Barriers to Help-Seeking Behaviour for Male Victims of Sexual Violence

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CPC: 695: Counselling Psychology Research Project

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October 2, 2024

Abstract

The research towards male victims of sexual violence is increasing. However, not many studies examine specifically the barriers present that prevent male victims of sexual violence from engaging in help seeking behaviour. Through a search of relevant of articles in PsychINFO and Google Scholar, I conducted a literature review of cisgender and transgender male sexual assault, with emphasis on barriers to help-seeking and how to overcome these barriers. Barriers exist for male victims of sexual violence, negatively impacting men's willingness to access support. Shame and embarrassment regarding the assault negatively impact men's willingness to seek help. Men fear how others will respond to their disclosure of sexual violence. Furthermore, masculine norms in society negatively impact men's willingness by positing that they should not express their emotions and should be able to protect themselves from sexual violence. Lastly, the logistics of accessing resources serves as a barrier. Services are quite rare for male victims and often when they are available, they either are too costly or have too high of waiting lists. To overcome some of these barriers for men, it is imperative that there is an increase in advertising of services. The desire for peer support services by victims is noted by the research, highlighting the desire of men to talk to other men who have experienced the same trauma. By overcoming barriers to help-seeking, we can shed more light on male sexual violence.

Keywords: barriers, help-seeking, male sexual assault, male sexual violence

Barriers to Help-Seeking Behaviour for Male Victims of Sexual Violence

In recent years, the awareness in society towards traumatic events such as sexual violence has increased (Griswold et al., 2020). This awareness has aided scholars and clinicians in understanding the barriers that victims must overcome when seeking treatment or justice. Research varies on prevalence estimates of male and female sexual assault across countries such as the United States (US), United Kingdom (UK), and Canada. A meta-analysis of studies including women from the United States found that the prevalence rate of self-reported sexual assault is between 4.6%-48.9% for females while other research indicates rates between 4%-5% for men from the US and Australia (Elliott et al., 2004; Goodman-Williams et al., 2023; Zilkens et al., 2018). By comparison, Hammond et al. (2017) found in their sample of 98 men from the UK that the prevalence rate of sexual violence was 12%. Interestingly, nearly half of their sample reported an indirect experience of sexual violence (i.e. knowing someone who was victimized). Meanwhile, Griswold et al. (2020) found the prevalence rate in their study to be 17% of their sample of 590 men from the US. Conversely, when Donne et al. (2018) conducted their study examining sexual violence victimization in 188 men from the US, they found that 33% of their participants reported being victims of some form of sexual violence. There are number of factors that contribute to the variation in these prevalence rates that will be addressed in the discussion that follows. Nonetheless, noting these prevalence illuminates that despite potential societal misconceptions, men are also victims of sexual violence.

An alarming finding by Depraetere et al. (2020) is that almost 33% of the Canadian, American, or European studies in their review had comparable prevalence rates for male victims when compared with prevalence rates for female victims. Some studies find that the prevalence of male sexual assault is higher than 50% (Schuster et al., 2016; Struckman-Johnson et al., 2003;

Turchik, 2012). The sample sizes and locations of these studies were 1376 college students in Turkey (Schuster et al., 2016), 656 college students in the US (Struckman-Johnson et al., 2003), and 302 male college students in the US (Turchik, 2012). Locally, Jeffrey et al. (2023) found that 9.6% of Canadian men in a sample of university students reported some form of sexual violence in the last year. Sexual violence does happen to males, but how often it occurs or is reported varies depending on the study. It is important to highlight the large discrepancies in the prevalence rates, which can to some extent be explained by differences in the definition of sexual violence as well as differences in sampling of research on the topic.

Differences in how sexual assault is defined contributes to the variation in data collection of the prevalence rates of male sexual assault. For example, research by Depraetere et al. (2020) and Peterson et al. (2011) demonstrate the variation in how studies define sexual assault for participants, with some definitions being extremely broad and others being extremely narrow. Some definitions highlight non-consensual acts whereas other studies focus entirely on sexual assaults in which there is some form of penetration (Depraetere et al., 2020). Another explanation for the variance in prevalence rates is due to how sampling occurs in these studies. As an example, Griswold et al. (2020) had over 590 college males from the US, while Donne et al. (2018) had a sample of 188 men from the US of varying ages ranging from 21-47 years old. Differences in sampling for the studies may also contribute to the discrepancies present in the research on the prevalence rates of male sexual assault.

In the United States, for an act to be considered rape, it must include some form of penetration (Federal Bureau of Investigation, 2018; Hammond et al., 2017; Tracy et al., 2012). This is problematic because sexual assault can occur without any penetration (Hammond et al., 2017). These issues in defining sexual assault discourage men from discussing sexual violence

because the severity of the assault is reduced by the issues in definition (Hammond et al., 2017). In the United States, most states have gender-neutral terms in their legislation on sexual assault to protect and include all victims (DeMatteo et al., 2015). However, Georgia, Idaho, and Maryland state in their legislation that men can only perpetrate sexual assault against women. Global definitions vary as well. In the United Kingdom, sexual assault must include some form of penetration by a penis, neglecting the possibility of an assault without penetration or penetration by an object other than a penis (Fisher & Pina, 2013; Hammond et al., 2017). This is another reason it is difficult to get reliable statistics around the prevalence of sexual violence.

In Canada, the definition includes individuals of all genders and sexual violence is classified through three levels (Brennan & Taylor-Butts, 2008). Level 1, sexual assault is defined as an assault that occurs to an individual in a sexual manner with there being little or no harm (Brennan & Taylor-Butts, 2008; Criminal Code, 1985). Level 2 is when a weapon is used or causes harm. Level 3 sexual assault is identified when it results in serious injuries or serious threatening of the victim's lives (also referred to as aggravated sexual assault). The length of time incarcerated is impacted by the age of the victim. If the victim is under the age of 16, then the prison sentence increases (Criminal Code, 1985).

Further complicating accurate data on prevalence rates, there is also variation in how victims of sexual assault determine for themselves if they were sexually assaulted (Donne et al., 2018; Griswold et al., 2020). Petersson and Plantin (2019) discuss the difficulty male victims of sexual assault experience regarding labelling their assault. Pitfield (2013) further expands on the difficulty males feel talking about their assault. These researchers offer the term "silent reluctance" to describe when an individual is sexually assaulted but they are unable to express or verbalize that they are not consenting to sex (Griswold et al., 2020). An example was a

participant was pressured into a sexual act and knew that they did not want it but did not speak up to express that they did not want sex. Pitfield (2013) explores the language individuals use when talking about their assault and how often the word “rape” is not used. Instead, it is replaced with other words such as attack, assault, or final event.

Another explanation for the variance in the prevalence of male sexual assault is that researchers see only part of the data, as most assaults are not reported to the police (Davies, 2002; Donne et al., 2018; Hammond et al., 2017; Javaid, 2015a; Monk-Turner & Light, 2010; Weiss, 2010). Ellis et al. (2020) report that men are less likely to report their assault to the police than women. Furthermore, Easton (2013) found that men are more likely to wait up to 25 years before disclosing the assault to the police.

Historically, research on victims of sexual assault has focused mainly on female victims, with considerably less on male victims of sexual assault (Donne et al., 2018). Fortunately, research regarding male sexual assault is increasing, with notable increases in research beginning in the 1990s. Although there have been some studies on adult male victims of sexual assault, such as Griswold et al. (2020) or Widanaralalage et al. (2022), more research is needed. There are many reasons for the wide variation in prevalence rates of sexual violence in men. The variance in sexual violence prevalence rates aids in the concealment of male sexual violence as an issue, negatively impacting the conversations that should occur in society around the topic of sexual violence. It is important as clinicians to be aware of this topic, so that clients can be best supported when accessing mental health treatment.

For this literature review, I will be focusing on sexual violence towards cisgender and transgender males. I chose to use sources that include either cisgender males and/or transgender males but research on transgender victims of sexual violence warrant their own research to

illuminate the intersectionality present that creates barriers to help-seeking behaviours for these individuals. The Institute of Medicine (2011) supports this notion by stating that each part of LGBTQIA+ population are often grouped together even though they are different in their experiences. There has been considerably less research on bisexual and transgender populations and there is a push for more research on these populations (Institute of Medicine, 2011). In addition, research often groups transgender individuals with other groups of people, limiting the inferences that can be made regarding sexual violence and transgender individuals (Wirtz et al., 2020). Testa et al. (2012) supports this need for transgender specific research by discussing the importance of examining how sexual violence impacts transgender victims of sexual violence, specifically around the impacts on their mental health, gender identity, and how comfortable they feel with the expression of their gender.

Although it is evident that more research is necessary solely around transgender victims and their experiences, I chose to include studies that had both cisgender and transgender males. In many of the studies with transgender and cisgender men, the results were not stratified based on gender identity. Given the lack of research currently on male victims of sexual violence, I chose to include these studies. However, it is imperative to recognize that transgender and other members of the LGBTQIA+ male identifying population have their own unique and distinct experience which should warrant their own review.

Furthermore, I used the term victim rather than survivor to refer to individuals who have experienced some form of sexual assault. Javaid (2018) highlights reasons for using the term victim rather than survivor, as most academic research and research government agencies use the term victim rather than survivor. Indeed, the term victim is often used in the justice system as well (O'Shea et al., 2024). Lastly, O'Shea et al. (2024) found that the terms "victim" and

"survivor" both have their positives and drawbacks. The results from their study indicate that participants find it difficult to choose one term over the other, as they see how both terms can be beneficial and detrimental to the individual. A notable response by a participant was that we should not be changing the term we use, but instead be changing the ways in which we respond to the term.

Hockett and Saucier (2015) examined how articles that use the term victim often focus on the negative consequences of sexual assault while articles that use the term survivor focus on both the positive and negative outcomes of sexual assault. An important note to make is that there are exceptions to this, with some articles using the term victim and reporting on both positive and negative outcomes. Additionally, in multiple studies the term victim was often associated with a person being seen as weak, powerless, or helpless, while the term survivor was seen as the person being strong and resilient (Hockett & Saucier, 2015; O'Shea et al., 2024; Papendick & Bohner, 2017; Schwark & Bohner, 2019; Thompson, 2000; Young & Maguire, 2003).

Young and Maguire (2003) highlight that some individuals do not see issues with the terms of victim or survivor. In contrast, participants in a different study note the impact of blame present in both terms, such that victim can be seen as demeaning and that it was the person's fault (O'Shea et al., 2024). This association of blame is highlighted, with participants noting that the term survivor means acknowledging blame such that the survivor understands what led to the assault and learns from it. Conversely, another study found no association between the terms of "victim" and "survivor" and their impact on victim blaming (Papendick & Bohner, 2017). In addition, participants highlight that the term survivor should be reserved for individuals whose lives are threatened during the assault (O'Shea et al., 2024; Young & Maguire, 2003).

Lastly, the term victim focuses on the act of the assault itself while the term survivor focuses on after the assault for the individual (Thompson, 2000; Young & Maguire, 2003). They discuss that the term survivor can be seen as something that the person has moved past, which may negatively impact them if they decide to speak out about the assault again for support. Often, the terms are seen as being exclusive, such that you are a victim or a survivor (Mittal & Singh, 2018). However, it is important to shift perspectives to seeing the journey as a progression, with the individual moving from victim to survivor (Mittal & Singh, 2018; Young & Maguire, 2003). Caution is recommended though because this progression may insinuate that that the person has moved on from the assault, thereby preventing them from being able to discuss the assault again (Young & Maguire, 2003). As one participant notes about their own experience, they started out as a victim, and they had to make themself a survivor; no one else could.

Self-Positioning Statement

I am a 25-year-old white and cisgender male. I come from a middle-class family and have been fortunate to attend university, receiving my Bachelor of Science in Psychology in 2020. I am currently completing my Master of Counselling degree at City University of Seattle. After completing my Master of Counselling degree, I will register as a provisional psychologist and work in the province of Alberta.

I have been fortunate in that I have had no experiences of victimization relating to my research topic of sexual violence. However, I know men who have experienced this victimization, which partially brought me into this area of research. Someone I know was assaulted, and I remember them stating there was no sense in reporting since the report would not lead anywhere. The realization that society neglects male sexual violence left an impact on

me. This led me to do an undergraduate research project in which I examined how university students responded to vignettes with gender-manipulated fictional victims of sexual assault to see how the gender of the victim impacts the response of others. We found that participants blamed the male victims of sexual assault more so than female victims of sexual assault in the vignettes provided (Helfrich & Purc-Stephenson, 2020). In addition, male participants were more likely to blame the victim than female participants. Participants judged the effects of the sexual assault on the fictional male victim as being less traumatic, especially when the perpetrator was female. Part of the study examined how participants responded to vignettes to see how this impacts victim blaming. During, the completion of my research for that paper, I took my first deep dive into the research regarding male victims of sexual assault. However, I was able to see through the literature review that more research is necessary in the area, especially around transgender victims of sexual assault. I decided that if I were to contribute anything to the discipline of psychology, it would be through research on male victims of sexual assault. Next, I will discuss my bias, which I need to be mindful of.

There is not sufficient attention paid to male victims of sexual violence in the literature and in clinical practice. I believe there is a policy gap and research gap that needs to be corrected. I do not think there is enough available resources that are available to male victims of sexual violence. In addition, the topic of male sexual violence is under-researched. Ellis et al. (2020) mention that a lot is known about sexual violence against women, while there is much less research into sexual violence against men. I do not feel this topic has received the attention it deserves in the literature. I believe that systemic barriers, such as rape myths and masculine norms prevent male victims of sexual assault from receiving support and other services. I can see that my bias might impact my counselling and research work in that I might see what is available

for victims of sexual violence yet still conclude that it is not enough. This may be a challenge for me to overcome in the future.

Reflexive Practice

Alejandro (2021) explores the use of reflexive discourse analysis in academic research. This type of discourse posits that researchers are social agents who can impact the world through their research. However, they point out that taking a critical framework while conducting research is not always enough. They recommend defining a compass discourse in the research, meaning that we must examine the positionality of the research and look at how we can use it to positively or negatively influence the changes we want in the world. My compass discourse for this paper is to highlight the current barriers present for male victims of sexual violence in engaging in help-seeking behaviour. As I reviewed the literature, I evaluated each source to ensure it is aligning with the focus of my research, namely highlighting the barriers male victims of sexual violence face and the need for more work in this area.

Aside from the compass discourse framework for this literature review, I also used the three steps for reflexivity as outlined by Bruno et al. (2011). They discuss the three steps for reflexivity as understanding, reflection, and critical reflection. Understanding means to understand the topic while reflection means to understand the topic and how it interacts with my own experiences. Lastly, the critical reflection stage examines how our perspective of the topic has changed when we consider our experiences while examining the topic. At the end of this literature review, I focus more on the last two steps, namely reflection and critical reflection.

Harper (2003) demonstrates the analysis of your influences in research. It is necessary for me to understand what is influencing my research. I am influenced by the social justice side of me that wants to instill change in others around the topic of male sexual violence. I am also

influenced by the academic part of me, which wants me to not necessarily be objective, but to be mindful of the various points of view in the research and their impacts on my review.

Harper (2003) discusses how they aimed to have their paper tell a story about their topic. This was partially my approach to this paper. My aim was to paint a picture of the progression a victim goes through following the assault before overcoming barriers and accessing treatment. I am mindful of my current knowledge in the field of sexual violence but am also cognizant that my knowledge is slightly dated and that through this capstone project I will be able to learn more about what the scholarly community is finding about male victims of sexual assault and their experiences, especially around the barriers male victims face in reporting and accessing support.

I also need to be mindful of the heavy topic I have chosen and understand how to be mindful of my subjectivity and reactions as I conduct this research. Indeed, Smith and Luke (2021) highlight the role of examining our subjectivity as researchers and D'Cruz et al. (2007) highlight that part of a reflexive practice is understanding what impacts what we know about a topic. D'Cruz et al. (2007) mention the implications of exploring thoughts and feelings, with the direct relationship between the two in their ability to impact one another. In addition, they discuss the importance of understanding our location or circumstance and how it impacts the research. Smith and Luke (2021) discuss a reflexivity strategy that involves the power of awareness in research. They argue that this awareness begins with self-awareness and slowly expands. Part of this process means examining how the research impacts me and the changes it creates in me. This is the critical reflection stage discussed by Bruno et al. (2011). A quote by Smith and Luke (2021) that stood out to me is that "one cannot know what they do not know, but similarly, one cannot unknow what they know" (p. 169).

Through this research, I dove into the literature regarding traumatic experiences of individuals and populations of individuals, some of whom may be considered vulnerable populations. As such, I need to be mindful of how it impacts me, including what changes it is bringing about. Reading the research on the trauma of others has the potential to be a painful experience for me as well, so it will be important that I practiced self-care throughout the process of writing this paper. Another strategy by Smith and Luke (2021) revolves around using a journal to track my thoughts and growth throughout the research process. I used a journal to reflect on my steps in the research process, giving space to the knowledge I am acquiring and reflecting on. After working on my review, I set a time to journal my thoughts and reactions to the research I conducted. This journal allowed me to track my growth and development throughout the literature review process while leaving a safe space for me to reflect on my research.

Review of the Literature

Sexual Assault Statistics

In Canada, sexual assault cases occur 30 times per 1000 in the population and women are 5 times more likely to experience sexual violence than males. (Statistics Canada, 2021). To add, sexual assault cases make up 11% of reported crime (Statistics Canada, 2021). However, these statistics are only what is reported to police or the courts, so the prevalence is most likely higher given that often not all crime is reported to police (Davies, 2002; Hammond et al., 2017; Javaid, 2018; Light & Monk-Turner, 2009; Mezey & King, 1989; Statistics Canada, 2021; Widanaralalage et al., 2022). Younger men in adulthood are more likely to experience sexual violence than older men (Hequembourg et al., 2015). In addition, research indicates that men who are gay or bisexual are more likely to be a victim of sexual violence compared to heterosexual men (Bullock & Beckson, 2011; Davies, 2002). Some estimates on sexual assault

among gay and bisexual men find that 36%-67% of men report instances of sexual violence throughout their lifetime (Donne et al., 2018; Heidt et al., 2005; Hequembourg et al., 2015; Ratner et al., 2003). Meanwhile, Menning and Holtzman (2014) found that homosexual and bisexual men are over three times more likely to experience sexual violence than heterosexual men while Balsam et al. (2005) found an increased likelihood of victimization with bisexual and homosexual men. Individuals are more likely to blame sexual assault victims when they are male, homosexual, or do not do enough to prevent the assault (Davies et al., 2006; Davies et al., 2009). Homosexual male victims receive more blame than heterosexual male victims and are likely to receive anti-homosexual hate from the attacker, which can be expressed as sexual violence (Davies, 2002; Davies et al., 2009).

