

**Power and Prejudice: Exploring the Impact of Dominant Discourse on Disclosure and  
Treatment Seeking Among Male Victims of Adult Sexual Assault**

Taylor Callaghan

School of Health and Social Sciences, City University of Seattle

CPC 695: Counselling Psychology: Research Project

Alethea Heudes, Ph.D.

November 14, 2025

## **Power and Prejudice: Exploring the Impact of Dominant Discourse on Disclosure and Treatment Seeking Among Male Victims of Adult Sexual Assault**

The existing literature examining the impacts of dominant discourse on male victims of adult sexual assault (ASA) emphasize the deleterious consequences of hegemonic masculinity and male rape myths (DeJong et al., 2020; Hammond et al., 2017; Loxton & Groves, 2022; Turchik & Edwards, 2012). Increasingly, studies have identified how the invisibility of male ASA, stigma, and a focus on stereotypical accounts, are correlated with higher rates of PTSD, depression, substance abuse, suicidality, and lower reporting and treatment seeking by adult male victims (Du Mont et al., 2013; Ellis et al., 2020; Petreca & Burgess, 2024; Widanaralalage et al., 2022). Despite these significant impacts, research on male victims of ASA is considerably limited in comparison with research on the sexual abuse of cis-gendered women or childhood sexual abuse (CSA; Petreca & Burgess, 2024). The purpose of this narrative review is to examine how male rape myths in dominant discourse—rooted in hegemonic constructions of power and gender—systematically marginalize male victims of ASA, create barriers to disclosure, and limit access to gender-inclusive services, as well as to illuminate directions for future clinical response.

### **Defining Adult Sexual Assault**

Smith et al. (2018) defines ASA perpetrated against males as including any unwanted, attempted, or completed rape by oral or anal penetration, including the use of objects, being forced to sexually penetrate someone else, sexual coercion, and unwanted sexual contact. Sexual coercion can involve any nonphysical means of committing sexual assault including threats, manipulation, lies, false promises, and pressure imposed by power imbalances. Further,

unwanted sexual contact includes any nonconsensual physical contact that is not penetration but may include kissing, touching, groping, or fondling of sexualized body parts.

### **An Intersectional Approach to Defining Male Victims**

The existing research on male ASA has predominately centred the experiences of White, cisgendered men who identify as either heterosexual or gay (Guckenheimer, 2021; Staples & Fuller, 2021; Thomas & Kopel, 2023; Widanaralalage et al., 2024). Although this research remains important, this narrow focus on male victimization ultimately overlooks the impacts of compounding stigma and marginalization at the intersection of racial, ethnic, sexual, disability, or gender diverse identities (Bedford et al., 2023; Donne et al., 2018; Jaffray 2018; Jaspal et al., 2017; King et al., 2021).

Originally coined by Kimberle Crenshaw (1989/1998), intersectionality was proposed to explain how Black women experience compounded sexism and racism that cannot be understood by examining the oppression faced by women or Black people as independent groups, but only through understanding the unique ways these marginalized identities intersect. Applying intersectionality to ASA research reveals how approaches that only examine single identity categories fail to address the exacerbated vulnerability to sexual violence experienced by individuals with multiple marginalized identities.

In Canada, recent data from the 2018 national Survey of Safety in Public and Private Spaces found that sexual and gender minorities face elevated rates of victimization and unique barriers to disclosure and support (Jaffray, 2018). More specifically, sexual minority Canadians experienced physical and sexual assault at substantially higher rates than their heterosexual counterparts, with nearly six in 10 reporting lifetime victimization compared to fewer than four in 10 heterosexual individuals. This disparity was particularly pronounced among bisexual

Canadians, who represented the highest victimization rates across multiple categories. The survey also documented that transgender Canadians experienced violence and workplace harassment at disproportionate levels compared to cisgender individuals. Further, sexual and gender minorities demonstrated significantly higher rates of mental health challenges, suicidal ideation, and substance use as coping mechanisms following traumatic experiences.

Indigenous sexual minorities and those with disabilities faced compounded vulnerabilities and experienced even higher rates of victimization than their non-Indigenous and non-disabled counterparts (Jaffray, 2018). Further, 20 percent of Indigenous men overall, reported experiencing targeted inappropriate sexual behaviour compared with 13 percent of non-Indigenous men in Canada (Perreault, 2018). Ultimately, these statistics highlight the importance of applying an intersectional approach to male ASA research.

Therefore, by referring to ‘male victims’ it is the intention of this review to be inclusive of racially and ethnically diverse, cisgender men, trans men, and masculine-identifying gender diverse individuals who experience ASA. Throughout this review, the term *trans* serves as an imperfect umbrella term referring to individuals whose gender identity differs from their sex assigned at birth, including those who identify as transgender, bigender, androgynous, genderqueer, non-binary, or Indigenous Two-Spirit (Du Mont et al., 2022; Ellis et al., 2016).

### **Defining Dominant Discourse**

To understand the impact of dominant discourse on male victims of ASA, one must first understand what dominant discourse is, how it is dispelled, and its relationship to power and knowledge. Foucault (1969/1972) identified and explored dominant discourse as a means of disseminating, controlling, and upholding knowledge, power, and social structures. Using prison as an example, Foucault (1980) argued that to analyze the discourse around a subject matter, one

must not only examine discourse in the media, in research, or other public domains, but between the individuals within them—between guards, between inmates, inmates and guards, inmates and loved ones, and so on. Foucault (1969/1972) also emphasizes that the specific language used in rules, policies, legal codes, legislation, and judicial decisions, must be critically examined to illuminate how what is said, ignored, or may be inferred, ultimately maintains systems of power.

The dominant discourse about a subject matter does not represent a single, unified narrative, but rather an avenue for examining how power and institutions are maintained through the spread of information, disinformation, stigma, rule of law, and popular opinion. Therefore, to examine the dominant discourse impacting male victims of ASA, one must identify the individual, social, cultural, and systemic mechanisms that not only silence victims and create barriers to disclosure and treatment seeking but maintain power in the hands of perpetrators and uphold patriarchy.

### **Addressing the Prevalence of Male Sexual Assault Victimization**

The true prevalence of male ASA victimization remains challenging to identify. In Canada, male victims make up around 12 percent of police-reported sexual assaults (McDonald & Tinjerino, 2013). Yet, it is well known that sexual assault is the most underreported violent offence regardless of victim gender—reported to police 80 percent less than other violent crimes in Canada (Conroy, 2024). Further, there is evidence to support that male victims may be even less likely than female victims to report their assault to police, leading researchers to believe that accurate rates of male ASA victimization are higher than estimated (Chapleau et al., 2008; DeJong et al., 2020; Du Mont et al., 2013; Ellis et al., 2020; Lowe, 2018; Loxton & Groves, 2022; Petreca & Burgess 2024; Walker et al., 2005).

Studies critically examining the prevalence of male ASA victimization and military sexual assault (MSA) reveal methodological limitations and social factors impacting low prevalence estimations—such as over-relying on police reported data, stigma, gender biases, sampling biases, and the use of self-report data without providing comprehensive and consistent definitions (Forkus et al., 2021; Peterson et al., 2011; Stemple & Meyer, 2014; Widanaralalage et al., 2024). Failing to adequately define male ASA or MSA and excluding vulnerable populations from research samples ignores underlying gendered, systemic and sociocultural barriers to self-reporting. Some of these factors include prejudice, shame, victim blaming, male rape myths, and hegemonic masculinity, which demonstrate themes in dominant discourse that will be explored in the literature review (Brienzo & Galupo, 2021; DeJong et al., 2020; Lowe, 2018; Thomas & Kopel, 2023; Turchik & Edwards, 2012; Widanaralalage et al., 2022; Walfield, 2021).

Applying an intersectional lens reveals how these factors may be compounded for marginalized victims. For instance, Widanaralalage et al. (2024) examined cultural factors influencing prevalence and underreporting of male ASA in Black and Asian communities in the UK. The authors highlight how members of these cultural groups are often excluded from research altogether. When they are included, research often overlooks sociocultural factors including collectivism, ethnicity, religion, and culture-specific gender norms in terms of how they may exacerbate shame and underreporting. Altogether, these factors illuminate how the gendered construction of sexual assault, stigma, and cultural bias in dominant discourse about ASA contribute to the invisibility of male victims, and the barriers to disclosure.

### **Research Rationale**

Despite the limitations of the existing research, there is emerging evidence that recent changes in dominant discourse regarding sexual offences since the #MeToo movement have had

observable impacts on reporting and treatment seeking behaviour for victims of all genders (Conroy, 2024; Loxton & Groves, 2022). #MeToo emerged in 2017 as a widespread online phenomenon that predominately took place on the social media platform X, previously known as Twitter (Bogen et al, 2021). The public discourse preceded the publishing of a New York Times article, detailing the allegations of sexual assault and harassment against Harvey Weinstein, a prominent Hollywood producer and founder of companies, Miramax and The Weinstein Company (Diaz, 2022). Actress Alyssa Milano encouraged individuals who had experienced sexual harassment or assault to use the ‘#MeToo’, borrowed from Tarana Burke’s 2006 initiative, to share their stories online, and demonstrate the prevalence of the problem (Bogen et al, 2021). The subsequent unprecedented disclosure of sexual victimization created a cultural spotlight on the issue.

Despite the discourse about #MeToo overwhelmingly focusing on the experiences of women, the impact that it has had on social awareness of sexual harassment in the workplace, as well as litigation and policy surrounding sexual assault, has implications for survivors of all genders. For instance, Conroy (2024) explains that the increased public awareness and attention to flawed policy since the #MeToo movement, led Canada to implement changes to how police-reported sexual assault statistics are collected, by introducing and defining *founded* crime in 2018. This meant that sexual assaults reported to the police would be considered to have in fact occurred, unless there exists considerable evidence to the contrary. Before this, reported sexual assaults were considered *unfounded* unless there was considerable evidence to support the claim. Since this change, there has been a 37 percent increase in women and girls, and a 36 percent increase in men and boys reporting sexual assault in Canada.

Further, there has been more representation in popular culture recently that has provided a small spotlight on the issue of male sexual abuse with the potential of influencing reporting and treatment seeking behaviour. These include the public indictments of famous rapper and producer, Sean “Diddy” Combs (United States v. Combs, 24 Cr.), or Abercrombie & Fitch CEO, Mike Jeffries and affiliates (United States v. Smith, 23 Cr.), with both cases involving male victims of ASA and human trafficking. As well as based-on-true-events shows like Netflix’s *Monsters* (Murphy & Brennan, 2024)—depicting the CSA of the Menendez brothers, or *Baby Reindeer* (Gadd, 2024)—depicting the grooming and sexual assault of a young adult male comedian. The impacts of this representation on reporting and treatment seeking have yet to be explored academically. However, one Men’s Health UK article revealed that since *Baby Reindeer*’s release, a Manchester-based charity for male survivors of sexual assault observed an 80 percent increase in calls for support, 53 percent of whom directly cited the show as their reason for calling (Lipson, 2024). Ultimately, changes in reporting and treatment seeking behaviours have serious implications for mental health service providers, and the adult male victims who access support services.

### **Proposed Methods**

The proposed research will conduct a narrative review as outlined in Efrat Efron and Ravid (2019). A feminist theoretical framework will be utilized, exploring male ASA through the lens of gender, sexuality, patriarchy, and intersectionality. Drawing from diverse academic disciplines, including psychology, sociology, social work, medical sciences, law, and forensics, the representative review will provide a comprehensive overview of the existing literature. It will highlight research gaps, underrepresented demographics, future directions, and treatment implications for mental health service providers supporting male victims. Sources will be

retrieved from electronic databases and library catalogs, including the City University of Seattle library, ProQuest, EBSCO, Taylor & Francis, APA PsychInfo, PubMed, SAGE, Google Scholar, and Statistics Canada. Selection criteria will focus on studies addressing key cultural themes in dominant discourse impacting victims of male ASA, such as male rape myths, hegemonic masculinity, stigma, victim-blaming, homophobia, prejudice, reporting, treatment-seeking, service provision, and survivor experiences. Data will be analyzed thematically and critically.

### **Self-Positioning Statement**

By positioning myself in the research, I must take accountability and address how my subjectivity may impact how I collect and interpret data, contribute to the knowledge and discourse on this subject, and how that may impact male victims of ASA (Ackerly & True, 2008; Berger, 2015; Mruck & Breuer, 2003). Berger (2015) explains the need for researchers to draw attention to their own knowledge and how they are sensitive to it. One must also examine their personal biases, perspectives, experiences, and beliefs to monitor their ethical impact on their research. By doing so, one seeks to understand how who they are impacts their *epistemology*—how their research creates and contributes to knowledge.

### **Personal Position**

Factors contributing to my position in this research include that I am a White, cisgendered, queer, able-bodied, woman, who was born in Canada to working class Christian parents. These demographic factors offer me significant and unearned privilege and shape my position of power in society (Ackerly & True, 2008). As a Master of Counselling Psychology student with a Bachelor of Arts in Sociology, I value and honour the roles that privilege, culture, and environment play in shaping individual behaviour and psychological outcomes.

My interest in how culture, dominant discourse, and gender impact victims of sexual assault began in my undergraduate degree. By taking several Gender Studies, Cultural Anthropology, and Sociology of Gender courses, I began to reconstruct my worldview. Growing up as a Christian, I had many beliefs about sexuality, purity, gender, and rape. I was raised in purity culture—described by Owens et al. (2021) as prescribed Christian ideals and beliefs about sexuality that appear in popular culture centering on themes of virginity, modesty, shame, the ethics of physical affection, sexual gatekeeping, stripping women and girls of their bodily autonomy, and abstinence only sex education. The authors argue that omitting consent from sexual education, and the burden of responsibility placed on women and girls to be modest in order to prevent men or boys from lust, is especially impactful on the internalization of rape myths. Particularly for Christian women.

Similarly, Natarajan et al. (2022) situate purity culture within a white, heteronormative context. Thus, determining sex and marriage as distinctly heterosexual, and proliferating rape culture through the dissemination of harmful sexist and racist discourse. This discourse characterizes men, particularly Black men, as unable to control their sexual impulses, consequently, positions women as the gatekeepers of sex with men, and places additional responsibility on Black women to prove their purity in reference to Whiteness and counteract hypersexualized stereotypes. The impact this had on me was deeply rooted shame and internalized biphobia. Contextualizing how Christian purity culture shaped my felt shame and secrecy around sexuality, desire, and personal experiences of sexual coercion and assault, was a catalyst to leave the Christian church and reconstruct my worldview. Ultimately, my mind was opened to my position of privilege and how myths proliferated by culture can shape personal narratives of abuse and victimization.

Although I have experienced sexual harassment, coercion, and assault as a woman, I have not lived or experienced the pressures of hegemonic masculinity or internalized male rape myths as a man. I have also never personally known or worked with men who have disclosed experiences of male ASA. According to Berger (2015) this positions me as an outsider to the research, investigating a topic that is unfamiliar to me. From this outsider perspective, the author defines advantages and disadvantages. One benefit of my position is that my unfamiliarity positions those being researched as the experts of their experience. I will not be interviewing participants myself, but I will be interacting with qualitative research with victim reports. Berger (2015) also recommends vigilance in regarding potential biases or misunderstandings when interpreting research. In this way, I must consider how my use of language may contribute to harm, offence, or misguided inferences.

### **Ethical Considerations and Reflexive Strategies**

Reflexive ethical practice means to engage in the process of reflexivity in actionable ways that seek to reflect on positions of power (Ackerly & True, 2008), maximize benefits to the studied population and transparency (Smith & Luke, 2021), as well as minimize personal bias, and maintain a non-exploitative and decolonizing position to research (Berger, 2015). Disclosing my personal position of power means acknowledging my privilege and social, political, and economic relationship to the subject matter (Ackerly & True, 2008). I acknowledge that by conducting this capstone review, I seek to benefit by way of graduating and continuing my path towards becoming a Registered Psychologist, who may one day work with this population for financial compensation. Thus, it is evermore my responsibility to ensure my research promotes the principle of responsible caring by taking steps to maximize benefits and minimize harm to male victims of ASA (Canadian Psychological Association, 2017; Smith & Luke, 2021).

Keeping a research diary is one specific strategy that involves writing down thoughts, emotional responses, questions, assumptions, and decisions throughout the research and writing process (Berger, 2015; Smith & Luke, 2021). To make this actionable for me, I will utilize the notebook that I keep on my desk. By committing to use it for reflexivity, I intend to write down questions as they arise, feelings that come up for me while I engage with the literature, first impressions, potential biases, and thoughts that seem to contradict what I am reading. In the interest of additional transparency and critical reflection, I commit to sharing these thoughts with peers as well as my capstone supervisor.

Karcher et al. (2024) note the benefit of informal and formal peer and supervisor support and debriefing. As part of my reflexive plan, I will meet with my supervisor periodically throughout the writing process to review edits and constructive criticism, address potential biases, and debrief emotional responses. Further, I have organized a weekly writing group of student peers that meets at the Central Library in Calgary to work on individual projects and opens a weekly opportunity for informal peer debriefing.

Due to the sensitive nature of my topic, self-care will be another essential reflexive strategy. Smith et al. (2023b) argues that research on sensitive topics is an emotional and empathetic experience that may subject the researcher to the risks of emotional distress, feelings of grief or sadness, a sense of powerlessness or hopelessness, and even vicarious trauma. These responses necessitate the responsibility of self-care for researchers. In addition to debriefing these feelings with peers, my self-care strategies include listening to upbeat pop music that improves my mood, walks or cuddles with my dogs, climbing with friends twice a week, watching comedy, and quality time with my partner.

Lastly, to research the influence of dominant discourse on the treatment seeking and reporting behaviours of male victims of ASA, it is imperative that I engage with that discourse critically and in such a way that illuminates socio-political issues and power. Alejandro (2020) proposes the use of reflexive discourse analysis (RDA), a methodology for assessing how our own language can contribute to implicit socio-political messages. The author suggests that researchers apply a compass discourse, meaning a specific discursive strategy for analyzing discourse in such a way that ensures the language used aligns with the objectives of the research.

Coates and Wade (2007) present an analytical framework for exploring the interactional and discursive representations of personalized violence and resistance. The authors illuminate specific linguistic devices that can subtly or systematically skew how a reader perceives violence by shifting blame, removing agency, or minimizing harm. Operationalized as my compass discourse, this framework will serve as a guide for how I write, interact, and contribute to the discourse on male victims of ASA. Applying their framework illuminates how language can be used to conceal the extent to which violence against men is being concealed, perpetrators are absolved, resistance is minimized or misconstrued, and victims are blamed or pathologized in the research. For RDA, I must systematically examine how my own language may subtly contribute to the problems faced by male victims throughout my research process by consistently checking in with my compass discourse throughout the writing and editing process (Alejandro, 2020).

