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Emotional Dysregulation, Anger, and Masculinity in Men Who Have Experienced Lifetime Sexual Violence

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Abstract

Many men experience strong negative emotions and a "diminished masculinity" following sexual victimization. These men may be more willing to express anger, rather than more vulnerable emotions (e.g., shame), in an attempt to maintain their masculinity. However, increased expression of anger among men is linked to other negative outcomes such as increased substance abuse (Eftekhari et al., 2004), suggesting that anger is an ineffective coping strategy for distress. Compared to women, men are understudied in the sexual violence literature. Studies that have been conducted have focused primarily on child sexual abuse, adult males in prison, or military sexual violence samples. Few studies have investigated men's sexual abuse across their lifetime. This study intended to fill this gap by investigating sexual violence against men across the lifespan. The goal of the current study was to examine how conformity to masculine norms and emotional dysregulation influence the relationship between lifetime sexual violence (LSV) and anger. We hypothesized that the relation between LSV and anger would be mediated by conformity to masculine norms and emotion

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dysregulation. Data were collected from 532 community and 185 college men. Participants completed measures focused on childhood maltreatment, adult sexual victimization, masculinity, anger, and emotion dysregulation. Two hundred and one (27.1%) men reported LSV experiences. Results suggest men with LSV reported significantly higher scores on conformity to masculine norms, anger, and emotion dysregulation. Regression analyses revealed that LSV directly predicted increased conformity to masculine norms, emotion dysregulation, and anger. Additionally, the indirect effects of emotion dysregulation and masculinity were significant. Findings indicate trauma interventions need to target masculine ideology and emotion dysregulation to help reduce anger as a traditionally acceptable emotional outlet for men.

Keywords
sexual abuse, child abuse, male victims, sexual assault, mental health and violence

Despite a lack of attention in research, sexual violence perpetrated against men continues to be a pervasive problem (Aosved et al., 2011). According to the CDC, approximately 1.4%, or one in 71 American men have experienced an attempted or completed rape in their lifetime, while 22.2% have experienced sexual violence victimization other than rape, and 6% have experienced sexual coercion (Walters et al., 2013). Men, particularly if they subscribe to traditional masculine norms, may be reluctant to disclose their experiences of abuse, fearing that they will be perceived as weak (Aosved et al., 2011). Therefore, known statistics may not accurately represent sexual violence against men. This reluctance can have significant social consequences beyond the individual, including perpetuating harmful cycles of silence around sexual violence against men (Easton, 2013). Men are also more likely than women to utilize denial or suppress vulnerable emotions related to their assault leading to long-term psychological problems (Huntley et al., 2019). Consequently, anger or aggression may be used to express underlying emotions in a "socially appropriate" manner (Stevens & Englar-Carlson, 2010). Men may be seen as less in need of emotional support than women who have similar abuse histories due to this presentation.

The purpose of this study was to further investigate how emotion dysregulation and conformity to masculine norms are related to anger in men who have been sexually victimized. Having a clearer understanding of these variables can aid clinicians in identifying better interventions for men who may

be hesitant to share their experiences of sexual violence and overutilize anger. Early intervention may lead to the expression of anger in healthier ways and contribute to better outcomes.

Interventions for male survivors of sexual violence should address both emotional dysregulation and the pressure to conform to harmful masculine norms. For example, psychoeducation can be provided to normalize emotional expression and validate survivors' experiences (Pence, 1983), offering a framework that challenges traditional norms of stoicism and aggression. Cognitive-behavioral therapy is another effective intervention for addressing cognitive distortions about the self that may arise following sexual trauma (O'Cleirigh et al., 2019). Additionally, emotion regulation and distress tolerance strategies, such as those used in dialectical behavior therapy (DBT), can be instrumental in helping men decrease impulsive and self-destructive behaviors and adopt healthier responses to emotional triggers (Frazier & Vela, 2014). Such approaches could support men in regulating their anger without resorting to aggression, thereby reducing the risk of long-term psychological distress.

Men's Experiences of Lifetime Sexual Violence and Anger

Much of the research on outcomes for men who have been sexually abused focuses on childhood sexual abuse (CSA; Turchik, 2012). Male survivors of CSA are at an increased risk for major depression, suicide, addiction, posttraumatic stress disorder, anxiety disorders, antisocial personality disorder, dissociation, and sexual offending behaviors in adulthood compared to their non-abused male counterparts (Alaggia & Millington, 2008). One study found that 8% to 12% of suicide attempts were independently attributed to CSA (Molnar et al., 2001). CSA against boys has also been shown to be associated with an increased likelihood of expressed hostility later in life (Easton & Kong, 2017). Alaggia and Millington (2008) interviewed men who had experienced CSA perpetrated by older men. Qualitative analyses of the interviews yielded the following themes: anger and rage, sexual disturbance and ambivalence, and loss and hope. The majority of the participants described feelings of anger and rage and aggressive behaviors that they continued experiencing as adults.

Compared to CSA, less is known about men's experience of sexual violence as adults due to limited research on male populations. Many studies with adult men tend to focus on prison populations or military sexual violence (Donne et al., 2018). However, men experience sexual violence outside of these circumstances. Male survivors of adult sexual victimization report increased alcohol consumption, problematic drinking behaviors, tobacco use,

sexual risk-taking behaviors, and sexual functioning difficulties compared to men who have not been victimized (Turchik, 2012). Other research suggests that men who have experienced sexual assault as adults have poorer physical health than men who do not report experiencing sexual victimization (Sachs-Ericsson et al., 2005). One study, conducted with college men, found that outcomes for men who are victimized as adults are similar to that of men who were sexually abused as children (Turchik, 2012). Given this information, it is important to investigate men's lifetime experience of sexual violence rather than just CSA or adult assault as both types of abuse have similar outcomes.

One common response to sexual violence among male survivors is anger (e.g., Lisak, 1994). Anger is a multifaceted emotion that can vary in intensity from irritability or annoyance to rage (Keefe et al., 2018). Anger can be dysfunctional in several ways including its potential to heighten an individual's readiness to respond aggressively or impulsively (Charak et al., 2016). Notably, unprocessed anger stemming from these experiences can not only contribute to negative outcomes for the survivors themselves but may also manifest in ways that harm others (Birkley & Eckhardt, 2015). This may explain why a history of sexual assault in men is related to later IPV perpetration (Birkley & Eckhardt, 2015). For example, unprocessed feelings of anger after a sexual assault can manifest as externalized aggression. This can contribute to a "cycle of violence," wherein individuals who have experienced sexual trauma may engage in abusive behaviors later on (Jespersen et al., 2009). These external impacts further underlie the critical need for interventions that address these dynamics. Understanding these dynamics is essential for guiding trauma-informed prevention efforts, which should aim to address not only healing but also interrupting these potential cycles of violence.