When males are victims of sexual assault, the perpetrator is often another male (Budd et al., 2019; Donne et al., 2018; Du Mont et al., 2013; Fisher & Pina, 2013; Hequembourg et al., 2015; Stermac et al., 2004; Weiss, 2010). However, this does not mean that assaults are not perpetrated by women. The prevalence of female perpetrated sexual assault against males, widely varies with rates between 6% to 48%, depending on the location, focus, and method of the study (Hammond et al., 2017; Peterson et al., 2019; Stermac et al., 2004; Turchik, 2012; Weiss, 2010). For example, A study of US males found that females perpetrate 46-48% of male sexual violence cases (Peterson et al., 2019; Turchik, 2012; Weiss, 2010). In contrast, 3-5% of male victims were assaulted by a female in a Canadian study (Du Mont et al., 2013; Stermac et al., 2004). Participants judge more harshly and engage in more victim blaming in assaults against males when females perpetrate (Davies et al., 2006). In a study in the UK by Davies et al. (2006), heterosexual male victims were blamed more when assaulted by a female and gay males were blamed more when assaulted by a male.

Gender Differences in Victimization

It is important to highlight the gender differences present in victimization and the impacts of these differences. Some research findings suggest that men are more likely to experience a traumatic event in their lifetime (Tolin & Foa, 2008). These include accidents, non-sexual assaults, war, and natural disasters. However, women are more likely to experience sexual violence than men in Canada and globally (Kessler et al., 2017; Olff, 2017; Tolin & Foa, 2008, Statistics Canada, 2021). Importantly, research shows that sexual assault is a traumatic experience that increases the likelihood of developing PTSD in men and women (Breslau et al., 1991; Galovski et al., 2013; Kessler et al., 2017). For example, sexual assault victims are three times more likely to develop PTSD than others who experienced traumatic events such as those in combat zones, those experiencing life threatening accidents, and those experiencing natural disasters (Darves-Bornoz et al., 2008). Self-blame present in sexual assault victims, comorbidities with depression, and increased risk for suicidal ideation, compounded with how society shames and blames victims, further explain why sexual assault related trauma is more likely to cause PTSD than non-sexual assault trauma (Connor & Davidson, 1997; Kimerling et al., 2002). There is a gap with the research on the topic of trauma with men, as most studies with men are with those who have experienced military-related trauma (Galovski et al., 2013). Conversely, most studies with women focus instead on women who have experienced interpersonal or sexual violence. Women are more likely than men to experience sexual violence or interpersonal violence, whereas men are more likely to experience physical violence and accidents (Kessler et al., 2017). Because females are more likely than males to experience sexual violence, this partially explains why there is more research on female sexual assault and resulting PTSD (Kessler et al., 2017).

Effect of Sexual Assault on Men

Sexual assault negatively impacts the victim in multiple areas, including mental well-being, physical well-being, social functioning, interpersonal relationships, and can result in feelings of depression, helplessness, anger, guilt, and shame (Bullock & Beckson, 2011; Griswold et al., 2020; McDonald & Tijerino, 2013; Petersson & Plantin, 2019; Weiss, 2010). Physical injury from the assault is quite common for male victims of sexual violence (Davies et al., 2010; Du Mont et al., 2013; Ioannou et al., 2017; Mezey & King, 1989; Zilkens et al., 2018). Other research has found that victims of sexual assault are more likely to suffer from anxiety, post-traumatic stress disorder (PTSD), substance abuse disorders, depression, self-harm, and have an increased risk of suicidal ideation and suicide attempts (Bryan et al., 2013; Choudhary et al., 2012b; Donne et al., 2018; Masho & Anderson, 2009; McDonald & Tijerino, 2013; Tomasula et al., 2012; Turchik, 2012). In a study by Tomasula et al. (2012) of male high school students in the US, males who experienced sexual violence were almost ten times more likely to try to die by suicide in the following year of an assault The assault may impact the victim's view of themselves, their self-esteem, and sometimes triggering self-blame, anger, guilt, and shame (Lowe, 2018; McDonald & Tijerino, 2013; Petersson & Plantin, 2019; Weiss, 2010; Widanaralalage et al., 2022). Sexual assault can also result in sexual risk taking or sexual dysfunction for the victim (Buller et al., 2014; Mezey & King, 1989; Peterson et al., 2011; Turchik, 2012; Vearnals & Campbell, 2001). Furthermore, the assault can impact the victim's education and work (Ellis et al., 2020). It is crucial to have research explore more the distress that male victims of sexual violence face so that the impacts of the assault can be better understood.

Male sexual assaults often occur by people known to the victim (Choudhary et al., 2012a; Davies, 2002; Du Mont et al., 2013; Ioannou et al., 2017; Isely & Gehrenbeck-Shim, 1997; Masho & Anderson, 2009; Mezey & King, 1989; Munroe & Shumway, 2022; Weiss, 2010; Zilkens et al., 2018). Male victims of sexual violence often find it difficult to trust others again following the assault, impacting their ability to form and maintain relationships or friendships (McDonald & Tijerino, 2013). Because of the psychological distress created following the assault, the victims may enact ways of coping or compensatory behaviours to cope with the assault, some of which are detrimental to the victim such as developing substance abuse problems or engaging in sexual risk taking (Donne et al., 2018; Elder et al., 2017; Ellis et al., 2020; McDonald & Tijerino, 2013; Turchik, 2012; Widanaralalage et al., 2022). Petersson and Plantin (2019) highlight that some men can use artistic forms of expression, such as drawing or painting, to help them process the emotions of the assault and that this process may occur before men may disclose the assault to others.

It is also essential to consider the internal processes that occur for male victims of sexual assault. Instances of sexual assault during childhood can be psychologically damaging (Amado et al., 2015; Easton, 2013; Easton, 2014; Easton et al., 2014; Ellis et al., 2020; Griswold et al., 2020; Maikovich-Fong & Jaffe, 2010; Munroe & Shumway, 2022); men often feel disgusted with themselves or that something is wrong with them (Dorahy & Clearwater, 2012; Easton et al., 2014; Griswold et al., 2020) or they question their sexuality or are afraid others will (Easton et al., 2014; Gagnier & Collin-Vezina; Petersson & Plantin, 2019). Victims may blame themselves for the assault, even partially (Easton et al., 2014; Widanaralalage et al., 2022). Men may also blame themselves for being unable to prevent the assault and then blame themselves for being affected by the sexual assault, as society holds expectations around men being stoic (Lowe,

2018). Feelings of blame can lead men not to be able to see themselves as a victim, which may impact their decision to report their sexual assault and/or seek counselling support (Griswold et al., 2020; Lowe & Balfour, 2015; Lowe & Rogers, 2017; Widanaralalage et al., 2022).

Masculinity and Societal Norms

Societal norms of men and masculinity can negatively impact male victims of sexual violence (Griswold et al., 2020; Widanaralalage et al., 2022). Griswold et al. (2020) discuss some of the norms prevalent for men, such as the norm of men feeling pressured to be sexually active or always being willing to engage in sex. Schaaf et al. (2019) found that males were less likely than females to believe an experience was sexual violence and they minimize the risk and effects of the assault. In addition, they were less likely to see the sexual assault as serious, especially when it was perpetrated by a female (Schaaf et al., 2019; Smith et al., 1988). Societal norms may lead male victims to possibly feel that they did not do enough to stop the assault (Thomas & Kopel, 2023; Widanaralalage et al., 2022). The act of fighting back or resisting the assault is seen as a masculine and expected behaviour (Javaid, 2015b). Therefore, men who experience sexual violence who did not fight back or were incapacitated in some way struggle in dealing with their assault, as the man might view the incident as a threat to their masculinity. Hlavka (2017) notes that some male victims discuss the importance of fighting back in a sexual assault, as that is something expected of a male. A common case for male victims of sexual assault is that they are incapacitated in some way, most often because of drugs or alcohol, that prevents them from consenting to sexual activities and leads to males blaming themselves for the assault (Griswold et al., 2020; Weiss, 2010). Others report a state of freezing in which they know they are not consenting to sex but cannot express it (Griswold et al., 2020; Walker et al., 2005). In addition, men are also threatened during the assaults, possibly explaining why some men may

not fight back (Du Mont et al., 2013; Ioannou et al., 2017; Peterson et al., 2019). Male sexual assault directly challenges the norms males are expected to uphold, that "male rape essentially challenges men's manliness, and men who violate codes of masculinity are often negatively sanctioned" (Javaid, 2015b, p. 287).

This discussion around masculine norms relates to hegemonic masculinity, which are the societal expectations for men and how they should behave and interact with others (Widanaralalage et al., 2022). It is the description of what it means to be a man and is often reinforced by the reactions of others (Jewkes et al., 2015). However, it is important to note that there is often not one hegemonic masculinity present in society (Connell & Messerschmidt, 2005). Instead, there are often multiple hegemonic masculinities that are prevalent in society. A conflict can occur when there is an intersection between hegemonic masculinity and a male victim of an assault reaching out for support because hegemonic masculinity denies the male victim of sexual assault from being a victim (Widanaralalage et al., 2022). Society views a man being a victim of sexual violence as opposite to what hegemonic masculinity would expect a man to do (e.g., defend themselves from the assault; Weiss, 2010). "Being seen as a powerless victim of sexual violence is particularly difficult for men, as this transgresses conventional norms of masculinity" (Petersson & Plantin, 2019, p. 378).

Furthermore, a man's ability to engage in sexual activity profoundly impacts their sense of masculinity (Griswold et al., 2020). This societal view that men always want sex leads to doubt from others when they hear of a man refusing sex (i.e., being sexually assaulted). Norms posit that men should always be willing to engage in sexual activities and if a man is not doing so, this can damage a man's sense of masculinity (Davies et al., 2006; Griswold et al., 2020). Schaaf et al. (2019) discuss in their study of 23 college students the perceptions some male

participants have around male sexual assault with male participants stating, “it would be shocking if a guy came forward saying they didn’t want it. Could be emasculating that they didn’t want that sexual experience” or that “it would go against [sex] norms” (p.701). The norms prevalent in society can impact the victim’s perception of the assault, such as determining if what occurred was an assault (Widanaralalage et al., 2022).

There are other norms prevalent in society that can be harmful to men, like the norm that men cannot be victims of sexual assault and instead are merely only perpetrators of sexual violence (Griswold et al., 2020; Widanaralalage et al., 2022). Females perpetrate between 46-48% of male sexual assault cases (Peterson et al., 2019; Turchik, 2012; Weiss, 2010), although Canadian studies find the rate to be 3-5% of assaults (Du Mont et al., 2013; Stermac et al., 2004) Females can perpetrate male sexual violence, although not as often as male-perpetrated sexual violence (Donne et al., 2018; Munroe & Shumway, 2022). Because of the norms discussed that are prevalent in society, it makes it much more difficult for males to disclose their assault either to the police or to someone else (Widanaralalage et al., 2022).

In addition, norms exist around how heterosexual men should act, with men needing to be strong or tough (de Boise & Hearn, 2017; Donne et al., 2018; Hlavka, 2017; Javaid, 2015b). If they display any emotion, it will be seen by others as that man is weak (de Boise & Hearn, 2017; Donne et al., 2018). This is supported by de Boise and Hearn (2017) stating that “a recurrent theme has been that men often learn to hide emotions or maintain emotional distance due to socialization” (p. 782). Society creates expectations around men and the expression of their emotions (de Boise & Hearn, 2017; Donne et al., 2018; Elliott & Owens, 2023). If a man cannot display their emotions, how are they supposed to be comfortable expressing their emotions following sexual violence (de Boise & Hearn, 2017; Elliott and Owens, 2023)? These societal

norms are problematic for victims of sexual violence, such that these norms create barriers for male victims of sexual violence and prevent them from accessing support.

Rape Myths

Relating to the discussion of masculine norms is the topic of rape myths and their impact on male help-seeking behaviour. Rape myths are "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217). Rape myths are as problematic as societal norms because rape myths discredit male victims of sexual assault as being a victim by attributing blame to the victim for the assault (Chapleau et al., 2008; Struckman-Johnson & Struckman-Johnson, 1992; Widanaralalage et al., 2022). These rape myths deny the possibility of a sexual assault ever occurring and deny the validation the victim should expect following disclosing their assault (Hammond et al., 2017; Widanaralalage et al., 2022). In addition, rape myth acceptance is also connected to victim blaming (Ayala et al., 2018; Turchik & Edwards, 2012). As rape myth acceptance increases, so did the amount of victim blame by participants (Ayala et al., 2018; Hammond et al., 2011). This was especially true for male victims (Ayala et al., 2018). An interesting trend is that increased rape myth acceptance lowers the level of blame for perpetrators of sexual violence (Ayala et al., 2018). To add, there is a link between adhering to male rape myths and holding anti-homosexual beliefs (Kassing et al., 2005). Some rape myths question the allegations' authenticity, stating that the victim is exaggerating their assault or lying about the assault altogether (Hammond et al., 2017). However, more research is needed to examine how male rape myths impact how police respond to male victims of sexual assault (Widanaralalage et al., 2022).

Rape myths exist in society and research has found that believing in rape myths is more common than one may think (Turchik & Edwards, 2012; Widanaralalage et al., 2022). However,

compared to the high rape myth acceptance in Struckman-Johnson & Struckman-Johnson (1992) and reduced acceptance in Chapleau et al. (2008), it is evident that rape myth acceptance is decreasing, with Hammond et al. (2017) finding that over 90% of their participants did not endorse rape myths.. In contrast, research by Walfield (2021) found that only 20% of their sample of 1220 adults in the US did not endorse any rape myths. Kassing et al. (2005) found in their sample of 210 men from the US that older men and less educated men are more likely to endorse rape myths. Younger men and men with higher education were less likely to endorse rape myths (Kassing et al., 2005).

Rape myths regarding the ability of a male to be able to protect themselves from a sexual assault had a higher level of endorsement, as well as statements from participants that police would not take the sexual assault of a man seriously, specifically if a female were to assault a male (Hammond et al., 2017). Around 33% of participants stated that the level of resistance displayed by a male victim of sexual violence was crucial in determining if he was sexually assaulted (Walfield, 2021). In a sample of 1220 adults from the US, one in four participants highlight that men are sexually insatiable, and they will enjoy all sex that comes in their direction. Overall, a pattern emerges that males are more likely than females to endorse rape myths. In addition, a rape myth is present that if a man gets an erection during an assault, then there is the assumption that the man was a consenting participant (Walfield, 2021). In their sample of 1220 adults in the US, Walfield (2021) found that 16% of participants agreed with a statement regarding an erection meaning consent whereas Hammond et al. (2017) found only 1% of their sample of 98 men from the UK agreed with a similar statement.

Javaid (2015a) discusses the sub-culture in policing that the supervisors in the police organization often set. These sub-cultures do exist, but it is unclear how rape myths impact

police sub-culture and how this will in turn impact male victims of sexual violence should they choose to disclose their assault to police. Javaid (2015a) highlights that the police sub-cultures may impact how male rape victims are treated when they report an assault. If police sub-cultures contain problematic views or rape myths around male sexual violence, this may negatively impact police responses to male sexual assault. For example, Venema (2018) in their sample of US police officers, found that rape myth acceptance impacts how serious police take the assault. Of the men who do report their assault to police, they often report negative experiences (Javaid, 2015a; Pitfield, 2013; Rumney, 2008; Widanaralalage et al., 2022).

Research on female victims of sexual violence has found that officers often rely on rape myths when receiving reports (Parratt & Pina, 2017). Rape myth acceptance is prevalent in law enforcement, with the endorsement of rape myths impacted by factors such as the officer's beliefs or if they have received training on working with sexual violence victims (Parratt & Pina, 2017; Smith et al., 2016; Venema, 2018). Garza and Franklin (2021) found rape myth acceptance negatively impacts police officers' preparation to work with sexual violence cases while sexual violence training increases their ability to work with these cases. However, Garza and Franklin (2021) were examining rape myth acceptance in the context of female sexual violence. This comparison was made given the lack of the data examining the impact of male rape myths on law enforcement. If male rape myths are part of the police sub-culture, then male victims of sexual violence may experience barriers to disclosing their assault to the police. Recently, it has become evident that there are attempts to change inappropriate police sub-cultures, by challenging problematic or homophobic views in police organizations (Javaid, 2015a). This is done through education and training for police officers. From there, the goal is to replace these

practices with appropriate practices and views for working with victims of sexual violence, including male victims.

One prominent rape myth that exists regarding men is that men are not able to be sexually assaulted because men should be able to fight off their attacker and prevent the assault (Allen et al., 2015; Davies, 2002; Turchik & Edwards, 2012; Widanaralalage et al., 2022). If a male cannot fight off their attacker, the societal assumption is that the male victim is weak and this damages the male's sense of masculinity (Peterson et al., 2011; Widanaralalage et al., 2022). In addition, rape myths also can revolve around who can and cannot be a perpetrator or victim of sexual assault (Turchik & Edwards, 2012).

Another rape myth in society is that only homosexual males can be victims of sexual assault (Turchik & Edwards, 2012; Walfield, 2021). The belief that females cannot sexually assault a male exacerbate the rape myth of male rape occurring only between homosexual individuals (Widanaralalage et al., 2022). Specifically, Hammond et al. (2017) state that "the most prevalent [myths] are those revolving around the notion that it is impossible for a man to be sexually assaulted or raped by a woman" (p. 137) because society finds it difficult to comprehend a man being sexually assaulted by a woman. This also creates assumptions regarding when a man discloses a sexual assault to others, thereby leading to assumptions that the assault must have been between two males (Weiss, 2010; Widanaralalage et al., 2022). Homosexual men may be less likely to report because others do not know of their sexual orientation (Doherty & Anderson, 2004; Easton et al., 2014; Sorsoli et al., 2008; Weiss, 2010). Furthermore, myths that all homosexual males are promiscuous lead to blame of homosexual male sexual violence victims, positing that their promiscuity meant that they were active and consenting participants in the encounter (Widanaralalage et al., 2022). Furthermore, myths exist

around men not doing enough to stop the assault from occurring (Davies, 2002). These rape myths are common among several respected professions including counsellors, doctors, nurses, police, and employees of rape crisis services (Anderson & Quinn, 2009; Davies, 2002; Donnelly & Kenyon, 1996; Kassing & Prieto, 2003; Struckman-Johnson & Struckman-Johnson, 1992).

In a study by Hammond et al. (2017) where participants completed a survey on rape myths and responses to fictional assaults, the endorsement of rape myths were higher in scenarios in which a male was assaulted by a female. Indeed, there is this belief that if a female perpetrates a sexual assault, the police will not take it as seriously as they would if it was a male perpetrator because of the disbelief present around female perpetrated sexual assault or disbelief around the impacts of the sexual assault on the male. Participants in studies by Hammond et al. (2017) and Gambardella et al. (2020) both unpack how they would be unlikely to report their assault to the police if a female perpetrated it. If the perpetrator was a male, this increased the likelihood that they would report it to police (Hammond et al., 2017). A possible explanation is that the victim may feel that if they were to disclose their assault to police or others in their life, they would not be believed (Gambardella et al., 2020).