### **Literature Review**

One of the uniquely defining characteristics of the dominant discourse about male victims of ASA, is that there is little to no explicit discourse about it at all. The existing literature on male victims of ASA reveals several interrelated themes that illuminate how dominant discourse shapes societal understanding and responses to this population. Critical analyses of these themes

across studies demonstrates the multifaceted ways in which cultural narratives marginalize male survivors and create barriers to support and justice.

### **The History of Male ASA Research**

The stigma and invisibility of male victims of ASA in dominant discourse is evident in the early literature on sexual assault, and the socio-political contexts from which they emerged. The feminist movement of the 1970s fought for and inspired a categorical shift in the dominant discourse on rape and sexual assault (Edwards et al., 2011; Lowe, 2018). Critical feminist literature such as Brownmiller (1975) brought attention to the pervasive myths about rape that exist in culture, illuminating how they proliferate acts of violence by men against women, as well as the acceptance of those acts by the public and the justice system (Edwards et al., 2011).

In the context of feminist sexual assault literature, Burt (1980) seminal research explored these rape myths in dominant culture to identify the harmful narratives about sexual assault perpetrated by men against women. Rape myths were defined as discriminatory, stereotypical, or inaccurate beliefs that people hold about sexual assault, those who experience it, and those who perpetrate it. In addition to defining and categorizing these myths, this research developed the Rape Myth Acceptance Scale (RMAS), the first measure for assessing how individual characteristics, qualities, experiences, and beliefs contribute to how rape myths are internalized by the public. However, the scale exclusively examined sexual assault and rape myths through the context of cisgendered, heterosexual, male perpetrators and female victims, and among predominately White samples.

Whether the exclusion of male victims of ASA from rape myth acceptance research was intentional, or an implicit result of the invisibility of male ASA from dominant discourse at the time, subsequent literature on male ASA began to identify the unforeseen consequences of

framing sexual assault as a women's issue. Of particular salience is the lack of services designed for male victims (Cohen, 2014; Lowe 2018; Mezey & King, 1989), and how the resulting invisibility and disbelief in male ASA would be internalized by those who experience it (Chapleau et al., 2008; Turchik & Edwards, 2012; Widanaralalage et al., 2022). Ultimately, this exclusion of male victims from rape myth research established the foundation from which male ASA and male rape myths were identified and explored.

### ***The Invisibility of Male ASA from Legislation***

Historically, definitions of rape or sexual assault in many countries justice systems explicitly excluded male victims. For instance, Hickson et al. (1994) identified that a significant limitation to reporting male ASA in the UK was due to the legal definition of rape as an act by a male to a female that involved penile penetration of the vagina. Nonconsensual anal penetration was classified as indecent assault, a lesser offence that only men over the age of 21 could claim.

For men and boys under the age of 21, it was a criminal offence to engage in any same-sex relationships at all (Hickson et al., 1994). This remained the case until 1994, when the definition of rape was changed to include penetration of the anus to be more inclusive (Fisher & Pina, 2013). However, this definition still failed to account for sexual assault that does not include penetration. Fisher and Pina (2013) note that the Sexual Offences Act (2003)—the current legislation in the UK defining rape, sexual assault, and assault by penetration—remains gender biased in its use of male pronouns when referring to perpetrators. The authors argue that this language contributes to the invisibility of female perpetrated ASA, creating barriers to reporting for male victims.

The law was similar in Canada until Bill C-127 was passed in 1983 (Department of Justice Canada, 1990). A result of feminist activism, Bill-127 was proposed and passed to

challenge the historical beliefs and discourse that had established rape as a crime against another man's property, whether wife or daughter. The new bill changed the wording from 'rape' to 'sexual assault', included spousal sexual assault, and used gender neutral terminology, thus including males as potential victims. It also implemented three levels of sexual assault based on severity. Level I was the lowest offence, Level II involved sexual assault with a weapon, and Level III encompassed aggravated sexual assault. The ultimate goal of the bill was to address the issue of underreporting. Reporting of Level I sexual assaults did increase by over 100 percent only three years after the bill was passed, with a small number of male victims represented in that increase. However, like the UK, Canada's gross indecency and 'buggery' laws—a term formerly used to describe anal sex—in the Criminal Code were used by law enforcement to criminalize homosexual and anal sex until they were amended in 1987 (Smith, 2020).

### ***The Emergence of Male Victims in Research***

The early literature about male victims of ASA sought to contradict the socially and politically dominant narrative that sexual assault is a gendered issue in which men are the perpetrators and women are the victims (Groth & Burgess, 1980; Kaufman et al., 1980; Lipscomb 1992; Meyers, 1989). The only exception to this gendered construction of sexual assault was in the context of prison. Thus, early researchers sought to identify who the victims and perpetrators of male ASA were outside this context (Groth & Burgess, 1980; Stermac et al., 2004), and the similarities and differences between male and female victims (Elliott et al., 2004; Mezey & King, 1989). However, this research largely examined gender through a cisgendered binary, disregarding the impacts of male ASA on transgendered and gender diverse adults (Guckenheimer, 2021). The limited research that does include these populations will be examined in a subsequent section of this review.

Kaufman et al. (1980) was one of the first papers to qualitatively explore differences in cisgendered male and female medical treatment seeking for ASA at a hospital emergency room. Although the researchers received their data from the sexual assault response team at the hospital and not the victims themselves, which may have impacted the accuracy of the responses, some key themes emerged. The authors noted the male victims in their sample predominately identified as heterosexual and were described as more likely to deny genital abuse and express a subdued, embarrassed, or quiet emotional affect compared to female victims. Further themes included that male victims at the emergency room were more likely to have multiple assailants, more physical trauma, and severe beating than female victims.

In their discussion, Kaufman et al. (1980) drew from social discourses and masculinity norms to explain these differences. They suggested that more significant physical trauma represented at emergency rooms, the denial of genital abuse, and inhibited emotional responses may be best explained by the gendered belief that emotions are not manly, fears of being perceived to be gay, and a propensity to mask psychological trauma. These factors may ultimately lead to men only seeking support when the physical trauma is more severe, rather than severe abuse being more common.

Groth and Burgess (1980) is another influential article cited throughout the literature that sought to profile the perpetrators and victims of male ASA outside the context of prison. The authors were critical in identifying how men are susceptible to the same tactics operationalized by perpetrators of assault on women, including intimidation, violence, and entrapment. Although research had yet to be published on male rape myths, the authors identified that many of the victims in their study explained that a significant reason they did not report their assault was due to pervasive societal beliefs that 'real men' should be able to defend themselves.

## **Male Rape Myths**

Rape myths about male victims were not explicitly explored in the literature until Struckman-Johnson and Struckman-Johnson (1992). The myth identified by Groth and Burgess (1980) that ‘real men’ should be able to defend themselves was cited and categorized by the authors as a *blame* myth—one that reveals a belief in dominant culture that to be a man, is to be able to defend oneself. Responding to the exclusion of male victims from research and dominant culture, the authors identified myths surrounding the idea that male rape does not exist outside the context of prison under the category of *denial* myths. *Trauma* myths—the final category— included beliefs that male victims would be less traumatized by sexual assault, rooted in gendered assumptions about men, their sexuality, and their emotionality. Ultimately, these myths deny, distort, and minimize the reality of male sexual victimization, as well as serve as concrete manifestations of dominant discourse.

Since Struckman-Johnson and Struckman-Johnson’s (1992) initial categorizations of male rape myths, subsequent research has made a case for an additional category of *sexuality* myths (Chapleau et al., 2008; DeJong et al., 2020, Turchik & Edwards, 2012). This category includes beliefs that all victims and perpetrators of male ASA are gay men, or that sexual assault can make someone gay. These myths were also evident in the early literature on male ASA, which revealed how homophobic discourse and a fear of being perceived as gay was a critical factor influencing low levels of reporting and treatment seeking by victims—regardless of the sexual orientation of the victim or the offender (Groth & Burgess, 1980; Hickson et al., 1994; Kaufman et al., 1980; Mezey and King, 1989).

## **Hegemonic Masculinity**

From the early literature through to modern day, male ASA research has highlighted the interconnected relationship between male rape myths and hegemonic masculinity (Doherty & Anderson, 2004; Hlavka, 2017; Petersson & Plantin, 2019; Weiss, 2010; Widanaralalage et al., 2022). Connell and Messerschmidt (2005) defined hegemonic masculinity as the dominant, culturally valued expression of masculinity, within a specific culture and time, that establishes the normative standard against which all men are measured. In this way, masculinity is organized through a hierarchy of traits—positioning hegemonic masculinity as the peak of power, strength, and sexual prowess, and subordinating any masculinity that deviates from this social measure (Connell & Messerschmidt, 2005; Jacobson Lopez & Garcia, 2024). Thus, belonging to a subordinated masculinity is associated with less cultural and social power afforded to men under patriarchy.

Dominant masculine ideals create multifaceted barriers for male victims of ASA that are complicated by the hierarchical nature of hegemonic masculinity and the intersections of gender, sexuality, race, ethnicity, and sexual orientation (Masho & Alvanzo, 2010; McDonald & Tijerino, 2013; Peterson et al., 2011; Petreca & Burgess, 2024; Smith et al., 2023; Widanaralalage et al., 2024; Wingender & Oleson, 2024). These barriers include internal psychological consequences, avoidance of disclosure, societal and peer disbelief, and a lack of services made available or tailored to male victims (Davies & Rogers 2006; Donnelly & Kenyon, 1996; Weiss, 2010; Wingender & Oleson, 2024).

Doherty and Anderson (2004) demonstrate how hegemonic masculinity is reflected in the public's perception of male ASA. The study provided a sample of 30 cisgendered men and women with vignettes describing incidents of male ASA and analysed themes in the discourse they exchanged afterward. The most common topics that emerged between participants included

the societal responses to male ASA, and interpretations of how ASA would be experienced by the male victim. The authors observed how these topics were explored through gendered comparisons. Participants debated whether ASA would be worse for male or female victims, whether society would believe or treat each gender equally, and whether sexual identity would influence the severity of trauma experienced by the victim. In their discussion, the authors reveal a hierarchy of suffering, from which the sample determined that sexual assault would be worse for heterosexual men than women or gay men.

Ultimately, Doherty and Anderson (2004) argue that the discourse amongst the sample reflected pervasive hegemonic phallogentric representations of gender and sexuality—evident in the expressed beliefs that rape, and penetrative intercourse are similar, thus, they would be less traumatic for women, gay, or bisexual men. By analyzing social discourse about male sexual abuse, this study provides insight into the influence of masculine gender norms and trauma myths on how male victims of ASA are perceived, as well as the influence of sexuality on how sexual trauma may be minimized or dismissed.

Further, literature reveals how hegemonic masculine ideals create profound internal conflicts and narratives of shame for male victims, who often experience their victimization as an emasculation (Pettersson & Plantin, 2019; Walker et al., 2005; Widanaralalage et al., 2022; Wiess, 2010). In Donne et al. (2018), gay male participants identified how traditional masculine expectations that men always want sex and should aggressively take it, can blur the lines between consent, assault, and coercion. The study reveals how these blurred lines can make it more challenging for gay men to identify as a victim of ASA or seek support. Further, many gay male victims of ASA in their sample cited the social expectations for men to not be perceived as weak, or have their masculinity called into question, as reasons for not disclosing their assault or

seeking counselling rooted in fears of their trauma being disregarded. The intersections of multiple marginalized identities including sexuality, gender identity, race, and ethnicity were observed in the study to further exacerbate these barriers to help-seeking.

In some studies that have examined the relationship between gender and traumatization scores after sexual assault, male victims have demonstrated elevated scores compared to female victims (Chaudhary et al., 2012; Coulter et al., 2017; Elliott et al., 2004; Tannahill et al., 2023). However, when examined further, this increase may be better explained by the barriers to help seeking for male victims than the traumatic nature of the assault specifically. The literature reveals how hegemonic gender norms ultimately silence disclosure, limit help-seeking behaviours, influence victim-blaming attitudes, and impact access to social support for male victims (Donne et al., 2018; Lowe & Balfour, 2018; Masho & Alvanzo, 2010; Petreca & Burgess, 2024; Weiss, 2010; Wingender & Olesen 2024).

### **Female-Perpetrated Sexual Assault**

When the perpetrator of male ASA is a male, rape myths reflect stereotypical beliefs that the victim must be gay, must have enjoyed it, and therefore, would be less traumatized or partially to blame (Doherty & Anderson, 2004; Donne et al., 2018). These hegemonic phallogocentric conceptions of dominative penetrative sex, which insinuate that men are always willing and aroused, similarly exacerbate male rape myths in cases involving female perpetrators (Doherty & Anderson, 2004; Fisher & Pina, 2013; Javaid, 2018; Loxton & Groves, 2022).

The belief that women cannot be perpetrators of ASA effectively serves to further illegitimize male victimization. For instance, Loxton & Groves (2022) observed pervasive dismissal of female ASA perpetration through online social media platforms. The researchers conducted a discursive thematic analysis of comments left on Australian news articles posted on

Facebook involving female perpetrated sexual assault. Their analysis revealed harmful conceptions of masculinity which served to victim-blame, minimize the traumatic impact of the assault by sexualizing the offender, or degrade the masculinity of the male victims. The authors argue that the societal dismissal of female perpetrated assault contributes to the cycle of silence and invisibility of male victims.

The pervasive invisibility and minimization of female perpetrated assault is represented in academic oversight. Examination of the different models of sexual assault in Turchik et al., (2016) reveals how biological, psychological, social, and integrated theories of sexual assault have systematically limited, if not excluded altogether, female-perpetrators in their research. Thus, the dismissal of this form of ASA is not only a product of rape myths but reinforced by the lack of research.

Despite the trauma myth that men may be less psychologically impacted by female perpetrated sexual assault, the participants in Weare and Hulley (2019) demonstrated significant mental health consequences including depression, PTSD, suicidal thoughts and attempts. This finding is ultimately consistent with the broader research on the consequences of sexual assault for victims of all genders (Blais, 2024; Chaudhary et al., 2012b; Coulter et al., 2017; Henry et al., 2018; Parr, 2020; Peterson et al., 2011; Turchik et al., 2016).

### **Secondary Victimization and Victim-Blaming**

As mentioned in the previous sections, hegemonic masculinity and male rape myths not only impact victim's perceptions of themselves, but how their disclosures are received by peers, family members, police, or medical and mental health professionals. Among these populations, research on male rape myths has consistently revealed that cisgendered men—particularly those who adhere to traditional masculinity norms—are the most likely demographic group to endorse

male rape myths and victim-blaming attitudes (Chapleau et al., 2008; DeJong et al., 2020; Struckman-Johnson and Struckman-Johnson, 1992; Turchik et al., 2016).

Just as hegemonic masculinity operates alongside denial myths to create barriers for victims, sexual prejudice and sexuality myths similarly contribute to harmful social reactions to disclosures of male ASA (Koon-Magnin & Schulze, 2019; Littleton, 2010; Ullman et al., 2007). The consequences these reactions pose to victims of sexual assault has been identified as *secondary victimization*—the compounded traumatizing effects of victim-blaming and harmful attitudes or behaviours from the people whom victims disclose their abuse to (Campbell et al., 2001). Negative disclosure experiences can make victims feel doubted, worse, at fault, re-traumatized, and less likely to seek support in the future (Campbell et al., 2001; Jackson et al., 2017). Furthermore, disbelief or victim-blaming have been correlated with increased substance use and symptoms of PTSD (Ullman & Peter-Hagene, 2014).

Only a few studies have sought to examine the relationship between homophobic, prejudicial attitudes and the endorsement of male rape myths, or the impact of this relationship on secondary victimization outcomes. In Kassing et al. (2003) there was an observed correlation between homophobic attitudes towards gay men and higher endorsement of male rape myths in their predominately White, educated, American sample. Similarly, Davies et al. (2006) and Davies and Boden (2012) observed and proposed a sexual preference effect, in which participants were more likely to endorse victim-blaming attitudes towards victims if their perpetrator is the same gender of their preferred sexual partner. However, both studies had a similar lack of diversity represented in their samples, and more research is needed examining these findings.

In a more recent study, Brienzo & Galupo (2021) examined how prejudice towards gay and bisexual victims of sexual intimate partner violence would impact victim-blaming attitudes in a sample of heterosexual and cisgendered adults. The purpose of their study was to examine how prejudice towards gay and bisexual men would impact victims' disclosure of ASA to their friends and support systems. Their findings showed a correlation between gay and bisexual prejudice and victim-blaming attitudes. However, by only including heterosexual and cisgendered participants, the study did not account for how disclosures may be received differently by 2SLGBTQ+ peers, limiting the generalizability of their findings.

Studies have shown that bisexual people, particularly bisexual men, face compounded stigma and prejudice from both heterosexual and gay peers, (Lagrange, 2024; Matsick & Rubin, 2018; Obradors-Campos, 2011). Bisexual men may also be more likely than their gay peers to conceal their sexuality from others (Schrimshaw et al., 2018), which may be especially true among Black and other racialized men (Friedman et al., 2019). For bisexual male victims of ASA, these forms of sexual prejudice play a role in experiences of minority stress and associated mental health outcomes (Bedford et al., 2023; Solomon et al., 2021). Future research is needed exploring the potential impact of this compounded stigma on secondary victimization risk among diverse samples of bisexual or queer victims of ASA.

### **The Influence of Dominant Discourse on Police Reporting**

As mentioned previously, the literature reveals that male victims may be even less likely than female victims to report their assault to police, due to the social stigma around sexual assault, self-blame, and fears of not being believed, or being perceived to be gay (Hammond et al., 2017; Javaid, 2015a; Walfield et al., 2024;). For those who do report their victimization to police, evidence demonstrates that the invisibility of male rape and the belief in rape myths may

impact how police or the courts respond (Rumney, 2008; Venema, 2018; Walfield et al., 2022). In Walker et al. (2005), only five out of 40 participants reported their assault to police, and only one out of those five indicated that they were believed and the police were helpful. The remaining participants reported they were met with disregard and homophobic discrimination.

Walfield et al. (2022) explains the ‘real rape’ hypothesis as it pertains to outcomes in male sexual assault cases and whether they are taken on by the courts. The authors note that sexual assault offences that are perpetrated by a single or multiple male strangers, and involve physical, aggravated assault, or weapon use, are typically the only ones prosecuted. This is because these cases are the most likely to be perceived as ‘real’ or credible by the general public. Cases in which the assault deviates from this social norm are significantly more likely to be ‘exceptionally cleared’, meaning that the case can be closed without making an arrest. In male victim cases, the authors explain that due to the societal invisibility of male ASA, and the gendered construction of victimization, male victims may not only be less likely to report, but more likely to have their cases dismissed if they do.