Additionally, facets of anger have been shown to predict suicide attempts in survivors of CSA (Sadeh & McNiel, 2013). Research has shown that recent sexual assault survivors report a high rate of anger expression during treatment (Elliott et al., 2004; Simpson & Senn, 2003). Other studies have found that male victims are more likely than female victims to express anger and hostility and may even withdraw socially (Peterson et al., 2011; Tewksbury, 2007). Men are also more likely to abuse substances as a way to cope with or suppress memories and feelings related to their assault (Alaggia & Millington, 2008). These maladaptive coping strategies, particularly substance use and aggression, not only increase the psychological burden on the survivor but also lead to social consequences and harm to others (Peterson et al., 2011). It is therefore important to continue studying the relationship between sexual violence and anger among male victims to decrease these negative outcomes.

Masculinity

Masculinity is associated with stereotypes about dominance, leadership, and power, and that men should fulfill a protective role (Dahl et al., 2015). Traditional masculine norms or traits, in this context, are defined as those that adhere to Western conventions and are hegemonic, thereby contributing to maintaining men's advantageous standing in the gender hierarchy (Connell, 1995). Hegemonic masculinity, as theorized by Connell (1995) and later expanded by Connell and Messerschmidt (2005), establishes a cultural ideal that privileges a narrow conception of masculinity. In the context of the current study, masculinity refers specifically to hegemonic masculinity norms, which emphasize aggression, dominance, emotional restraint, and heterosexuality, while marginalizing men who do not conform to these norms.

Hegemonic masculinity establishes a rigid framework of norms and expectations for male behavior, with implications for men's psychological well-being. Masculine norms often emphasize aggression, preoccupation with sex, being a financial provider, being a protector, and rejection of feminine characteristics (Kia-Keating et al., 2005). Men who conform to masculine norms are expected to exhibit physical and emotional toughness and therefore should be able to withstand pain, forgo expressions of sadness, and tolerate difficulty without complaint (Dahl et al., 2015). However, high levels of conformity to hegemonic masculine ideals are linked to several negative psychological outcomes, such as hostile aggressive behaviors, anxiety and depressive symptoms, and general psychological distress (Hayes & Mahalik, 2000; Jakupcak et al., 2005). Challenging these norms, especially through therapeutic interventions that foster emotional flexibility and vulnerability, could play a crucial role in disrupting this cycle of violence and psychological harm.

Many men have reported feeling that experiences of sexual abuse casts doubt on their masculinity (Alaggia, 2005; Allen, 2002). One study found that 70% of male sexual assault victims reported long-term crises about their sexual orientation and 68% with their sense of masculinity (Walker et al., 2005). These findings demonstrate how adherence to hegemonic masculine norms exacerbates psychological distress in men, highlighting the importance of addressing these norms within clinical settings as part of violence prevention work.

Moreover, Kia-Keating et al. (2005) found that men who had experienced child sexual abuse struggled as adults with expectations of conventional masculinity, particularly related to toughness, stoicism, and sexual prowess. Other studies have similarly shown that male victims of sexual assault in adulthood experience identity crises tied to their masculinity (Lisak, 1994).

In many cultures, male weakness is often equated with feminine traits, which are devaluated, further reinforcing the need to address the damaging effects of masculine norms on men's emotional and mental health (Alaggia, 2005).

Men's fear of emotion has also been found to partially mediate the relationship between masculine gender role stress and relationship violence (Jakupcak, 2003). In such cases, men who conform strongly to traditional masculine norms may act out aggressively, viewing aggression as a way to reassert their masculinity, especially when they feel emotionally vulnerable. Weiss (2010) explored men's narratives of sexual assault experiences and found that respondents often described "masculine" behaviors (e.g., fighting back, getting drunk) when describing the assault. It seems that by emphasizing physical retaliation, men were able to demonstrate a response that asserts their masculinity as well as their heterosexuality, particularly in cases where the perpetrator was male (Weiss, 2010).

Research has documented two consequences of threatened masculinity including an affective threat response stemming from concern about how others perceive the self and a reparative response that seeks to reestablish one's masculinity (Dahl et al., 2015). Aggression often serves as one of these reparative responses, (Bosson & Vandello, 2011; Cohen et al., 1996) as men attempt to regain a sense of control and dominance. In this reparation, conformity to masculinity can be viewed as a mediator between lifetime sexual violence (LSV) and anger, where men attempt to reassert their masculinity after an assault by acting out aggressively. Other variables may be involved as well. For example, Jakupcak et al. (2005) found a significant positive relationship among masculinity, fear of emotions, proneness to shame, and external expression of anger, hostility, and aggression. This suggests that masculinity-related constructs, such as fear of emotions and shame, may intensify the need to manage negative affect externally, increasing the likelihood of aggressive responses. Jakupcak et al. (2005) findings further highlight how emotional regulation difficulties tied to masculinity can fuel aggressive behaviors in men who feel their masculinity is threatened.

Emotion Regulation

Emotion regulation refers to an awareness, understanding, and acceptance of one's emotions as well as the capacity to control impulses and modulate affective responses to meet situational circumstances and individual goals (Gratz & Roemer, 2004). For women, difficulties regulating emotions are related to psychological problems such as depression or anxiety, known as "internalizing disorders," but for men, emotion dysregulation is more likely to appear as an externalizing disorder such as alcohol use or aggression (Nolen-Hoeksema, 2012).

Experiences of sexual violence often contribute to difficulties effectively regulating negative emotions (Kim & Cichetti, 2010). While there are many studies regarding female CSA survivors and emotion regulation difficulties (e.g., Chang et al., 2018), there is a dearth of literature pertaining to emotion dysregulation in male CSA survivors. However, some research has shown that adult men who have experienced CSA seem to be at risk for impulse control difficulties, a facet of emotional regulation, which affects behavioral and emotional functioning (Parkhill et al., 2016). Men who experience sexual violence as adults also present with emotion regulation difficulties including denial and emotional control (i.e., not expressing emotions). This coping strategy makes help-seeking less likely and increases vulnerabilities to long-term psychological problems for male victims (Ehring & Quack, 2010). Additionally, denial undermines the victim's ability to effectively acknowledge and cope with what happened to them (Huntley et al., 2019).

Research suggests that adult male victims of sexual violence commonly react with anger and irritability (Walker et al., 2005). Anger may be a common response because it is considered a "funnel emotion" (Stevens & Englar-Carlson, 2010) in that many men are more comfortable expressing anger as opposed to other emotional states. Men may learn to regulate their emotional experiences by using aggression and hostility to end their experience of vulnerable emotions such as fear or shame (Jakupcak et al., 2005).