In addition, research suggests that males are more likely than females to endorse rape myths, because males have difficulty comprehending male sexual violence (Hammond et al., 2017). Chapleau and colleague's (2008) research indicates a higher endorsement of rape myths by males compared to females. This theme of men endorsing rape myths more than women shows up regardless of whether the victim is man or woman.

Context of the Sexual Violence

The research varies on physical injury during the assault, with some studies finding that this is not the case, except for injuries relating to the sexual assault (Light & Monk-Turner, 2009;

Masho & Anderson, 2009; Weiss, 2010). In contrast, Isely & Gehrenbeck-Shim (1997) found injury from the assault was common. Other victims report a state of freezing in which they cannot express not wanting to have sex (Griswold et al., 2020). This relates back to the fight or flight response, which describes the responses where a person resists and fights for their life or they attempt to flee the encounter (Bracha et al., 2004). Ataria (2015) discussed that often when the option to fight or flee is not available, the freeze response is the next best option. Part of the freeze response is tonic immobility, also known as fright, in which a person or animal stays still, not fighting or resisting out of concern of being injured or killed (Bracha, 2004). Just as the fight, flight, freeze, and fright response describes responses to stress, the tend and befriend theory also explains behaviour in response to stress (Taylor, 2006). The befriend response highlighted by Taylor (2006) is a response in which a person seeks out to affiliate with others for protection. In summary, the variety of responses prevalent in individuals exposed to stress allow for an understanding of the biological and survival mechanisms prevalent for those exposed to stress.

The lack of consent to sex is problematic for the victim, as it often leads the victim to criticize themselves for not being able to fight off their attacker or being able to express their non-consent, thereby creating doubt in the victim being believed if they were to disclose their assault to police or others (Griswold et al., 2020). Therefore, this may explain the discrepancies regarding sexual violence among male victims; a male victim may want to say no to being sexually assaulted, however, during the assault, they froze and could not express their lack of consent to the perpetrator.

Furthermore, individuals can find it difficult to understand how a male could become aroused or ejaculate during the sexual assault and still label it as sexual assault (Bullock & Beckson, 2011; Davies, 2002; Thomas & Kopel, 2023). Often male victims of sexual assault go

through a timely process to label their experience as a sexual assault as it is not a conclusion they come to immediately after the incident (Donne et al., 2018). Young et al. (2018) discusses the difficulty victims face in understanding whether their experience was a sexual assault, particularly because male victims may consent to one sexual act but not another, they may ejaculate or feel arousal, all of which leading to confusion (Bullock & Beckson, 2011; Davies, 2002; Thomas & Kopel, 2023). One participant in a study of male sexual assault victims in the US noted the following regarding the process, "I mean, yes, you know when something isn't right. You just get that feeling, I guess" (Donne et al., 2018, p. 194). This highlights the process of labelling an experience as sexual violence. It starts with a feeling for the victim and grows in thought till they conclude that they experienced sexual violence. This process is inherently important as it may begin one down the path to disclosing their assault. However, the response may take time given that often victims do not seek out support following an assault (Bullock & Beckson, 2011; Donne et al., 2018; Ellis et al., 2020; Masho & Alvanzo, 2010).

Research by Zilkens et al. (2018) highlighted the importance of vulnerability factors, that negatively impact a victim's ability to protect themselves from sexual violence. Zilkens et al. (2018) found that 88% of participants from their study of 103 males from Australia had one or more vulnerability factors present for their sexual assault. In their sample of 103 adult males from Australia, mental illness, alcohol use leading up to the sexual assault, and previous history of sexual assault were found to be the most common vulnerability factors among participants. Excessive alcohol consumption was also common among a sample of gay and bisexual men in a study by Hequembourg et al. (2015), with around half of participants consuming alcohol prior to the assault. Furthermore, it is often the case that perpetrators or victims consume alcohol leading up to the assault (Basile et al., 2021; Hequembourg et al., 2015). Blaming the assault on alcohol

or other substances may serve two purposes. It might provide a justification for their assault to minimize the harm to the relationship their masculinity. It may also strengthen their masculinity by admitting that they engage in alcohol use, which can be some by some a masculine behaviour (Javaid, 2015b).

Javaid (2018) hypothesizes that the reasons for male sexual assault are similar to female sexual assault in that it is about exercising power and control over the victim. The sexual assault is about taking away power and control from the victim by sexually assaulting them. For the perpetrator, it is about being able to exercise their power and control over another person. However, male sexual assault is also viewed as being a way to commit hate against men through homophobia towards victims that may be homosexual, or the perpetrator may believe them to be homosexual (Javaid, 2018; Turchik & Edwards, 2012; Widanaralalage et al., 2022).

Barriers to Help-Seeking Behaviour

A barrier is "any factor that decreases the likelihood that a survivor will tell someone else about his or her victimization or seek formal services for help in the aftermath of the victimization" (Allen et al., 2015, p. 104). Research has found that barriers impact male victims more so than female victims of sexual assault (Allen et al., 2015). The first theme of barriers that prevent individuals from reaching out for support is the fear the victim has of repercussions or reactions against them following disclosing the assault (Allen et al., 2015; Davies, 2002; Griffin et al., 2022; Sable et al., 2006). The top three barriers why male victims would not disclose their assault to police are stigma, embarrassment about reaching out, and not wanting their family to know what happened to them and possibly judge them (Allen et al., 2015; McDonald & Tijerino, 2013; Sable et al., 2006). Feelings of shame, embarrassment, or even fear of others doubting their account, are barriers to disclosing their assaults to others (Griswold et al., 2020; Griffin et

al., 2022; Hammond et al., 2017; Jackson et al., 2017; Javaid, 2015a; Pitfield, 2013; McDonald & Tijerino, 2013; Mezey & King, 1989; Sable et al., 2006; Weiss, 2010). If a male believes they are likely to be believed, they are more likely to move forward with a disclosure of sexual violence (Pitfield, 2013). Additional barriers exist around others assuming the victim is homosexual or that the victim is homosexual, queer, trans, or questioning, and they do not want to report their assault because it will reveal their sexual orientation (Doherty & Anderson, 2004; Easton et al., 2014; Sable et al., 2006; Sorsoli et al., 2008; Thomas & Kopel, 2023; Weiss, 2010). Therefore, we can conclude that multiple barriers exist for male victims of sexual violence impacting disclosure, such as feeling embarrassed, fear of not being believed, or fears over how others will react (Allen et al., 2015; Griswold et al., 2020; Sable et al., 2006).

The second theme of why men do not disclose their assault relates to societal norms of masculinity (Donne et al., 2018; Widanaralalage et al., 2022). The reporting of an instance of sexual violence can damage the victim's sense of or perceived masculinity (Sable et al., 2006). This is because there is an expectation that men should be able to protect themselves from sexual violence (Allen et al., 2015; Davies, 2002; Turchik & Edwards, 2012; Widanaralalage et al., 2022). In addition, the norms prevalent in society point men towards acting masculine such that they do not express their emotions or the emotional impacts of what occurs to them (Donne et al., 2018). Norms exist in society around the male expression of emotion, impacting a victim's willingness to report (de Boise & Hearn, 2017; Donne et al., 2018). Donne et al. (2018) notes that norms around masculinity negatively impact how men should respond, with one participant saying, "Men are supposed to be seen as like these emotionless, sturdy walls that nothing can penetrate" (p. 195). De Boise & Hearn (2017) discuss how these masculine norms are reinforced and supported by the patriarchy. Because of the negative impacts on men's expression of their

emotions, it is evident therefore how this is problematic for men. These societal views negatively impact male victims of sexual assault by positing that they should not be affected by the sexual violence they experienced (Donne et al., 2018).

The third theme of barriers that exist for male victims of sexual violence relates to the logistics of finding a resource of support. This is a barrier in that there is a lack of resources available to male victims of sexual assault (Ellis et al., 2020; Pitfield, 2013; Widanaralalage et al., 2022). It is the case that men reach out to sexual assault support centres and are told that these services do not serve men, even if they are victims of sexual violence (Pitfield, 2013). Men are often seen in society as perpetrators, not victims of sexual violence and support services are funded towards supporting female victims (Allen et al., 2015; Griswold et al., 2020; Turchik et al., 2016; Widanaralalage et al., 2022). This creates barriers for male victims of sexual violence as these programs' design is to help females following sexual violence (Allen et al., 2015).

Other identified barriers include the cost of support or counselling (Donne et al., 2018; Ellis et al., 2020; Pitfield, 2013). Some victims cannot find a service that accepts their insurance plan, or they cannot afford to pay for the service out of pocket (Ellis et al., 2020). Males find it difficult to access mental health supports or are discouraged by the wait lists for support (Donne et al., 2018; Elliott & Owens, 2023). Other victims in a study of 32 US males, report difficulty in finding time in their week to access support for their assault (Donne et al., 2018). Difficulty in accessing supports for men ends up further negatively impacting men's willingness to seek out treatment (Elliott & Owens, 2023). Another barrier to help-seeking behaviour is fit with the therapist (Donne et al., 2018). Given the personal nature of disclosing a sexual assault, it is understandable that the victim would want to disclose it to someone only if they trusted them.

Even though sexual assault can have long-lasting negative impacts on the victim, research shows that male victims of sexual assault often do not seek help following the assault (Bullock & Beckson, 2011; Donne et al., 2018; Ellis et al., 2020; Masho & Alvanzo, 2010). One factor that increased the likelihood of the victim reporting the assault was if the victim was also physically assaulted or threatened during the assault (Donne et al., 2018; Masho & Alvanzo, 2010). Another factor found to increase the likelihood of help-seeking was if the perpetrator of the sexual assault was someone that victim knew, like a friend or family member (Masho & Alvanzo, 2010). A study by Griswold et al. (2020) found that 64% of male victims of sexual violence ended up disclosing their assault to others, including friends or family. Of those who disclosed their assault to others, victims of childhood sexual abuse are less likely to disclose their assaults (Griswold et al., 2020). Shame, embarrassment, and depression contribute to preventing the disclosing of childhood sexual assault by men.

Barriers to Reporting the Assault to Police

Most male victims of sexual assault do not report their assault to the police quickly after it occurs if they report it at all (Davies, 2002; Hammond et al., 2017; Javaid, 2018; Light & Monk-Turner, (2009); Mezey & King, 1989; Widanaralalage et al., 2022). Fears victims have of the police not believing them, subscribing to myths, or minimizing their experience, all act as barriers to reporting to the police (Hammond et al., 2017; Thomas & Kopel, 2023). Hammond et al. (2017) and Weiss (2010) note that participants were less likely to report to the police if a female assaulted them than a male because of the doubt that they would be taken seriously. If a male assaulted them, only 24% of participants said they would not report the assault to the police because they thought it would not be taken seriously by police (Hammond et al., 2017). Victims of sexual violence describe the process they go through in labelling their assault as sexual

violence (Donne et al., 2018). Victims view the acknowledgement that they experienced sexual violence as the beginning of the healing journey (Widanaralalage et al., 2022). Police officers highlight that because of the unlikelihood of male victims reporting their assault to police, it often means that the perpetrators are allowed to continue to perpetrate sexual violence (Javaid, 2018).

A barrier is present for reporting an assault to police, with victims feeling that their assault should not involve the police as what occurred to them was not traumatizing enough or that their injuries were not severe enough (Hammond et al., 2017). Male victims of sexual violence will minimize the severity of their assault to themselves and others, impacting their decision to report the assault to police or others (Petersson & Plantin, 2019). Unless the victim views the sexual assault as severe or feel that it is likely police will believe them, they are unlikely to report the assault to the police for fear that they would not be believed or taken seriously by police (Davies, 2002; Hammond et al., 2017). It is troubling to see that some victims would not report their assault to the police as the victim has deemed the traumatic experience was not severe enough to warrant police intervention (Hammond et al., 2017). Often, those who report their assault to the police report that the experience of reporting was negative (Javaid, 2015a; Pitfield, 2013; Rumney, 2008; Widanaralalage et al., 2022). Victims find that police officers may act not sympathetic, not interested in the victim's case, or will even diminish the assault, minimizing its traumatic effect on the individual, or not take the assault seriously (Davies, 2002; Rumney, 2008; Widanaralalage et al., 2022). Also, police often doubt the claim offered by the victim, positing that it must be a false claim (Javaid, 2015a; Pitfield, 2013; Rumney, 2008). Police are more likely to blame male victims of sexual assault for the incident than female victims of sexual assault (Davies et al., 2009). In addition, police often assume that

the male victim is homosexual, an unfair assumption for victims reaching out for support (Javaid, 2015a). Other victims deal with accusations of instigating the sexual assault, with the officer engaging in victim blaming (Javaid, 2015a).

Of those who do report their assault to the police, up to 55% of men in the UK who report their assault will withdraw their report (Widanaralalage et al., 2022). A possible reason this occurs is because male victims are often met with stigma from police officers when they report, sometimes resulting in further traumatization. It is because of this that some victims of male sexual violence report that they would not advise others to report their assault to the police, given their own experiences of reporting. If victims have negative experiences of reporting, then this negatively impacts other men by increasing the number of cases that are not reported to police. What results is the appearance that male sexual violence is not an issue. Furthermore, these negative experiences of reporting to police contribute to the barriers by demonstrating to other men that the police are not helpful in their case. This is evident in studies by find that men who report their assault report negative experiences of reporting (Javaid, 2015a; Pitfield, 2013; Rumney, 2008; Widanaralalage et al., 2022).

Another possible reason for the withdrawal of cases is the ability to prosecute the cases (Javaid, 2015a). If there are any discrepancies in the story provided by the victim, this can create more difficulty in the ability of the justice system to prosecute the offenders. Walfield et al. (2022) found that 65% of male sexual assault cases are open cases and that only 20% of cases result in an arrest. Walfield's study examined sexual assault reports in the US, having a sample of 20,701 male victims from the United States National Incident-based Reporting System. Cases in which there are female perpetrators are less likely than cases with male perpetrators to lead to an arrest (Walfield et al., 2022). If the case includes a male victim under the age of 18, then the

chance of an arrest occurring increases (Walfield et al., 2022). Sexual assault reports rarely lead to prosecution in the UK and even if a trial occurs, perpetrators of male sexual violence are not likely to be convicted for their crime (Javaid, 2018).

In Canada, the number of cases that led to charges being filed increased from 2017 to 2022, although when combining all of the data (including combining with the increase in uncleared incidents where charges could not be filed due to lack of evidence), the number of cases resulting in charges decreased from 34% to 31% (Conroy, 2024). However, it is important to note that this data is all sexual assault cases reported, not just male sexual assault cases. In total, there was 38,720 incidents reported to police in Canada in 2022. Of those, only 17,072 were solved and only 12,930 led to charges. This means that out of the 38,720 incidents reported, only 33% led to the filing of criminal charges.

Expectations and Experiences of Disclosing

Of those that disclose their assault to others, most report that they are looking for validation of their experience and empathy, not restitution toward the offender (Griswold et al., 2020). Simply telling someone else about the assault benefitted the victim, almost as if it removes weight from the victim or removes the heavy burden. In addition, the victim may be open to receiving advice from whom they disclose. Furthermore, of those that disclosed the assault to someone else (e.g., a friend or loved one), they often report that the experience was met with support (Griswold et al., 2020; Pitfield, 2013). Among heterosexual and sexual and gender minorities, they were more likely to disclose to a counsellor or a friend (Koon-Magnin & Schulze, 2019).

Monumental factors in the support of these males were the positive experiences of disclosing and the relationship built with the person disclosed to. Some stated that they were able

to build strong relationships with others by disclosing their assault to a friend, co-worker, doctor, police officer, or rape service worker (Pitfield, 2013). Notably, being believed by others positively impacts whether the disclosure is a positive experience (Gagnier & Collin-Vezina, 2016).

Koon-Magnin & Schulze (2019) explained that sometimes individuals disclosing sexual violence are met with emotional support. Men sometimes report experiences that allow them to process the event with a clinician (Donne et al., 2018; Pitfield, 2013). Men find that being able to disclose to someone who responds empathetically, validates their experience and pain, and follows up with them later as being extremely beneficial for the man (Jackson et al., 2017). A participant in a study by Gagnier & Collin-Vezina (2016) mention that their counsellor was able to put the assault into perspective for the client, allowing the client to conclude that the experience was not their fault. This highlights the important skills of a counsellor that allow for meaningful support of victims of sexual violence. When men have these positive experiences of reaching out, it increases the likelihood that these men will reach out in the future (Jackson et al., 2017).

Conversely, some have negative experiences disclosing their assault to others, such as being ignored, being blamed, or doubted (Davies, 2002; Gagnier & Collin-Vezina, 2016; Griffin et al., 2022; Griswold et al., 2020; Koon-Magnin & Schulze, 2019; Widanaralalage et al., 2022). Men often have negative experiences when disclosing their sexual assault to others. For example, men often experience disbelief from others when they share the experience (Griffin et al., 2022; Jackson et al., 2017; Widanaralalage et al., 2022). In a study by Jackson et al. (2017) of 18 sexually diverse men from the US, the men who disclosed to whom all experienced secondary victimization because the person diminished the assault, forced them to recall details of the

assault, and denied future discussion around the sexual assault. Gagnier and Collin-Vezina (2016) found that their study that men's experiences were minimized by those they disclosed to and that they were often told not to tell anyone else about it.

Other studies reveal that men report being blamed for their assault, with others blaming the assault on substance use or poor decision-making (Jackson et al., 2017). As a result of the victim blaming, the men experience re-traumatization as their experience is not validated or met with support. These negative responses act as barriers for individuals, who then decide that they will not discuss their assault to protect others from having to engage in what society views as an uncomfortable and difficult conversation (Pitfield, 2013). Jackson et al. (2017) supports this by participants stating that there is often little follow up or room for future discussion after the person discloses their assault, almost as if it is a one-time disclosure. Participants note they were told not to talk about the assault too much or were not allowed to talk about it with the person they disclosed to. Even when reaching out to formal services, males are hesitant because they are concerned on how the service will respond to them (Pitfield, 2013). The notion that male sexual assault is not common, even though not supported by the literature, acts a deterrent for males reaching out. Will they be believed? Is this the rape service's first encounter with a male victim? Having a negative response to disclosure negatively impacts the individual's processing of the assault, leading them to not believe they experienced sexual violence (Jackson et al., 2017).