Conversely, Walfield et al. (2022) argues that the only population more likely to be negatively impacted by the real rape hypothesis are sex workers. This claim is based on evidence from Page (2010), a study that found that police officers were least likely to believe claims of sexual assault if the victim was a sex worker, followed by if they were a man. Siegel’s et al. (2023) explains how the existing dominant assumption that sex workers are inherently female victims, further marginalizes and erases the existence of male or gender diverse sex workers and the unique safety risks they may encounter.

The public health research on interpersonal and sexual violence in the profession of male sex work is even more scarce. The limited research that does acknowledge the existence of male

sex workers and does not exclusively focus on the spread of HIV, provides some insight into how the invisibility of the profession, and the predominance of males purchasing male sex work, results in additional stigma (Raine, 2021; Siegel et al., 2023; Takahashi, 2021). This stigma is rooted in combined discrimination against sex work and homosexuality. The compounding stigma forces male sex workers to conceal their occupation—systematically limiting their access to safety and legal protections, especially in countries where sex work is not regulated or illegal. Notably, Argento et al., (2018), observed that the transition of sex work onto online platforms has increased sex worker safety and agency by minimizing some of the risks of stigma, invisibility, and harassment by law enforcement in Canada.

Furthermore, if trans individuals seek social justice or health care services after ASA, their risk of secondary victimization or victim-blaming may similarly be compounded by stigma, systemic oversight, and in worst cases, additional violence. Survey results collected by the National Centre for Transgender Equality (NCTE) revealed that 46 percent of trans respondents felt unsafe reporting to police; 50 percent reported that their doctors were uneducated about trans health care; 19 percent reported being refused medical care due to their gender identity; 28 percent reported delaying seeking medical attention for fears of discrimination; and 15 percent of respondents who had been incarcerated reported being sexually assaulted by staff or inmates (Grant et al., 2011).

### **The Power Hypothesis of Male Rape**

To explain the motivation for male ASA perpetration, studies from the 1980s through to modern day have made a case for applying the power hypothesis of sexual assault. This hypothesis asserts that the phenomenon of male ASA perpetration is comparable to female ASA, in that the assault is committed to assert or achieve power over another, more than it is about

sexuality (DeJong et al., 2020; Groth & Burgess, 1980; Hickson et al., 1994; Kaufman, 1980; Peterson & Plantin, 2019). In cases of male ASA, perpetrators have been found to use coerced or involuntary erections or ejaculation to silence, shame, and assert this power over male victims, which contributes to barriers to disclosure, police-reporting, and support seeking (Brienzo & Galupo, 2021; Bullock & Beckson, 2011; Donnelly & Kenyon, 1996; Groth & Burgess, 1980).

### **The Role of Prejudice**

Building on the power hypothesis of male rape, Javaid (2018) argues that male-on-male ASA perpetration can be a mechanism of homophobic hate crime. Interviews with police, counsellors, therapists, and volunteers working with male ASA, revealed how misogynistic and homophobic expressions of hatred, vitriol, and objectification were significantly represented in accounts of male-on-male sexual assaults.

Similarly, trans victims face distinct forms of hate crime victimization motivated by transphobia and the social policing of gender (Ellis et al., 2016). Transphobic sexual victimization, termed *transphobic rape* by Mujugira et al. (2021), represents sexual assault perpetrated against trans individuals, used to punish their trans identity as a transgression against hegemonic constructions of gender.

Overall, research examining the role of sexual, racial, and gender-based prejudice on the risks, consequences, and barriers to disclosure for male and gender diverse victims of ASA is relatively new—emerging mostly in the past 10 years or so. To date, only a handful of studies have applied an intersectional lens to examine these interactions. One such study is Coulter et al. (2017). By analyzing data from over 71,000 students across 120 US post-secondary schools, the authors observed that belonging to intersecting marginalized communities increased the probability of past year ASA among college students in the United States. Their data revealed

that bisexuality or being unsure of one's sexuality, as well as being Black or of other race/ethnicity significantly increased one's probability of being sexually assaulted in the previous year—particularly for cisgendered men. Further, transgender people had higher odds of past-year ASA than cisgendered men or women of any sexual orientation, and Black transgender people represented the highest rate of past-year ASA at 57.7 percent.

All together, these studies highlight the importance of examining the role of prejudicial discourse and behaviours as contributory to the marginalization, barriers, and consequences experienced by male victims of ASA. Though more research is needed to examine the complexity of these interactions, the findings demonstrate the importance of applying an intersectional approach to male ASA research.

### ***Intersectionality and Minority Stress***

Much of the existing intersectional research on male ASA utilizes Meyer's (1995) minority stress model to explore the compounding impacts of prejudicial dominant discourse on the mental and physical health outcomes for victims. This model explains how external stigma, discrimination, and systemic violence towards marginalized populations is experienced through internal and external stressors that contribute to psychological harm and chronic illness. This stress arises from the totality of living as a minority person within a dominant culture that is hostile to sexual and other minorities, creating incongruence between individual needs—such as love or self-expression, and societal acceptance or safety.

Bedford et al. (2023) examined the impact of minority stress on LGBTQ+ adults who had experienced at least one incidence of sexual assault. Internalized stigma and minority stress were significantly correlated with psychopathology measures indicating the impact of prejudicial discourse on the mental health of sexual and gender minority victims of ASA. Trans males

represented the highest rates of internalized stigma, alcohol, and cannabis use severity in the study. Though the authors assert that though more research is needed to replicate their results—particularly with more racially and ethnically diverse samples—their findings may reflect the consequences of transphobic rape against trans-masculine men. These consequences were argued to be increased stigma, minority stress, and psychological harm.

Similar studies examining the relationships between minority stress and ASA among trans populations, have emphasized how transphobic marginalization exacerbates victim psychopathology symptoms—including PTSD, depression, suicidal ideation and attempts, and alcohol and substance abuse (Beckman et al., 2018; Parr, 2020; Peitzmeier et al., 2020; Testa et al., 2012). There is also research suggesting that trans individuals may be at the greatest risk of discrimination and violence if their appearance does not conform to the gender binary (Ellis et al., 2016; Miller & Grollman, 2015). In other words, the visibility of one's trans identity puts them at greater risk of transphobic sexual violence and hate crimes.

Further, data collected from a cross-sectional survey of White and POC trans adults, revealed that trans POC experienced increased ASA severity as their transgender visibility increased, compared to White participants with similar visibility levels (Staples & Fuller, 2021). This suggests that individuals who are visibly members of multiple marginalized groups, may experience higher rates of, and more severe ASA. The study's small sample size limited the authors' ability to assess for individual differences among separate racial or ethnic groups, highlighting avenues for future research. Thus, while cisgendered men may uphold male rape myths that men cannot be raped, leading to increased difficulty identifying themselves as victims of ASA, data suggests that trans men and gender diverse individuals live with persistent fear of sexual and other physical victimization (Ellis et al., 2016; Wirtz et al., 2020).

### **Implications for Counselling Psychology**

The literature review reveals how gendered and prejudicial dominant discourse create unique and significant consequences and barriers for male victims, with critical implications for counselling psychologists. Across the gender spectrum, victims of ASA experience elevated rates of depression, anxiety, PTSD, and suicidality (Davies et al., 2010; Elliott et al., 2004; Peterson et al., 2011; Walker et al., 2005), as well as negative sexual, social, spiritual, educational, and career impacts (Javaid 2017b; Peterson et al., 2011).

An intersectional minority stress framework further reveals how these consequences are exacerbated for marginalized victims (Bedford et al., 2023; Solomon et al., 2021). To support victims and effect change, counselling psychologists must understand the barriers to disclosure and treatment seeking, as well as the roles of hegemonic masculinity, male rape myths, and marginalization in shaping them.

#### **Barriers to Disclosure and Help-Seeking**

Overall, male victims face many similar interpersonal barriers to treatment seeking as female victims, including feelings of shame, self-blame, difficulty trusting others, fears of not being believed, and factors related to the abuser—including their position of power, social status, or relationship to the victim (Budd et al., 2019; Roxo et al., 2023; Spengler et al., 2023; Young et al., 2018). However, masculinity norms, male rape myths, homophobia, and other forms of prejudice contribute to unique and compounded barriers for male victims. These internal barriers include difficulty expressing feelings, fears of being emasculated, being perceived as less of a man, or assumed to be gay (Davies et al., 2010; Peterson et al., 2011; Petersson & Plantin, 2019; Thomas & Kopel, 2023) and may be compounded by concerns of experiencing biphobic,

homophobic, transphobic, or cultural discrimination (Dalhamer et al., 2016; Donne et al., 2018; Jackson et al., 2017; Spengler et al., 2023).

The interconnected interpersonal, structural, systemic, and sociocultural barriers to treatment for male victims, illuminate the gaps in public and private services available, as well as gaps in clinician and service provider competency. Ultimately, these gaps are similarly rooted in the invisibility of male ASA from dominant discourse. By exploring these gaps and barriers, the intention is to illuminate the need and tangible actions for addressing them.

### ***Structural Barriers***

At the structural level, male victims of ASA are significantly impacted by a lack of gender-inclusive services available (Jackson et al., 2017; Lowe et al., 2018; Wingender & Olesen, 2024). Access to these services is further limited by other structural barriers including in-person only services that may require traveling long distances; single language services that limit access for victims whose first language is not English; binary-gendered services that exclude trans or gender diverse victims; and long waitlists for specialized, low-cost, or public services (Du Mont et al., 2022; Henry et al. 2021; Javaid, 2017a; Lowe, 2018). Other structural factors like high costs, time constraints, insurance limitations, and a lack of services clearly available, or advertised to male or gender diverse victims play a significant role.

### ***Systemic Barriers***

The literature on rape myths has demonstrated how the patriarchy perpetuates the sexual violence against women by putting men in the position of status and power (Burt, 1980; Edwards et al., 2011; Urban & Porras Pyland, 2022). Since the 1970s, the feminist movement has fought back through advocacy, lobbying, legislation, and developing services to support women such as rape crisis centres (Edwards et al., 2011; Lowe, 2018; Turchik et al., 2016). Unfortunately, one

of the unforeseen consequences of this feminist theoretical structure is how it has contributed to the gender bias about sexual assault victims. More recently, feminist research has demonstrated how this gender bias has played a critical role in the gap in gender-inclusive services, and service providers responding to male or gender diverse victims of ASA, female perpetration, or same-sex sexual assault (Guckenheimer, 2021; Lowe, 2018; Turchik et al., 2016).

This focus on female victims of sexual assault has further contributed to academic oversight and a gap in gender-inclusive sexual assault education, training, and research (Lowe, 2018; Lynch et al., 2018; Turchik et al., 2016). A lack of gender-informed training on ASA may lead counsellors to consciously or unconsciously invalidate or harm male victims of ASA through inappropriate, biased, or discriminatory responses leading to secondary victimization (Agar et al., 2002; Depraetere et al., 2020; Javaid, 2017b).

Sexual, gender, and racial minority male victims of ASA may also face compounding barriers to treatment rooted in historical and ongoing discrimination within mental health care (Donne et al., 2018; Jacobson Lopez & Garcia, 2024; Turchik et al., 2016; Wirtz et al., 2020). For instance, worries over homophobic or biphobic microaggressions and a lack of affirmative clinicians may deter sexual minority ASA victims from accessing care (Dalhamer et al., 2016; Spengler et al., 2023; Wingender et al., 2024). For sexual minority male victims of colour, this barrier may be compounded by experiences of racism or hypersexualized stereotypes and a lack of access to clinicians that are both queer-affirming and culturally competent (Fields et al., 2015; Hong et al., 2023; Jacobson Lopez & Garcia, 2024; Jaspal et al., 2017).

Trans male and gender diverse victims face particularly severe systemic barriers. Recent literature and social activism organizations have criticized healthcare, counselling, and social justice systems for frequently overlooking transphobic violence and excluding trans populations

from medical education, legislation, and policies designed to prevent and respond to violence (Berishaj et al., 2025; Calton et al., 2015; Du Mont et al., 2022). Healthcare providers for both physical and mental health care services lack sufficient training about trans populations and their risk for ASA (Bauer et al., 2017; Miller & Grollman, 2015).

Kosa et al. (2024) demonstrates how a lack of collaboration between public, private, and community services in Canada further contributes to gaps in sexual assault services, particularly for trans victims. Evidence suggest that community-based interventions and social support may play a key role in treatment and mitigating trauma symptoms for male and gender diverse victims of ASA (Bariola et al., 2015; Ellis et al., 2020; Grocott et al., 2023; Roberts & Christens, 2021). Because hospital-based sexual assault services serve as frontline supports to victims of ASA, partnerships with community organizations could be particularly valuable as forensic nurses and social workers could connect victims with support networks. However, by surveying and consulting with stakeholders from trans community support services and hospital-based sexual assault centres in Canada, Kosa et al. (2024) reveal significant barriers—including a lack of time for health care providers to participate and engage in community networks, differences in social and physical proximity to the communities being served, and a lack of health care participation in advocacy.

### ***Sociocultural Barriers***

#### **Male Rape Myths.**

Counselling psychologists must understand the implications of male rape myths for disclosure, risks of secondary victimization, and gaps in gender-inclusive services. In summary—for individuals, clinicians, and society—believing that male rape does not exist or is not a problem, means there is no need to address it.

Evidence from the literature review suggests that a victim's perception of their interaction with their support person plays a critical role in secondary victimization effects as well as their PTSD symptom recovery (Campbell et al., 2001; Jackson et al., 2017; Ullman & Peter-Hagene, 2014). The consequences of secondary victimization highlight the critical need for counselling psychologists to personally examine the role of male rape myths in shaping their beliefs and biases about male rape. Doing so is an essential first step to creating therapeutic conditions for disclosure and beginning to address other treatment barriers and service gaps.

### **Hegemonic Masculinity.**

Hegemonic masculinity is a central theme throughout the literature on male ASA that has implications for men's mental health overall (Eggenberger et al. 2022; Heath et al., 2017; Javaid, 2015b; Smith et al., 2023; Wong et al., 2017). In many studies, male victims who internalize hegemonic masculine norms face a crisis of masculinity post-assault as they reconcile how their victimization contradicts ideals of power, toughness, and sexual dominance (Davies et al., 2011; Donne et al., 2018; Fields et al., 2015; Weiss, 2010; Widanaralalage et al., 2022). Victims' perceptions of how their disclosure will be received may amplify this crisis, as many victims fear that revealing their experience will confirm societal narratives that they are 'less of a man' and subject them to judgement, disbelief, or criticism. This crisis of masculinity may be compounded by other intersecting factors including the gender of the perpetrator (Fisher & Pina, 2013; Light & Monk-Turner, 2009; Loxton & Groves, 2022), the sexuality of the victim (Hammond et al., 2017; Hlavka, 2017), as well as the culture or ethnicity of the victim (Fields et al., 2015; Widanaralalage et al., 2024).

Gender-based research explains how men are expected to 'get over' their trauma, often resulting in increased self-isolation and self-blame (Chapleau et al., 2008; Wong et al., 2017;

Vogel et al., 2011). Instead of accessing therapy to cope with trauma or psychological distress, men are more likely to externalize their symptoms through engaging in compensatory behaviours (Eggenberger et al. 2022; Kaya et al., 2019). For male victims of ASA, these behaviours may include increases in sexual risk taking, alcohol and other substance use, dissociation, anger, violence, self-harm, and suicidal behaviour (Blais et al., 2024; Du Mont et al., 2013; McDonald & Tijerino, 2013; Walker et al., 2005; Wingender & Olesen, 2024).

Research suggests that when men do access therapy, it is often because these compensatory coping behaviours have reached a critical severity, resulting in consequences to their health, personal life, and wellbeing (Donne et al., 2018; Widanaralalage et al., 2022; Wingender & Olesen, 2024). Consequently, male victims are more likely to present these behavioural and lifestyle concerns to their therapist, and may take time to disclose the assault, or even recognize the causal or underlying role of trauma in their behaviour.

Furthermore, the impacts of male ASA on victims' compensatory behaviours and overall wellbeing may be exacerbated by the intersection of minority stress and hegemonic masculinity (Bedford et al., 2023; Jaspal et al., 2017; Solomon et al., 2021). More research is ultimately needed to examine the compounded and unique influences of culture, race, religion, sexuality, and gender-identity, on hegemonic masculinity and compensatory behaviours. This research is particularly necessary for developing culturally competent approaches to treatment.

### **Prejudice, Power, and Systemic Oppression.**

By applying radical feminist and hate crime frameworks to male ASA perpetration and victimization, Javaid (2018) uses the power hypothesis of sexual assault to reveal how masculinity, homophobia, and patriarchy contribute to perpetrator motivations and sociocultural barriers for victims. In these cases of male-on-male ASA, the assault is argued to diminish

victims' masculinity while enhancing the power and masculinity of the offender. As a hate crime, ASA serves as mechanism for policing gender norms and punishing perceived violations of heteronormative masculinity (Bedford et al., 2023; Javaid, 2018; Mujugira et al., 2021).

Research that has applied intersectional minority stress theories to explorations of male ASA further demonstrate how systems of power and oppression disproportionately disadvantage sexual, gender, racial, and ethnic minority victims (Bedford et al., 2023; Coulter et al., 2017; Solomon et al., 2021; Widanaralalage et al., 2024). The literature review demonstrated how internalized stigma and minority stress have been correlated with increased psychopathological consequences and secondary victimization risk among individuals who experience multiple marginalization. Further, research indicates that despite sexual minority individuals seeking mental health services at higher rates than their heterosexual counterparts, they are also more likely to have their needs go unmet (Roxo et al., 2023).

Trans and other marginalized individuals face compounded discrimination, racism, and stigma, impacting not only their susceptibility to ASA, but their job security, access to health care, social support, or criminal justice (Brennan et al., 2012; Wirtz et al., 2020). These effects ultimately culminate in disproportionate adverse mental and physiological health outcomes that require specific attention from counselling psychologists, with implications for culturally competent, socially just, and ethical practice.

### **Addressing Treatment Barriers**

Critical interpretation of the literature on male ASA reveals numerous opportunities for addressing barriers to treatment and disclosure. Actions at the structural level, training, research, and competency implications, as well as individual practitioner and community-level considerations are key themes that emerge.