The Current Study

The current study aimed to examine how conformity to masculine norms and emotional dysregulation influence the relationship between men's experiences of lifetime sexual violence and anger. This study focused on anger as an outcome, as previous research indicates that anger in men who have been sexually assaulted can lead to aggressive responses (Charak et al., 2016), social withdrawal (Peterson et al., 2011; Tweksbury, 2007) and substance use as a way to cope (Alaggia & Millington, 2008).

We hypothesized that the relation between LSV and anger would be mediated by conformity to masculine norms and emotion dysregulation. This is because high levels of conformity to masculinity have been shown to be related to negative psychological outcomes such as hostile aggressive behaviors (Jakupak et al., 2005), anxiety and depressive symptoms, and general psychological distress (Hayes & Mahalik, 2000). Aggression is viewed as a masculine trait (Kia-Keating et al., 2005) and may be used as a reparative response to threatened masculinity (Bosson & Vandello, 2011; Cohen et al., 1996). Additionally, emotion dysregulation in men has been linked to increased expression of anger (Genuchi, 2015).

Methods

Procedure

Data were collected from two sources: male undergraduate students in a psychology participant pool at a Midwestern University and Amazon Mechanical Turk (MTurk). A community sample (MTurk) was sought in addition to the college sample to ensure better representation, particularly given the lower prevalence rates of sexual assault among men. MTurk is a website where individuals can complete online research studies for compensation. Samples collected from MTurk tend to be more demographically diverse, thus reducing reliance on WEIRD (Western, Educated, Industrialized, Rich, and Democratic) participants who are likely not representative of the general population (Casler et al., 2013). MTurk samples seem to provide valid data (Buhrmester et al., 2016) and tend to be high quality and more diverse in socioeconomic status and ethnicity (Casler et al., 2013). Previous research has shown that MTurk data may allow researchers to include individuals with more severe reactions to potentially traumatic events than typical convenience samples of undergraduate students (van Stolk-Cooke et al., 2018).

Participants completed demographic screening questions to determine eligibility (e.g., identify as male, at least 18 years old, and currently living in the United States). The survey was available to MTurk users with an IP address originating in the United States and who had obtained a Human Intelligence Tasks approval rating greater or equal to 95%. Student participants were recruited from an online data collection system through the psychology department of the university. Participants who met the criteria were provided a consent form and questionnaires asking about experiences of childhood maltreatment, adult sexual victimization, conformity to masculine norms, anger, and emotion dysregulation. These measures were a subset of questionnaires in a larger study examining factors influencing mental health outcomes of lifetime sexual victimization among men. Data were collected in the summer and fall of 2015. Mturk participants were compensated $3.00. Undergraduate students in the psychology subject pool participated in the study either to fulfill a course research participation requirement or to earn extra credit, depending on the course. All study procedures were approved by the University's Institutional Review Board.

Measures

Childhood Maltreatment. The computer-assisted maltreatment inventory (CAMI; DiLillo et al., 2010) is a self-report instrument designed to assess retrospective experiences of child maltreatment in adults. For the purpose of

this study, only questions asking about child sexual abuse were included. The sexual abuse section begins with a series of behaviorally specific screener questions. Participants who endorse one or more of the screener questions are then presented with a series of more detailed questions concerning the nature of the abusive activities, the identity of the perpetrator, age at onset, termination of abuse, methods of coercion, and resulting injuries. Participants were coded as having experienced child sexual abuse if they endorsed experiences that met one of the following criteria, (a) sexual experiences prior to age 18 that were unwanted, (b) sexual activities prior to the age of 14 with someone more than 5 years older than the participant, or more than 10 years older if the participant was between 14 and 17 years old at the time of abuse, or (c) sexual activities that occurred with an immediate family member or a relative. Age breakdowns were based on the widely used criterion from a meta-analysis of 59 studies examining child sexual abuse (Rind et al, 1998) which continues to be utilized by recent studies (e.g., Batchelder et al., 2021). Rather than using coefficient alpha as an indicator of internal consistency, creators of the CAMI utilized corrected item-total correlations for CSA (DiLillo et al., 2010). These correlations ranged from .18 to .48, indicating good to very good discrimination.

Adult Sexual Victimization. The Sexual Experiences Survey—Short Form Version (Koss et al., 2007) was used to assess sexual victimization in adulthood. Experiences examined included fondling/kissing, attempted oral sex, completed oral sex, attempted penetration, and completed penetration. Participants answered questions regarding five methods of coercion for each type of act, resulting in 25 questions in total. These methods of coercion included verbal pressure, anger or criticism, inability to consent due to alcohol or drugs, threat of physical harm, and physical force. Participants were instructed to indicate how many times these acts had occurred with numbered responses (i.e., 0, 1, 2, 3 or more).

All experiences were coded as dichotomous variables with 1, 2, or 3 or more times being 1 and 0 times being 0. Two categories of adult sexual victimization were created: completed rape and attempted rape. These categories were coded as dichotomous variables with completed being 1 and attempted being 0. Responses to both the CAMI and the sexual experiences survey were combined to create a new variable called LSV.

Masculinity. Beliefs about masculinity were evaluated with the conformity to masculine norms inventory (CMNI; Mahalik et al., 2003). The CMNI is a 46-item self-report instrument that measures the extent to which men endorse conformity to traditional masculine norms. The CMNI includes nine subscales:

winning, emotional control, risk-taking, violence, playboy, self-reliance, the primacy of work, power over women, and heterosexual self-presentation. Each item is rated on a 4-point Likert scale ranging from *strongly disagree* to *strongly agree*. Example items include, "*I enjoy taking risks*," "*I love it when men are in charge of women*," and "*My work is the most important part of my life*." The CMNI is suggested to have good internal consistency ($\alpha = .84$) for men with subscales alphas ranging from .72 to .91 (Mahalik et al., 2003). Subscales were summed to create a total masculinity score with higher scores indicating increased endorsement of conformity to masculine norms. In the current sample, the total scale demonstrated good internal consistency reliability ($\alpha = .87$).

Anger. Anger was examined using the 34-item aggression questionnaire (AQ; Buss & Warren, 2000). This scale measures aggressive tendencies and behaviors. Items are rated on a 5-point Likert scale ranging from *not at all like me* to *completely like me.* Example items included: "*I can't help getting into arguments when people disagree with me*," and "*At times I get very angry for no good reason*." The AQ has demonstrated good internal consistency for the total score ($\alpha = .95$) and acceptable to good internal consistency for AQ subscales (Buss & Perry, 1992). In the current sample, the total scale demonstrated excellent internal consistency reliability ($\alpha = .95$).