If a male victim is unable to reach out to supports, either formal or informal, they can experience a sense of isolation and attempt to cope with the assault in secrecy (Pitfield, 2013). Some men may experience fear of others finding out about their assault, wanting to have some control over the situation, or to deal with their feelings of shame or their damaged masculinity. When individuals feel that they cannot reach out to formal support, such as counselling, they

may turn to informal support, such as support groups or friends, to help them cope with the trauma (Allen et al., 2015; Donne et al., 2018). Males in one study discussed how attending support groups were helpful in the realization they have experienced sexual violence (Donne et al., 2018). Depending on how the person responds, it will have a lasting impact on if the victim reports their assault to the police or a healthcare worker (Allen et al., 2015).

Various theories exist with the aim of explaining barriers to male help-seeking behaviour. Men typically do not seek help for mental health conditions and instead try to manage the problem on their own (Fisher et al., 2021; Staiger et al., 2020). When they do reach out for support, there is a discomfort discussing the issue with a healthcare provider because there is a belief that the male's problem will not be taken as seriously as if it were the same problem in a female (Elliott & Owens, 2023). In a sample of depressed men, these men felt a lot of shame when discussing reaching out for support (House et al., 2018). These men report that they struggled with their depression on their own before reaching out for support, which they describe as a courageous act after treatment. Men typically find a way to describe reaching out for support as a masculine act to rationalize reaching out, an example being a man reaching out so they can better provide for themselves or their family. The willingness to engage in help-seeking behaviours is impacted by a variety of factors, such as how the individual views the normalcy of the problem, how much support the individual feels they have, how central to the individual's ego is the problem, and the impact of reciprocity for the problem (Addis & Mahalik, 2003; Young et al., 2018).

It is important to discuss how the man regards the normalcy of the problem they are experiencing (Addis & Mahalik, 2003). If a man views the problem they are experiencing as something that is a normal male experience, then they are more likely to seek support (Addis &

Mahalik, 2003; Elliott & Owens, 2023). If they conclude it is not a normal problem for a man, then they are less likely to engage in help-seeking behaviours. Masculine norms in society dictates what problems are normal or abnormal for men. Society also dictates what health problems society views as being a man's problem and a woman's problem (Elliott & Owens, 2023). Men discuss in society how women's mental health is given priority compared to men's mental health, arguing that mental health supports often focus on women. Evidence to support this notion is mental health campaigns which focus on raising awareness of help-seeking in women, which negatively impacts men as it posits that the issue is something women struggle with, not men. In addition, how other men react to the disclosure of the problem impacts men's likelihood of reaching out for support (Addis & Mahalik, 2003).

Resources and Willingness to Reach Out

Men often reach out to resources because they feel they have little or no support (Young et al., 2018). Sometimes on hotlines, it is the first-time men discuss their assault with another person, highlighting the importance that the worker on the hotline is properly trained. Men often reach out to hotlines for the purpose of accessing counselling and report challenges with talking about their thoughts and emotions due to challenges with trusting others, especially mistrust around how others respond to men who are victims of sexual violence (Young et al., 2018). Both Easton et al. (2014) and Young et al. (2018) identify the theme of mistrust present for men who are victims of sexual assault, especially mistrust around talking to others about their assault. Young et al. (2018) found that men would often abruptly hang up when reaching out to hotlines and the researchers hypothesize this may be due to the theme of mistrust present for men.

Another factor impacting help-seeking is the concept of reciprocity for men (Addis & Mahalik, 2003). If men feel they can reciprocate in some way for the support they are receiving,

they are more likely to reach out for support. If depressed individuals feel that they cannot give back to other depressed individuals, then they are less likely to reach out for support. This highlights the importance in incorporating reciprocity into helping relationships because of how this may positively impact men's willingness to seek out support.

An additional consideration impacting help-seeking behaviour for men revolves around the term of the problem being ego-central for a man (Addis & Mahalik, 2003). Some ego-central problems represent an important quality of the man's ego (Addis & Mahalik, 2003). What men perceive as central to their ego is impacted by societal norms, how masculinity is present, and how it impacts help-seeking contexts. Men often view help-seeking as a threat to their masculinity, and this leads men to internalize their problem rather than seek out support (Shepherd et al., 2023). An example given by Addis and Mahalik (2003) is that a man who views himself as being stoic, and this identification as stoic is central to his ego, is less likely to seek out help if he experiences a mental health condition. In this example, the reason for the resistance to seeking help is that it would threaten this critical part of his ego. The more the problem threatens the individual's central parts of their ego, the less likely they are to seek support. In Freudian theory, the ego is the connection between the conscious and unconscious mind and the core of the ego can be felt in bodily sensations and feelings (Sletvold, 2013). The ego's primary roles are to mediate the unconscious drives and desires found in the id (Rizzolatti et al., 2014). It also serves as an inhibitory mechanism, preventing us from acting out our unconscious impulses. The internal perceptions and emotional state form the basis of the ego (Sletvold, 2013). If a problem is central to a man's ego, then these internal perceptions and emotional states may explain why men are less likely to reach out for support. In addition, the influence of self-stigma negatively impacts men's willingness to seek out support (Vogel et al., 2011). In fact, self-stigma

was the most important predictor of help-seeking behaviour in a study by Vogel et al. (2011). However, Vogel et al. (2011) and Heath et al. (2017) note the impact of masculine norms as also playing a role in impacting male help-seeking, as the self-stigma results from masculine norms in society. The identification of the role of masculine norms in preventing male help seeking is also present in a study by Yousaf et al (2015b). Just as self-stigma plays a role in preventing help-seeking behaviour among men, self-compassion positively impacts self-stigma, thereby positively impacting that help-seeking barrier for men (Heath et al., 2017). Self-compassion therefore can buffer the effect of self-stigma for men's attitudes and willingness to engage in help-seeking behaviour (Heath et al., 2017).

Theories on Help Seeking

Addis and Mahalik (2003) discuss the importance of switching our approaches to understanding male help-seeking behaviour from a sex differences approach to recognizing male help-seeking instead as due to masculine gender-role socialization. The male socialization theory explains the differences observed between men, which is not easily explained by the sex-differences approach. Help-seeking behaviour is impacted by the norms prevalent in society and how much these men adhere to these norms, impacting their willingness to engage in help-seeking behaviour (Addis & Mahalik, 2003).

Male socialization theory posits that cultural norms and practices impact both men and women, impacting what an individual does, their values, and their beliefs. The learning occurs primarily from male role models in their life (Shepherd et al., 2023). Aggression, emotional strength, and independence are some of the key values that children learn through masculine socialization. Men are expected to be self-reliant, which creates difficulty when they experience a mental health problem that warrants reaching out for support (Addis & Mahalik, 2003). Men

are expected to be independent, and this creates barriers for men seeking help (Yousaf et al., 2015a). Masculinity posits that men need to exhibit independence and control in their lives; seeking out support for a health-related issue directly contradicts the independence masculinity values. Masculine norms negatively impact help-seeking behaviour in men for mental health concerns (Addis & Mahalik, 2003; Wasylkiw & Clairo, 2018; Yousaf et al., 2015a). Furthermore, when there is conflict regarding these masculinity norms and the individual, it creates stress and distress for the individual, sometimes resulting in feelings of depression (Addis & Hoffman, 2017).

Gender role strain also increases the level of distress that men can feel (Addis & Hoffman, 2017). The importance of independence and lack of meaningful relationships makes it more difficult to reach out for support when experiencing distress, such as in the case of depression. Seidler et al. (2016) found that understanding gender-role socialization is crucial to allow clinicians to understand how this impacts masculinity for men. It sheds light on the help-seeking behavior of men and the ways masculine socialization explains the behaviour. By clinicians being able to be aware of this, it allows for an understanding of the processes that impede men from accessing mental health supports. By understanding what is keeping men from engaging in mental health treatment, clinicians can create solutions to better support men.

Masculinity ideology is the "ideologies and belief systems about what it means to be male and attempts to measure an individual's degree of endorsement and internalization of cultural norms and values regarding masculinity and the male gender role" (Addis & Mahalik, 2003, p. 7). An essential consideration is examining the endorsement and internalization of the masculinity identity, or how much the individual identifies and is attached to their masculinity ideology. The more a male endorses masculine beliefs, the less likely they are to seek out support

for a mental health condition (Heath et al., 2017; Vogel et al., 2011; Wasylkiw & Clairo, 2018). Vogel et al. (2011) theorize that men who strongly endorse masculine beliefs are less likely to reach out for support as they view it as failure to being able to be a man. Yousaf et al. (2015b) found similar results in that endorsement of masculine norms directly predicted non-help-seeking attitudes and behaviour in men, accounting for around 50% of the variance. Indeed, there is a link between aligning with masculine roles and willingness to engage in help-seeking behaviour (Heath et al., 2017; Vogel et al., 2011; Wasylkiw & Clairo, 2018; Yousaf et al., 2015a; Yousaf et al., 2015b). There may be differences between groups of men regarding what makes up their masculinity ideology (Addis & Mahalik, 2003). However, a masculinity ideology can change over time. Even though the ideology can be modified, some parts of masculinity ideology are so deeply ingrained in our culture that they are complicated to change. This is because our society and culture dictate the masculinity ideology (Thompson & Bennett, 2015). It is the changes in societal norms and expectations of men over time that impacts the masculinity ideology for a man. Aligning with these ideologies can be detrimental, such as when a man internalizes a belief to be emotionally tough, thereby negatively impacting the individual should they decide not to seek out support due to their masculinity ideology (Addis & Mahalik, 2003).

Shepherd et al. (2023) identified a related term of masculine identity, which is men's self-perceptions, and how this can create barriers to help-seeking behaviours. Seeking help for a mental health condition directly threatens a man's self-esteem and self-identity. Men feel shame and embarrassment in admitting that they need to seek help for a mental health problem and fear the social repercussions of admitting struggling with their mental health (Mursa et al., 2022; Shepherd et al., 2023; Yousaf et al., 2015a). In addition, men feel that they should not express

their emotions, even when dealing with highly distressing conditions such as depression (Johnson et al., 2012; Yousaf et al., 2015a).

Toxic Masculinity

A term that has widely increased in usage since the 1980s is the term toxic masculinity (Harrington, 2021). In many of the discussions around toxic masculinity in the academic literature, the term is not clearly defined (Harrington, 2021). The term was originally used to describe men who grew up without a father figure, leading these men to grow up without a proper example of masculine behaviour in their lives. Because of the lack of a proper model of masculine behaviour, these men develop toxic masculine traits such as competition, greed, and insensitivity towards others (Harrington, 2021; Kupers, 2005). Despite ambiguity regarding a consistent definition, Kupers (2005), define toxic masculinity as "the traits that serve to foster domination, the devaluation of women, homophobia, and wanton violence" (p. 714). Toxic masculinity is the part of the hegemonic masculinity that is disapproved of by society, such as engaging in misogyny, homophobia, greed, and domination (Kupers, 2005). Some research has shown that the term "toxic masculinity" changes the way men are seen, often in a harmful way (Barry et al., 2020).

It is important to note the connection between toxic masculinity and male sexual violence. Masculine norms dictate how men should behave or act, such as being stoic and emotionless as described by De Boise & Hearn (2017). Kupers (2005) uses the term of toxic masculinity as an explanation for the resistance men express in counselling. The discussion around toxic masculinity may give insight into why male victims may refrain from disclosing their assault to others. Understanding the impact of toxic masculinity on help-seeking behaviour is an important piece of the puzzle in ensuring male victims of sexual violence seek help,

especially because of the shame and embarrassment present in male sexual violence victims (Donne et al., 2018). In recent years, the term toxic masculinity has been emphasized as being detrimental to men's health, such as Kupers (2005) discussing its impact on resistance in men's counselling in a prison setting. Even though toxic masculinity has become a popular term, research by Schall (2022) demonstrates that toxic masculinity has less of a negative impact on male mental health than one would think. In their study, gender discrimination and microaggressions were seen as more impactful than toxic masculinity in the development of depression, anxiety, and high levels of stress.

Demographical Factors Impacting Men's Help-Seeking Behaviour

Common cultural factors that negatively impact men's willingness to engage in help-seeking behaviour include religion, age differences, and differences in setting, such as urban versus rural (Lynch et al., 2018). Some men discussed Christianity and the negative impacts religion has on help-seeking, with religion positing that prayer can solve problems rather than engaging in help-seeking behaviour (Lynch et al., 2018). This may deflect the responsibility of dealing with the problem from the individual, with the weight of solving the problem being put on God rather than the individual's task to seek help. Age differences are also discussed as impacting men's engagement in help-seeking, with older generations being less likely to endorse help-seeking behaviour than younger generations. However, Mackenzie et al. (2006) found different results in that older men in their study were more likely to engage in help-seeking behaviour than younger men. This demonstrates the cultural differences between generations around masculinity and gender role socialization, as Addis and Mahalik (2003) discuss. Lastly, individuals living in a rural environment are less likely to reach out for support because of how close these communities often are, with a participant noting that "everyone knows everyone's

business" (Lynch et al., 2018, p. 143). If a client feels that privacy may not be guaranteed, this may negatively impact their willingness to engage in help-seeking behaviour.

Differences in race and ethnicity have been found to impact men's willingness to engage in mental health supports in the United States (Vogel et al., 2011). In a sample of men from the US, Caucasian men are more likely to engage in help-seeking behaviour than African American men (Parent et al., 2018; Vogel et al., 2011). Caucasian men in the US are more likely than African American and Latino men to receive mental health services, even though the rates for engaging in help-seeking behaviour were relatively the same (Lasser et al., 2002). In addition, Caucasian men use these services more, almost three times more than African American and Latino men (Lasser et al., 2002). African American men are less likely than European America men to display self-stigma, which negatively impacts help seeking behaviour in men (Vogel et al., 2011). African American men in this sample scored higher on endorsement of masculine norms yet display less self-stigma towards themselves. This trend was also found in Asian American men, as they score higher on endorsement of masculine norms yet are less likely than European Americans to display self-stigma. One explanation may be differences in culture for African American and Asian American men positively impacts their willingness to engage in help-seeking behaviour. The theory posits that African American men are less likely than European American men to self-stigmatize themselves based on masculine norms. Additional theories point to not just the role of masculine norms, but to the role of race-related factors in impacting help-seeking among African American men (Powell et al., 2016). For Asian Americans, the theory posits that there is a denial of Western gender roles and instead these individuals abide by their own masculine norms (Vogel et al., 2011). Lastly, Latino males are relatively similar to European Americans in their internalization of masculine norms, which

negative impacts help-seeking. However, in a study by Parent et al. (2018) their results indicate that Latino males are significantly less likely than Caucasian males to reach out for support. A finding by Lasser et al. (2002) is that people of color receive half as much of the therapy than Caucasian individuals in mental health settings.

Sexual orientation impacts help-seeking behaviour among males (Vogel et al., 2011). A link exists for heterosexual men between masculine norm endorsement and attitudes towards help-seeking, but this link was not found to occur among homosexual men. Non-heterosexual men were more likely to engage in help-seeking behaviours than heterosexual men (Eggenberger et al., 2022; Parent et al., 2018). This is likely because heterosexual men are more likely than non-heterosexual men to experience conflicts regarding gender norms, which further impacts how deeply entrenched their masculinity is for their masculine identity (Eggenberger et al., 2022). This masculine ideal explains why this group of men is less likely to access support; men fear being viewed by others as not being strong emotionally and physically.

Homosexual men's self-stigma directly negatively impacts their willingness to engage in help-seeking behaviour (Vogel et al., 2011). Homosexual men struggle with the masculine norms that exist around help-seeking behaviours for men, creating self-stigma that negatively impacts attitudes towards help-seeking. However, Spengler et al. (2023) found contradictory results in that self-stigma increases help-seeking intentions. Structural barriers, such as the cost of services, impact help-seeking behaviours among sexual minority individuals, suggesting that part of the reason for the lower rates of help-seeking may be significantly impacted by structural barriers.

Additional barriers are prevalent for newcomers to Canada (McKeary & Newbold, 2010). Barriers identified by the researchers include language, health care access and coverage, wait times to access services, poverty, and isolation (Kalich et al., 2016; McKeary & Newbold, 2010).

Language barriers are a significant barrier to newcomers accessing healthcare (Kalich et al., 2016; McKeary & Newbold, 2010). If services are not provided in a language that the newcomer is fluent in, then this negatively impacts treatment effectiveness. Furthermore, instructions for various interventions or treatments can be negatively impacted if the patient does not understand the instructions (McKeary & Newbold, 2010). In addition, it is important for the client to be matched with culturally competent care so that they feel safe and comfortable receiving treatment. Even though there is already a lack of services available to men (Donne et al., 2018), there is even less services available for newcomers to Canada, especially if the newcomer is seeking a doctor or clinicians that speaks their language or is of the same race or ethnicity (McKeary & Newbold, 2010). Also, there is a distrust reported by newcomers to Canada regarding their ability to trust their physicians, fearing that disclosing their health problem may lead to problems in the immigration process (Kuile et al., 2007). Kalich et al. (2016) highlight that dissatisfaction with their clinician or physician are barriers for newcomers to Canada, impacting if the newcomer receives treatment for their concern. Furthermore, depending on the newcomer's status in Canada, additional barriers may be present around covering the cost of accessing healthcare in Canada (Kuile et al., 2007). Newcomers may additionally not have required documentation to receive care in Canada or are forced to endure a 3-month waiting period before being eligible to access services (Kuile et al., 2007).

Overcoming Barriers to Male Help-Seeking

It is essential to understand the factors that increase men's chance of accessing support when dealing with general mental health concerns. By understanding the factors that increase men's willingness to reach out for support, clinicians can use these factors to create a safe environment for men to access support. By enabling men to access support for mental health

concerns, it may be possible to alleviate some of the barriers preventing male victims of sexual assault from reaching out for support. Typically, men often find mental health services expensive or difficult to access (Scholz et al., 2022). Deficits in the advertising of male mental health supports negatively impacts the awareness of these services in society. When individuals are aware that these services exist and can contact them, it makes it easier for them to access support services.

There is a hesitancy among men regarding help-seeking behaviour (Addis & Mahalik, 2003). Males are less likely to seek help than females regarding various medical and mental health issues, including depression, substance use, and stress (Addis & Mahalik, 2003; Lynch et al., 2018; Nam et al., 2010; Seidler et al., 2016). When seeking counselling, men are less likely than women to seek counselling services (Addis & Mahalik, 2003; Lynch et al., 2018; Nam et al., 2010; Yousaf et al., 2015b). Men hold fewer positive views towards engaging in help-seeking for mental health needs (Nam et al., 2010). The assumption is that men believe they must be stoic in society, and this negatively impacts men's willingness to seek out support for mental health concerns. (Elliott & Owens, 2023; Scholz et al., 2022).