### ***Structural Interventions***

Reducing interpersonal and structural barriers may look like offering online services that reduce long commutes and increase service access to more rurally located victims (Easton et al., 2014; Goodwin et al., 2023). Offering group and peer support interventions may minimize the effects of stigma, address self-isolation, and reduce cost barriers for male victims (Ellis et al., 2020; Fradkin & Struve, 2017; Thomas & Kopel, 2023). Counselling psychologists may also consider offering low-cost or sliding scale services to meet the needs of financially disadvantaged victims (Canadian Psychological Association, 2017; Depraetere et al., 2020).

### ***Training, Research, and Competency***

One way to address the impacts of male rape myths on secondary victimization is for counselling psychologists to seek out gender-inclusive sexual assault training, literature, and other resources on male ASA. Applying an intersectional minority stress approach to continued learning is essential to account for how intersecting stigma and marginalization contribute to compounded and unique psychosocial consequences for diverse male victims. Additionally, counselling psychologists may initiate or participate in research on male ASA.

This review focused on the impacts of dominant discourse on male victims of ASA. Although there is a need for more research on this topic, future research should also examine the role of dominant discourse in shaping ASA perpetration. Directions for future research based on this review will be explored in greater depth in a subsequent section.

Educational institutions training future counsellors must evaluate and introduce curricula for responding to ASA disclosures. These curricula should be gender-inclusive, culturally competent, and 2SLGBTQ+ affirming. They should also emphasize the importance of examining personal biases and internalized male rape myths.

There is also a need for practitioners to incorporate strategies and interventions that explore and address masculinity norms as part of therapy with male clients. Such interventions may similarly require additional cultural, queer, and trans competency to accurately and supportively respond to the differing or compounding effects of masculinity norms among minoritized victims. In this vein, new and updated services and research should emphasize the need for racially, sexually, and gender diverse representation and competency among practitioners to reduce barriers to support for minoritized victims.

### ***Individual Considerations and Community Collaboration***

To begin to counteract the invisibility of male ASA from dominant discourse, counsellors can share or interact with empirical information about male ASA. Counselling psychologists offering gender-inclusive trauma therapy for male victims of ASA may also advertise services to male victims online or in public spaces (Lynch et al., 2018). They may also participate in public speaking engagements, provide training or supervision, or share information on professional websites. When high profile cases involving male victims of ASA receive public attention, such as the recent allegations against rapper and producer, Sean “Diddy” Combs (United States v. Combs, 24 Cr.), or Abercrombie & Fitch CEO, Mike Jeffries and affiliates (United States v. Smith, 23 Cr.), counselling psychologists may engage with this discourse in small or public circles to increase social awareness and the visibility of male rape.

Like any other citizen, counselling psychologists may engage in social activism and justice efforts (Depraetere et al., 2020; Singh et al., 2023) by attending protests or town hall meetings; voting and calling their local representatives; donating to fundraisers or services supporting diverse victims of sexual assault; volunteering; participating in 2SLGBTQ+

community events; partnering with Indigenous, trans, men's health, or other cultural community organizations; and advocating for more public funding for gender-inclusive services.

Finally, greater collaboration between community, criminal justice, and health care services may reduce the discrimination and isolation experienced by male and gender diverse victims of ASA as well as improve treatment outcomes (Kosa et al., 2024; Saad et al., 2020). Kosa et al. (2024) suggests that this collaboration could be facilitated by more health care professionals using their privilege to advocate for trans and diverse victims of ASA and attending in-person meetings and community events.

### **Treatment Recommendations**

When it comes to treatment, counselling psychologists need to be aware of the unique long-term psychosocial consequences of sexual trauma for male victims (Petreca & Burgess, 2024; Thomas & Kopel, 2023). Understanding these consequences is especially important given male victims' significant risk for developing PTSD, suicidal behaviour, and low rates of disclosure (Blais et al., 2024; Du Mont et al., 2013; Ellis et al., 2020; Petreca & Burgess, 2024; Widanaralalage et al., 2022). Because male victims may not seek trauma therapy specifically, psychosocial consequences and compensatory behaviours may serve as the earliest indicators of underlying sexual trauma. Additionally, the high rates of suicidal ideation and suicide attempts represented by male victims of ASA highlights the importance of careful risk assessment and safety planning when working with this population (Lynch et al., 2018; Nicholas et al., 2022; Walker et al., 2005).

Although the focus of this paper has been on the barriers to disclosure and treatment, the literature examined also provides some insight into the facilitators of positive disclosure and treatment experiences for male victims. Overall, treatment recommendations for this population

are limited by a significant gap in the literature examining the efficacy of different treatment modalities for supporting male and gender diverse victims of ASA. However, taking the existing data into consideration with the literature on military sexual assault (MSA), CSA, and female ASA provides some valuable insights for counselling psychologists.

### **Creating Therapeutic Conditions for Disclosure**

The therapeutic relationship is a critical component of treatment and is often considered more important than approach or modality (Alessi et al., 2019; Flückiger et al., 2012). Due to the numerous barriers to treatment and the significant risks of secondary victimization, there are unique factors to consider for building a strong and trusting therapeutic alliance conducive to positive disclosure and recovery for male victims of ASA (Easton et al., 2014; Ellis et al., 2020).

In Jackson et al. (2017), every participant had at least one experience of a negative disclosure, but many highlighted the value of positive disclosures to their recovery. When the participants were asked what conditions contributed to positive disclosures, themes regarding the qualities, skills, and knowledge of the person receiving the disclosure emerged. Some of these themes included empathetic listening, adequate knowledge about male sexual assault and available services, being affirming of their sexuality, genuine validation, encouragement, nonjudgement, and follow-ups after the disclosure. The authors found that these qualities made victims feel less isolated, comforted, and more likely to disclose again or access services.

In psychotherapy specifically, participants described how positive disclosure supported their recovery through facilitating meaning-making, the development of healthy coping strategies, and empowering them to participate in advocacy (Jackson et al., 2017). Similar themes were addressed by participants from Ellis et al., (2020) and Widanaralalage et al. (2022),

who emphasized the value of feeling understood and believed by their therapists for their symptom recovery.

Strong therapeutic relationships are also built over time. In Donne et al. (2018), participants reported being more likely to attend general mental health services than sexual assault services specifically. Those participants highlighted being more likely to disclose their ASA experience once they had established a good relationship with their counsellor. However, participants in Ellis et al. (2020) found it particularly harmful when they felt comfortable enough to disclose, and their counsellors demonstrated discomfort or avoidance of sexual assault narratives and more detailed accounts of trauma. Taken together, these results stress the need for counselling psychologists, regardless of their specialty area, to be trauma-informed, knowledgeable about male ASA, and prepared to respond appropriately to disclosures.

### **Taking a Trauma-Informed Approach**

The World Health Organization (WHO; 2013) and the American Psychological Association (APA; 2017) have provided guidance on recommended evidence-based trauma-focused therapies (TFTs) for PTSD. The WHO (2013) emphasizes the empirical benefits of trauma-informed cognitive behavioural therapy (TF-CBT) and eye-movement desensitization and reprocessing (EMDR) as first-line treatments. The APA (2017) recommends CBT, cognitive processing therapy (CPT), and prolonged exposure (PE) as first-line treatments, and cognitive therapy (CT), narrative exposure therapy (NET), EMDR, and pharmacological treatment as second-line interventions.

Research examining the efficacy of these modalities for treating victims of sexual assault and interpersonal violence have demonstrated how TF-CBT, EMDR, PE, and NET support a reduction in anxiety, depression, sleep disturbances, somatization, disruptions to family life, and

other common trauma symptoms (Belleville et al., 2018; Gonçalves et al., 2025; Haugen et al., 2025; Miles et al., 2024). However, there is a critical gap in the literature examining or comparing the efficacy of these TFTs for addressing trauma symptoms among male victims of ASA specifically.

### ***Treatment Retention with Traumatized Clients***

When considering TFTs for male victims of ASA, treatment retention becomes another critical factor. The literature on TFTs identifies high drop-out rates as a notable concern for treating PTSD (Edwards-Stuart et al., 2021; L. Hendriks et al., 2018; Hundt et al., 2020; Imel et al., 2013; Wells et al., 2023). However, much of the research examining these high drop-out rates, focuses on PTSD treatment retention with veterans.

Within this research, the impact of gender and sexual assault victimization on treatment retention is unclear, as the limited existing research demonstrates inconsistencies. For instance, Eftekhari et al. (2013) found that veterans who experienced MSA were significantly more likely to drop out of treatment, with the highest dropout rate represented by female veterans with MSA trauma. Whereas Park et al. (2025) and Tiet et al. (2015), observed no significant interaction between gender, MSA, and treatment retention in PTSD treatment. In Sexton et al. (2024), the authors hypothesized that discrimination and minority stress factors may contribute to higher dropout rates among sexual and gender minority victims of MSA. Instead, the authors observed that they were more likely to complete treatment compared to cisgendered, heterosexual victims.

Factors that have been more conclusively related to high treatment dropout rates include logistical factors like timing or scheduling, as well as factors related to the therapy itself (Eftekhari et al., 2013; Hundt et al., 2020; Wells et al., 2023). Therapeutic factors include issues related to the therapeutic alliance, lack of client buy-in, or the client's perception that therapy is

too hard or worsening their symptoms. The mixed findings on the impact of gender, sexuality, and sexual assault status on PTSD treatment drop-out rates ultimately requires further investigation. Similarly, there is a need to examine how the structural and therapeutic factors influencing drop-out rates may interact with the existing barriers to disclosure and help-seeking for male victims of ASA or differ by modality.

Furthermore, among cisgendered male and female veterans in PTSD treatment, Park et al. (2025) observed that participants processing sexual assault took longer to habituate to treatment and demonstrate a reduction in PTSD symptomology. These findings highlight the complexity of treating sexual assault and suggest that TFTs may require extended treatment timelines with victims of ASA. The implications of these findings for male and gender diverse victims of ASA should be considered by counselling psychologists for treatment and future research.

### ***Additional Interventions for Consideration***

Mindfulness, meditation, grounding techniques, art therapy, and equine assisted therapy, are additional models and interventions that emerge as potentially beneficial for reducing trauma symptoms among male victims of ASA. For instance, mindfulness, grounding, and meditation strategies have been found to reduce symptoms associated with PTSD, depression, interpersonal violence victimization, and substance use disorders (Chiesa & Serretti, 2014; Gallagos et al., 2020; Garner et al., 2021; Hilton et al., 2017; Legenbauer et al., 2024).

People recovering from trauma or PTSD often have significant difficulty describing or talking about their traumatic experiences (Kaimal et al., 2018; Van der Kolk, 2015). Group facilitated art therapy has been indicated to be beneficial in studies with veterans and adults with PTSD, as it enables the processing of nonverbal trauma memories and supports reducing experiences of social isolation (Kaimal et al., 2018; Schnitzer et al., 2021; Wang et al., 2025). In

Peterson and Plantin (2019), male victims of ASA reported that artistic expression—such as creative writing, poetry, journaling, and making music—were important aspects of their healing and self-care after sexual trauma.

Further, Bowen et al. (2024) illustrate the significant social value of art therapy for veterans and emergency service members. In the study, factors including improvements in mental and physical health, social relationships, and faster return to work, as well as reductions in social isolation and hospitalizations, were calculated in terms of their annual financial impact. Altogether, the authors observed a three to one return on investment, demonstrating the social value of funding art therapy programs.

Using similar rationale to art therapy and mindfulness interventions, there has been a recent increase in research on equine-assisted therapy for treating trauma symptoms (Arnon et al., 2020; Nelson et al., 2024). Jenson and Rotowsky (2021) is one such study that explored an equine-assisted therapy program for victims of sexual assault. In an entirely cisgendered female sample, participants received weekly therapy involving one hour of psychoeducation and discussion, followed by an hour and a half of guided mindfulness activities with horses. At the end of treatment, participants demonstrated positive emotional reactions, increased insight and self-awareness, and improved relationship skills through facing their fears and bonding with the horses. Because male victims experience similar emotional, cognitive, and relational consequences of sexual trauma, equine-assisted therapy may be similarly beneficial.

### **Gender-Informed Treatment and Interventions**

The literature on male ASA reveals a critical need to address hegemonic masculinity norms and male rape myths as part of therapy (Easton et al., 2014; Javaid, 2018; Peterson &

Plantin, 2019; Widanaralalage et al., 2022). Unfortunately, specific research and training on successful gender-informed interventions that does so are considerably limited.

The literature on addressing masculinity in therapy with men more broadly may provide insights for developing interventions that could support male victims of ASA. For instance, a case study by Jewkes et al. (2015) examined a gender-based pilot intervention in Sweden called the 'Macho Factory'. In this program, educational materials and activities were designed to critically engage young people in topics of masculinity norms and how they may be challenged. The materials focused on everyday situations to illuminate new approaches to those scenarios and effect change. Counselling psychologists may consider engaging in critical discussions about ordinary situations men find themselves in to illuminate the roles of gender norms in their behaviours and how they align with their personal values.

Heath et al. (2017) also provides insight into gender informed interventions. This study demonstrated a relationship between self-compassion and lower internalization of stigma and shame in a sample of college aged men. Higher levels of self-compassion were observed to buffer the relationship between adhering to masculine norms and likeliness to disclose mental health struggles and seek mental health support. The authors argue the use of meditation focusing on self-compassion may be particularly beneficial for reducing shame and stigma. How meditation or other self-compassion focused interventions could support male victims of ASA may be a valuable future direction for research on gender-informed care.

### ***Peer Support, Group, and Community-Based Interventions***

In Ellis et al. (2020) group therapy and peer support were the most cited beneficial components of mental health treatment by male victims. Given that masculinity is constructed and negotiated relationally among men (Eggenberger et al., 2022; McManaman Tyler, 2024), the

group therapeutic environment may be particularly conducive to addressing the impact of masculinity on male victims. Group therapy and peer support offer male victims of ASA the opportunity for reprieve from the isolating effect of male rape myths and the invisibility of male ASA from dominant discourse (Ellis et al., 2020; Fradkin & Struve, 2017; Thomas & Kopel, 2023). These dynamics further support reducing the shame and stigma associated with male ASA through normalization, shared experience, and nonjudgement from peers.

Successful group therapy should support developing male bonds in which vulnerability and emotional expression grant access to deepened social relationships among participants (Ellis et al., 2020; Fradkin & Struve, 2017; Thomas & Kopel, 2023). Counselling psychologists may also consider the benefits of diverse representation in group therapy, and the opportunity for male victims to explore the different ways masculinity interacts with sexual assault victimization at the intersection of race/ethnicity, sexuality, and gender-identity (Widanaralalage et al., 2024; Vogel et al., 2011).

2SLGBTQ+ community connectedness and social support have also been demonstrated as critical factors contributing to resiliency and moderating the mental health impacts of minority stress, internalized homophobia, and transphobia (Bariola et al., 2015; Grocott et al., 2023; Hong et al., 2023; Kertzner et al., 2009; Singh & McKeroy, 2011). However, racialized individuals face additional barriers to 2SLGBTQ+ community involvement rooted in culture-specific masculinity norms and homophobia (Hong et al., 2023; Reuel Friedman et al., 2019; Widanaralalage et al., 2024). These barriers must be considered by counselling psychologists regarding culturally competent group work and referrals to community support networks.

As mentioned previously, intersectoral collaboration between public health, mental health, and community networks are an important consideration for supporting gender diverse

victims of ASA (Kosa et al., 2024; Saad et al., 2020). Through intersectoral collaboration, counselling psychologists can increase their cultural competency, begin to address barriers to treatment for diverse male and trans victims of ASA, and create bridges to social relationships, community services, and continuity of care.

Ultimately, the absence of research on treatment and interventions for male victims of ASA specifically, requires counselling psychologists to critically evaluate the literature in consideration with their client's unique needs. This may be especially true for male clients that do not seek out sexual assault or trauma services specifically. Thus, rather than one specific modality, taking a trauma-informed and flexible approach that emphasises the therapeutic relationship and nonjudgement is of salient importance.

### **Directions for Future Research**

This review reveals several directions for future research on male ASA with implications across methodological, intersectional, systemic, sociocultural, and treatment dimensions. To begin to address the invisibility of male ASA from dominant discourse, more qualitative, quantitative, longitudinal, and diverse research is needed overall.

### **Addressing Barriers to Disclosure and Treatment**

As outlined in the previous sections, future research should explore and address structural, systemic, and sociocultural barriers that exist in health care, public and private mental health services, and the criminal justice system. This research should examine and draw attention to gaps in gender-inclusive services in urban and rural areas, service provider training, social policy, public funding, intersectoral collaboration, cultural competency, and social advocacy.

### **Detecting Accurate and Inclusive ASA Prevalence**

There is a need for more consistent and inclusive definitions of male ASA in research to more accurately and representationally assess the prevalence of male victimization (Craner et al., 2015; Depraetere et al., 2020; Lowe, 2018; Peterson et al., 2011). These definitions should be inclusive of male victims' experiences, utilize behaviour-specific questions, and account for a broader spectrum of gender and sexuality when it comes to perpetration, interpersonal violence, and stranger and acquaintance sexual assault.

Future research needs to address the significant gap in representative and diverse samples within male ASA research. This limitation reflects broader systemic issues in psychological research, where cisgender White men remain overrepresented and positioned as the norm from which all others are compared. Addressing this gap is essential, as the risk of being victimized is disproportionately high for individuals with intersecting marginalized identities (Abern et al., 2023; Coulter et al., 2017; Hatch & Dohrenwend, 2007; Jaffray, 2018; Staples & Fuller, 2021).

There is also a need for the development and implementation of sampling strategies designed to engage diverse populations. Doing so, means contending with the history of unethical, discriminatory, and exploitative research on minoritized communities, which has contributed to individuals' legitimate distrust of academic research (Alessi et al., 2019; Shea et al., 2022; Wright et al., 2025). Researchers examining male ASA among marginalized victims must consider engaging in genuine community partnerships to promote trust and demonstrate authentic commitment to benefiting the population being studied.

### **Intersectional Research**

More research is needed exploring the impacts of minority stress on marginalized victims of ASA and the implications for treatment and mental health outcomes. Intersectional research examining unique barriers and facilitators to treatment for marginalized male victims, as well as

the state and efficacy of existing support services for these populations is critical. Because intersectionality demonstrates the unique compounded effects of having multiple oppressed identities, research at each intersection of gender identity, sexuality, race, ethnicity, socioeconomic status, and ability should be explored.