Emotion Dysregulation. The 36-item difficulties in emotion regulation scale (DERS; Gratz & Roemer, 2004) was used to assess clinically relevant difficulties in emotion regulation. This scale includes six subscales: non-acceptance of emotional responses, difficulties engaging in goal-directed behaviors, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. Participants are asked how often the items apply to them on a 5-point Likert scale with responses ranging from *almost never* to *almost always.* Example items include, "*When I'm upset, I feel guilty for feeling that way*," and "*I experience my emotions as overwhelming and out of control*." A total summed score was used for this study with higher scores indicating greater difficulties in emotion regulation. The DERS has been shown to have excellent internal consistency ($\alpha = .93$) with good internal consistency for its subscales (Gratz & Roemer, 2004). In the current study, the total scale demonstrated excellent internal consistency reliability ($\alpha = .95$).

Missing Data

Of the participants, 2.3% ($n = 17$) had missing data though only 0.6% of data was missing. Due to these low numbers, these 17 cases were removed from

further analyses, resulting in a final sample of 717. A non-significant Little's MCAR test ($p = .067$) suggested that missing data was missing completely at random and not due to other study variables.

Data Analytic Plan

A parallel multiple mediation model was conducted to examine conformity to masculine norms and emotion dysregulation as mediators of the relation between LSV and anger using the PROCESS macro for IBM SPSS Statistics (Version 28) (Hayes, 2018; Model 4). Direct and indirect effects were examined. Further, bootstrapping techniques were used to compute a robust set of bias-corrected confidence intervals (CI) around the sampling distribution (Hayes, 2018).

Results

Descriptive statistics and bivariate correlations of demographic and study variables were computed to examine potential covariates (Table 1). As hypothesized, LSV was significantly positively correlated with conformity to masculinity, emotion dysregulation, and anger. Age and race were correlated with outcome variables and included as covariates in later analyses. Skew and kurtosis for all study variables were within acceptable limits (Tabachnick et al., 2007), and no participants had significant outlier scores (greater than three standard deviations [SD] above the mean) on any variable.

Sample Descriptives

The sample consisted of community men ($n = 532$, 74.2%) recruited from Amazon Mechanical Turk and male college students ($n = 185$, 25.8%) recruited from a psychology subject pool at a Midwestern university. Of these participants, 40.9% identified that they were current students. With respect to ethnicity, 6.3% identified as Hispanic/Latina, further 78.3% of the sample identified as White, 5.6% identified as Asian/Asian American, 5.4% identified as African American, 3.7% identified as Pacific Islander/Hawaiian, 3.7% identified as biracial, 0.5% identified as Native American, and 0.3% identified as other. The mean age of participants was 29.78 with ages ranging from 18 to 69 years old ($SD = 10.95$). It took participants an average of 56 min to complete the survey.

Sample Groups

Independent samples *t*-tests were conducted to compare the mean scores of masculinity, emotion dysregulation, and anger between the sample of student

Table 1. Intercorrelations and Descriptive Statistics of Study Variables.

Variable	1	2	3	4	5	6	7
LSV	—	.10*	−.21**	.27**	.11**	−.08*	−.09*
Masculinity		—	.25**	.41**	−.18**	−.09*	.18**
Emotion dysregulation			—	.59**	−.17**	−.06	.10*
Anger				—	−.12**	−.14**	.03
Age					—	.08*	−.60**
Race						—	−.01
Student status							—
Mean	—	64.88	80.01	71.69	29.78	—	—
SD	—	14.34	22.81	23.71	10.95	—	—

Note. $N = 734$, except for DERS total where $n = 730$, CMNI total where $n = 724$, and AQ total where $n = 727$. For LSV: 0 = no history of LSV and 1 = history of LSV. For race, 0 = White and 1 = non-White. For Student Status, 0 = non-student, 1 = current student. AQ = aggression questionnaire; CMNI = conformity to masculine norms inventory; DERS = difficulties in emotion regulation scale; LSV = lifetime sexual violence; SD = standard deviation.
*$p < .05$. **$p < .01$.

participants and the group of community male participants. The *t*-tests indicated that there were no significant differences between the student and community samples. Therefore, separate PROCESS analyses were not conducted for each sample nor were the groups used as a covariate in these analyses.

Sexual Victimization Characteristics

Based on the responses to the SES and CAMI, 72.9% ($n = 523$) of men reported no LSV and 27.1% of participants reported LSV ($n = 194$). *T*-tests were conducted to examine group differences between men with and without histories of LSV on anger, emotion dysregulation, and conformity to masculinity norms. Results revealed men with LSV reported significantly higher scores on conformity to masculine norms, $t(722) = -2.71$, $p = .001$, anger, $t(725) = -7.42$, $p = .001$, and emotion dysregulation, $t(728) = -5.89$, $p = .001$, than men without LSV.

Mediation Model

Conformity to masculinity norms and emotion dysregulation were examined as mediators of the relationship between LSV and anger. Unstandardized regression coefficients for individual paths are presented in Figure 1. LSV

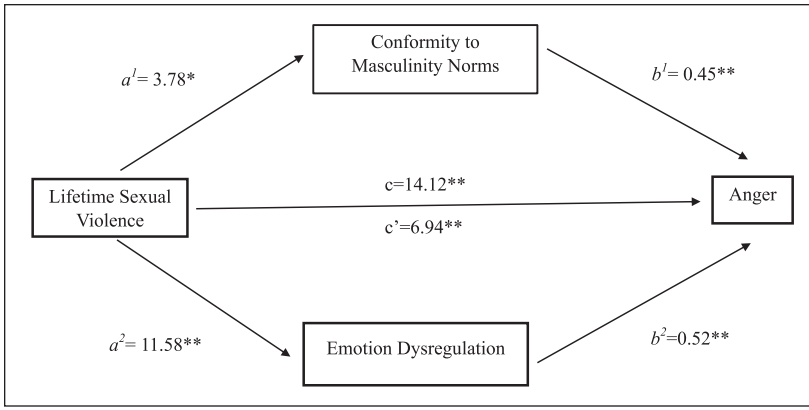

Figure 1. Conformity to masculine norms and emotion dysregulation as mediators of the relation between LSV and anger.
Note. LSV = lifetime sexual violence.
*$p < .01$, **$p < .001$.

directly predicted anger. Both conformity to masculine norms, $F(3,713) = 13.07$, $p < .001$, $R^2 = .05$, and emotion dysregulation, $F(3,713) = 21.03$, $p < .001$, $R^2 = .08$, predicted anger. Results yielded a bias-corrected CI around the indirect effect of masculinity (1.70, $SE = 0.58$; 95% CI [0.75, 2.66]) and emotion dysregulation (6.01, $SE = 1.08$; 95% CI [4.26, 7.81]) that did not contain zero. This provided further evidence that both conformity to masculine norms and emotion dysregulation mediated the relationship between LSV and anger.

