dr. David Pate]: Yes, it did. The benefit of being at MAW in Milwaukee was that they work on what we call the soft skills or how do you act on the job and how you do your resume, because they have four different sites that I would be able to access. And also, I forgot to mention, I also interviewed staff and we—That data is so very new, I haven't had a chance to do any analysis on that yet. But I wanted to be sure I talked to the staff about also how did they work with the men who presented for a job.

And so the thing they all said across the board is, these men need mental health service. That was something that was, because these men, they felt, were really under a lot of stress. So they felt it was important for them before a man was put on a job that he knew how to get into the work environment, because in the work environment for all of us, there's going to be stress. And so, they wanted to be sure they were able to handle that. And the men were bringing it up in the qualitative interviews that they weren't always sure how to handle a job situation, and I think some of that is because they have such high levels of anxiety, that they were ready to go off, for the lack of a more professional academic word, they wanted to go off [unintelligible]. And I think that, because they don't know, "Why are you looking at me this way? Why are you asking me that question? You didn't ask the other person that question."

So there's a different level of stress, and I'm not saying that's a cop-out. It's a reality. It's a reality for many Black professionals as well as non-professionals, paraprofessionals, about what the workforce is like. And there's a reality: there's stress on the job for anybody. So I think that they talked, and the men recognized it, and I know that I would recognize it. I think the reality is that we have to have more conversation about what that really is. I do think that some of these men, particularly when, I'm working in a state where—you know, I work in a state where what's causing the highest rate of incarceration for Black men? [sic] And so when you have such a high rate of Black men who have been incarcerated, there is also that other stigma and stereotype they have to get over and figure out, how do I reengage in society? We had the conversation and they recognized it. I think what we're learning from our work with MyWay, and hopefully future work with them, is that there might need to be some classes or other things we do with additional monies we're trying to get, to develop some kind of innovation on how do you do some of that coping and assimilation when you go back to work? Or if you haven't worked for a while, how do you handle your own day-to-day stress and personal issues around mental health? So we did have a conversation and this is a work in progress.

[Philip Robinson]: Thank you.

[Dr. David Pate]: You're welcome.

[male speaker]: Thanks, Dr. Pate. We'll take one more question. James, do you have any questions from individuals in the room?

[James Butler]: No. No, we do not.

[male speaker]: Great. And are there any other questions coming on the phone line?

[female announcer]: Yes, we do have another question in the queue.

[male speaker]: We'll take that question before we wrap up.

[Claudia Remington]: Hi, my name is Claudia Remington. I'm from the Maryland State Council on Child Abuse and Neglect. David, thank you so much for your presentation and even more so for the research you're doing—it's so important. I wondered, you had mentioned policy recommendations. Have you come to the point where you're making recommendations for policy makers? And also are you working with your children's trust fund? Because I know they're doing some great things around preventing adverse childhood experiences.

[Dr. David Pate]: I am. Dimitri happens to have been appointed to the Governor's Task Force, under Governor Doyle; he was appointed to that and he still works with them on that, so that's a great plus for us. But also, on my advisory board is the person in charge of children and family services, Eloise Anderson, who's a major supporter of this work. So she and I had an advisory board meeting where I presented some of this information I presented to you, for the first time. I presented it to them last Monday. So you're only the second group of people in the country to see our early results as to what we're finding, and she is someone who really understands the issue of trauma and what it means. And also, she's a big champion of men being involved in their families and with their children. And also, we have people from the DA's office, the public defender's office there. We had the health department there. We had someone from the mayor's office invited who couldn't come, but they're part of the advisory group. So we have city and state advisory members who were willing to give me the letters to say, we want you to get funded, but also, I asked them if they'll also be part of the advisory board.

We're in the very early stages and I'm happy to, again, share that information. You have my e-mail address, and if anyone wants more information when we do our first paper or another report or any reports, we're happy to share that with you in the near future. But we are in the very early stages. And the one thing that we're just trying to get you to understand is that if you're trying to encourage men to be more involved, we need to acknowledge them in our social welfare services. And oftentimes, men are not part of that unless they have a child in their custody, which is the way our system is set up right now, which makes sense because we have limited resources. But at the same time, I know that we're trying to improve ultimate men in their children's lives [sic], but that really requires a major, not a major



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overhaul, but it requires some tinkering and some of the innovation and experimentation. So no, we're very early on, but again I'm happy to share information with you in the near future.

[Claudia Remington]: Thank you very much.

[Dr. David Pate]: Welcome.

[male speaker]: Thank you, Dr. Pate, and for the sake of time, we're going to wrap up. For those who have entered questions online, we will address them with Dr. Pate and include them in the posting of the webinar. I'd like to turn this call back over to James Butler to wrap up. James, go ahead.

[James Butler]: Thanks again, everyone, for joining us today. A special thanks to Dr. Pate for sharing your expertise on the Toxic Stress syndrome. Again, a transcript and audio recording of this webinar will be made available for everyone within the coming weeks. Stay tuned for additional information for our next webinar which will be on August 20. Presenting on that webinar will be Dr. Michael Stoll from the University of California, and he's going to talk about some of the challenges encountered by ex-offenders who are trying to re-enter the workforce. So in light of time, thank you all so very much for joining us again today. Have a pleasant day.

[female announcer]: That does conclude our conference for today. Thank you for your participation.