Future researchers should also address methodological limitations in the existing research on racialized and gender diverse victims of ASA. For instance, research on trans victims of ASA are impacted by methodological limitations that either exclude trans individuals entirely, include only trans men or trans women while excluding gender diverse or non-binary individuals (Beckman et al., 2018; Donne et al., 2018), or group all trans people into a single category within analyses, obscuring any differentiation between diverse gender identities (Coulter et al., 2017; Langenderfer-Magruder et al., 2016). Analogous limitations exist in research examining male and gender diverse ASA among racialized sexual victims. Racial, ethnic, and cultural identities are similarly often grouped into a single category for generalized analysis, resulting in a gap in specific intersectional considerations (Jaspal et al., 2017; Widanaralalage et al., 2024). Researchers should consider larger, diverse, representational, and inclusive sample sizes for comparative group research, in addition to studies examining specific cultures individually.

### **Gender-Informed Care**

To begin to address the gap in adequate gender-informed care for victims of ASA, future research is needed on gender-specific treatment considerations. This should include exploring and comparing TFTs for reducing trauma symptoms among male and gender diverse victims of ASA, as well as the benefits of individual, peer support, and group therapy treatment structures. Unique cultural and intersectional considerations for adapting existing treatments for diverse or marginalized male victims should also be identified.

Furthermore, Petreca and Burgess (2024) argue that clinicians should consider developing and implementing trauma-informed sexual trauma screening for use with male clients. Because male victims are more likely to delay disclosure and less likely to seek out sexual assault-specific services, these screening methods may support early identification of underlying sexual trauma among males seeking general mental health or substance addiction services. Research should explore the potential benefits or consequences of early detection methods for the therapeutic relationship and treatment outcomes.

There is similarly a need for the development and critical assessment of gender-specific interventions that address the shaming, silencing, and stigmatizing impacts of hegemonic masculinity and male rape myths. This research must consider how hegemonic masculinity is a standard specific to time and place (Connell & Messerschmidt, 2005)—meaning that psychologists need to be aware of cultural shifts in masculinity norms and consider societal level changes in the way people interact with them.

Although the internet may increase access to services for some male victims (Easton et al., 2014; Thomas & Kopel, 2023), it can also serve as a platform to perpetuate shame, stigma, and male rape myths. For example, Ging (2019) explored how the internet, social media, and algorithms create social environments where misinformation, hate, and hegemonic masculinity are amplified through algorithmic bias, social anonymity, and echo chambers. These findings highlight the importance of not only examining the role of masculinity on treatment outcomes, but how harmful masculine scripts are socially reinforced outside the context of therapy.

Research on homophobic rape, transphobic rape, and hate crime theories of male sexual assault further illuminates this need (Bedford et al., 2023; Gauthier et al., 2021; Javaid, 2018; Miller & Grollman, 2015; Mujugira et al., 2021; Staples & Fuller, 2021). These studies

demonstrate how adherence to hegemonic gender roles, perceived threats to masculinity, and compensatory policing of gender—in virtual and in-person social contexts—contribute to gender-based violence and sexual assault perpetration. Ultimately, more research is needed examining the impacts of these social factors on male and trans ASA perpetration to illuminate preventative interventions and strategies for gender-informed care with ASA perpetrators.

### **Male ASA in Popular Culture**

Finally, future research should examine the recent increase in mainstream depictions of male ASA in popular culture mentioned in the introduction of this paper. These studies may consider the use of discourse analysis to identify male rape myths, hegemonic masculinity, or other themes in online discourse related to shows, films, or high-profile court cases depicting male ASA. The increase in support seeking observed by Lipson (2024) after the release of *Baby Reindeer* (Gadd, 2024), provides a direction for future studies to explore potential relationships between male ASA representation in media, disclosure, and treatment seeking behaviour.

### **Reflexive Self-Statement**

At many points throughout writing my capstone research project, I feared that I was writing a sociology paper instead of a counselling psychology paper. Throughout my master's program, I have observed and reflected on how my undergraduate degree in sociology has not only shaped my worldview, but my tendency to conceptualize trauma through a social and systemic framework. What I have learned from this exhaustive writing endeavor, is how this lens is an important asset with considerations for ethical and trauma-informed clinical practice.

### **Ethical Considerations**

The dominant discourse on male victims of ASA and the implications for treatment seeking pose critical ethical considerations for counselling psychologists. Male rape myths and

the gendered construction of ASA not only contribute to the lack of inclusive services and amplify treatment barriers for male victims but also place counselling psychologists at direct risk of causing harm through secondary victimization. When clinicians unconsciously subscribe to male rape myths they may respond to disclosures with disbelief, inappropriate questioning, or minimization. Even well-intentioned practitioners may inadvertently perpetuate harm by failing to recognize the unique presentations of male trauma, lacking cultural competency, misattributing symptoms to other causes, or applying treatment frameworks designed exclusively for female victims.

Taking steps to engage in intersectional cultural competency is not merely an aspirational goal, but an ethical imperative. Ultimately, the absence of such competency risks transforming the therapeutic space from a site of healing into another location where male victims experience invalidation and harm. Beyond direct clinical encounters, counselling psychologists who remain uninformed about male ASA risk contributing to the societal invisibility that keeps male victims isolated and ashamed. Critical consideration of ethical principles and guidelines provide insights into steps facilitatory of this call to action.

### ***Responsible Caring***

The principle of responsible caring in the Code of Ethics for Psychologists (Canadian Psychological Association, 2017) encompasses the duty for practitioners to ensure that they are respectful and competent professionals seeking to maximize benefits and minimize harms for those they serve. Ethical codes and research provide numerous insights and recommendations for upholding this principle while working with victims of ASA. For instance, counsellors must evaluate their knowledge on male ASA and male rape myths—as well as their own self-knowledge, experiences, and biases—with critical consideration as to how they may contribute

to victims' trauma or the proliferation of these myths. Biases and gaps in their knowledge may be addressed by engaging with up-to-date literature and training on gender-inclusive ASA and intervention methods.

In cases of receiving a disclosure, counsellors may seek out supervision or consult with a specialized professional (Canadian Psychological Association, 2017). Supervision and consultation may further support ethical decision-making about continuing treatment or considering referrals in accordance with responsible caring.

### ***Vicarious Trauma and the Need for Self-Care***

Research on responding to disclosures of ASA demonstrate significant risks for counselling psychologists and their capacity for responsible caring. These risks include high rates of occupational stress, burnout, countertransference issues, vicarious trauma, and secondary trauma symptoms (Hiroshima et al., 2025; Maier, 2024; Padmanabhanunni & Gqomfa, 2022; Ullman, 2025). Vicarious trauma describes how mental health professionals' may experience changes to their beliefs and worldview due to sustained empathic exposure to client's trauma narratives (Ullman, 2025). When this prolonged exposure to other people's trauma leads to experiencing PTSD symptoms—such as flashbacks, mood changes, or intrusive thoughts—this is called secondary traumatic stress.

It is critical for counselling psychologists working with victims of ASA to take care of themselves and their wellbeing. This may look like engaging in self-care strategies such as journaling, painting, cooking, playing music, taking vacations, getting consistent exercise, or relying on social support systems (Maier, 2024). Ullman (2025) emphasizes the importance for future counsellors to receive adequate training on self-care strategies, as well as adequate supervision to reduce the risks of burnout and harmful countertransference reactions.

### *Cultural Competency*

Responsible caring also encompasses considerations for cultural competency (Canadian Psychological Association, 2017). Cultural competency means committing to an ongoing multidimensional process of learning and practicing how to deliver care that is responsive to clients' cultural identity (Chu et al., 2022). Counselling psychologists providing treatment to male victims of ASA must consider the intersections of culture, ethnicity, gender, and sexuality, as well as how membership to one or more of these groups may uniquely inform client symptoms, interventions, and treatment outcomes.

An intersectional approach to cultural competency also means evaluating how the counselling psychologist's social location and position of power may influence the therapeutic relationship and barriers to disclosure. Because inadequate cultural competency and fears of discrimination have been identified as one of these barriers by minoritized victims (Fields et al., 2015; Hong et al., 2023; Jacobson Lopez & Garcia, 2024; Jaspal et al., 2017), counselling psychologists must consider their role in addressing and integrating cultural factors into treatment.

Lee et al., (2022) provide a practical framework for how this may be approached. The authors recommend that counselling psychologists take deliberate actions to acknowledge and understand how cultural factors and systemic oppression interact with client's presenting concerns. This includes explicitly discussing the therapist's social location and position of privilege with the client to invite intentional cultural discussion in therapy. This open discussion creates space to consider how cultural factors and discrimination interact with trauma responses, and facilitates integrating cultural considerations into treatment, rather than overlooking or dismissing them. For counselling psychologists working with victims of ASA who may be

delaying disclosure, these practical steps may minimize barriers by fostering trust and strengthening the therapeutic alliance.

### ***Social Advocacy***

The ethical principle of responsibility to society encompasses the need for counselling psychologists to address and dismantle barriers to support for male victims of ASA. Under this section of the Code of Ethics, psychologists are called to be informed, speak out, and act against matters of social injustice (Canadian Psychological Association, 2017). To do so, counsellors may engage in many forms of social advocacy addressed previously in this paper.

When engaging in social activism, counseling psychologists must consider how their actions uphold the other ethical principles including respect for the dignity of persons and people, responsible caring, and integrity in relationships (Canadian Psychological Association, 2017). For instance, one must consider how information shared online, and other forms of advocacy, may be misinterpreted or misattributed to harm vulnerable persons (Bradey & Crockett, 2024; Canadian Psychological Association, 2017; Warner et al., 2020). To address these risks, counselling psychologists may seek consultation and engage critically with the ethical codes and standards of practice guidelines of their regulatory institutions.

### **Personal Learning and Takeaways for Future Counselling Practice**

Adult male sexual assault is not a typical dinner conversation, and I have been able to hear echoes of male rape myths in discourse with family and friends when they ask about my topic. Their perplexed responses served as an invitation to highlight some of the myths potentially circling behind their mixed expressions. Muffling the urge to keep the conversation light, I explained my perspective on why it is important to shift the gendered way we talk about sexual assault.

I described how most people—including myself prior to this paper—immediately think of a woman when they hear the phrase ‘sexual assault victim’. When a man experiences sexual assault, this immediate thought imposes a gendered filter to how they see themselves, how they conceptualize their experience, and how they will be perceived by others. So, at the start, I wanted to write a paper examining the gendered way we talk about sexual assault in our culture and the influence this has on male victims and their ability to talk about it or access support.

However, when I read the literature that took an intersectional position on this gendered effect—looked at how the lenses of racism, socio-economic status, homophobia, and transphobia contributed to sexual victimization rates and the barriers for those victims—I realized how effective the myth that sexual assault is something that only happens to women is at obscuring the full scope of the issue and its relationship to power.

If sexual assault is examined as an act of power over another, then actions to address the issue of sexual assault must account for the sociocultural and political mechanisms by which power is distributed and withheld (DeJong et al., 2020; Groth & Burgess, 1980; Hickson et al., 1994; Javaid, 2018; Peterson & Plantin, 2019). Ultimately, by predominantly focusing on cisgendered female victims of sexual assault, we limit the scope of our response, contribute to the invisibility of male rape, and maintain existing power structures that disproportionately disadvantage multiply marginalized individuals.

Therefore, what I have taken away from over a thousand hours of reading, writing, and rewriting this paper, is a humbling reminder to check my biases and keep learning. As a white, cisgendered woman embarking on a career that allots me a particular position of power, I am reminded to be weary of how left unchecked, my social justice lens can lead to self-righteousness and ultimately harm the people I aim to support. Continued education has played a pivotal role in

shaping my worldview, and I have reflected a lot throughout this project on what education and social activism mean in a career in counselling psychology.

What I have come up with is this: Examining dominant discourse through a trauma-informed lens means understanding how much our socialization and social location shape our experiences of trauma and access to services. Thus, it is my role as a mental health service provider to be a part of addressing this impact. I continue to learn that change can happen through uncomfortable dinner conversations about male sexual abuse, and that the media I interact with and share matters. I can learn to acknowledge my position of privilege with clients and invite discussions of culture and oppression into trauma therapy. I can never take enough training on cultural competency and decolonizing approaches to therapy—and I can share and apply what I have learned in my approach, my research, and my community.

### **Conclusion**

The literature on male rape myths reveals how stigma and stereotypes dispelled in dominant discourse serve to systematically silence and marginalize male victims of ASA. Male rape myths that deny the existence of male rape, blame victims, suggest that male victims would be less traumatized, and assume the sexuality of perpetrators and victims of ASA, reveal harmful cultural narratives with observable consequences (DeJong et al., 2020; Struckman-Johnson and Struckman-Johnson, 1992). Male victims who internalize these myths are less likely to perceive themselves as victims or disclose their experiences, and are more likely to blame themselves, question their sexuality, fear discrimination, and engage in harmful compensatory behaviours (Hlavka, 2017; Mezey & King, 1989; Peterson et al., 2011; Petreca & Burgess, 2024).

Assessing accurate ASA prevalence rates remains challenging due to methodological inconsistencies, stigma, and other systemic barriers to reporting (Coulter et al, 2017; Mitra,

2016; Peterson et al., 2011). This review demonstrated how these factors are exacerbated by hegemonic masculinity, leading to even lower reporting for male victims. Furthermore, emerging intersectional research on ASA prevalence rates reveals how individuals with multiple marginalized identities are at greater risk of ASA victimization compared to White, heterosexual, cisgendered men and women (Spengler et al., 2023; Staples & Fuller, 2021; Widanaralage et al., 2024).

This systematic review is constrained by significant limitations that reflect the broader under researched nature of male ASA and the influence of dominant discourse. Most significantly, there remains minimal research examining male ASA across diverse intersections of race, gender identity, disability, socioeconomic status, and sexuality—with most existing studies relying on samples that lack representational diversity. Ultimately, this gap in the literature limits the strength and generalizability of the conclusions drawn in this review, while simultaneously highlighting the critical need for more inclusive research applying intersectional and minority stress approaches to investigating ASA.

Without adequate intersectional knowledge on male ASA, cultural competency, or appropriate evaluation of personal biases, counselling psychologists risk causing secondary victimization—the traumatizing impacts of being disbelieved, blamed, or dismissed during a disclosure of sexual assault (Campbell et al., 2001). Additionally, this paper demonstrates how psychologists who remain uninformed about male ASA risk contributing to the invisibility of male rape and the resulting silencing, stigmatizing, and shaming effects. Therefore, applying a radical feminist and intersectional approach to working with male and masculine clients not only means integrating gender-informed and intersectional knowledge, assessment, and treatment

measures, but advocating for social and systemic changes that promote equitable access to treatment and wellbeing.

It is not the intention of this paper to imply that the consequences of ASA are worse for male victims, or to suggest that existing funding for sexual assault services be reallocated. Instead, the intention is to illuminate how the dominant gendered discourse about sexual assault in Western culture systematically undermines the full scope of the problem. When examined through an intersectional feminist framework, it becomes evident that these effects are rooted in hegemonic and patriarchal constructions of power and masculinity that maintain the narrative that sexual assault is a women's issue. This paper has demonstrated how this narrative contributes to a lack of gender-inclusive services, amplifies barriers to disclosure, and exacerbates minority stress factors for male and diverse victims.

Finally, future research should consider examining the role of gender, power, and patriarchy in dominant discourse on ASA perpetration. This does not mean ignoring female perpetrated sexual assault, either. Rather, it means identifying the underlying hierarchical systems of privilege in dominant society that systematically contribute to ASA perpetration and limited ASA prosecution. Ultimately, there exists a need for a categorical shift in the way society constructs sexual assault. By reconstructing sexual assault as violence that effects everyone regardless of gender, it becomes everyone's role to be a part of the solution.

## References

- Abern, L., Diego, D., Krempasky, C., Cook, J., & Maguire, K. (2023). Prevalence of sexual assault in a cohort of transgender and gender diverse individuals. *Journal of General Internal Medicine*, 38(5), 1331–1333. <https://doi.org/10.1007/s11606-022-07900-y>
- Ackerly, B., & True, J. (2008). Reflexivity in practice: Power and ethics in feminist research on international relations. *International Studies Review*, 10(4), 693–707. <https://doi.org/10.1111/j.1468-2486.2008.00826.x>
- Agar, K., Read, J., & Bush, J.-M. (2002). Identification of abuse histories in a community mental health centre: The need for policies and training. *Journal of Mental Health*, 11(5), 533–543. <https://doi.org/10.1080/09638230020023886>
- Alejandro, A. (2021). Reflexive discourse analysis: A methodology for the practice of reflexivity. *European Journal of International Relations*, 27(1), 150–174. <https://doi.org/10.1177/1354066120969789>
- Alessi, E. J., Dillon, F. R., & Van Der Horn, R. (2019). The therapeutic relationship mediates the association between affirmative practice and psychological well-being among lesbian, gay, bisexual, and queer clients. *Psychotherapy*, 56(2), 229–240. <https://doi.org/10.1037/pst0000210>
- American Psychological Association. (2017). *Clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults* [PDF]. <https://www.apa.org/ptsd-guideline/ptsd.pdf>
- Argento, E., Taylor, M., Jollimore, J., Taylor, C., Jennex, J., Krusi, A., & Shannon, K. (2018). The loss of boystown and transition to online sex work: Strategies and barriers to increase

- safety among men sex workers and clients of men. *American Journal of Men's Health*, 12(6), 1994–2005. <https://doi.org/10.1177/1557988316655785>
- Arnon, S., Fisher, P. W., Pickover, A., Lowell, A., Turner, J. B., Hilburn, A., Jacob-McVey, J., Malajian, B. E., Farber, D. G., Hamilton, J. F., Hamilton, A., Markowitz, J. C., & Neria, Y. (2020). Equine-assisted therapy for veterans with PTSD: Manual development and preliminary findings. *Military Medicine*, 185(5–6), e557–e564. <https://doi.org/10.1093/milmed/usz444>
- Bariola, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Public Health*, 105(10), 2108–2116. <https://doi.org/10.2105/ajph.2015.302763>
- Beckman, K., Shipherd, J., Simpson, T., & Lehavot, K. (2018). Military sexual assault in transgender veterans: Results from a nationwide survey. *Journal of Traumatic Stress*, 31(2), 181–190. <https://doi.org/10.1002/jts.22280>
- Bedford, C. E., Trotter, A. M., Potter, M., & Schmidt, N. B. (2023). Minority stress and mental health in lesbian, gay, bisexual, transgender, and queer survivors of sexual assault. *Journal of Traumatic Stress*, 36(6), 1031–1043. <https://doi.org/10.1002/jts.22970>
- Belleville, G., Dubé-Frenette, M., & Rousseau, A. (2018). Efficacy of imagery rehearsal therapy and cognitive behavioral therapy in sexual assault victims with posttraumatic stress disorder: A randomized controlled trial. *Journal of Traumatic Stress*, 31(4), 591–601. <https://doi.org/10.1002/jts.22306>

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219–234.