Age was found to negatively influence both masculinity, $\beta = -.25$, $SE = 0.05$, $t(3,713) = -5.16$, $p < .001$, and emotion dysregulation, $\beta = -.40$, $SE = 0.08$, $t(3,713) = -5.31$, $p < .001$, suggesting a decrease in dysregulation and adherence to masculine norms as participants aged. Contrastingly, race did not significantly affect masculinity or emotion dysregulation, indicating no substantial differences between White and non-White participants in these areas. However, race was a significant predictor of anger, with non-White participating reporting lower levels of anger compared to their White counterparts, $\beta = -4.37$, $SE = 1.61$, $t(6,717) = -2.72$, $p = .007$.

Discussion

The goal of the current study was to examine how conformity to masculine norms and emotion dysregulation influenced anger among men with histories of lifetime sexual violence. Results suggest that men with a history of LSV

were more likely to conform to masculine norms, report more emotion dysregulation, and endorse increased anger compared to men without LSV. Consistent with our hypotheses, conformity to masculine norms and emotion dysregulation both emerged as significant parallel mediators of the relation between sexual violence and anger in men. Compared to women, men are understudied in the sexual violence literature. The studies that have been conducted have focused primarily on child sexual abuse (Turchik, 2012), adult males in prison, or military sexual violence samples (Donne et al., 2018). Additionally, few studies have looked at men's sexual abuse across their lifetime. This study intended to fill this gap by investigating sexual violence against men across the lifespan.

The results of the present study are consistent with previous research, which has shown that long-term effects of sexual violence against men include anger, emotional distancing, and a controlled style of coping that is exemplified by subdued acceptance, denial, or minimization of the attack (Walker et al., 2005). This study also highlights the importance of continued examination of male anger in response to sexual victimization. Such responses are often tied to societal expectations that discourage emotional expression in men, further complicating their healing process (Stevens & Englar-Carlson, 2010). Research has shown that recent sexual assault survivors report a high rate of anger expression during treatment (Elliott et al., 2004; Simpson & Senn, 2003). Attempts at repressing emotions after a rape can lead to outbursts of rage and other aggressive behaviors (Lisak, 1994). Men who experienced sexual abuse as children also tend to be more aggressive than their male peers (Brassard et al., 2014; Gomes-Schwartz et al., 1990; Romano & De Luca, 2001). This aggression may act as a maladaptive coping strategy, as these men struggle to reconcile feelings of vulnerability with societal pressures to appear strong or stoic (Berke et al., 2019).

The findings of the current study also highlight the importance of interventions aimed at anger in the immediate aftermath of sexual violence in order to prevent the escalation of aggressive behaviors. Furthermore, it is critical to recognize that men's anger in this context can not only harm themselves but also result in behaviors that negatively affect others. For example, male survivors may act out their anger through violence or aggression, which can lead to harm in interpersonal relationships, including intimate partner violence or other forms of social aggression (Bosson & Vandello, 2011). This potential for outward aggression underscores why prevention efforts and early interventions are vital, as they can mitigate the negative ripple effects of unresolved anger and emotional dysregulation. Early therapeutic interventions can help men process the violation of their personal boundaries, stigma, and shame related to their experiences, while also addressing social norms of

masculinity that contribute to emotional suppression (Forde & Duvvury, 2017). By incorporating strategies to address both the internal distress caused by the violation and the potential for externalized aggression, clinicians can better support male survivors in managing their anger in a way that protects both the individual and those around them.

The current study contextualizes anger after a sexual assault by including masculinity and emotion dysregulation as mediators. Some male victims may perceive their loss of masculinity directly by feeling "less of a man." However, others engage in acting out behaviors that may be self-defeating or include violence towards others (Walker et al., 2005). For example, research has identified aggression as one reparative response to threatened masculinity (Bosson & Vandello, 2011). Men may attempt to reassert their masculinity after an assault by acting out aggressively. These aggressive behaviors may serve as a means of reaffirming their sense of power, dominance, and control, which may have been undermined by the traumatic experience. In the face of a traumatic event that challenges their sense of masculinity, aggression may provide a temporary outlet for distressing emotions related to the trauma (Petersson & Plantin, 2019). Therefore, studying anger in men with histories of sexual abuse or rape is an important topic to investigate, as men may engage in self-harming behaviors such as alcohol abuse or acting aggressively with others (Wong et al., 2017).

Research investigating anger in men with histories of lifetime sexual violence can help inform literature that would be useful for clinicians working with this population. Clinicians may support male survivors in learning therapeutic techniques designed to help individuals understand, manage, and express their anger in healthy ways. For example, clinicians may target behavioral techniques that involve learning new behaviors to replace aggressive responses, such as relaxation techniques, deep breathing, and strategies dedicated to "pausing" before responding (e.g., some techniques from dialectical behavior therapy; see Frazier & Vela, 2014 for a review). Male survivors may also benefit from learning problem-solving skills that would equip them with the tools to effectively handle situations that trigger anger and focus on finding practical solutions (Fuller et al., 2010).

Men who experience distress following LSV may utilize emotion regulation strategies such as denial, avoidance, or suppression in an attempt to bring their emotional expression in line with gender norms (Berke et al., 2017). Gardner and Moore (2008) suggested that aggression is similar to avoidance in that the individual is able to inhibit the direct expression or acknowledgment of negative emotions. Taken together, men may hyper-conform masculine norms by denying, avoiding, or suppressing emotion. Over time, this can lead to overreliance on aggression and maladaptive behaviors to cope with

distress due to a lack of awareness and acknowledgment of vulnerable feelings (Berke et al., 2019). Therefore, intervention focusing on identifying emotions and developing a flexible approach to emotion regulation could be helpful (Berke et al., 2019). Reducing vulnerability to intense emotions and learning emotion regulation skills is also a core component of DBT (Frazier & Vela, 2014). DBT's emphasis on mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness (Frazier & Vela, 2014) aligns well with the needs of male survivors of sexual violence. Policies and educational programs could also aim to challenge harmful gender norms and promote emotional literacy and mental health awareness for men.

The ability to implement emotion regulation strategies is related to overall well-being, close social relationships, high grades in school, and high job performance (e.g., Côté et al., 2010). It also seems that flexibility in using different emotion regulation strategies is important as it is associated with lower distress after a traumatic event (Bonanno et al., 2004), whereas inhibiting emotions prolongs recovery from traumatic events (Pennebaker, 1997). Therefore, it seems reasonable that men who have suffered a sexually traumatic experience and have high levels of emotion dysregulation would experience more distressing emotions such as anger. It is therefore not surprising that our results suggest conformity to masculine norms and emotion dysregulation were significant mediators between LSV and anger. The results of this study are consistent with previous research which has found that a significant positive relationship exists between masculinity, fear of emotions, and external expression of anger, hostility, and aggression (Jakupcak et al., 2005).