However, it is important to understand that men may seek help for one issue but feel uncomfortable with seeking help for another issue (Addis & Mahalik, 2003). For example, a man may be more likely to seek out medical help for back pain rather than help for depression. In this example, as well as others cited by these authors (Addis & Mahalik, 2003; Shepherd et al., 2023) men appear to be more comfortable seeking help for issues that do not impact their internalized societal standards of masculinity. Masculine ideologies impact whether one situation indicates help-seeking is appropriate while other situations where help-seeking would be inappropriate (Addis & Mahalik, 2003).

The Role of Education in Overcoming Barriers

Lynch et al. (2018) mention that the education system has a role in helping men overcome barriers to accessing mental health support. If society can teach men from a young age that it is appropriate to seek support when in need, it will hopefully lessen the barriers for male victims as the discussions become more common and acceptable. Kelly et al. (2007) found that some school interventions effectively enable males of various ages to understand and describe their mental health. The earlier men can utilize these interventions increases the hope that they will be even more likely to reach out for mental health support (Lynch et al., 2018).

Seedaket et al. (2020) examined the use of programs designed to increase mental health literacy in adolescents. Two forms of programs exist, which are the school-based programs and the community-based programs. In these school programs, a key aspect is the dissemination of information to adolescents around mental health conditions and resources available should they require support. Positive effects result from these programs and increase the level of mental health literacy in adolescents. Community-based programs are also available and result in increased mental health literacy, positive attitudes towards counselling, and even the willingness to support an individual suffering from mental health distress. Society can use these community-based and school-based programs to best support adolescents as they grow up. These interventions could decrease stigma for men, damage to men's ego for accessing support, and beliefs around dependence for men (Lynch et al., 2018). At the same time, this may also increase the chance of help-seeking behaviour when these men grow up should they require mental health support (Lynch et al., 2018).

Changing Terminology of Clinicians

Another recommendation posited by researchers is that clinicians may need to change the terminology used in mental health assessment when working with men (Berger et al., 2012). When assessment measures use the term stress rather than depression, men often score higher on these measures, demonstrating the stigma that is present around masculinity and the topic of mental health, specifically depression (Berger et al., 2012). Men feel these emotions and the stigma associated with acknowledging a mental health issue restrain them from reaching out for support (Addis and Hoffman, 2017). As a clinician, it may be helpful to use terms such as stress or life hassles rather than the term depression. Doing so may allow male clients to feel more comfortable in talking about their symptoms of a mental health issue while at the same time protecting the client from the stigma attached to a mental health condition in men.

Advertising of Services Available to Men

A potential way to overcome barriers to help-seeking behaviour revolves around increasing discussion around the topics relevant to men so that they are less likely to negatively impact men's self-esteem should they reach out for support (Addis & Mahalik, 2003). Possible solutions to increasing discussion around the topic of male help-seeking includes internet discussion groups and even workshops around life-coaching. Lynch et al. (2018), McDonald & Tijerino (2013), and Davies (2002) recommend more advertising regarding male mental health services so that men can be fully informed and aware of the resources in their area. More advertising may help challenge the stigma for men and increase awareness among men of the services available to them (Lynch et al., 2018). It will be necessary to test these strategies to examine their impact on men's beliefs and willingness for help-seeking behaviour. Increasing the discussion around men's mental health may help help-seeking behaviours become more

acceptable for men. Advertising should occur in settings that can reach many men, such as gaming websites or social media.

Pressure to Access Support

Another solution to increase men's access to mental health services is increasing the pressure for men to seek support (Scholz et al., 2022). Previous research has found that men are more comfortable reaching out for mental health support when their partners push them to access support (Seymour-Smith et al., 2002). Giving men a push to attend mental health services is important for allowing men to attend without their masculinity being impacted (Scholz et al., 2022). Indeed, one participant in their study noted that the repeated attempts by the mental health service to get the participant in for treatment increased the likelihood that they would attend. This is because it would protect the risk to their masculinity and offer a reason for having to attend (i.e., they could say they were pressured to attend counselling and therefore preserve the societal masculine persona) rather than face the societal repercussions of being a man seeking out therapy. It seems it is easier for a man to say that pressure is why they attend mental health services rather than risk threatening their masculinity. Pressure by a mental health service or a partner allows a male client to have a reason beyond themselves to justify to others why they attend counselling, as society does not accept when men reach out for mental health supports. Lynch et al. (2018) recommend that mental health services proactively support men having trouble by reaching out and providing information to men, with the goal of increasing help-seeking behaviour for men.

Men note that there is a strong influence by others in that previous experience with someone who experienced a mental health condition supports men in building mental health literacy and supports them in deciding to reach out for support (Elliott & Owens, 2023).

Furthermore, people known to the individual with a history of mental health conditions are great supports for men seeking help. However, there are difficulties for men seeking help in that they fear that they may receive bad advice or that the person they are speaking to is not understanding of mental health. There is a fear of stigma when discussing mental health with others that individuals must navigate.

Ellis et al. (2020) proposes the use of peer support services for male victims. Ellis's study examined engagement in mental health services and perceptions of helpfulness in a sample of male victims of sexual violence from the US. Peer support, individual therapy and validation, and specific interventions were among the most helpful aspects of treatment. The reason that peer support was judged so high was because it allows men to understand that they are not alone in their experience of sexual violence. In addition, learning of other stories was also deemed as helpful in peer support, allowing men to see other men on their healing journey from sexual violence. The last key aspect of peer support is validation. Validation allows for victims to have their experienced both validated and understood by those who have experienced sexual violence.

Participants in a study by Pitfield (2013) note the desire to speak to someone who has also experienced sexual violence, highlighting the importance of peer support services for male victims. Furthermore, it is crucial to have therapy target the shame and embarrassment victims feel as well as addressing the systemic gender-based norms that are present (Ellis et al., 2020). The discussion around gender-based norms could occur in the beginning, starting off the therapy by challenging some of the gender-norms that guide men's behaviour. Gender-based treatment will be important for men seeking mental health support, especially after a sexual assault. The strength of the therapeutic relationship is an important factor to consider. Scholz et al. (2022) highlights the importance of a strong therapeutic relationship and the positive impacts this

relationship has on outcomes for clients. This highlights the power of that first interaction between a man and their counsellor, possibly impacting the future use of counselling services.

Treatment Issues in Counselling

When it comes to the types of treatment and the efficacy of treatment for male victims of sexual assault, the research is sparse. There is a gap in the research on how male survivors of sexual assault recover from their assaults, specifically within the realm of recovering from post-traumatic stress disorder (Galovski et al., 2013). This lack of research may be partially attributed the unwillingness of male victims to come forward to the authorities, never mind engage in research on the matter.

Although the research is sparse on treatment for male victims of sexual assault, research does suggest that male victims engage in treatment following the assault. Ellis et al. (2020) found 60% of their sample attended treatment recently whereas Du Mont et al. (2013) found that all their 38 male participants attended treatment. In contrast, Monk-Turner and Light (2010) found only 29% of their sample were in counselling. It is important to stress the importance of making it easier for male victims to attend counselling. Of those who have currently or previously received therapy for their assault, they often scored lower on measures of depressive and PTSD symptoms (Bradley et al., 2005). In addition, it was also likely that the individual would seek out medical care for injuries from the assault (Du Mont et al., 2013). Mental health treatment is effective and cost-wise for the healthcare system, leading to fewer costs for the victim of sexual violence (Lazar, 2014). Mental health treatment for male victims of sexual violence also leads to lower rates of mortality and disability among victims (World Health Organization, 2003). Therefore, there are effective treatments to support male victims of sexual violence (Ellis et al., 2020; McDonald & Tijerino, 2013).

The most helpful aspect of treatment was peer support (Ellis et al., 2020). For example, attending groups for victims of sexual violence or those who have PTSD from sexual violence allowed participants to not feel alone regarding their experience and receive support from others. An additional support Staiger and colleagues (2020) identified is the people the men interact with in the waiting room who are also seeking mental health support; this is likely because these men feel they can relate to each other as result of their experience and their willingness and desire to seek help. The authors identify the use of peer led group therapy in men seeking support for depression because of the ability of group therapy to create a supportive environment and break down societal expectations of men and masculinity. It provides men with a space where they can be vulnerable and not be criticized for violating societal expectations of how a man should act.

In addition, individual therapy can be helpful for male victims of sexual violence. It is beneficial because of the cathartic release of discussing the assault with a trusted counsellor in a private one-on-one setting (Ellis et al., 2020; Griswold et al., 2020). Research shows positive impacts associated with reaching out for support, including therapy, following an assault (Bisson and Andrew, 2007; Bradley et al., 2005; McDonald & Tijerino, 2013; Watkins et al., 2018). An important factor was how the therapist responded to the disclosure of the assault, with participants emphasizing having their experience of sexual assault validated by the mental health worker (Griswold et al., 2020; Ellis et al., 2020). However, it is also important to highlight how support may also negatively impact victims of sexual violence and further perpetuate the barriers to seeking help. Some therapists the victims saw were not trauma-informed and unwilling to talk about the trauma with the client (Ellis et al., 2020). Therapists not being trauma-informed with their clients led to feelings of invalidation among the victims who reached out for support. One participant discussed how they reached out to a support service over the phone and the worker

stated that they do not serve perpetrators of sexual violence, thereby invalidating and discriminating against the participant by holding the view that a man could not be the victim of a sexual assault.

Tailoring Approaches to Men

A possible change in treatment approaches includes creating therapeutic treatments that fit the male survivors of sexual assault to ensure men feel comfortable attending counselling (Addis & Mahalik, 2003). Participants in a study by Elliott and Owens (2023) discussed that the services available for psychological treatment for men often do not consider the specific needs of men. Men are often provided with a one-size fits all treatment plan that is not personalized to the man's needs and goals for therapy. Seidler et al. (2018) conducted a study examining strategies to increase treatment engagement for men suffering from depression. Their findings suggest that men want to be active in the design of their treatment plan. Giving men more control of the design of their mental health treatment allows these men to feel more like an active participant in their treatment. Clinicians need to take the time to understand the male client's needs from the therapeutic relationship and the strategies that clinicians can use to help clients achieve their needs (Elliott & Owens, 2023). Often, men feel as if they receive treatment in a generalized manner rather than a personalized treatment plan that focuses on the individual. This highlights the importance of tailoring approaches for men, as supported by Elliott and Owens (2023).

Men who seek mental health support want a personalized service in which the therapeutic relationship they have with the therapist is strong (Scholz et al., 2022). If men feel that the service is not personalized to their needs, they are less likely to seek support. Men often see mental health services as being all the same and unhelpful (Elliott & Owens, 2023; Scholz et al., 2022). A possible way to personalize the ways clinicians engage with male clients is to change

the ways in which clinicians approach and tailor treatments to men. Men describe sometimes being asked the same questions by volunteers at services that seek to triage or classify what is occurring for the male client (Scholz et al., 2022). Being asked the same questions by multiple services is a deterrent for men. This is supported by a participant in Scholz's et al. (2022) study stating that he "perceives mental health services as homogenous by referring to 'them' as a collective, and as collectively useless" (p. 416). In addition, men often want to focus on symptom reduction with their therapist as well as exploration of their emotions (Kealy et al., 2021; Seidler et al., 2018). Both Elliott and Owens (2023) and Scholz et al. (2022) discuss how men should have a voice in the design and tailoring of their counselling treatment. Clinicians need to be mindful that men want to get their money's worth out of counselling and if they feel that they are not benefitting, this may act as a deterrent (Seidler et al., 2018). Kealy et al., (2021) found in their sample of Canadian men that only 20% of participants disagreed with the notion of the men dictating the direction of a session. The rest of the respondents either support or are neutral with the client directing the session.

It is important to note that not all men have the same understanding of the counselling process (Seidler et al., 2018). Therefore, it is beneficial to discuss with male clients what counselling is so that male clients have a comprehensive understanding of the purpose and nature of the counselling experience. As will all clients and especially male clients, it is essential that the therapist builds strong rapport.

Another option is the use of education to understand the role of gender-role socialization and the ways in which it instills beliefs and values in men (Addis & Mahalik, 2003). Lynch et al. (2018) highlights the importance of supportive environments being a tool to use in increasing men's willingness to seek help. By changing how, as clinicians, we approach men accessing

counselling, we can create supportive environments for men accessing counselling that break down barriers.

Treatment of Rape Victims and PTSD

Many of the interventions used for male victims of sexual violence have their origin in being used for female victims of sexual violence (Vearnals & Campbell, 2001). The intervention provides a safe environment for the victim to disclose their assault and receive support from a professional. The intervention is often person-centred and humanistic in working with the victim. Victims may feel various emotions, such as fear, embarrassment, and depression. There is concern among male rape victims of the transmission of STDs and STIs (Du Mont et al., 2013; Sable et al., 2006; Vearnals & Campbell, 2001).

Fortunately, various treatment modalities exist for the treatment of victims of sexual violence (Regehr et al., 2013). These include modalities such as cognitive behavioural therapy (CBT), eye movement desensitization and reprocessing (EMDR), cognitive therapy, exposure therapies and more. However, it is difficult to look at the effectiveness of treatment of rape victims. “It is clear that very few reported studies use rigorous randomized control methods to evaluate efficacy of treatments” (Regehr et al., 2013, p. 262). This is why there are recommendations for using controlled studies to test treatment efficacy. Rothbaum et al. (2005) describes the process of treating PTSD in that the memory of the traumatic event must be triggered and then the goal is to process the traumatic memory. It could include changing the traumatic memory or how the victim views the traumatic event so that the PTSD symptoms are reduced or eliminated. This process has been highlighted in EMDR, as it allows for processing the trauma. It is important to understand that for many of these studies on treatment of rape victims, most of the samples are usually female. More research is necessary around rape-specific

PTSD treatments for men and their effectiveness. Additional research can shed light on if there are differences in the treatment effectiveness of these modalities when comparing the use of them with male and with female rape victims.

Factors Impacting Treatment Engagement

Multiple factors impact a victim's willingness to initiate or engage in mental health treatment (Ellis et al., 2020). The impact of depression symptoms on mental health engagement is unclear (Ellis et al., 2020). For example, some studies find that depression increases the chance that an individual will reach out for support (Call & Shafer, 2018; Lamp et al., 2014; Ray et al., 2011), while other studies find no association between depression and help-seeking (Masho & Alvanzo, 2010) A possible reason for why there is a discrepancy can be explained by that as the severity of PTSD and depression symptoms increased, the individual was more likely to engage in treatment (Lamp et al., 2014; Magaard et al., 2017). In addition, the longer the depressive symptoms occur increase the chance of help-seeking (Boerema et al., 2016). Therefore, the discrepancy may be the result of differing severities of depression. Concerning symptoms of PTSD, research indicates that the more severe the PTSD, the more likely the client is to engage in treatment (Lamp et al., 2014; Meis et al., 2010). In addition, the severity of the trauma the individual encounters impact their willingness to engage in treatment (Meis et al., 2010).

Cognitive Behavioural Therapy

An intervention used with rape victims is cognitive-behavioural therapy (CBT) in which the client has direct exposure or imagined exposure, such as recalling the memories of the trauma (Jaycox et al., 2002). Cognitive behavioural therapy was founded by Dr. Aaron Beck in the 1960s (Beck & Fleming, 2021). The modality is based on the assumptions that individual's

beliefs regarding experiences impact reactions to experiences. These beliefs can become distorted and maladaptive. In the case of a victim of sexual violence, it can result in negative appraisals of themselves, the world and their traumatic experience (Watson, 2018). The goal of CBT is to change these maladaptive thoughts that do not serve the client (Beck & Fleming, 2021). Watkins et al. (2018) discuss the goals for CBT psychotherapy including changing negative cognitions, behaviours, and the memory of the traumatic event. Jaycox et al. (2002) describe a form of treatment as consisting of learning breathing techniques that clients use when exposed to situations that are triggering for the individual. The hope is that this exposure to non-threatening but triggering situations will disrupt the internal processes that are maintaining the PTSD for the victim. The therapist uses an assessment measure to gauge the level of distress caused by various triggers. Then, the therapist works with the client to work through that list, starting with the low distress-inducing triggers and moving upwards. This can occur with either real-life exposure or imaginal exposure. Research varies on whether exposure therapies for people with PTSD are helpful for the victim or negatively impact the victim (Foa et al., 2002; Jaycox et al., 2002; Parcesepe et al., 2015). Lastly, counsellors employ cognitive restructuring as part of the treatment program. Research indicates that CBT is an effective treatment modality for treating PTSD symptoms and/or nightmares for trauma clients (Belleville et al., 2018; Ehlers et al., 2003; Foa et al., 1995; Jonas et al., 2013; Littleton et al., 2016; Power et al., 2002; Watts et al., 2013)

Littleton et al. (2016) examined the efficacy of an online CBT treatment method for those with PTSD due to rape. However, it is important to note that the sample was 87 female participants with sexual assault related PTSD. The treatment with the therapist effectively reduces PTSD and depression symptoms. At a three-month follow-up, participants still had a

reduction in PTSD symptoms because of the treatment. Participants noted reduced impact of PTSD on their academic performance and their relationships. The treatment helps improve anxiety and depressive symptoms for the participants as well. The individuals who participated in the study reported that they enjoyed and were content with the treatment modality.

Stress Inoculation Training

Stress Inoculation Training (SIT) was developed in the early 1980s by David Meichenbaum as a CBT intervention (Meichenbaum, 2008). Treatment goals for this modality is building client's coping skills and their confidence in using their coping skills. SIT emphasizes the importance of inoculating the client in low stress situations. By repeating this process, it creates confidence in handling more stressful situations. The inoculation occurs through exposure, either in-person or imaginal exposure. SIT has been used with sexual violence victims, with the goals of helping the person cope with the trauma and helping the person in preventing secondary victimization. Stress inoculation training and supportive therapy are effective in treating victims of sexual violence, specifically PTSD and depression symptoms (Regehr et al., 2013). Stress inoculation training is a treatment that is largely based on CBT (Parcesepe et al., 2015). The intervention involves the learning of various relaxation techniques, such as deep breathing or muscle relaxation. It involves the analysis of thoughts and the changing of maladaptive thoughts. Lastly, SIT often includes roleplaying and modeling of behaviour. Clinical studies support the efficacy of SIT in PTSD populations (Foa et al., 1991; Resick et al., 1988). Foa et al. (1991) theorizes that the effectiveness of SIT in treating PTSD in partially due to the learning of techniques of anxiety management for the client.