<https://doi.org/10.1177/1468794112468475>

Berishaj, K., Morrissey, S., & Kennedy, M. M. (2025). Sexual assault nurse examiner knowledge and confidence in providing care for transgender patients following sexual assault. *Journal of Interpersonal Violence, 40*(11–12), 2449–2466.

<https://doi.org/10.1177/08862605241270062>

Blais, R. K., Tannahill, H. S., & Cue Davis, K. (2024). Sexual risk taking among survivors of U.S. military sexual assault: Associations with PTSD symptom severity and alcohol use. *The Journal of Sex Research, 61*(5), 683–690.

<https://doi.org/10.1080/00224499.2023.2232803>

Bogen, K. W., Bleiweiss, K. K., Leach, N. R., & Orchowski, L. M. (2021). #MeToo: Disclosure and response to sexual victimization on twitter. *Journal of Interpersonal Violence, 36*(17–18), 8257–8288. <https://doi.org/10.1177/0886260519851211>

Bowen, H., Hutchinson, C., Kernot, J., Baker, A., Posselt, M., & Boshoff, K. (2024). Social value of culturally informed art therapy for military and emergency services. *International Journal of Art Therapy, 29*(4), 205–214.

<https://doi.org/10.1080/17454832.2024.2313732>

Brennan, J., Kuhns, L. M., Johnson, A. K., Belzer, M., Wilson, E. C., & Garofalo, R. (2012). Syndemic theory and HIV-related risk among young transgender women: The role of multiple, cooccurring health problems and social marginalization. *American Journal of Public Health, 102*, 1751–1757. [doi:10.2105/ajph.2011.300433](https://doi.org/10.2105/ajph.2011.300433)

- Brienzo, M. J., & Galupo, M. P. (2021). Sexual intimate partner violence: Effects of prejudice toward bisexual and gay men on victim blame. *Journal of Bisexuality, 21*(4), 581–602. <https://doi.org/10.1080/15299716.2022.2031367>
- Brownmiller, S. (1993). *Against our will: Men, women, and rape* (1st Ballantine Books ed). Fawcett Columbine.
- Budd, K. M., Rocque, M., & Bierie, D. M. (2019). Deconstructing incidents of campus sexual assault: Comparing male and female victimizations. *Sexual Abuse, 31*(3), 296–317. <https://doi.org/10.1177/1079063217706708>
- Bullock, C. M., & Beckson, M. (2011). Male victims of sexual assault: phenomenology, psychology, physiology. *The Journal of the American Academy of Psychiatry and the Law, 39*(2), 197–205.
- Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology, 38*(2), 217-230. <https://doi.org/10.1037//0022-3514.38.2.217>
- Campbell, R., Wasco, S. M., Ahrens, C. E., Sefl, T., & Barnes, H. E. (2001). Preventing the “second rape”: Rape survivors’ experiences with community service providers. *Journal of Interpersonal Violence, 16*(12), 1239–1259. <https://doi.org/10.1177/088626001016012002>
- Calabrese, S. K., Earnshaw, V. A., Magnus, M., Hansen, N. B., Krakower, D. S., Underhill, K., Mayer, K. H., Kershaw, T. S., Betancourt, J. R., & Dovidio, J. F. (2018). Sexual stereotypes ascribed to Black men who have sex with men: An intersectional analysis. *Archives of Sexual Behavior, 47*(1), 143–156. <https://doi.org/10.1007/s10508-016-0911-3>

- Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2015). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma Violence Abuse*. [doi:10.1177/1524838015585318](https://doi.org/10.1177/1524838015585318)
- Chapleau, K. M., Oswald, D. L., & Russell, B. L. (2008). Male rape myths: The role of gender, violence, and sexism. *Journal of Interpersonal Violence*, 23(5), 600–615.  
<https://doi.org/10.1177/0886260507313529>
- Chiesa, A., & Serretti, A. (2014). Are mindfulness-based interventions effective for substance use disorders? A systematic review of the evidence. *Substance Use & Misuse*, 49(5), 492–512. <https://doi.org/10.3109/10826084.2013.770027>
- Chu, W., Wippold, G., & Becker, K. D. (2022). A systematic review of cultural competence trainings for mental health providers. *Professional Psychology: Research and Practice*, 53(4), 362–371. <https://doi.org/10.1037/pro0000469>
- Coates, L., & Wade, A. (2007). Language and violence: Analysis of four discursive operations. *Journal of Family Violence*, 22(7), 511–522. <https://doi.org/10.1007/s10896-007-9082-2>
- Cohen, C. (2014). *Male rape is a feminist issue*. Palgrave Macmillan UK.  
<https://doi.org/10.1057/9781137035103>
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19(6), 829–859. <https://doi.org/10.1177/0891243205278639>
- Conroy, S. (2024) Recent trends in police-reported clearance status of sexual assault and other violent crime in Canada, 2017 to 2022. *Statistics Canada*.  
<https://www150.statcan.gc.ca/n1/pub/85-002-x/2024001/article/00006-eng.htm>
- Coulter, R. W. S., Mair, C., Miller, E., Blosnich, J. R., Matthews, D. D., & McCauley, H. L. (2017). Prevalence of past-year sexual assault victimization among undergraduate

- students: Exploring differences by and intersections of gender identity, sexual identity, and Race/Ethnicity. *Prevention Science*, 18(6), 726-736. <https://doi.org/10.1007/s11121-017-0762-8>
- Craner, J. R., Martinson, A. A., Sigmon, S. T., & McGillicuddy, M. L. (2015). Prevalence of sexual trauma history using behaviorally specific methods of assessment in first year college students. *Journal of Child Sexual Abuse*, 24(5), 484–505. <https://doi.org/10.1080/10538712.2015.1026014>
- Crenshaw, K. (1989/1998). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. In A. Phillips (Ed.), *Feminism and politics*, 314-343. Oxford University Press. <https://doi.org/10.1093/oso/9780198782063.003.0016>
- Davies, M., & Boden, S. J. (2012). Examining the sexual preference effect in depicted male sexual assault. *Journal of Aggression, Conflict and Peace Research*, 4(3), 136–143. <https://doi.org/10.1108/17596591211244148>
- Davies, M., Pollard, P., & Archer, J. (2006). Effects of perpetrator gender and victim sexuality on blame toward male victims of sexual assault. *The Journal of Social Psychology*, 146(3), 275–291. <https://doi.org/10.3200/SOCP.146.3.275-291>
- Davies, M., & Rogers, P. (2006). Perceptions of male victims in depicted sexual assaults: A review of the literature. *Aggression and Violent Behavior*, 11(4), 367–377. <https://doi.org/10.1016/j.avb.2006.01.002>
- Davies, M., Walker, J., Archer, J., & Pollard, P. (2010). A comparative study of long-term psychological functioning in male survivors of stranger and acquaintance rape. *Journal of*

*Aggression, Conflict and Peace Research*, 2(4), 25–33.

<https://doi.org/10.5042/jacpr.2010.0534>

DeJong, C., Morgan, S. J., & Cox, A. (2020). Male rape in context: Measures of intolerance and support for male rape myths (MRMs). *Criminal Justice Studies*, 33(3), 195–212.

<https://doi.org/10.1080/1478601X.2020.1786278>

Department of Justice Canada. (1990). Sexual assault legislation in Canada an evaluation: Overview (Report No. 5). Department of Justice Canada.

Depraetere, J., Vandeviver, C., Beken, T. V., & Keygnaert, I. (2020). Big Boys Don't Cry: A critical interpretive synthesis of male sexual victimization. *Trauma, Violence, & Abuse*, 21(5), 991–1010. <https://doi.org/10.1177/1524838018816979>

Doherty, K., & Anderson, I. (2004). Making sense of male rape: Constructions of gender, sexuality and experience of rape victims. *Journal of Community & Applied Social Psychology*, 14(2), 85–103. <https://doi.org/10.1002/casp.765>

Donne, M. D., DeLuca, J., Pleskach, P., Bromson, C., Mosley, M. P., Perez, E. T., Mathews, S. G., 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. <https://doi.org/10.1177/1557988317740665>

Donnelly, D. A., & Kenyon, S. (1996). "Honey, we don't do men": Gender stereotypes and the provision of services to sexually assaulted males. *Journal of Interpersonal Violence*, 11(3), 441–448. <https://doi.org/10.1177/088626096011003009>

Du Mont, J., Friedman Burley, J., Hodgson, R., & Macdonald, S. (2022). Advancing trans-affirming practice to recognize, account for, and address the unique experiences and

- needs of transgender sexual assault survivors. *Health Promotion Practice*, 23(5), 749–752. <https://doi.org/10.1177/15248399211009183>
- Du Mont, J., Macdonald, S., White, M., & Turner, L. (2013). Male victims of adult sexual assault: A descriptive study of survivors' use of sexual assault treatment services. *Journal of Interpersonal Violence*, 28(13), 2676-2694. <https://doi.org/10.1177/0886260513487993>
- Easton, S. D., Saltzman, L. Y., & Willis, D. G. (2014). “Would you tell under circumstances like that?”: Barriers to disclosure of child sexual abuse for men. *Psychology of Men & Masculinity*, 15(4), 460–469. <https://doi.org/10.1037/a0034223>
- Edwards, K. M., Turchik, J. A., Dardis, C. M., Reynolds, N., & Gidycz, C. A. (2011). Rape myths: History, individual and institutional-level presence, and implications for change. *Sex Roles*, 65(11–12), 761–773. <https://doi.org/10.1007/s11199-011-9943-2>
- Edwards-Stewart, A., Smolenski, D. J., Bush, N. E., Cyr, B., Beech, E. H., Skopp, N. A., & Belsher, B. E. (2021). Posttraumatic stress disorder treatment dropout among military and veteran populations: A systematic review and meta-analysis. *Journal of Traumatic Stress*, 34(4), 808–818. <https://doi.org/10.1002/jts.22653>
- Efrat Efron, S., & Ravid, R. (2019). *Writing the Literature Review : A Practical Guide*. The Guilford Press.
- Eftekhari, A., Ruzek, J. I., Crowley, J. J., Rosen, C. S., Greenbaum, M. A., & Karlin, B. E. (2013). Effectiveness of national implementation of prolonged exposure therapy in veterans affairs care. *JAMA Psychiatry*, 70(9), 949. <https://doi.org/10.1001/jamapsychiatry.2013.36>

- Eggenberger, L., Komlenac, N., Ehlert, U., Grub, J., & Walther, A. (2022). Association between psychotherapy use, sexual orientation, and traditional masculinity among psychologically distressed men. *Psychology of Men & Masculinities*, 23(4), 384–398.  
<https://doi.org/10.1037/men0000402>
- 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. <https://doi.org/10.1023/B:JOTS.0000029263.11104.23>
- Ellis, S. J., Bailey, L., & McNeil, J. (2016). Transphobic victimisation and perceptions of future risk: A large-scale study of the experiences of trans people in the UK. *Psychology & Sexuality*, 7(3), 211–224. <https://doi.org/10.1080/19419899.2016.1181669>
- Ellis, A. E., Simiola, V., Mackintosh, M.-A., Schlaudt, V. A., & Cook, J. M. (2020). Perceived helpfulness and engagement in mental health treatment: A study of male survivors of sexual abuse. *Psychology of Men & Masculinities*, 21(4), 632–642.  
<https://doi.org/10.1037/men0000313>
- Fields, E. L., Bogart, L. M., Smith, K. C., Malebranche, D. J., Ellen, J., & Schuster, M. A. (2015). “I always felt I had to prove my manhood”: Homosexuality, masculinity, gender role strain, and HIV risk among young black men who have sex with men. *American Journal of Public Health*, 105(1), 122–131. <https://doi.org/10.2105/AJPH.2013.301866>
- Fisher, N. L., & Pina, A. (2013). An overview of the literature on female-perpetrated adult male sexual victimization. *Aggression and Violent Behavior*, 18(1), 54–61.  
<https://doi.org/10.1016/j.avb.2012.10.001>

- Flückiger, C., Del Re, A. C., Wampold, B. E., Symonds, D., & Horvath, A. O. (2012). How central is the alliance in psychotherapy? A multilevel longitudinal meta-analysis. *Journal of Counseling Psychology, 59*(1), 10–17. <https://doi.org/10.1037/a0025749>
- Forkus, S. R., Weiss, N. H., Goncharenko, S., Mammay, J., Church, M., & Contractor, A. A. (2021). Military sexual trauma and risky behaviors: A systematic review. *Trauma, Violence, & Abuse, 22*(4), 976–993. <https://doi.org/10.1177/1524838019897338>
- Foucault, M. (1981). *Power / knowledge: Selected interviews and other writings 1972 - 1977* (C. Gordon, Ed.). Pantheon Books.
- Foucault, M. (1980). Prison talk. In C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings, 1972-1977* (pp. 37-54). Pantheon Books.
- Gadd, R. (Creator). (2024). *Baby Reindeer* [TV series]. Clerkenwell Films; Netflix. <https://www.netflix.com/title/81219887>
- Foucault, M. (1972). *The archaeology of knowledge and the discourse on language* (A. M. Sheridan Smith, Trans.). Pantheon Books. (Original work published 1969)
- Fradkin, H., & Struve, J. (2017). Empowering male survivors to heal through community and peer connections. In R. B. Gartner (Ed.), *Healing Sexually Betrayed Men and Boys* (1st ed., pp. 93–118). Routledge. <https://doi.org/10.4324/9781315673226-6>
- Friedman, M. R., Bukowski, L., Eaton, L. A., Matthews, D. D., Dyer, T. V., Siconolfi, D., & Stall, R. (2019). Psychosocial health disparities among black bisexual men in the U.S.: Effects of sexuality nondisclosure and gay community support. *Archives of Sexual Behavior, 48*(1), 213–224. <https://doi.org/10.1007/s10508-018-1162-2>
- Galupo, M. P., Henise, S. B., & Mercer, N. L. (2016). “The labels don’t work very well”: Transgender individuals’ conceptualizations of sexual orientation and sexual identity.

*International Journal of Transgenderism*, 17(2), 93–104.

<https://doi.org/10.1080/15532739.2016.1189373>

- Gauthier, J., Medina, K., & Dierkhising, C. (2021). Analysis of hate crimes in transgender communities. *Journal of Hate Studies*, 17(2). <https://doi.org/10.33972/jhs.158>
- Garner, A. R., Shorey, R. C., Anderson, S., & Stuart, G. L. (2021). Alcohol use and aggression among men in residential treatment for substance use disorders: The moderating role of mindfulness facets. *Mindfulness*, 12(11), 2681–2692. <https://doi.org/10.1007/s12671-021-01730-5>
- Ging, D. (2019). Alphas, betas, and incels: Theorizing the masculinities of the manosphere. *Men and Masculinities*, 22(4), 638–657. <https://doi.org/10.1177/1097184x17706401>
- Gonçalves, M., Martinho, G., & Ghafoori, B. (2025). Trauma-focused treatments for victims of interpersonal violence: A comparison of treatment interventions and outcomes. *Psychotherapy Research*, 35(6), 918–931. <https://doi.org/10.1080/10503307.2024.2353890>
- Goodwin, S. L., Lints-Martindale, A., Carlson, A., Dean, M., Kinley, J., & Walker, S. (2023). A review of rural, remote, and northern competency in Canada: Cultural safety considerations for telepsychology and traditional psychological practice. *Journal of Rural Mental Health*, 47(4), 211–220. <https://doi.org/10.1037/rmh0000239>
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). Injustice at every turn: A report of the national transgender discrimination survey. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force
- Grocott, L. R., Schlechter, T. E., Wilder, S. M. J., O’Hair, C. M., Gidycz, C. A., & Shorey, R. C. (2023). Social support as a buffer of the association between sexual assault and trauma

- symptoms among transgender and gender diverse individuals. *Journal of Interpersonal Violence*, 38(1–2), 1738–1761. <https://doi.org/10.1177/08862605221092069>
- Groth, A. N., & Burgess, A. W. (1980). Male rape: Offenders and victims. *American Journal of Psychiatry*, 137(7), 806–810. <https://doi.org/10.1176/ajp.137.7.806>
- Guckenheimer, D. (2021). “What are we going to do with a penis in the room?”: Rape crisis centers and treatment of transgender survivors. In A. J. LeBlanc & B. L. Perry (Eds.), *Sexual and gender minority health* (Vol. 21, pp. 299–319). Emerald Publishing Limited. <https://doi.org/10.1108/S1057-629020210000021018>
- Hammond, L., Ioannou, M., & Fewster, M. (2017). Perceptions of male rape and sexual assault in a male sample from the United Kingdom: Barriers to reporting and the impacts of victimization. *Journal of Investigative Psychology and Offender Profiling*, 14(2), 133–149. <https://doi.org/10.1002/jip.1462>
- Hatch, S. L., & Dohrenwend, B. P. (2007). Distribution of Traumatic and Other Stressful Life Events by Race/Ethnicity, Gender, SES and Age: A Review of the Research. *American Journal of Community Psychology*, 40(3–4), 313–332. <https://doi.org/10.1007/s10464-007-9134-z>
- Haugen, T., Halvorsen, J. Ø., Friborg, O., Simpson, M. R., Mork, P. J., Mikkelsen, G., Elklit, A., Rothbaum, B. O., Schei, B., & Hagemann, C. (2023). Modified prolonged exposure therapy as Early Intervention after Rape (The EIR-study): Study protocol for a multicenter randomized add-on superiority trial. *Trials*, 24(1), 126. <https://doi.org/10.1186/s13063-023-07147-w>