Regarding the covariates, age was negatively associated with both masculinity and emotion dysregulation while race was shown to predict anger with non-White participants reporting lower levels of anger. These results are consistent with previous research which suggests that maturity and life experiences contribute to improved emotion regulation (Urry & Gross, 2010) and that aging is associated with loss of autonomy, and both physical and mental resilience (Bennett, 2007). These losses often contradict hegemonic masculinity, potentially leading to a decline in adherence to traditional masculine ideals as men age (Tannenbaum & Frank, 2011).

Regarding race, the results underscore the potential cultural and systemic factors that might influence the expression or management of anger differently across racial groups. For example, Black men may be less likely to express anger outwardly compared to White men due to cultural and historical reasons. Research suggests that Black men often experience heightened scrutiny and stereotyping, where expression of anger may be interpreted as threatening or violent, reinforcing harmful racial stereotypes (Eberhardt et al., 2004). These systematic and cultural pressures may partly explain why Black men report lower levels of anger expression despite experiencing more

negative emotion than White men, specifically significant stressors due to systemic racism (Mabry & Kiecolt, 2005). Thus, race-related differences in anger expression need to be understood within the broader context of racial inequities and the unique challenges faced by men of color. Future research directions should include examining the intersection of race, emotion regulation, anger, and masculinity to better understand how systemic and cultural factors shape emotional expression in men of different racial backgrounds.

There are some limitations of the current study. First, while the sample was large and diverse in a number of ways including socioeconomic status, most (over 78%) of participants self-identified as Caucasian. This makes generalizing results to other races or ethnicities difficult. Future research may try to target minority racial and ethnic groups to examine differences and similarities in anger after a sexual assault as recent research has suggested masculinity is situated in a cultural context (e.g., O'Neil, 2015). Understanding these intersections is crucial in developing culturally sensitive interventions that can address the specific needs of men from various backgrounds.

Conceptions of masculinity for men of color are often shaped by experiences of racial oppression and systemic inequality (Connell & Messerschmidt, 2005). More research is needed to understand culturally specific expressions of masculinity and how they influence the relationship between LSV, emotion dysregulation, and anger. Culturally sensitive interventions that incorporate this understanding could be more effective in addressing the psychological needs of men from diverse racial groups.

A second limitation to consider is that this study relied on participants' memory and willingness to report their experiences of sexual victimization and related psychological outcomes in an online study. This may limit the generalizability to other samples. However, online data collection may increase the reporting of sensitive information due to the absence of an interviewer (Tourangeau & Smith, 1996). Finally, this study did not take into account characteristics of sexual assault such as gender or age of the perpetrator or severity of the abuse which previous research suggests have important implications in terms of psychological consequences associated with sexual victimization of men (Turchik, 2012). Future research directions may include a more in-depth examination of the violence and perpetrator characteristics to provide a more comprehensive understanding of men's experiences of sexual violence and how it impacts mental health outcomes.

Conclusion

Despite these limitations, the present findings are consistent with previous empirical research and theory and have important implications for intervention and future research with men who have been sexually victimized. First, it

is pertinent that clinicians are aware of the unique struggles faced by male survivors of sexual abuse such as a need to prove their masculinity and emotion dysregulation (Charak et al., 2019). Potential interventions can therefore be aimed at improving emotion regulation, reducing anger, and exploring beliefs related to what it means to be masculine. In the present study, men with histories of sexual assaults reported more conformity to masculine norms, more emotion dysregulation, and more anger than those without victimization experiences. Moreover, men who have experienced sexual abuse in childhood are more likely to be revictimized as adults (Aosved et al., 2011).

CSA is associated with greater sexual risk behavior in adulthood which includes having more sexual partners, unprotected sex, and trading sex for material goods (Senn et al., 2006). It seems that sexual abuse in childhood also increases an individual's vulnerability to substance abuse, potentially as a way of coping with the abuse and other life stressors (Senn et al., 2006). These risky behaviors can help explain revictimization patterns. Furthermore, a history of sexual assault in men appears to be related to later IPV perpetration (Birkley & Eckhardt, 2015). However, it should be noted that regardless of the behaviors of victims, perpetrators of sexual violence are to blame for both initial and subsequent abuse.

Given these complexities, early interventions aimed at preventing revictimization and clinical interventions directed toward the management of anger would likely benefit male survivors. Additionally, increasing awareness and reducing stigma surrounding both childhood and adult sexual assault are essential steps toward encouraging survivors to seek help. Ultimately, understanding the interplay between victimization and potential subsequent behaviors, including perpetration, is crucial for developing effective prevention and intervention strategies that address the needs of male survivors while fostering healthier expressions of masculinity.

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References

Alaggia, R. (2005). Disclosing the trauma of child sexual abuse: A gender analysis. *Journal of Loss and Trauma*, *10*(5), 453–470.

Alaggia, R., & Millington, G. (2008). Male child sexual abuse: A phenomenology of betrayal. *Clinical Social Work Journal*, *36*(3), 265–275.

Allen, S. (2002). Male victims of rape: Responses to a perceived threat to masculinity. In C. Hoyle & R. Young (Eds.), *New Vision of Crime Victims* (pp. 23–48). Hart Publishing.

Aosved, A. C., Long, P. J., & Voller, E. K. (2011). Sexual revictimization and adjustment in college men. *Psychology of Men & Masculinity*, *12*(3), 285.

Batchelder, A. W., Fitch, C., Feinstein, B. A., Thiim, A., & O'Cleirigh, C. (2021). Psychiatric, substance use, and structural disparities between gay and bisexual men with histories of childhood sexual abuse and recent sexual risk behavior. *Archives of Sexual Behavior*, *50*, 2861–2873.

Bennett, K. M. (2007). "No sissy stuff": Towards a theory of masculinity and emotional expression in older widowed men. *Journal of Ageing Studies*, *21*, 347–356.

Berke, D. S., Reidy, D. E., Gentile, B., & Zeichner, A. (2019). Masculine discrepancy stress, emotion-regulation difficulties, and intimate partner violence. *Journal of Interpersonal Violence*, *34*(6), 1163–1182.

Berke, D. S., Reidy, D. E., Miller, J. D., & Zeichner, A. (2017). Take it like a man: Gender-threatened men's experience of gender role discrepancy, emotion activation, and pain tolerance. *Psychology of Men & Masculinity*, *18*(1), 62.