Prolonged Exposure Therapy

Prolonged exposure therapy was introduced by Foa, Hembree, and Rothbaum in 2007 (see Foa et al., 2007). The goal of prolonged exposure therapy is the emotional processing of traumatic events through exposure to in vivo and imaginal exposure (Foa, 2011). It challenges the assumption after the traumatic event that some stimuli are a threat, even though they are safe (Foa, 2011). Prolonged exposure can improve symptoms of PTSD, depression, anxiety, guilt, and dissociation (Bisson & Andrew, 2007; Regehr et al., 2013; Resick et al., 2012; Rothbaum et al., 2005; Watts et al., 2013). Prolonged exposure is a treatment used for PTSD that consists of real and imagined exposure to triggers of the trauma (Rothbaum et al., 2005). Through imaginal exposure, the client can talk freely about the traumatic experience so that the event can be processed and there can be improvement of trauma reaction symptoms (Foa, 2011). In addition, treatment can change the perceptions around the trauma or client's self-perceptions in relation to the trauma (Foa, 2011). Prolonged exposure also involves education around PTSD and breathing training. The theory guiding prolonged exposure therapy is that fear is triggered in the individuals because of the traumatic experience, even when they are not actually in danger (Watkins et al., 2018). Prolonged exposure allows for this fear to be modified through emotional processing (Foa et al., 1991; Watkins et al., 2018). Rothbaum et al. (2005) and Resick et al. (2002) describes prolonged exposure as a treatment in which there are repeated exposures to the memory of the sexual assault. The goal for treatment is the decreasing of the response the client has to these thoughts about the assault (Rothbaum et al., 2005). Foa et al. (1991) highlights that prolonged exposure increases arousal in the client in the beginning, as the clinicians triggers the traumatic event. Prolonged exposure is an effective treatment for PTSD (Asukai et al., 2010;

Bryant et al., 2008; Foa et al., 1991; Powers et al., 2010; Resick et al., 2002; Resick et al., 2012; Rothbaum et al., 2012; Rothbaum et al., 2005; Schnurr et al., 2007).

Eye Movement Desensitization and Reprocessing

Eye movement desensitization and reprocessing (EMDR) was founded by Francine Shapiro (Rosen, 2023). The theory was developed by Francine after an experience she had during a walk in a park in which she realized that troubling thoughts were coming up and then disappearing. It was then that she noticed her eye movements and thought of the connection, leading her to do her doctoral dissertation on the theory. However, others have doubted Shapiro's claims to the origin of the theory (Rosen, 2023). It was in 1989 that EMDR was first used to treat PTSD and it has been a long road for the treatment modality (Shapiro, 2002). Through the early years of the EMDR, the treatment protocol was modified to ensure optimal treatment for clients. After support from the academic community, EMDR was no longer referred to as an experimental treatment. Eye movements, which are important to the treatment, have yet to be explained in academic research for how they are able to allow for the processing of traumatic experiences (Gunter & Bodner, 2009). Various theories exist on the mechanisms in EMDR treatment, such as the treatment changing how trauma is retrieved in working memory, increasing distance between the person and the traumatic memory, impacts on brain communication between the right and left hemispheres, and lastly, the rapid eye movements changing the person psychologically and physiologically (Gunter & Bodner, 2009).

EMDR reduces the severity of symptoms of PTSD, depression, anxiety, and dissociation (Bisson & Andrew, 2007; Jonas et al., 2013; Power et al., 2002; Regehr et al., 2013; Rothbaum, 1997; Rothbaum et al., 2005; Watts et al., 2013). EMDR is effective in treating PTSD from sexual violence, though these studies were done with females (Rothbaum, 1997; Rothbaum et al.,

2005; Schwarz et al., 2020). EMDR works as an exposure technique in which there is multiple exposures to the memory of the trauma until it elicits less of a stress response (Rothbaum et al., 2005). EMDR is effective in prompting the processing of the traumatic memory, thereby resulting in decreasing the emotions related to the experience.

Cognitive Processing Therapy

Cognitive processing therapy has its basis in cognitive theory (Galovski et al., 2022). In this theory, recovery from trauma is impacted by the avoidance of memories of the trauma and the negative appraisals that arise when memories of the trauma emerge. Sometimes, trauma victims attempt to assimilate the memory with their own established beliefs, which is not effective given that the trauma does not fit well with our established beliefs. This assimilation and other negative appraisals around the trauma can impact the beliefs the individual holds around themselves and the world around them. Cognitive therapy posits that patients need to experience and process the emotions of their assault, which are often avoided. Cognitive processing therapy has two essential parts to it. The first is cognitive therapy, which addresses changes in the beliefs around the trauma and the world while the second part is exposure via writing or reading about the trauma (Resick et al., 2002). Previous protocols for treatment using cognitive processing therapy involved the client giving a detailed description of their experience during the assault (Watkins et al., 2018). However, the current protocol does not require the detailed description of the traumatic event by the client. The theory behind cognitive processing therapy is that the victim's cognitions change because of the traumatic experience. The goal of treatment is the exposure to triggers of the memory while also challenging problematic cognitions the client may have (Chard et al., 2012; Resick et al., 2002). Cognitive processing therapy is another effective treatment for improving symptoms of PTSD, depression, and guilt

(Chard, 2005; Chard et al., 2012; Jonas et al., 2013; Regehr et al., 2013; Resick et al., 2012). Parcesepe et al. (2015) and Resick et al. (2012) found cognitive processing therapy and prolonged exposure therapy to have the most long-term benefits, with the benefits from treatment lasting up to six years. Also, Littleton et al. (2016) examined the efficacy of a self-help psychoeducational website and its ability to reduce symptoms in female rape victims with PTSD. Like the therapist treatment group, there were reductions in PTSD, anxiety, and depression symptoms. They concluded that self-help and education around PTSD and coping are effective, and clinicians could maximize this effectiveness with regular check-ups by a therapist with a sexual violence victim. However, it is necessary to note that Littleton et al. (2016) had a sample of only female rape victims, so it is important to be cautious with applying the result to male victims of sexual violence at this time. More research is needed to improve the ability to identify whether a client would benefit from self-help or a therapist-facilitated treatment, as both are effective but are different in the resources required to implement.

General and Counselling Recommendations

Donne et al. (2018) highlight the importance for counsellors to minimize feelings of blame and shame often present for male victims of sexual violence. Donne et al. (2018) and McDonald & Tijerino (2013) recommend that more conversations and education occur in society around consent, as well as challenging the various rape myths that are prevalent in society that deter male victims of sexual violence from reaching out for support. Davies (2002) highlights the importance of increasing awareness among society around the topic of male sexual violence. Counsellors can play a role in this change by being open to having discussion of sexual violence with clients when appropriate, especially with male victims of sexual violence. Lowe and Rogers (2017) recommend the use of education campaigns to increase supportive attitudes towards male

rape victims. Increasing education around consent and rape myths among members of society may lead to more individuals understanding that they were a victim of sexual violence, possibly leading to more recruitment of individuals for research or increasing the number of men pursuing mental health treatment following an assault. In addition, increasing the education around consent and rape myths may impact the number of conversations among members of society regarding male sexual violence. This is important given that some individuals are intensely uncomfortable with the topic or thought of men having sex (Widanaralalage et al., 2022). Schaaf et al. (2019) supports this notion by finding in their study on campus sexual assault that the topic of male sexual assault is often ignored during discussions of sexual violence. The hope is that education will increase the number of conversations occurring in society and will be important in highlighting the prevalence of male sexual violence (Donne et al., 2018). Awareness campaigns can be used to increase the discussions around male sexual assault as well as to improve the understanding and support of community members (McDonald & Tijerino, 2013). Highlighting the prevalence of male sexual violence is crucial as it will bring this crime into the public light so that it is better understood and discussed among members of society.

Changing Societal Norms

While more education and discussion around sexual violence is necessary, the norms around masculinity that directly influence a victim's willingness to reach out for support must also be targeted (Donne et al., 2018). Societal norms around masculinity play a part in creating barriers for male victims of sexual violence such that traditional norms around masculinity deny males of being a victim of sexual violence (Widanaralalage et al., 2022). Male rape myth acceptance is a societal issue that will take plenty of work to change and simple educational campaigns may not be enough to challenge these rape myths (Kassing et al., 2005). Efforts are

necessary to change these dominant masculine norms in our society such that men feel supported and not ashamed or embarrassed when they reach out for support following an instance of sexual violence. If individuals can create an environment in a society where male victims of sexual violence can seek support without fears of discrimination, shame, or embarrassment, then this would hopefully mean that we could identify more victims of sexual violence. Rather than these individuals having to deal with the trauma themselves, they would be able to access formal support that could aid them in coping with their trauma.

Increasing Services Available for Men

More confidential services need to be created for male victims of sexual violence (Donne et al., 2018; Fisher & Pina, 2013; McDonald & Tijerino, 2013; Sable et al., 2006). Males typically have a lesser understanding of the resources available to them should they experience sexual violence compared to females (Sable et al., 2006). Most care centres focus on serving female victims (Depraetere et al., 2020). There needs to be a shift in the training of workers at these centers so that myths around male sexual assault can be dispelled, and these services can be appropriately prepared to support male victims (Depraetere et al., 2020; Sable et al., 2006). Even though many sexual assaults occur against females, it is important that these services are prepared to work with male victims as these cases emerge (Sable et al., 2006). Men typically feel shame around the assault and mistrust towards others, especially the police and justice system (Sable et al., 2006). Of concern to male victims is the transmission of STDs so it is important service centres can appropriately support individuals in testing (Du Mont et al., 2013; Sable et al., 2006).

There is a lack of promotion and advertising for mental health supports for men (Shepherd et al., 2023). More advertising is necessary for these services so that all men

understand that these services are available should they or someone they know experience sexual violence. These services must be personalized for those seeking support, as most men often see mental health support as homogenous (Scholz et al., 2022). Indeed, men want personalized support when seeking mental health services. Scholz et al. (2022) support this by stating that "our findings suggest that consumers that actively participate in the design of their mental health care services and care options will likely have improved well-being outcomes" (p. 418). Furthermore, these services need to be low-cost or possibly free, as victims of sexual violence report that the cost of receiving treatment is a barrier for them (Donne et al., 2018; Ellis et al., 2020; Shepherd et al., 2023; Yousaf et al., 2015a). Or the government needs to create funds available to victims to pay for counselling and support, as McDonald & Tijerino (2013) mention.

Training of Doctors, Rape Service Workers, and Clinicians

Regarding those who work at these rape services, these workers need to be better trained to be prepared to work with male victims of sexual violence (Davies, 2002; Lowe & Rogers, 2017; Sable et al., 2006; Widanaralalage et al., 2022). This is important given research by Young et al. (2018) finding that males who call in to sexual assault hotlines are half as likely as females to be referred to another resource and are also less likely to have their cases flagged as urgent. To achieve the goal of improved training, there is a need to increase education and training for workers at these organizations around sexuality, gender, rape myths, best practices, and more. There needs to be a shift in the training of workers at these centers so that we can dispel the myths around male sexual violence and so these services can be appropriately prepared to support male victims (Depraetere et al., 2020; Sable et al., 2006).

In addition, it is inherently important that more training is provided to physicians that work with victims of sexual violence (Davies, 2002; Hendriks et al., 2018). Increasing training

present for physicians will improve their ability to work with victims of sexual violence, especially male victims and sexual or gender minorities. Hendriks et al. (2018) argues that improving training for physicians may result in the identification of barriers present for victims by improving the client-physician relationship.

The Use of Peer-Based Approaches

Peer-based approaches to helping male victims of sexual assault are another potential way to support these victims (Donne et al., 2018). These peer-based programs allow services to support victims of sexual violence more effectively or point them in the right direction to appropriate support (Donne et al., 2018; Young et al., 2018). In addition, peer support services play an important role in connecting male victims with those with similar experiences and demonstrates to these males that they are not alone in their experiences. This is important given the hesitancy some males have with disclosing their assault to those that they know. These peer-based services may be more accessible and affordable for males, possibly leading to more men in treatment. These peers in these programs will need training in trauma and how to be trauma-informed while working with male victims of sexual violence. Education is necessary among workers in these peer-based approaches to understanding how male victims often respond to experiences of male sexual violence. These peer-based interventions can be advertised in existing support groups for males, allowing them to understand that spaces are available to discuss their sexual violence experience and receive support and validation.

Clinician's Role in Treatment

Universities play an important role in the education of clinicians so that they can prepare them to work with male victims. Kassing et al. (2005) mentions the importance of coursework and training to support clinicians in working with various types of clients and victims.

Continuing education about working with male victims of sexual violence is also crucial for already practicing clinicians (Kassing et al., 2005). Improving training to future and current clinicians will hopefully ensure that individuals who reach out for sexual violence are treated appropriately, with respect and compassion.

Griswold et al. (2020) highlight the important role that clinicians play in supporting victims of sexual violence. McDonald and Tijerino (2013) highlight that male victims often only have counsellors for support following an assault, which demonstrates the important role of clinicians. Griswold et al. (2020) found that even when an intervention did not occur, disclosing the assault to a therapist was typically beneficial for the victim. Because disclosing to a therapist is beneficial for the victim, all therapists may need to do is create a space where the clinician listens and hears the client. There is an inherent power for healing from clinicians for male victims of sexual violence, and this needs to be fully utilized by clinicians. Often, creating a space where a victim feels they can disclose their assault to the clinician is imperative.

It is also essential to recognize how clinicians can respond to male victims of sexual violence (Griswold et al., 2020). Receiving advice from a therapist was judged to be helpful for some victims when they reached out. Therefore, therapists should not avoid discussing sexual violence with their clients. This relates to the conversation that needs to occur in society about male sexual violence, as Donne et al. (2018) mention. These conversations may begin in the counselling room and gradually begin to receive more attention in conversation among members of society. In addition, clinicians can play an important role in the normalizing of the emotions and thoughts male victims of sexual violence experience following an assault (Young et al., 2018). Furthermore, clinicians may need to assess social supports for male victims, as most men

do not report having a support to be able to reach out to. Indeed, a thorough assessment of the needs of the client is necessary to ensure they receive appropriate supports (Kassing et al., 2005).

Identifying supports that male victims can use when in distress is important because victims of sexual violence have a higher risk of suicidal ideation (Bryan et al., 2013). Reaching out to a sexual assault hotline may be the first step a male takes towards accessing support, so it is necessary that the response is as supportive as it can be so that further reaching out to resources will occur for males (Young et al., 2018). It is also important the clinician is aware of the shame and stigma often present for male victims and how the clinician can navigate this (Kassing et al., 2005).

Furthermore, there is a need to understand the bias clinicians may hold regarding male victims of sexual violence and to have training that challenges those biases and negative impacts (Griswold et al., 2020; Kassing et al., 2005; Lowe & Rogers, 2017). It is important to understand how this bias may impact the clinician's ability to perform counselling with male victims of sexual violence. Specifically, it is essential to understand and challenge the clinician's bias around men and the understanding of the norm prevalent in society around men needing to be sexually active and always willing to engage in sexual activity. Clinicians need to work to dismantle how these negative norms in society may impact their bias, which may impact the clinician's ability to support male victims of sexual violence. Clinicians should check and understand their bias before they decide to work with male victims of sexual violence so that they are less likely to harm male victims seeking support. This could be a part of supervision plans for new clinicians to ensure that biases do not interfere with the sessions they have with male clients.

It is also important to consider that men have various perspectives on what makes them men, and clinicians need to understand that this may be different for each client (Seidler et al., 2016). Clinicians must also engage in self-reflection to understand their beliefs and biases around masculinity and how this may impact therapy with men (Seidler et al., 2016). Also, Lowe and Rogers (2017) highlight the importance of compassion towards male victims of sexual violence. Lastly, clinicians may have to deal with the result of others who doubt or discriminate against male victims of sexual violence, possibly leading to re-traumatization (Kassing et al., 2005).

Next Steps for Research

More research is necessary around male sexual assault and sexual assault of members of the LGBTQIA+ community (Hendriks et al., 2018). Specifically, it is important to examine the prevalence of sexual violence in these populations, as well as the risk factors and the consequences victims face following the assault (Hendriks et al., 2018; Peterson et al., 2011). Hendriks et al. (2018) recommends this additional research be used to compare with the existing research base for female victims of sexual assault. From this analysis, researchers can identify differences in the needs of rape victims to ensure that all rape victims are well supported. Furthermore, it is important to examine the judgements individuals hold towards male victims of sexual violence and compare this to judgements towards female victims of sexual violence (Davies et al., 2006).

Barriers

Gaps exist in the literature regarding unpacking the barriers that male victims of sexual violence face when they seek out support (Donne et al., 2018; Sable et al., 2006). This literature review examined barriers for male victims and found that shame, embarrassment, not wanting others to know, masculine norms, and the logistics of finding a treatment are all some barriers

male victims face (Allen et al., 2015; Donne et al., 2018; Ellis et al., 2020; Griswold et al., 2020; Hammond et al., 2017; Widanaralalage et al., 2022). These barriers negatively impact men's willingness to report instances of male sexual assault or engage in treatment. Although it is evident that more research is being conducted in this area, as discussed by Donne et al. (2018), more research is necessary to examine the barriers that prevent male victims of sexual violence from reaching out for support. Understanding the barriers that exist can better inform individuals who are the primary contact for victims of sexual violence about the barriers that exist for male victims. Furthermore, organizations will be able to improve their services to improve utility for programs designed to help victims of sexual violence. Increasing the level of research may increase the awareness these organizations have regarding male sexual violence and will impact their policy and procedures such that male victims of sexual violence receive better support.

Research Methodology

Any studies conducted must be diverse in their methodology as current research often is literature reviews, attitudinal studies, and archival research (Widanaralalage et al., 2022). Because most of the research focuses on those types of methods, there is a deficit in the number of primary methods conducted or published (e.g., interviews and surveys with people with lived experience). Thomas and Kopel (2023) highlight that there have not been enough empirical studies regarding male victims of sexual violence and their experiences. Vearnals and Campbell (2001) support the notion that additional research is desperately needed in the topic of male sexual violence. A specific topic highlighted by researchers is to examine more in-depth the consequences encountered by male victims of sexual violence (Vearnals & Campbell, 2001).

One reason there are not many studies using primary data collection of male victims of sexual violence is because of the difficulty in recruiting male victims of sexual violence due to

the sensitive nature of these studies for men combined with masculine norms in society Widanaralalage et al., 2022). Furthermore, masculinity impacts men's willingness to seek support following sexual violence (Addis & Mahalik, 2003; Wong et al., 2017). The vulnerability of reaching out for support is difficult for men, given the societal standards around masculinity and the condemning of a man being vulnerable or expressing their needs to another person (Wong et al., 2017). Generally, males are less willing to participate in research regarding male sexual violence because of the stigma attached to participating, in addition to vulnerable nature of the topic researched.

Pitfield (2013) note the difficulty they experienced in recruiting a diverse sample of males for their study. To complete their study, they had to reach out to charities and use social networking to recruit males. Still, their qualitative study only had 6 males from the UK. Improvements are necessary regarding recruiting male participants for studies on male sexual violence. To achieve this, there must be more studies giving opportunities for male victims of sexual violence to speak their minds regarding the ways sexual violence impacts them.