- Heath, P. J., Brenner, R. E., Vogel, D. L., Lannin, D. G., & Strass, H. A. (2017). Masculinity and barriers to seeking counseling: The buffering role of self-compassion. *Journal of Counseling Psychology, 64*(1), 94–103. <https://doi.org/10.1037/cou0000185>
- Hendriks, L., Kleine, R. A. D., Broekman, T. G., Hendriks, G.-J., & Minnen, A. V. (2018). Intensive prolonged exposure therapy for chronic PTSD patients following multiple trauma and multiple treatment attempts. *European Journal of Psychotraumatology, 9*(1), 1425574. <https://doi.org/10.1080/20008198.2018.1425574>
- Hendriks, B., Vandenberghe, A. M.-J. A., Peeters, L., Roelens, K., & Keygnaert, I. (2018). Towards a more integrated and gender-sensitive care delivery for victims of sexual assault: Key findings and recommendations from the Belgian sexual assault care centre feasibility study. *International Journal for Equity in Health, 17*(1), 152. <https://doi.org/10.1186/s12939-018-0864-3>
- Henry, R. S., Perrin, P. B., Coston, B. M., & Calton, J. M. (2021). Intimate Partner Violence and Mental Health Among Transgender/Gender Nonconforming Adults. *Journal of Interpersonal Violence, 36*(7–8), 3374–3399. <https://doi.org/10.1177/0886260518775148>
- Hickson, F. C. I., Davies, P. M., Hunt, A. J., Weatherburn, P., McManus, T. J., & Coxon, A. P. M. (1994). Gay men as victims of nonconsensual sex. *Archives of Sexual Behavior, 23*(3), 281–294. <https://doi.org/10.1007/BF01541564>
- Hilton, L., Maher, A. R., Colaiaco, B., Apaydin, E., Sorbero, M. E., Booth, M., Shanman, R. M., & Hempel, S. (2017). Meditation for posttraumatic stress: Systematic review and meta-analysis. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(4), 453–460. <https://doi.org/10.1037/tra0000180>

- Hiroshima, N., Ogata, Y., Sasaki, M., Misumi, J., Matsuzaki, M., Ikeda, M., & Okubo, N. (2025). Association between mental health and professional quality of life among advocates for victims of sexual assault: A cross-sectional study. *BMC Public Health*, *25*(1), 949. <https://doi.org/10.1186/s12889-025-22115-6>
- Hlavka, H. R. (2017). Speaking of stigma and the silence of shame: Young men and sexual victimization. *Men and Masculinities*, *20*(4), 482–505. <https://doi.org/10.1177/1097184X16652656>
- Hundt, N. E., Ecker, A. H., Thompson, K., Helm, A., Smith, T. L., Stanley, M. A., & Cully, J. A. (2020). “It didn’t fit for me:” A qualitative examination of dropout from prolonged exposure and cognitive processing therapy in veterans. *Psychological Services*, *17*(4), 414–421. <https://doi.org/10.1037/ser0000316>
- Imel, Z. E., Laska, K., Jakupcak, M., & Simpson, T. L. (2013). Meta-analysis of dropout in treatments for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, *81*(3), 394–404. <https://doi.org/10.1037/a0031474>
- Jackson, M. A., Valentine, S. E., Woodward, E. N., & Pantalone, D. W. (2017). Secondary victimization of sexual minority men following disclosure of sexual assault: “Victimizing me all over again...”. *Sexuality Research & Social Policy*, *14*(3), 275-288. <https://doi.org/10.1007/s13178-016-0249-6>
- Jacobson López, D., & García, A. (2024). “Cuz they straight and everything”: Barriers to reporting among gay Latino male sexual assault survivors. *American Journal of Men’s Health*, *18*(6). <https://doi.org/10.1177/15579883241288979>

- Jaffray, B. (2018). Experiences of violent victimization and unwanted sexual behaviours among gay, lesbian, bisexual and other sexual minority people, and the transgender population, in Canada, 2018. *Statistics Canada*.
- Jaspal, R., Lopes, B., Jamal, Z., Paccoud, I., & Sekhon, P. (2017). Sexual abuse and HIV-risk behaviour among black and minority ethnic men who have sex with men in the UK. *Mental Health, Religion & Culture*, 20(8), 841–853.  
<https://doi.org/10.1080/13674676.2017.1414170>
- Javaid, A. (2015a). Police responses to, and attitudes towards, male rape: Issues and concerns. *International Journal of Police Science & Management*, 17(2), 81–90.  
<https://doi.org/10.1177/1461355715580914>
- Javaid, A. (2015b). The dark side of men: The nature of masculinity and its uneasy relationship with male rape. *The Journal of Men's Studies*, 23(3), 271–292.  
<https://doi.org/10.1177/1060826515600656>
- Javaid, A. (2017a). Making the invisible visible: (Un)meeting male rape victims' needs in the third sector. *Journal of Aggression, Conflict and Peace Research*, 9(2), 106–115.  
<https://doi.org/10.1108/JACPR-08-2016-0248>
- Javaid, A. (2017b). The unknown victims: Hegemonic masculinity, masculinities, and male sexual victimisation. *Sociological Research Online*, 22(1), 28–47.  
<https://doi.org/10.5153/sro.4155>
- Javaid, A. (2018). 'The penis is a weapon of power': A feminist and hate crime interpretation of male sexual victimisation. *NORMA*, 13(1), 23–40.  
<https://doi.org/10.1080/18902138.2017.1319708>

- Jewkes, R., Morrell, R., Hearn, J., Lundqvist, E., Blackbeard, D., Lindegger, G., Quayle, M., Sikweyiya, Y., & Gottzén, L. (2015). Hegemonic masculinity: Combining theory and practice in gender interventions. *Culture, Health & Sexuality, 17*(sup2), 112–127. <https://doi.org/10.1080/13691058.2015.1085094>
- Kaimal, G., Walker, M. S., Herres, J., French, L. M., & DeGraba, T. J. (2018). Observational study of associations between visual imagery and measures of depression, anxiety and post-traumatic stress among active-duty military service members with traumatic brain injury at the Walter Reed National Military Medical Center. *BMJ Open, 8*(6), e021448. <https://doi.org/10.1136/bmjopen-2017-021448>
- Kaufman, A., Divasto, P., Jackson, R., Voorhees, D., & Christy, J. (1980). Male rape victims: Noninstitutionalized assault. *American Journal of Psychiatry, 137*(2), 221–223. <https://doi.org/10.1176/ajp.137.2.221>
- Karcher, K., McCuaig, J., & King-Hill, S. (2024). (Self-) reflection / reflexivity in sensitive, qualitative research: A scoping review. *International Journal of Qualitative Methods, 23*, 16094069241261860. <https://doi.org/10.1177/16094069241261860>
- Kassing, L. R., & Prieto, L. R. (2003). The rape myth and blame-based beliefs of counselors-in-training toward male victims of rape. *Journal of Counseling & Development, 81*(4), 455–461. <https://doi.org/10.1002/j.1556-6678.2003.tb00272.x>
- Kaya, A., Iwamoto, D. K., Brady, J., Clinton, L., & Grivel, M. (2019). The role of masculine norms and gender role conflict on prospective well-being among men. *Psychology of Men & Masculinities, 20*(1), 142–147. <https://doi.org/10.1037/men0000155>
- Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and

sexual identity. *American Journal of Orthopsychiatry*, 79(4), 500–510.

<https://doi.org/10.1037/a0016848>

King, W. M., Restar, A., & Operario, D. (2021). Exploring Multiple Forms of Intimate Partner Violence in a Gender and Racially/Ethnically Diverse Sample of Transgender Adults.

*Journal of Interpersonal Violence*, 36(19–20), NP10477–NP10498.

<https://doi.org/10.1177/0886260519876024>

Koon-Magnin, S., & Schulze, C. (2019). Providing and receiving sexual assault disclosures:

Findings from a sexually diverse sample of young adults. *Journal of Interpersonal*

*Violence*, 34(2), 416–441. <https://doi.org/10.1177/0886260516641280>

Kosa, S. D., Coelho, M., Friedman-Burley, J., Lebel, N., Kelly, C. E., Macdonald, S., & Du

Mont, J. (2024). Bridging gaps in collaboration between community organizations and hospital-based violence treatment centers serving transgender sexual assault survivors.

*Journal of Interpersonal Violence*, 39(7–8), 1811–1829.

<https://doi.org/10.1177/08862605231211922>

Lagrange, B. (2024). On the crossroad of bisexual theory and affect theory: Bisexual shame as an emotion shaped by heterosexism and biphobia. *DiGeSt - Journal of Diversity and Gender*

*Studies*, 11(1). <https://doi.org/10.21825/digest.89262>

Langenderfer-Magruder, L., Walls, N. E., Kattari, S. K., Whitfield, D. L., & Ramos, D. (2016).

Sexual victimization and subsequent police reporting by gender identity among lesbian, gay, bisexual, transgender, and queer adults. *Violence and Victims*, 31(2), 320–331.

<https://doi.org/10.1891/0886-6708.VV-D-14-00082>

Lee, E., Greenblatt, A., Hu, R., Johnstone, M., & Kourgiantakis, T. (2022). Developing a model of broaching and bridging in cross-cultural psychotherapy: Toward fostering epistemic

and social justice. *American Journal of Orthopsychiatry*, 92(3), 322–333.

<https://doi.org/10.1037/ort0000611>

Legenbauer, T., Baldus, C., Jörke, C., Kaffke, L., Pepic, A., Daubmann, A., Zapf, A., Holtmann, M., Arnaud, N., Thomasius, R., & the IMAC-Mind Consortium. (2024). Mind it! A mindfulness-based group psychotherapy for substance use disorders in adolescent inpatients. *European Child & Adolescent Psychiatry*, 33(12), 4205–4217.

<https://doi.org/10.1007/s00787-024-02465-z>

Light, D., & Monk-Turner, E. (2009). Circumstances surrounding male sexual assault and rape: Findings from the national violence against women survey. *Journal of Interpersonal Violence*, 24(11), 1849–1858. <https://doi.org/10.1177/0886260508325488>

Lipscomb, G. H., Muram, D., Speck, P. M., & Mercer, B. M. (1992). Male victims of sexual assault. *JAMA*, 267(22), 3064–3066. <https://doi.org/10.1001/jama.1992.03480220082032>

Lipson, M. (2024). Male survivors are speaking up about sexual abuse. Are we ready to listen? *Men's Health UK*. <https://www.menshealth.com/uk/mental-strength/a61626390/male-survivors-sexual-abuse/>

Littleton, H. L. (2010). The impact of social support and negative disclosure reactions on sexual assault victims: A cross-sectional and longitudinal investigation. *Journal of Trauma & Dissociation*, 11(2), 210–227. <https://doi.org/10.1080/15299730903502946>

Lowe, M. (2018). Male sexual assault survivors: Lessons for UK services. *Journal of Aggression, Conflict and Peace Research*, 10(3), 181–188.

<https://doi.org/10.1108/JACPR-07-2017-0308>

- Lowe, M., & Rogers, P. (2017). The scope of male rape: A selective review of research, policy and practice. *Aggression and Violent Behavior, 35*, 38–43.  
<https://doi.org/10.1016/j.avb.2017.06.007>
- Loxton, A., & Groves, A. (2022). Adult male victims of female-perpetrated sexual violence: Australian social media responses, myths and flipped expectations. *International Review of Victimology, 28*(2), 191–214. <https://doi.org/10.1177/02697580211048552>
- Lynch, L., Long, M., & Moorhead, A. (2018). Young men, help-seeking, and mental health services: Exploring barriers and solutions. *American Journal of Men's Health, 12*(1), 138–149. <https://doi.org/10.1177/1557988315619469>
- Maier, S. L. (2024). Keepers of trauma: Rape victim advocates' secondary traumatic stress, burnout, and coping techniques. *Violence Against Women, 30*(14), 3751–3775.  
<https://doi.org/10.1177/10778012231182414>
- Masho, S. W., & Alvanzo, A. (2010). Help-seeking behaviors of men sexual assault survivors. *American Journal of Men's Health, 4*(3), 237–242.  
<https://doi.org/10.1177/1557988309336365>
- Matsick, J. L., & Rubin, J. D. (2018). Bisexual prejudice among lesbian and gay people: Examining the roles of gender and perceived sexual orientation. *Psychology of Sexual Orientation and Gender Diversity, 5*(2), 143–155. <https://doi.org/10.1037/sgd0000283>
- McDonald, S., & Tijerino, A. (2013). Male survivors of sexual abuse and assault: Their experiences. Research and Statistics Division, Department of Justice Canada.
- McManaman Tyler, E. (2024). Men under the microscope: The gaze of other men, “the subject who is supposed to know,” and the pursuit of wholeness. *American Imago, 81*(1), 107–132. <https://doi.org/10.1353/aim.2024.a923507>

- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38. <https://doi.org/10.2307/2137286>
- Mezey, G., & King, M. (1989). The effects of sexual assault on men: A survey of 22 victims. *Psychological Medicine*, 19(1), 205–209. <https://doi.org/10.1017/S0033291700011168>
- Miles, L. W., Valentine, J. L., Mabey, L. J., Hopkins, E. S., Stodtmeister, P. J., Rockwood, R. B., & Moxley, A. N. H. (2024). A systematic review of evidence-based treatments for adolescent and adult sexual assault victims. *Journal of the American Psychiatric Nurses Association*, 30(3), 480–502. <https://doi.org/10.1177/10783903231216138>
- Miller, L. R., & Grollman, E. A. (2015). The social costs of gender nonconformity for transgender adults: Implications for discrimination and health. *Sociological Forum*, 30(3), 809–831. <https://doi.org/10.1111/socf.12193>
- Mitra, M., Mouradian, V. E., Fox, M. H., & Pratt, C. (2016). Prevalence and characteristics of sexual violence against men with disabilities. *American Journal of Preventive Medicine*, 50(3), 311–317. <https://doi.org/10.1016/j.amepre.2015.07.030>
- Monk-Turner, E., & Light, D. (2010). Male sexual assault and rape: Who seeks counseling? *Sexual Abuse*, 22(3), 255–265. <https://doi.org/10.1177/1079063210366271>
- Mruck, K., & Breuer, F. (2003). Subjectivity and reflexivity in qualitative research-the FQS issues. *Forum, Qualitative Social Research*, 4(2).
- Murphy, R., & Brennan, I. (Creators). (2024). *Monsters: The Lyle and Erik Menendez Story* [TV series]. Netflix. <https://www.netflix.com/title/81447461>
- Natarajan, M., Wilkins-Yel, K. G., Sista, A., Anantharaman, A., & Seils, N. (2022). Decolonizing purity culture: Gendered racism and white idealization in evangelical

- Christianity. *Psychology of Women Quarterly*, 46(3), 316–336.  
<https://doi.org/10.1177/03616843221091116>
- Nelson, C., Dossett, K., & Walker, D. L. (2024). Equine-assisted therapy for posttraumatic stress disorder among first responders. *Psychological Reports*, 127(5), 2203–2219.  
<https://doi.org/10.1177/00332941221146707>
- Nicholas, A., Krysinska, K., & King, K. E. (2022). A rapid review to determine the suicide risk and risk factors of men who are survivors of sexual assault. *Psychiatry Research*, 317, 114847. <https://doi.org/10.1016/j.psychres.2022.114847>
- Obradors-Campos, M. (2011). Deconstructing biphobia. *Journal of Bisexuality*, 11(2–3), 207–226. <https://doi.org/10.1080/15299716.2011.571986>
- Owens, B. C., Hall, M. E. L., & Anderson, T. L. (2021). The relationship between purity culture and rape myth acceptance. *Journal of Psychology and Theology*, 49(4), 405–418.  
<https://doi.org/10.1177/0091647120974992>
- Padmanabhanunni, A., & Gqomfa, N. (2022). “The ugliness of it seeps into me”: Experiences of vicarious trauma among female psychologists treating survivors of sexual assault. *International Journal of Environmental Research and Public Health*, 19(7), 3925.  
<https://doi.org/10.3390/ijerph19073925>
- Park, J., Hunt, C., Abirgas, K., Bomyea, J., & Colvonen, P. J. (2025). Veterans who focus on sexual assault trauma show slower between-session habituation and symptom reduction during prolonged exposure treatment for posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*, 17(1), 38–47.  
<https://doi.org/10.1037/tra0001536>

- Parr, N. J. (2020). Sexual assault and co-occurrence of mental health outcomes among cisgender female, cisgender male, and gender minority U.S. college students. *Journal of Adolescent Health, 67*(5), 722–726. <https://doi.org/10.1016/j.jadohealth.2020.03.040>
- Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agénor, M., & Reisner, S. L. (2020). Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. *American Journal of Public Health, 110*(9), e1–e14. <https://doi.org/10.2105/ajph.2020.305774>
- Perreault, S. (2018). Gender-based violence: Unwanted sexual behaviours in Canada's territories, 2018. *Statistics Canada*.
- Peterson, Z. D., Beagley, M. C., McCallum, E. B., & Artime, T. M. (2019). Sexual attitudes and behaviors among men who are victims, perpetrators, or both victims and perpetrators of adult sexual assault. *Psychology of Violence, 9*(2), 221–234. <https://doi.org/10.1037/vio0000187>
- 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. <https://doi.org/10.1016/j.cpr.2010.08.006>
- Peterson, 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. <https://doi.org/10.1007/s10615-019-00699-y>
- Petrecu, V. G., & Burgess, A. W. (2024). Long-term psychological and physiological effects of male sexual trauma. *Journal of the American Academy of Psychiatry and the Law, 52*(1). <https://doi.org/10.29158/JAAPL.230076-23>

- Raine, G. (2021). Violence against male sex workers: A systematic scoping review of quantitative data. *Journal of Homosexuality*, 68(2), 336–357.  
<https://doi.org/10.1080/00918369.2019.1656029>
- Roberts, L. M., & Christens, B. D. (2021). Pathways to well-being among LGBT adults: Sociopolitical involvement, family support, outness, and community connectedness with race/ethnicity as a moderator. *American Journal of Community Psychology*, 67(3–4), 405–418. <https://doi.org/10.1002/ajcp.12482>
- Roxo, L., Pachankis, J., & Bränström, R. (2025). Sexual orientation differences in mental health service use and unmet mental health care needs: A cross-sectional population-based study of young adults. *Social Psychiatry and Psychiatric Epidemiology*.  
<https://doi.org/10.1007/s00127-025-02866-8>
- Rumney, P. N. S. (2008). Policing male rape and sexual assault. *The Journal of Criminal Law*, 72(1), 67–86. <https://doi.org/10.1350/jcla.2008.72.1.478>
- Saad, M., Burley, J. F., Miljanovski, M., Macdonald, S., Bradley, C., & Du Mont, J. (2020). Planning an intersectoral network of healthcare and community leaders to advance trans-affirming care for sexual assault survivors. *Healthcare Management Forum*, 33(2), 65–69. <https://doi.org/10.1177/0840470419883661>
- Schnitzer, G., Holttum, S., & Huet, V. (2021). A systematic literature review of the impact of art therapy upon post-traumatic stress disorder. *International Journal of Art Therapy*, 26(4), 147–160. <https://doi.org/10.1080/17454832.2021.1910719>
- Schrimshaw, E. W., Downing, M. J., & Cohn, D. J. (2018). Reasons for Non-Disclosure of Sexual Orientation Among Behaviorally Bisexual Men: Non-Disclosure as Stigma