Birkley, E. L., & Eckhardt, C. I. (2015). Anger, hostility, internalizing negative emotions, and intimate partner violence perpetration: A meta-analytic review. *Clinical Psychology Review*, *37*, 40–56.

Bonanno, G. A., Papa, A., Lalande, K., Westphal, M., & Coifman, K. (2004). The importance of being flexible: The ability to both enhance and suppress emotional expression predicts long-term adjustment. *Psychological Science*, *15*(7), 482–487.

Bosson, J. K., & Vandello, J. A. (2011). Precarious manhood and its links to action and aggression. *Current Directions in Psychological Science*, *20*(2), 82–86.

Brassard, A., Darveau, V., Péloquin, K., Lussier, Y., & Shaver, P. R. (2014). Childhood sexual abuse and intimate partner violence in a clinical sample of men: The mediating roles of adult attachment and anger management. *Journal of Aggression, Maltreatment & Trauma*, *23*(7), 683–704.

Buhrmester, M., Kwang, T., & Gosling, S. D. (2016). Amazon's Mechanical Turk: A new source of inexpensive, yet high-quality data? *Perspectives on Psychological Science*, *6*(1), 3–5.

Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personality and Social Psychology*, *63*(3), 452.

Buss, A. H., & Warren, W. L. (2000). *Aggression questionnaire (AQ)*. Western Psychological Services.

Casler, K., Bickel, L., & Hackett, E. (2013). Separate but equal? A comparison of participants and data gathered via Amazon's MTurk, social media, and face-to-face behavioral testing. *Computers in Human Behavior*, *29*(6), 2156–2160.

Chang, C., Kaczkurkin, A. N., McLean, C. P., & Foa, E. B. (2018). Emotion regulation is associated with PTSD and depression among female adolescent survivors of childhood sexual abuse. *Psychological Trauma: Theory, Research, Practice, and Policy*, *10*(3), 319.

Charak, R., Byllesby, B. M., Roley, M. E., Claycomb, M. A., Durham, T. A., Ross, J., Armour, C., & Elhai, J. D. (2016). Latent classes of childhood poly-victimization and associations with suicidal behavior among adult trauma victims: Moderating role of anger. *Child Abuse & Neglect*, *62*, 19–28.

Charak, R., Eshelman, L. R., & Messman-Moore, T. L. (2019). Latent classes of childhood maltreatment, adult sexual assault, and revictimization in men: Differences in masculinity, anger, and substance use. *Psychology of Men & Masculinities*, *20*(4), 503.

Cohen, D., Nisbett, R. E., Bowdle, B. F., & Schwarz, N. (1996). Insult, aggression, and the southern culture of honor: An "experimental ethnography." *Journal of Personality and Social Psychology*, *70*(5), 945.

Connell, R. W. (1995). *Masculinities*. University of California Press.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, *19*(6), 829–859.

Côté, S., Gyurak, A., & Levenson, R. W. (2010). The ability to regulate emotion is associated with greater well-being, income, and socioeconomic status. *Emotion*, *10*(6), 923.

Dahl, J., Vescio, T., & Weaver, K. (2015). How threats to masculinity sequentially cause public discomfort, anger, and ideological dominance over women. *Social Psychology*, *46*(4), 242.

DiLillo, D., Hayes-Skelton, S. A., Fortier, M. A., Perry, A. R., Evans, S. E., Moore, T. L. M., Walsh, K., Nash, C., & Fauchier, A. (2010). Development and initial psychometric properties of the computer assisted maltreatment inventory (CAMI): A comprehensive self-report measure of child maltreatment history. *Child Abuse & Neglect*, *34*(5), 305–317.

Donne, M. D., DeLuca, J., Pleskach, P., Bromson, C., Mosley, M. P., Perez, E. T., Mathews, S. J., Stephenson, R., & Frye, V. (2018). Barriers to and facilitators of help-seeking behavior among men who experience sexual violence. *American Journal of Men's Health*, *12*(2), 189–201.

Easton, S. D. (2013). Disclosure of child sexual abuse among adult male survivors. *Clinical Social Work Journal*, *41*(4), 344–355.

Easton, S. D., & Kong, J. (2017). Mental health indicators fifty years later: A population-based study of men with histories of child sexual abuse. *Child Abuse & Neglect*, *63*, 273–283.

Eberhardt, J. L., Goff, P. A., Purdie, V. J., & Davies, P. G. (2004). Seeing black: Race, crime, and visual processing. *Journal of Personality and Social Psychology*, *87*(6), 876.

Eftekhari, A., Turner, A. P., & Larimer, M. E. (2004). Anger expression, coping, and substance use in adolescent offenders. *Addictive Behaviors*, *29*(5), 1001–1008.

Ehring, T., & Quack, D. (2010). Emotion regulation difficulties in trauma survivors: The role of trauma type and PTSD symptom severity. *Behavior Therapy*, *41*(4), 587–598.

Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress*, *17*(3), 203–211.

Forde, C., & Duvvury, N. (2017). Sexual violence, masculinity, and the journey of recovery. *Psychology of Men & Masculinity*, *18*(4), 301–310.

Frazier, S. N., & Vela, J. (2014). Dialectical behavior therapy for the treatment of anger and aggressive behavior: A review. *Aggression and Violent Behavior*, *19*(2), 156–163.

Fuller, J. R., DiGiuseppe, R., O'Leary, S., Fountain, T., & Lang, C. (2010). An open trial of a comprehensive anger treatment program on an outpatient sample. *Behavioral and Cognitive Psychotherapy*, *38*(4), 485–490.

Gardner, F. L., & Moore, Z. E. (2008). Understanding clinical anger and violence: The anger avoidance model. *Behavior Modification*, *32*(6), 897–912.

Genuchi, M. (2015). Anger and hostility as primary externalizing features of depression in college men. *International Journal of Men's Health*, *14*(2), 113–128.

Gomes-Schwartz, B., Horowitz, J., & Cardarelli, A. (1990). *Child sexual abuse: The initial effects*. Sage.

Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, *26*(1), 41–54.

Hayes, A. F. (2018). Partial, conditional, and moderated moderated mediation: Quantification, inference, and interpretation. *Communication Monographs*, *85*(1), 4–40.

Hayes, J. A., & Mahalik, J. R. (2000). Gender role conflict and psychological distress in male counseling center clients. *Psychology of Men & Masculinity*, *1*(2), 116.

Huntley, A. L., Potter, L., Williamson, E., Malpass, A., Szilassy, E., & Feder, G. (2019). Help-seeking by male victims of domestic violence and abuse (DVA): A systematic review and qualitative evidence synthesis. *BMJ Open*, *9*(6), Article e021960.