Diverse Samples and Larger Sample Sizes

Additionally, some studies identify a limitation of their research being getting a diverse sample, such as studies by Griswold et al. (2020) or Davies et al. (2006) that are limited to a small sample of college students. There is a need for more research on males with large sample of men that are both demographically and culturally diverse. (Davies & Rogers, 2006; Depraetere et al., 2020; Elliott & Owens, 2023; Peterson et al., 2011). However, there are attempts to navigate this obstacle in the research of male sexual assault by including more diverse age ranges of participants in studies (see Donne et al. (2018) or Widanaralalage et al. (2020) for examples). Studies with more diverse populations can allow for analysis of

intersections between various social locations and how they impact male victims of sexual violence (Thomas & Kopel, 2023).

Another obstacle to research on male victims of sexual violence include the sample size of studies. The sample sizes for studies on male victims of sexual violence are quite small, as noted by Donne et al. (2018) or Ellis et al. (2020). More studies are necessary with diverse participants and larger sample sizes, but victims' willingness to participate in these studies negatively impacts this. Larger sample sizes will allow for more collection of data regarding male sexual victimization and more diverse samples will provide more information on the cultural differences in the approach of sexual violence.

Cultural and Demographical Implications

It is important to examine how culture impacts male victims of sexual violence (Griswold et al., 2020). Most research on male sexual violence is from Western-world countries so it would be beneficial to examine how other countries and cultures work with male victims of sexual violence (Ioannou et al., 2017). Research needs to highlight the intersectionality present between culture, gender, sexual orientation, masculinity and how these impact male victims of sexual violence (Griswold et al., 2020). By exploring this further, researchers will be more informed about the intersections between culture and male victims of sexual violence. Specifically, it will be essential to highlight how culture impacts male victims of sexual violence throughout the process, such as its impacts on recognizing their experience as sexual violence or deciding to disclose it to another person. In addition, examination must occur of other cultures regarding how they respond to and view male sexual assault (Hammond et al., 2017). This will allow for comparisons of how different cultures treat male sexual violence. Lastly, it is crucial to explore the role of male socialization in our culture and its possible impacts on male sexual assault

victims (Ellis et al., 2020). Constructs, such as masculinity, need to be examined to see how they promote and create barriers to help-seeking behaviour (Ellis et al., 2020).

Treatment

More research is needed to explore the realm of treatment options for male victims of sexual violence (Ellis et al., 2020; Thomas & Kopel, 2023; Vearnals & Campbell, 2001). Regehr et al. (2013) highlight the importance of more research into examining the treatment of all victims of sexual violence, but more research is crucial around engagement in mental health treatment for male survivors of sexual violence (Ellis et al., 2020). Those researchers attempted to fill in the gaps around what is influential and important to male victims of sexual violence seeking treatment. Ellis et al. (2020) highlight that most of the research on the treatment of sexual abuse focuses primarily on women. Previous research has found that solid rapport with the counsellor is essential, but other factors that impact treatment engagement are also present, such as the power of peer support. More research specific to treating male victims of sexual violence is necessary to provide information on how best to work with this marginalized population. Ellis et al. (2020) stresses the importance of identifying the factors that impact engagement in therapy for victims of sexual violence. Furthermore, it is important to understand how counsellors can improve the services they are providing to possible male victims of sexual violence.

Rape Myths and Biases

Research is vital to examine how education impacts rape myth acceptance and the biases in society around male victims of sexual violence (Hammond et al., 2017). Studies need to examine how various education impacts participants endorsement of rape myths, which would allow for a better understanding of the role of education in decreasing rape myth acceptance.

Hammond et al. (2017) argue that education may be an effective method for reducing rape myth acceptance among members of society and diminishing the barriers present for victims. Kassing et al. (2005) emphasize that effective education programs are necessary for mental health counsellors, first responders, and medical personnel to help dispel rape myths that are prevalent. Indeed, it is crucial for more research on the ways to decrease rape myth acceptance among members of society (Walfield, 2021).

The Role of Authorities

Research is necessary to examine how police respond to male victims of sexual violence and investigate reports of male sexual violence (Widanaralalage et al., 2022). The disclosure to first responders is an essential process for victims of sexual violence, and first responders must be studied to see how they respond to male sexual assault victims. Fisher and Pina (2013) discuss the importance of examining the impact of rape myths on members of the justice system and law enforcement, especially how rape myths impact how these individuals respond to male cases of sexual violence. Further research is needed to see how male rape myths impact the police sub-cultures that exist (Javaid, 2015a). A better understanding of the police sub-cultures and how male rape myths impact them can result in more insight into where changes are necessary in police sub-cultures and how best to make these changes among police or other first responders.

Reflexive Statement

Smith and Luke (2021) discuss the importance of researchers grounding themselves within their study, while leaving space for understanding the impacts of the research on the researcher. First, I situated myself in the research that I reviewed. Then, I discussed the relationships present in the research and how that impacted the need for research, as well as the

relationships present among male victims of sexual violence. Lastly, I discussed the reflexive discourse analysis strategy I used for this literature review.

As my research progressed, I began to understand more why there are significant gaps in the research. Going into the literature, I firmly believed that more research is imperative to shed light on male victims of sexual violence. What I did not understand was the incredible barriers that prevent individuals from reaching out to participate in these studies. It is easy for a researcher to state that more research is needed, but I understand now why it is difficult to recruit participants for studies. That led me down the route of how we can overcome barriers to research or treatment for male victims of sexual violence. My literature review supports that these barriers do exist. However, it is up to us as researchers and clinicians to implement ways to overcome these barriers for the sake of our clients.

This demonstrates the first way the research has impacted me, as I now feel the urge to participate in practices that aim to lessen the barriers for male and transgender victims of sexual violence. My research has led me to the understanding that this gap exists for these marginalized populations, and we must work towards lessening the gap, something that has been evident in the past decades regarding societal approaches to female victims of sexual violence. It is crucial to consider the participants in the studies examined in this manuscript, as these participants had to be brave enough to allow us as researchers to learn more about their stories, including their suffering.

Furthermore, even with norms in society denying the victimization of these participants, we are still fortunate that these participants were courageous enough to tell us about their experience so that we can better help others who experience this type of trauma. I hold a deep level of respect for individuals traumatized who face systemic barriers yet still decide that they

would like to participate in these studies. Their painful experiences will hopefully impact how first responders, clinicians, and organizations work with these victims of sexual violence.

Through my research, I have understood that every barrier to seeking help or contacting the police relates to society and its treatment of male and transgender victims of sexual violence. The barriers that exist for these victims are societal and systemic. By improving the way society understands and approaches the concept of male and transgender sexual violence, the aim is to lessen these barriers. Norms around masculinity and the rape myths prevalent among people in society directly relate to how society approaches the topic of sexual violence. This allows me to understand the difficulty of overcoming barriers, as the issue of approaching male and transgender sexual violence is societal.

Moreover, a societal issue is one of the most difficult to change, given its embedding within our society. However, I hope the research increases on male and transgender victims of sexual violence and that this may lead to more conversations around the topic. I have participated in these conversations, talking with those I know about what I find in my research to highlight victim's difficulties. I hope that more conversation will allow for more research, which may help lessen the barriers for male and transgender victims. I believe this process takes time, so I decided to focus a section of this paper on what research currently says about overcoming barriers for male victims, even if it is as simple as getting males to show up to treatment. Every piece of information helps with our understanding and lessening of these barriers.

When I decided to do a literature review on this population, I did not think much of the ways in which the research would impact me emotionally. I remember my instructor telling me to take care of myself during the writing process. I found that reading qualitative research on this topic to be the most difficult, especially the quotes from participants in the research. To hear a

participant discuss the suffering they experienced as well as the discrimination they suffered after the assault when reaching out for support impacted me emotionally. It led me to ponder how I would respond to a male victim of sexual violence reaching out to me as a clinician. If anything, my research has taught me how best to respond to a male victim and how not to respond to male victims of sexual violence.

It is important to discuss the ways in which I have changed in relation to my topic. I have deepened my understanding of the experiences these individuals go through and the aftermath or consequences of the assault. Being able to take a deep dive into the research aids me in understanding the need for change in this neglected topic of society. My learning from this manuscript will stick with me with my future practice as a counsellor as I want to ensure that if a client discloses to me, that it will be a supportive, validating experience for the client. After looking at the impacts of negative experiences of disclosure on individuals, I understand that it is important that people, specifically counsellors, healthcare professionals, and first responders know best practices for working with male victims of sexual violence.

The most difficult part of the writing of this manuscript occurred during the writing of the conclusion of the manuscript. Putting it all together and reflecting on all the barriers that exist for male victims of sexual violence impacted me. When looking at all the barriers that exist during the process of writing the conclusion, I realized just how much these victims must overcome and the work that is essential for society to support male and transgender victims of sexual violence.

The compass discourse I aim to move towards from this paper is to highlight the barriers faced towards male victims of sexual violence. I explore this throughout the paper when discussing rape myths, masculine norms, barriers to help-seeking behaviour, theories around help-seeking behaviour for males, and more, specifically how it relates to the barriers male

victims of sexual violence face. Throughout the review of my paper, I was cognizant of the direction I would like to lead this paper through my compass discourse. Lastly, I use the research to expand how the academic research is beneficial while also leaving space for the ways in which the research is dispositional and contains us, as discussed by Alejandro (2021). To expand the research, I focus on compiling the various research and bringing it together for others to understand. Through my next steps for research and clinical recommendations sections, I highlight how we can work towards lessening the dispositional factors that affect the information around this topic. Resocialization, the last step of reflexive discourse analysis, discusses how we need to unlearn elements of our socialization and re-learn them to align with our compass discourse direction (Alejandro, 2021). I have experienced change throughout my academic years around my own views of the world, especially around the gender roles and expectations of men. Through my dive into the research, I have come to improve my understanding of the factors that impact men. I unlearned certain expectations around men, such as expectations of men to be impenetrable fortresses regarding their emotions. Men do cry and experience the full range of emotions, and I have learned to embrace this, even though society often imposes the opposite expectation.

Conclusion

The purpose of this literature review was to examine the barriers that exist for cisgender and transgender male victims of sexual assault. Research on the prevalence of male sexual assault varies, with some studies finding that 17%-33% of their participants reported being victims of sexual violence (Donne et al., 2018; Griswold et al., 2020). Gay and bisexual men are more likely to be victims of sexual violence than heterosexual men (Bullock & Beckson, 2011; Davies, 2002). Some estimates on sexual assault among gay and bisexual men find that 36%-

67% of men report instances of sexual violence throughout their lifetime (Donne et al., 2018; Heidt et al., 2005; Hequembourg et al., 2015; Ratner et al., 2003). Male victims of sexual violence are more likely to suffer from anxiety, PTSD, and substance use disorders and have an increased risk of suicidal ideation and suicide attempts (Bryan et al., 2013; Donne et al., 2018; Ellis et al., 2020; Tomasula et al., 2012).

Gender norms and rape myths prevalent in society can create difficulty for men to feel comfortable engaging in help-seeking behaviour (Griswold et al., 2020; Hammond et al., 2017; Widanaralalage et al., 2022). Shame, fear of being doubted, embarrassment, and not wanting family members to know of the assault negatively impact male victim's willingness to disclose (Allen et al., 2015; Griswold et al., 2020; Hammond et al., 2017; Javaid, 2015a; Widanaralalage et al., 2022). Norms around masculinity impact men's willingness to disclose (Widanaralalage et al., 2022). Furthermore, men have trouble in accessing support services as the services are often not available for their specific needs or are available at a high cost (Donne et al., 2018; Ellis et al., 2020; Widanaralalage et al., 2022).

Various factors impact the lack of help-seeking behavior in men, such as how men perceive the normalcy of the problem or if the problem threatens their ego (Addis & Mahalik, 2003). Religion, age differences, and differences between urban and rural populations negatively impact men's willingness to engage in help-seeking behaviour (Lynch et al., 2018). Fortunately, strategies exist on how best to overcome barriers for male help-seeking behaviour. Lynch et al. (2018) recommends increasing advertising of services for men as well as using the education system to teach men from a young age that it is acceptable to seek support when in need. Education may decrease the stigma for men and the damage to men's egos for accessing support (Lynch et al., 2018).

There is not enough research on the treatment of male victims of sexual violence (Galovski et al., 2013). Research is necessary in this area because sexual assault victims are more likely to develop PTSD than non-rape traumas (Breslau et al., 1991; Darves-Bornoz et al., 2008). Effective treatments do exist for rape victims as well as people living with PTSD, such as stress inoculation training, CBT, supportive therapy, prolonged exposure, EMDR, and cognitive processing therapy (Bisson & Andrew, 2007; Ellis et al., 2020; Parcesepe et al., 2015; Regehr et al., 2013; Rothbaum et al., 2005).

Various gaps exist in the research around barriers, rape myths, treatment, and the role of authorities. More research is necessary to allow for the examination of more information and data on male sexual assault. Specifically, more research is necessary around the barriers that prevent male victims of sexual assault from reaching out. However, future research must have diversity in methodology and samples so that the results can be better generalized. Culture plays an essential role in impacting male victims of sexual violence, and this needs to be further studied (Griswold et al., 2020). More research is essential to examine the treatment of male sexual assault. Research on men with PTSD often focuses on military-related PTSD (Galovski et al., 2013). Therefore, there is a need for more research on male PTSD in the sexual assault context.

Rape myth acceptance is an area of research that needs monitoring to see how the levels of endorsement change in both the general population as well as in first responders, clinicians, doctors, and rape service workers. It is vital to examine how education affects rape myth acceptance and the rape myths prevalent in society around male sexual assault (Hammond et al., 2017). Lastly, there is need for more research on the impact of rape myths and police officers' biases in investigating and treating reports of male sexual violence (Widanaralalage et al., 2022).

There are identified sub-cultures in police organizations and further research should examine how these sub-cultures impact how police officers respond to cases of male sexual violence (Javaid, 2015a).

Research around male sexual assault is improving, but more research is necessary to highlight the barriers for male victims of sexual violence and the most effective ways to treat male victims of sexual violence. By implementing evidence-based practice recommendations, we can begin positively impacting the stigma pertaining to men reaching out for support and decreasing the barriers present for male victims of sexual violence. Clinicians can play an important role in reducing these barriers, as do all society members. We must bring male sexual assault from the darkness to the light where it can receive the appropriate attention and understanding it deserves.

References

Addis, M. E., & Hoffman, E. (2017). Men's depression and help-seeking through the lenses of gender. In R. F. Levant, & Y. J. Wong (Eds.), *The Psychology of Men and Masculinities* (pp. 171-196). American Psychological Association. https://doi.org/10.1037/0000023-007

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*, 5–14. http://dx.doi.org/10 .1037/0003-066X.58.1.5

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

Allen, C. T., Ridgeway, R., & Swan, S. C. (2015). College students' beliefs regarding help seeking for male and female sexual assault survivors: Even less support for male survivors. *Journal of Aggression, Maltreatment & Trauma, 24*(1), 102-115. https://doi.org/10.1080/10926771.2015.982237

Anderson, I., & Quinn, A. (2009). Gender differences in medical students' attitudes toward male and female rape victims. *Psychology, Health & Medicine*, *14*, 105–110. https://doi.org/10.1080/13548500802241928

Andrade, C. (2020). Sample size and its importance in research. *Indian Journal of Psychological Medicine*, *42*(1), 102–103. https://doi.org/10.4103/IJPSYM.IJPSYM_504_19

Amado, B. G., Arce, R., & Herraiz, A. (2015). Psychological injury in victims of child sexual abuse: A meta-analytic review. *Psychosocial Intervention*, *24*(1), 49-62. https://doi.org/10.1016/j.psi.2015.03.002

Asukai, N., Saito, A., Tsuruta, N., Kishimoto, J., & Nishikawa, T. (2010). Efficacy of exposure therapy for Japanese patients with posttraumatic stress disorder due to mixed traumatic

events: A randomized controlled study. *Journal of Traumatic Stress*, *23*(6), 744–750. https://doi.org/10.1002/jts.20589

Ataria, Y. (2015). Trauma from an enactive perspective: The collapse of the knowing-how structure. *Adaptive Behavior*, *23*(3), 143-154. https://doi.org/10.1177/1059712315578542

Ayala, E. E., Kotary, B., & Hetz, M. (2018). Blame attributions of victims and perpetrators: Effects of victim gender, perpetrator gender, and relationship. *Journal of Interpersonal Violence*, *33*(1), 94–116. https://doi.org/10.1177/0886260515599160

Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*, *73*(3), 477–487. https://doi.org/10.1037/0022-006X.73.3.477

Barry, J., Liddon, L., & Seager, M. J. (2020). Reactions to contemporary narratives about masculinity: A pilot study. *Psychreg Journal of Psychology*, *4*(2), 8-21. https://doi.org/10.2139/ssrn.3734314

Basile, K. C., Smith, S. G., Liu, Y., Lowe, A., Gilmore, A. K., Khatiwada, S., & Kresnow, M. J. (2021). Victim and perpetrator characteristics in alcohol/drug-involved sexual violence victimization in the U.S. *Drug and Alcohol Dependence*, *226*, 108839, 1-17. https://doi.org/10.1016/j.drugalcdep.2021.108839

Beck, J. S., & Fleming, S. (2021). A brief history of Aaron T. Beck, MD, and cognitive behavior therapy. *Clinical Psychology in Europe*, *3*(2), 1-7. https://doi.org/10.32872/cpe.6701

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, J. L., Addis, M. E., Reilly, E. D., Syzdek, M. R., & Green, J. D. (2012). Effects of gender, diagnostic labels, and causal theories on willingness to report symptoms of depression. *Journal of Social and Clinical Psychology, 31*, 439–457. http://doi.org/10.1521/jscp.2012.31.5.439

Biau, D. J., Kernéis, S., & Porcher, R. (2008). Statistics in brief: the importance of sample size in the planning and interpretation of medical research. *Clinical Orthopaedics and Related Research*, *466*(9), 2282–2288. https://doi.org/10.1007/s11999-008-0346-9

Bisson, J., & Andrew, M. (2007). Psychological treatment of post-traumatic stress disorder (PTSD). *The Cochrane Database of Systematic Reviews*, (3), CD003388. https://doi.org/10.1002/14651858.CD003388.pub3

Boerema, A. M., Kleiboer, A., Beekman, A. T., van Zoonen, K., Dijkshoorn, H., & Cuijpers, P. (2016). Determinants of help-seeking behavior in depression: a cross-sectional study. *BMC psychiatry*, *16*, 1-9. https://doi.org/10.1186/s12888-016-0790-0

Bracha, H. S. (2004). Freeze, flight, fight, fright, faint: Adaptationist perspectives on the acute stress response spectrum. *CNS spectrums*, *9*(9), 679-685. https://doi.org/10.1017/s1092852900001954

Bracha, H. S., Ralston, T. C., Matsukawa, J. M., Williams, A. E., & Bracha, A. S. (2004). Does "fight or flight" need updating? *Psychosomatics*, *45*(5), 448-449. https://doi.org/10.1176/appi.psy.45.5.448

Bradley, R., Greene, J., Russ, E., Dutra, L., & Westen, D. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. *The American Journal of Psychiatry, 162*, 214 –227. http://dx.doi.org/10.1176/ appi.ajp.162.2.214

Breslau, N., Davis, G., Andreski, P., & Peterson, E. (1991). Traumatic events and posttraumatic stress disorder in an urban population of young adults. *Archives of General Psychiatry, 48*, 216–222. https://doi.org/10.1001/archpsyc.1991.01810270028003

Bruno, A., Galuppo, L., & Gilardi, S. (2011). Evaluating the reflexive practices in a learning experience. *European Journal of Psychology of Education*, *26*, 527-543. https://doi.org/10.1007/s10212-011-0061-x

Bryan, C. J., McNaugton-Cassill, M., Osman, A., & Hernandez, A. M. (2013). The associations of physical and sexual assault with suicide risk in nonclinical military and undergraduate Samples. *Suicide and Life-Threatening Behavior*, *43*(2), 223–234. https://doi.org/10.1111/sltb.12011

Bryant, R. A., Moulds, M. L., Guthrie, R. M., Dang, S. T., Mastrodomenico, J., Nixon, R. D., ... & Creamer, M. (2008). A randomized controlled trial of exposure therapy and cognitive restructuring for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, *76*(4), 695-703. https://doi.org/10.1037/a0012616

Buller, A. M., Devries, K. M., Howard, L. M., & Bacchus, L. J. (2014). Associations between intimate partner violence and health among men who have sex with men: A systematic review and meta-analysis. *PLoS Medicine*, *11*(3), e1001609. https://doi.org/10.1371/journal.pmed.1001609

Bullock, C. M., & Beckson, M. (2011). Male victims of sexual assault: Phenomenology, psychology, physiology. *Journal of the American Academy of Psychiatry and the Law Online*, *39*(2), 197-205.

