Sexuality of Men and Women

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In today’s society I believe that sexuality differs extremely between men and women. Women’s sexuality has been and continuous to be evolving on a daily basis. Women were once upon a time almost forced to be modest out in public, the way women’s clothing was made was to cover up their bodies, and not express their sexuality in any way. Today women’s sexuality has done a complete 180-degree turn. Women dress how they wand, where ever they want, and sexually speaking they can choose to be with whoever they want and identify as whatever they want to. Men while not really being forced to be modest in their dress code have changed when it comes to being more open about their sexuality and whom they identify themselves as. In the not to distant past men were extremely closed lip and secretive about their sexual preference. Today men are much more open about their sexual identification and are proud of it too.

Sexual dysfunction is a more taboo subject that most people try and avoid talking about as much as possible. Men are very sensitive about their capabilities as sexual lovers and when something in the bedroom threatens their performance, they get very mad, anxious, and scared. Some men will seek the help and guidance of a healthcare professional but some men might feel ashamed or embarrassed and not look for any help because of that. Women can also have problems with sexual arousal and achieving an orgasm but in my opinion they don’t share their frustrations openly with their friends or healthcare provider as they should, probably due to embarrassment or just thinking that it might be normal as part of the aging process. As for the question of, how should sexual dysfunction be addressed in healthcare, I would say that maybe by doing more studies about sexual dysfunction and providing more teaching to patients of both genders, we can help patients who are dealing with these problems. We can look at what is the cause behind the sexual dysfunction, whether it is from stress and anxiety, or is it physical in nature. We can refer our patients to specialists such as, urologists and psychiatrist to help deal with the problem.

When it comes to preventing intimate violence according to the CDC recommends teaching safe and healthy relationship skills such as, social-emotional leaning programs for youth, and couples, engage influential adults and peers such as, family based programs and bystander empowerment and education, disrupt the developmental pathways towards partner violence such as, early childhood home visitations, preschool enrichment with family involvement, parenting skills, and treatment for at risk children and families, creating protective environments such as, improving school atmosphere and safety, and enhance the physical and social environments of neighborhoods, strengthen the economic status of families by, strengthening the household financial security, and supporting survivors to increase safety and reduce harm by creating victim centered services, housing programs, patient centered care, as well as treatment and support for survivors of intimate partner abuse (CDC 2018). If I had a patient who was in an abusive relationship that was either not willing or able to leave her situation, I would first try and talk to her about her situation and try to understand why exactly she feels that she cannot leave, then I would see if there are kids in the house who could be in danger for this abuse, if children are being exposed to the abuse then I would talk to the women about the danger of children growing up in a home with abuse and violence, as well as how studies show that these children when they grow up are more likely to either become an abuser later on in life or fall victim to being abused themselves. If after talking to the women about these things should would still be hesitant, I would talk to her about either filling a restraint against the abuser, and if that is not something she would be willing to do, I would talk to her about moving into a housing facility built just for victims of intimate abuse, and how these houses are hidden throughout the city and that these houses/buildings are government funded and have security in them, so that no one could just go in and wonder around the premises. From my own personal experience, as a carpet installer I have been to at least one of these buildings that house both men and women who have escaped their abusers and went to live in these government funded buildings. The building management companies even made me sign a nondisclosure agreement, so that I don’t reveal to anyone the whereabouts of that building. The building had security and cameras, and you can only go in if you have a key or the security personnel buzz you in. The apartments were new and nice. So if the patient was still hesitant about moving away from her abuser, I would tell her to at least go and see these apartments to get a firsthand look and feel of what life can be like away from the dangers that she may be experiencing at home currently, and maybe set up a small intervention/meeting with current residents who went through the same things this new patient is going through currently. Also helping the patient secure a job with a steady income can also be beneficial to helping her get away from the abuser. Hopefully some of the thing I mention would get through to the patient’s heart and mind and she would be willing to take steps to better her situation and any children who might be in her care as well.

I believe that the likelihood of long-term trauma a person may experience can be due to, not adequately dealing with the trauma that they suffered, denying that they actually experienced a raping, not seeking any psychological treatment, blaming themselves for getting raped, if the rape occurred in the person’s life when they were a child or occurred when they were a child and over a long period of time, as well as, if they tried to get help but no one believed them. Another cause for long-term trauma might be rape at the hands of a family member or friend, which could be very damaging to the person and cause the person to have trust issues in the future. Whether or not rape affects men or women, I would have to say that it does differ. Women who have been rape, I believe are seen as, helpless and victims, and sometimes they can also be seen as “asking for it” if they dress provocatively. Men on the other hand are seen as strong and masculine, and the thought of a men being raped by a women sounds even for obscene to most people. I believe that both men and women, who have been rape, are traumatized and suffer both emotionally and physically.

In conclusion I would say that, sexuality in both men and women has gone through a dramatic change throughout recent history. Women are freer to express themselves sexually, whether it may be through their clothing, sexual preferences, or gender identification. Men are more open about their sexuality as well; they are more open about their sexual preferences, gender identity, and masculinity or lack there of. Unfortunately rape victims, whether man or women is still very stigmatized in our society and because of that rape victims sometimes don’t report the crime or seek help/treatment for the trauma that they experienced. As nurses we need to do more to help rape victims and intimate abuse victims, get the help they need and deserve. We can refer them to go to support groups, talk therapy, and any other available treatment options to help them overcome their fears, anxiety, and/or depression.

References:

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