Jakupcak, M. (2003). Masculine gender role stress and men's fear of emotions as predictors of self-reported aggression and violence. *Violence and Victims*, *18*(5), 533–541.

Jakupcak, M., Tull, M. T., & Roemer, L. (2005). Masculinity, shame, and fear of emotions as predictors of men's expressions of anger and hostility. *Psychology of Men & Masculinity*, *6*(4), 275.

Jespersen, A. F., Lalumière, M. L., & Seto, M. C. (2009). Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child Abuse & Neglect*, *33*(3), 179–192.

Keefe, K. M., Sizemore, S., Hammersley, J., & Sunami, N. (2018). Recent sexual assault and suicidal behaviors in college students: The moderating role of anger. *Journal of College Counseling*, *21*(2), 98–110.

Kia-Keating, M., Grossman, F. K., Sorsoli, L., & Epstein, M. (2005). Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of childhood sexual abuse. *Psychology of Men & Masculinity*, *6*(3), 169.

Kim, J., & Cicchetti, D. (2010). Longitudinal pathways linking child maltreatment, emotion regulation, peer relations, and psychopathology. *Journal of Child Psychology and Psychiatry*, *51*(6), 706–716.

Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, *31*(4), 357–370.

Lisak, D. (1994). The psychological impact of sexual abuse: Content analysis of interviews with male survivors. *Journal of Traumatic Stress*, *7*(4), 525–548.

Mabry, J. B., & Kiecolt, K. J. (2005). Anger in black and white: Race, alienation, and anger. *Journal of Health and Social Behavior*, *46*(1), 85–101.

Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P., Gottfried, M., & Freitas, G. (2003). Development of the conformity to masculine norms inventory. *Psychology of Men & Masculinity*, *4*(1), 3.

Molnar, B. E., Berkman, L. F., & Buka, S. L. (2001). Psychopathology, childhood sexual abuse and other childhood adversities: Relative links to subsequent suicidal behaviour in the US. *Psychological Medicine*, *31*(6), 965–977.

Nolen-Hoeksema, S. (2012). Emotion regulation and psychopathology: The role of gender. *Annual Review of Clinical Psychology*, *8*, 161–187.

O'Cleirigh, C., Safren, S. A., Taylor, S. W., Goshe, B. M., Bedoya, C. A., Marquez, S. M., Boroughs, M. S., & Shipherd, J. C. (2019). Cognitive behavioral therapy for trauma and self-care (CBT-TSC) in men who have sex with men with a history of childhood sexual abuse: A randomized controlled trial. *AIDS and Behavior*, *23*, 2421–2431.

O'Neil, J. M. (2015). *Men's gender role conflict: Psychological costs, consequences, and an agenda for change*. American Psychological Association.

Parkhill, M. R., & Pickett, S. M. (2016). Difficulties in emotion regulation as a mediator of the relationship between child sexual abuse victimization and sexual aggression perpetration in male college students. *Journal of Child Sexual Abuse*, *25*(6), 674–685.

Pence, E. (1983). The Duluth domestic abuse intervention project. *Hamline Law Review*, *6*, 247–275.

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, *8*(3), 162–166.

Petersson, C. C., & Plantin, L. (2019). Breaking with norms of masculinity: Men making sense of their experience of sexual assault. *Clinical Social Work Journal*, *47*(4), 372–383.

Peterson, Z. D., Voller, E. K., Polusny, M. A., & Murdoch, M. (2011). Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clinical Psychology Review*, *31*(1), 1–24.

Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin*, *124*(1), 22.

Romano, E., & De Luca, R. V. (2001). Male sexual abuse: A review of effects, abuse characteristics, and links with later psychological functioning. *Aggression and Violent Behavior*, *6*, 55–78.

Sachs-Ericsson, N., Blazer, D., Plant, E. A., & Arnow, B. (2005). Childhood sexual and physical abuse and the 1-year prevalence of medical problems in the National Comorbidity Survey. *Health Psychology*, *24*(1), 32.

Sadeh, N., & McNiel, D. E. (2013). Facets of anger, childhood sexual victimization, and gender as predictors of suicide attempts by psychiatric patients after hospital discharge. *Journal of Abnormal Psychology*, *122*(3), 879.

Senn, T. E., Carey, M. P., Vanable, P. A., Coury-Doniger, P., & Urban, M. A. (2006). Childhood sexual abuse and sexual risk behavior among men and women attending a sexually transmitted disease clinic. *Journal of Consulting and Clinical Psychology*, *74*(4), 720.

Simpson, A., & Senn, C. Y. (2003). Sexual coercion and sexual assault: Are the effects on hostility gender specific. *Guidance & Counseling*, *18*(3), 111–117.

Stevens, M. A., & Englar-Carlson, M. (2010). Psychotherapy with men. In J. C. Chrisler & D. R. McCreary (Eds.), *Handbook of Gender Research in Psychology* (pp. 221–252). Springer Science + Business Media.

Tabachnick, B. G., Fidell, L. S., & Ullman, J. B. (2007). *Using multivariate statistics* (*Vol. 5*). Pearson.

Tannenbaum, C., & Frank, B. (2011). Masculinity and health in late life men. *American Journal of Men's Health*, *5*(3), 243–254.

Tewksbury, M. (2007). Effects of sexual assaults on men: Physical, mental and sexual consequences. *International Journal of Men's Health*, *6*(1), 22–35.

Tourangeau, R., & Smith, T. W. (1996). Asking sensitive questions: The impact of data collection mode, question format, and question context. *Public Opinion Quarterly*, *60*(2), 275–304.

Turchik, J. A. (2012). Sexual victimization among male college students: Assault severity, sexual functioning, and health risk behaviors. *Psychology of Men & Masculinity*, *13*(3), 243.

Urry, H. L., & Gross, J. J. (2010). Emotion regulation in older age. *Current Directions in Psychological Science*, *19*(6), 352–357.

van Stolk-Cooke, K., Brown, A., Maheux, A., Parent, J., Forehand, R., & Price, M. (2018). Crowdsourcing trauma: Psychopathology in a trauma-exposed sample recruited via Mechanical Turk. *Journal of Traumatic Stress*, *31*(4), 549–557.

Walker, J., Archer, J., & Davies, M. (2005). Effects of rape on men: A descriptive analysis. *Archives of Sexual Behavior*, *34*(1), 69–80.

Walters, M. L., Chen, J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization among male victims by type of perpetrator. *Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*, *648*(73), 6.

Weiss, K. G. (2010). Male sexual victimization: Examining men's experiences of rape and sexual assault. *Men and Masculinities*, *12*(3), 275–298.

Wong, Y. J., Ho, M. H. R., Wang, S. Y., & Miller, I. S. (2017). Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. *Journal of Counseling Psychology*, *64*(1), 80.

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