- Management. *Archives of Sexual Behavior*, 47(1), 219–233.  
<https://doi.org/10.1007/s10508-016-0762-y>
- Shea, L., Pesa, J., Geonnotti, G., Powell, V., Kahn, C., & Peters, W. (2022). Improving diversity in study participation: Patient perspectives on barriers, racial differences and the role of communities. *Health Expectations*, 25(4), 1979–1987. <https://doi.org/10.1111/hex.13554>
- Siegel, K., Cabán, M., Brown-Bradley, C. J., & Schrimshaw, E. W. (2023). Male Sex Workers' Strategies to Manage Client-Related Risks of Violence. *Journal of Interpersonal Violence*, 38(19–20), 10814–10838. <https://doi.org/10.1177/08862605231176804>
- Singh, A., Roberts, M. C., McKinney, W. S., Kelly, S., Ortega, A., Doyle, R., & Tampke, E. C. (2023). Advocacy as a professional competency in psychology. *Training and Education in Professional Psychology*, 17(4), 414–422. <https://doi.org/10.1037/tep0000450>
- Smith, M. (2020). Homophobia and homonationalism: LGBTQ law reform in Canada. *Social & Legal Studies*, 29(1), 65–84. <https://doi.org/10.1177/0964663918822150>
- Smith, C. J., Dupré, K. E., & Dionisi, A. M. (2023a). Sexual misconduct reporting: The silencing effects of hegemonic masculinity. *Equality, Diversity and Inclusion: An International Journal*, 42(3), 398–415. <https://doi.org/10.1108/edi-07-2022-0179>
- Smith, E. B., & Luke, M. M. (2021). A call for radical reflexivity in counseling qualitative research. *Counselor Education and Supervision*, 60(2), 164–172.  
<https://doi.org/10.1002/ceas.12201>
- Smith, E., Pooley, J.-A., Holmes, L., Gebbie, K., & Gershon, R. (2023b). Vicarious trauma: Exploring the experiences of qualitative researchers who study traumatized populations. *Disaster Medicine and Public Health Preparedness*, 17, e69.  
<https://doi.org/10.1017/dmp.2021.333>

- Spengler, E. S., Tierney, D., Elledge, L. C., & Grzanka, P. R. (2023). Beyond the individual: Sexual minority help-seeking and the consequences of structural barriers. *Journal of Counseling Psychology, 70*(2), 133–145. <https://doi.org/10.1037/cou0000657>
- Staples, J. M., & Fuller, C. C. (2021). Adult sexual assault severity among transgender people of color: The impact of double marginalization. *Journal of Aggression, Maltreatment & Trauma, 30*(5), 694–706. <https://doi.org/10.1080/10926771.2021.1894291>
- Stemple, L., & Meyer, I. H. (2014). The sexual victimization of men in America: New data challenge old assumptions. *American Journal of Public Health, 104*(6), e19–e26. <https://doi.org/10.2105/AJPH.2014.301946>
- Stermac, L., Del Bove, G., & Addison, M. (2004). Stranger and acquaintance sexual assault of adult males. *Journal of Interpersonal Violence, 19*(8), 901–915. <https://doi.org/10.1177/0886260504266887>
- Struckman-Johnson, C., & Struckman-Johnson, D. (1992). Acceptance of male rape myths among college men and women. *Sex Roles: A Journal of Research, 27*(3-4), 85–100. <https://doi.org/10.1007/BF00290011>
- Takahashi, M. (2021). When the law is silent: Stigma and challenges faced by male sex workers in Japan. *International Journal of Law in Context, 17*(3), 301-317. <https://doi.org/10.1017/S1744552321000409>
- Tannahill, H. S., Barrett, T. S., Zalta, A. K., Tehee, M., & Blais, R. K. (2023). Posttraumatic cognitions differ between men and women after military sexual assault revictimization in their contribution to PTSD symptoms. *Journal of Interpersonal Violence, 38*(7–8), 6038–6061. <https://doi.org/10.1177/08862605221127211>

- Testa, R. J., Sciacca, L. M., Wang, F., Hendricks, M. L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice*, 43(5), 452–459. <https://doi.org/10.1037/a0029604>
- Tiet, Q. Q., Leyva, Y. E., Blau, K., Turchik, J. A., & Rosen, C. S. (2015). Military sexual assault, gender, and PTSD treatment outcomes of U.S. veterans. *Journal of Traumatic Stress*, 28(2), 92–101. <https://doi.org/10.1002/jts.21992>
- Thomas, J. C., & Kopel, J. (2023). Male victims of sexual assault: A review of the literature. *Behavioral Sciences*, 13(4), 304. <https://doi.org/10.3390/bs13040304>
- Turchik, J. A., & Edwards, K. M. (2012). Myths about male rape: A literature review. *Psychology of Men & Masculinity*, 13(2), 211–226. <https://doi.org/10.1037/a0023207>
- Turchik, J. A., Hebenstreit, C. L., & Judson, S. S. (2016). An examination of the gender inclusiveness of current theories of sexual violence in adulthood: Recognizing male victims, female perpetrators, and same-sex violence. *Trauma, Violence, & Abuse*, 17(2), 133–148. <https://doi.org/10.1177/1524838014566721>
- Ullman, S. E. (2025). Secondary trauma symptoms and coping in counselors working with sexual assault survivors. *Traumatology*. <https://doi.org/10.1037/trm0000544>
- Ullman, S. E., & Peter-Hagene, L. (2014). Social reactions to sexual assault disclosure, coping, perceived control, and PTSD symptoms in sexual assault victims. *Journal of Community Psychology*, 42(4), 495–508. <https://doi.org/10.1002/jcop.21624>
- Ullman, S. E., Townsend, S. M., Filipas, H. H., & Starzynski, L. L. (2007). Structural models of the relations of assault severity, social support, avoidance coping, self-blame, and PTSD among sexual assault survivors. *Psychology of Women Quarterly*, 31(1), 23–37. <https://doi.org/10.1111/j.1471-6402.2007.00328.x>

- United Kingdom. (2003). *Sexual Offences Act 2003: Chapter 42*. legislation.gov.uk.  
<https://www.legislation.gov.uk/ukpga/2003/42/contents>
- Urban, R. E., & Porras Pyland, C. (2022). Development and preliminary validation of the gender inclusive rape myth acceptance scale. *Journal of Interpersonal Violence*, 37(21–22), NP20630–NP20652. <https://doi.org/10.1177/08862605211055076>
- U.S. Attorney's Office, Southern District of New York. (2024). *Sean Combs charged in Manhattan federal court with sex trafficking and other federal offenses*. U.S. Department of Justice. <https://www.justice.gov/usao-sdny/pr/sean-combs-charged-manhattan-federal-court-sex-trafficking-and-other-federal-offenses>
- U.S. Attorney's Office, Eastern District of New York. (2024). *Former CEO of Abercrombie & Fitch and two other individuals charged with sex trafficking and other offenses*. U.S. Department of Justice. <https://www.justice.gov/usao-edny/pr/former-ceo-bercrombie-fitch-and-two-other-individuals-charged-sex-trafficking-and>
- Van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind and body in the healing of trauma*. Penguin Books.
- Venema, R. M. (2018). Police Officers' Rape Myth Acceptance: Examining the Role of Officer Characteristics, Estimates of False Reporting, and Social Desirability Bias. *Violence and Victims*, 33(1), 176–200. <https://doi.org/10.1891/0886-6708.VV-D-15-00016>
- Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). “Boys don’t cry”: Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology*, 58(3), 368–382. <https://doi.org/10.1037/a0023688>

- Walfield, S. M. (2021). "Men cannot be raped": Correlates of male rape myth acceptance. *Journal of Interpersonal Violence, 36*(13-14), 6391-6417. <https://doi.org/10.1177/0886260518817777>
- Walfield, S. M., McCormack, P. D., & Clarke, K. (2022). Understanding Case Outcomes for Male Victims of Forcible Sexual Assaults. *Journal of Interpersonal Violence, 37*(9-10), NP6929-NP6957. <https://doi.org/10.1177/0886260520967154>
- Walfield, S. M., McCormack, P. D., & Clarke, K. (2024). Male Victims of Sexual Violence and Factors Associated With Reporting to Law Enforcement in the United States. *The Journal of Men's Studies, 32*(3), 577-594. <https://doi.org/10.1177/10608265241249937>
- Walker, J., Archer, J., & Davies, M. (2005). Effects of Rape on Men: A Descriptive Analysis. *Archives of Sexual Behavior, 34*(1), 69-80. <https://doi.org/10.1007/s10508-005-1001-0>
- Wang, J., Zhang, B., Yahaya, R., & Abdullah, A. B. (2025). Colors of the mind: A meta-analysis of creative arts therapy as an approach for post-traumatic stress disorder intervention. *BMC Psychology, 13*(1), 32. <https://doi.org/10.1186/s40359-025-02361-4>
- Warner, L., Kurtiş, T., & Adya, A. (2020). Navigating criticisms of intersectional approaches: Reclaiming intersectionality for global social justice and well-being. *Women & Therapy, 43*(3-4), 262-277. <https://doi.org/10.1080/02703149.2020.1729477>
- Weare, S., & Hulley, J. (n.d.). Experiences of men forced-to-penetrate women in the UK: Context, consequences, and engagement with the criminal justice system. *The British Academy and Lancaster University*.
- Weiss, K. G. (2010). Male Sexual Victimization: Examining Men's Experiences of Rape and Sexual Assault. *Men and Masculinities, 12*(3), 275-298. <https://doi.org/10.1177/1097184X08322632>

- Wells, S. Y., Morland, L. A., Hurst, S., Jackson, G. L., Kehle-Forbes, S. M., Jaime, K., & Aarons, G. A. (2023). Veterans' reasons for dropping out of prolonged exposure therapy across three delivery modalities: A qualitative examination. *Psychological Services, 20*(3), 483–495. <https://doi.org/10.1037/ser0000714>
- Widanaralalage, B. K., Hine, B. A., Murphy, A. D., & Murji, K. (2022). "I didn't feel I was A victim": A phenomenological analysis of the experiences of male-on-male survivors of rape and sexual abuse. *Victims & Offenders, 17*(8), 1147-1172. <https://doi.org/10.1080/15564886.2022.2069898>
- Widanaralalage, B. K., Jennings, S., Dando, C., & Mackenzie, J.-M. (2024). Prevalence, Disclosure, and Help Seeking in Black and Asian Male Survivors of Sexual Violence in the United Kingdom: A Rapid Review. *Trauma, Violence, & Abuse, 25*(4), 3299–3314. <https://doi.org/10.1177/15248380241246217>
- Wingender, A. M., & Olesen, M. L. (2024). Male victims' acknowledgement of sexual assault and their help-seeking process. A qualitative study. *The Journal of Men's Studies, 32*(2), 325-345. <https://doi.org/10.1177/10608265231215078>
- Wirtz, A. L., Poteat, T. C., Malik, M., & Glass, N. (2020). Gender-based violence against transgender people in the United States: A call for research and programming. *Trauma, Violence, & Abuse, 21*(2), 227–241. <https://doi.org/10.1177/1524838018757749>
- Wong, Y. J., Ho, M.-H. R., Wang, S.-Y., & Miller, I. S. K. (2017). Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. *Journal of Counseling Psychology, 64*(1), 80–93. <https://doi.org/10.1037/cou0000176>
- World Health Organization. (2013, August 6). *WHO releases guidance on mental health care after trauma* [News release]. WHO.

Wright, A. J., Bergkamp, J., Williams, N., Garcia-Lavin, B., & Reynolds, A. L. (2025). Privilege in the room: Training future psychologists to work with power, privilege, and intersectionality within the therapeutic relationship. *Psychotherapy*, *62*(1), 82–89.

<https://doi.org/10.1037/pst0000563>

Young, S. M., Pruett, J. A., & Colvin, M. L. (2018). Comparing help-seeking behavior of male and female survivors of sexual assault: A content analysis of a hotline. *Sexual Abuse*, *30*(4), 454–474. <https://doi.org/10.1177/1079063216677785>

## Appendix

### Methodology Chart

Author, (Year)	Title	Sample Size	Selection/ Recruitment	Data Collection	Data Analysis	Qual/Quant/ Mixed/Case	Notes on Findings
Brienzo and Galupo, (2021)	Sexual intimate partner violence: Effects of prejudice toward bisexual and gay men on victim blame.	124	Participants for this study were recruited from Amazon's Mechanical Turk (mTurk), where the study details were posted and made available to U.S.-based workers. Participants were selected based on certain qualifications. These qualifications included being a cisgender and heterosexual adult, as well as attention and manipulation checks.	Data was collected through a Qualtrics survey. Participants were randomly assigned to read one of two vignettes portraying a close male friend (either bisexual or gay) disclosing an experience of sexual intimate partner violence, and then completed measures on victim-blame, prejudiced attitudes, and a qualitative stereotype knowledge task.	Quantitative data was analyzed using Strata 14, with statistical significance set at 0.05. Preliminary Kolmogorov-Smirnov (K-S) test were conducted on victim-blame scores. Parametric analyses were also used. Pearson Correlation analyses were conducted to test hypotheses, as well as independent t-tests, and ANOVA. Qualitative data was analyzed using an expanded version of Ghavami and Peplau's (2013) content analysis method.	Mixed-methods	The authors found that male participants were more likely to endorse male rape myths, stereotypes, and prejudice than female participants. Importantly, the study only included cisgender and heterosexual participants which was a significant limitation of the study to be included in my literature review. There are also important references to homophobia and biphobia that will support my analysis. They did not find a significant difference between homophobia and biphobia, despite hypothesizing prejudice would be worse for bisexual men in the vignette.
Coulter, R. W. S., Mair, C., Miller, E., Blosnich, J. R., Matthews, D. D., & McCauley, H. L. (2017).	Prevalence of past-year sexual assault among undergraduate students: Exploring differences by and intersections of gender identity, sexual identity, and	71,421	Randomly selected students from randomly selected classrooms, or in some cases all students, depending on the institution, filled out Cross-sectional surveys from the National	Data was collected from 120 US post-secondary education institutions. The University of Pittsburgh IRB granted secondary analysis of this dataset to the researchers.	The authors used Bivariate Analysis to examine relationships between independent variables and sexual assault, and then Multilevel Logistic Regression Models to vary the results by school. These	Quantitative	Sexual assault was much higher for transgender people than for women. When it came to sexuality, sexual assault was highest among bisexual individuals. Overall, sexual assault significantly impacts minority groups across the intersection of gender, sexuality, and race/ethnicity. The intersectional framework used is very important to my review.

	Race/Ethnicity.		College Health Assessment (NCHA).		models were used separately for cisgender and transgender people.		
DeJong et al., (2020)	Male rape in context: Measures of intolerance and support for male rape myths (MRMs).	314	This study utilized a convenience sample of students over the age of 18 from a Midwestern university.	Data was collected using a survey administered to students. Students were randomly presented with one of four vignettes depicting male rape in different contexts (college campuses, prison, military, or conflict). The participants then completed measures for male rape myth (MRM) acceptance, intolerance, and demographic information.	Data analysis primarily involved statistical methods including Cronbach's alpha to assess reliability of scales, bivariate associations were examined to determine relationships between independent variables and support for MRMs, ordinary least squares regression was used to model the relationship between support for MRMs (dependent variable) and demographic characteristics and measures of intolerance (independent variables), Kolmogorov-Smirnov (K-S) tests were used for normality parametric results, and lastly, post-hoc power analysis was conducted.	Quantitative	Important findings relevant to my literature review include that participants tended to believe victims are usually gay, or straight men cannot be raped representing MRMs shaped by popular culture. These findings also demonstrated that homophobia is a barrier to reporting. Male participants were more likely to subscribe to MRMs than females. There is also important information on the context of male rape (in prison, conflict, military, and 'normal' life. The authors found support for MRMs to be fairly consistent in all contexts. White men the most likely to endorse MRMs.
McDonald and Tijerino, (2013)	Male survivors of sexual abuse and assault: Their experiences	59	Purposive sample of nonrandomized sample of adult male victims of sexual assault recruited through working with	Data for this study was collected through 59 semi-structured telephone interviews with male survivors,	Interviews were taped, transcribed, and subsequently analyzed by the Department of Justice researchers who organized the information by demographics,	Qualitative	Reporting to police: 25% in their study reported to the police. Reasons for not reporting incl.: <ul style="list-style-type: none"> <li>• fearing being believed</li> <li>• shame</li> <li>• no family support</li> </ul>

			staff from two men's support centres in Canada	conducted by contracted female interviewers.	supports, effects, coping strategies, and suggestions.		<ul style="list-style-type: none"> <li>• didn't even know they could report it to police</li> </ul> <p>Men's centres/programs specifically for men were the most supportive.</p> <p>Consequences of sexual assault on mental health:</p> <ul style="list-style-type: none"> <li>• depression</li> <li>• ptsd</li> <li>• suicidal ideation/attempts</li> <li>• distrust of others</li> <li>• guilt</li> <li>• unworthiness</li> </ul> <p>Positive coping strategies:</p> <ul style="list-style-type: none"> <li>• counselling</li> <li>• sports</li> <li>• hobbies</li> <li>• religion</li> <li>• volunteering</li> </ul> <p>Negative coping:</p> <ul style="list-style-type: none"> <li>• disassociation</li> <li>• alcohol and drug use</li> </ul> <p>sexual promiscuity</p>
Widanaralalage et al., (2022)	"I didn't feel I was A victim": A phenomenological analysis of the experiences of male-on-male survivors of rape and sexual abuse	9	Purposive sampling was used to recruit participants. Researchers reached out to support services in the UK in order to get in contact with potential participants. They also used advertisements on Twitter with surveys to assess if participants matched criteria.	Data was collected through individual, semi-structured interviews conducted remotely via Microsoft Teams platform.	Data was analyzed using Interpretative Phenomenological Analysis (IPA). Authors also used a collaborative four-stage process of interpretative reading, annotation, coding, and preliminary themes. These themes were then clustered into master themes and cross-compared. This analysis ultimately identified four superordinate themes: gendered narratives, coping with abuse,	Qualitative	Male rape myths impact reporting to police. Invisibility of male rape is a problem. Peer support is supportive. Example of the myths that 'real men' cannot be raped, and only gay men can be raped. Coping includes unhealthy self-blame, compensatory behaviours, anger, shame, fear, substance use, sexual promiscuity. Reporting as part of healing: "Survivors' accounts reflect how such gendered narratives minimized experiences that do not meet traditional sexual violence paradigms, created barriers for disclosure, and facilitated the silence surrounding male rape, described in this study as the invisibility of male

					masculinity, and reporting to police.		rape.”
--	--	--	--	--	---------------------------------------	--	--------