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

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

Call, J. B., & Shafer, K. (2018). Gendered manifestations of depression and help seeking among men. *American Journal of Men's Health*, *12*(1), 41-51. https://doi.org/10.1177/1557988315623993

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

Chard, K. M. (2005). An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse. *Journal of Consulting and Clinical Psychology*, *73*(5), 965–971. https://doi.org/10.1037/0022-006X.73.5.965

Chard, K. M., Ricksecker, E. G., Healy, E. T., Karlin, B. E., & Resick, P. A. (2012). Dissemination and experience with cognitive processing therapy. *Journal of Rehabilitation Research & Development*, *49*(5), 667-678. https://doi.org/10.1682/JRRD.2011.10.0198

Choudhary, E., Gunzler, D., Tu, X., & Bossarte, R. M. (2012a). Epidemiological characteristics of male sexual assault in a criminological database. *Journal of Interpersonal Violence*, *27*(3), 523–546. https://doi.org/10.1177/0886260511421674

Choudhary, E., Smith, M., & Bossarte, R. M. (2012b). Depression, anxiety, and symptom profiles among female and male victims of sexual violence. *American Journal of Men's Health*, *6*(1), 28–36. https://doi.org/10.1177/1557988311414045

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, *19*(6), 829-859. https://doi.org/10.1177/0891243205278639

Connor, K. M., & Davidson, J. R. T. (1997). Familial risk factors in posttraumatic stress disorder. In R. Yehuda, & A. C. McFarlane (Eds.), *Psychobiology of Posttraumatic Stress Disorder* (pp. 35-51). New York Academy of Sciences.

Conroy, S. (2024). Recent trends in police-reported clearance status of sexual assault and other violent crime in Canada, 2017 to 2022. https://www150.statcan.gc.ca/n1/pub/85-002-x/2024001/article/00006-eng.htm

Criminal Code, RSC 1985, c C-46 (1985). https://laws-lois.justice.gc.ca/eng/acts/c-46/page-39.html#docCont

Darves-Bornoz, J., Alonso, J., de Girolamo, G., de Graaf, R., Haro, J.M., & Kovess-Masfety, V. ESEMeD/MHEDEA 2000 Investigators. (2008). Main traumatic events in Europe: PTSD in the European study of the epidemiology of mental disorders survey. *Journal of Traumatic Stress, 21(*5), 455–462. https://doi.org/10.1002/jts.20357

Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression and Violent Behaviour*, *7*(3), 203-214. https://doi.org/10.1016/s1359-1789(00)00043-4.

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., Rogers, P., & Whitelegg, L. (2009). Effects of victim gender, victim sexual orientation, victim response and respondent gender on judgements of blame in a hypothetical adolescent rape. *Legal and Criminological Psychology*, *14*(2), 331–338. https://doi.org/10.1348/978185408X386030

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

D'cruz, H., Gillingham, P., & Melendez, S. (2007). Reflexivity, its meanings and relevance for social work: A critical review of the literature. *British Journal of Social Work*, *37*(1), 73-90. https://doi.org/10.1093/bjsw/bcl001

de Boise, S., & Hearn, J. (2017). Are men getting more emotional? Critical sociological perspectives on men, masculinities and emotions. *The Sociological Review, 65*(4), 779–796. https://doi.org/10.1177/0038026116686500

de Boise, S. (2019). Is masculinity toxic? *NORMA*, *14*(3), 147–151. https://doi.org/10.1080/18902138.2019.1654742

DeMatteo, D., Galloway, M., Arnold, S., & Patel, U. (2015). Sexual assault on college campuses: A 50-state survey of criminal sexual assault statutes and their relevance to campus sexual assault. *Psychology, Public Policy, and Law*, *21*(3), 227–238. https://doi.org/10.1037/law0000055

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 behaviour 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*, 441–448. https://doi.org/10.1177/088626096011003009

Dorahy, M. J., & Clearwater, K. (2012). Shame and guilt in men exposed to childhood sexual abuse: A qualitative investigation. *Journal of Child Sexual Abuse*, *21*(2), 155–175. https://doi.org/10.1080/10538712.2012.659803

Du Mont, J., Macdonald, S., White, M., & Turner, L. (2013). Male victims of adult sexual assault. *Journal of Interpersonal Violence*, *28*(13), 2676–2694. https://doi.org/10.1177/0886260513487993

Easton, S. D. (2013). Disclosure of child sexual abuse among adult male survivors. *Clinical Social Work Journal, 41*, 344 –355. http://dx.doi.org/ 10.1007/s10615-012-0420-3

Easton, S. D. (2014). Masculine norms, disclosure, and childhood adversities predict long-term mental distress among men with histories of child sexual abuse. *Child Abuse & Neglect*, *38*(2), 243-251. https://doi.org/10.1016/j.chiabu.2013.08.020.

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*, 460-469. https://doi.org/10.1037/a0034223

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

Ehlers, A., Clark, D. M., Hackmann, A., McManus, F., Fennell, M., Herbert, C., & Mayou, R. (2003). A randomized controlled trial of cognitive therapy, a self-help booklet, and repeated assessments as early interventions for posttraumatic stress disorder. *Archives of General Psychiatry*, *60*(10), 1024-1032. https://doi.org/10.1001/archpsyc.60.10.1024

Elder, W. B., Domino, J. L., Mata-Galán, E. L., & Kilmartin, C. (2017). Masculinity as an avoidance symptom of posttraumatic stress. *Psychology of Men & Masculinity, 18*(3), 198–207. https://doi.org/10.1037/men0000123

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

Elliott, R., & Owens, R. (2023). Barriers to help seeking in men. *Psychreg Journal of Psychology*, *7*(2), 118-132.

Ellis, A. E., Simiola, V., Mackintosh, M., 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

Federal Bureau of Investigation. (2018). *Rape*. https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/topic-pages/rape

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

Fisher, K., Seidler, Z. E., King, K., Oliffe, J. L., & Rice, S. M. (2021). Men's anxiety: A systematic review. *Journal of Affective Disorders*, *295*, 688-702. https://doi.org/10.1016/j.jad.2021.08.136

Foa, E. B., Hearst-Ikeda, D., & Perry, K. J. (1995). Evaluation of a brief cognitive-behavioral program for the prevention of chronic PTSD in recent assault victims. *Journal of Consulting and Clinical Psychology*, *63*(6), 948–955. https://doi.org/10.1037/0022-006X.63.6.948

Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences therapist guide*. New York, NY: Oxford University Press. https://doi.org/10.1093/med:psych/9780195308501.001.0001

Foa, E.B., Rothbaum, B.O., Riggs, D.S., & Murdock, T.B. (1991). Treatment of posttraumatic stress disorder in rape victims: A comparison between cognitive behavioral procedures and counseling. *Journal of Consulting and Clinical Psychology, 59*(5), 715–723. https://doi.org/10.1037//0022-006x.59.5.715

Foa, E. B., Zoellner, L. A., Feeny, N. C., Hembree, E. A., & Alvarez-Conrad, J. (2002). Does imaginal exposure exacerbate PTSD symptoms? *Journal of Consulting and Clinical Psychology, 70*(4), 1022-1028. https://doi.org/10.1037/0022-006X.70.4.1022

Foa, E. B. (2011). Prolonged exposure therapy: past, present, and future. *Depression and Anxiety*, *28*(12), 1043–1047. https://doi.org/10.1002/da.20907

Gagnier, C., & Collin-Vézina, D. (2016). The disclosure experiences of male child sexual abuse survivors. *Journal of Child Sexual Abuse*, *25*(2), 221-241. https://doi.org/10.1080/10538712.2016.1124308

Galovski, T. E., Blain, L. M., Chappuis, C., & Fletcher, T. (2013). Sex differences in recovery from PTSD in male and female interpersonal assault survivors. *Behaviour Research and Therapy, 51*(6), 247-255. https://doi.org/10.1016/j.brat.2013.02.002

Galovski, T. E., Wachen, J. S., Chard, K. M., & Monson, C. M. (2022). Cognitive processing therapy. In U. Schnyder & M. Cloitre (Eds.), *Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians* (pp. 211-226). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-030-97802-0

Garza, A. D., & Franklin, C. A. (2021). The effect of rape myth endorsement on police response to sexual assault survivors. *Violence Against Women*, *27*(3-4), 552-573. https://doi.org/10.1177/1077801220911460

Gambardella, G., Benz, M., Hines, D. A., & Palm Reed, K. M. (2020). A descriptive analysis of college students' experiences of female-perpetrated sexual assault. *Journal of Contemporary Criminal Justice, 36*(4), 520-538. https://doi.org/10.1177/1043986220936077

Goodman-Williams, R., Dworkin, E., & Hetfield, M. (2023). Why do rape victimization rates vary across studies? A meta-analysis examining moderating variables. *Aggression and Violent Behavior*, *71,* 1-11. https://doi.org/10.1016/j.avb.2023.101839

Gray, H. (2021). The age of toxicity: The influence of gender roles and toxic masculinity in harmful heterosexual relationship behaviours. *Canadian Journal of Family and Youth*, *13*(3), 41-52. https://doi.org/10.29173/cjfy29621

Griffin, V. W., Wentz, E., & Meinert, E. (2022). Explaining the why in #WhyIDidntReport: An examination of common barriers to formal disclosure of sexual assault in college students. *Journal of Interpersonal Violence*, *37*(15-16), NP14716-NP14745. https://doi.org/10.1177/08862605211016343

Griswold, S. R., Neal Kimball, C., & Alayan, A. J. (2020). Males' stories of unwanted sexual experiences: A qualitative analysis. *Psychology of Men & Masculinities, 21*(2), 298-308. https://doi.org/10.1037/men0000247

Gunter, R. W., & Bodner, G. E. (2009). EMDR works . . . But how? Recent progress in the search for treatment mechanisms. *Journal of EMDR Practice and Research, 3*(3), 161–168. https://doi.org/10.1891/1933-3196.3.3.161

Hagenaars, M. A., Stins, J. F., & Roelofs, K. (2012/02//). Aversive life events enhance human freezing responses. *Journal of Experimental Psychology: General, 141*(1), 98-105. https://doi.org/10.1037/a0024211

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

Harrington, C. (2021). What is "toxic masculinity" and why does it matter? *Men and Masculinities.*, *24*(2), 345–352. https://doi.org/10.1177/1097184X20943254

Harper, D. (2003). Developing a critically reflexive position using discourse analysis. In L. Finlay & B. Gough (Eds.). *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences* (pp. 78-92). Oxford: Blackwell Science. https://doi.org/10.1002/9780470776094

Hartwick C., Desmarais S., Hennig K. (2007). Characteristics of male and female victims of sexual coercion. *The Canadian Journal of Human Sexuality*, *16*, 31-44

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

Helfrich, T., & Purc-Stephenson, R. (2020). *University student's perceptions of male sexual assault* [Unpublished manuscript]. Augustana Faculty, University of Alberta..

Heidt, J. M., Marx, B. P., & Gold, S. D. (2005). Sexual revictimization among sexual minorities: A preliminary study. *Journal of Traumatic Stress*, *18*(5), 533–540. https://doi.org/10.1002/jts.20061

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). https://doi.org/10.1186/s12939-018-0864-3

Hequembourg, A. L., Parks, K. A., Collins, R. L., & Hughes, T. L. (2015). Sexual assault risks among gay and bisexual men. *The Journal of Sex Research*, *52*(3), 282-295. https://doi.org/10.1080/00224499.2013.856836

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

Hockett, J. M., & Saucier, D. A. (2015). A systematic literature review of "rape victims" versus "rape survivors": Implications for theory, research, and practice. *Aggression and Violent Behavior*, *25*, 1–14. https://doi.org/10.1016/j.avb.2015.07.003

House, J., Marasli, P., Lister, M., & Brown, J. S. L. (2018). Male views on help-seeking for depression: A Q methodology study. *Psychology and Psychotherapy: Theory, Research and Practice.*, *91*(1), 117–140. https://doi.org/10.1111/papt.12144

Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding.* The National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK64806/

Ioannou, M., Hammond, L., & Machin, L. (2017). Male-on-male sexual assault: Victim, offender and offence characteristics. *Journal of Investigative Psychology and Offender Profiling*, *14*(2), 189–209. https://doi.org/10.1002/jip.1483

Isely, P. J., & Gehrenbeck-Shim, D. (1997). Sexual assault of men in the community. *Journal of Community Psychology*, *25*(2), 159–166. https://doi.org/10.1002/(SICI)1520-6629(199703)25:2<159::AID-JCOP5>3.0.CO;2-T

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 and Social Policy*, *14*, 275-288. https://doi.org/10.1007/s13178-016-0249-6

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 Journal of Men's Studies.*, *23*(3), 271–292. https://doi.org/10.1177/1060826515600656

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

Jaycox, L. H., Zoellner, L., & Foa, E. B. (2002). Cognitive–behavior therapy for PTSD in rape survivors. *Journal of Clinical Psychology*, *58*(8), 891-906. https://doi.org/10.1002/jclp.10065

Jeffrey, N. K., Senn, C. Y., Krieger, M. A., & Forrest, A. (2023). The scope, nature, and impact of sexual violence among students from a Canadian university: A random sample study. *Canadian Journal of Behavioural Science, 55*(2), 100-112. https://doi.org/10.1037/cbs0000329

Jewkes, R., Morrell, R., Hearn, J., Lundqvist, E., Blackbeard, D., Lindegger, G., ... & 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

Johnson, J. L., Oliffe, J. L., Kelly, M. T., Galdas, P., & Ogrodniczuk, J. S. (2012). Men's discourses of help-seeking in the context of men's depression. *Sociology of Health & Illness, 34,* 345-361. https://doi.org/10.1111/j.1467-9566.2011.01372.x

Jonas, D. E., Cusack, K., Forneris, C. A., Wilkins, T. M., Sonis, J., Middleton, J. C., Feltner, C., Meredith, D., Cavanaugh, J., Brownley, K. A., Olmsted, K. R., Greenblatt, A., Weil, A., & Gaynes, B. N. (2013). *Psychological and pharmacological treatments for adults with posttraumatic stress disorder (PTSD)*. Agency for Healthcare Research and Quality (US). https://pubmed.ncbi.nlm.nih.gov/23658937/.

Kalich, A., Heinemann, L., & Ghahari, S. (2016). A scoping review of immigrant experience of health care access barriers in Canada. *Journal of Immigrant and Minority Health*, *18*(3), 697–709. https://doi.org/10.1007/s10903-015-0237-6

Kassing, L. R., Beesley, D., & Frey, L. L. (2005). Gender role conflict, homophobia, age, and education as predictors of male rape myth acceptance. *Journal of Mental Health Counseling*, *27*(4), 311-328. https://doi.org/10.17744/mehc.27.4.9wfm24f52kqgav37

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 and Development, 81*, 455–461. https://doi.org/10.1002/j.1556-6678.2003.tb00272.x

Kealy, D., Seidler, Z. E., Rice, S. M., Oliffe, J. L., Ogrodniczuk, J. S., & Kim, D. (2021). Challenging assumptions about what men want: Examining preferences for psychotherapy among men attending outpatient mental health clinics. *Professional Psychology, Research and Practice*, *52*(1), 28–33. https://doi.org/10.1037/pro0000321

Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Medical Journal of Australia, 187*(7 Suppl.), S26-S30. https://doi.org/10.5694/j.1326-5377.2007.tb01332.x

Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Benjet, C., Bromet, E. J., Cardoso, G., Degenhardt, L., de Girolamo, G., Dinolova, R. V., Ferry, F., Florescu, S., Gureje, O., Haro,

J. M., Huang, Y., Karam, E. G., Kawakami, N., Lee, S., Lepine, J.-P., Levinson, D., & Navarro-Mateu, F. (2017). Trauma and PTSD in the WHO World Mental Health Surveys. *European Journal of Psychotraumatology, 8*(sup5), 1-16. https://doi.org/10.1080/20008198.2017.1353383

Kimerling, R., Ouimette, P., & Wolf, J. (2002). *Gender and PTSD*. Guilford.

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.

Kuile, S., Rousseau, C., Munoz, M., Nadeau, L., & Ouimet, M. (2007). The universality of the Canadian health care system in question: Barriers to services for immigrants and refugees. *International Journal of Migration, Health and Social Care*, *3*(1), 15–26. https://doi.org/10.1108/17479894200700003

Kupers, T. A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. *Journal of Clinical Psychology*, *61*(6), 713-724. https://doi.org/10.1002/jclp.20105Lamp, K., Maieritch, K. P., Winer, E. S., Hessinger, J. D., & Klenk, M. (2014). Predictors of treatment interest and treatment initiation in a VA outpatient trauma services program providing evidence-based care. *Journal of Traumatic Stress, 27*, 695–702. http://dx.doi.org/10.1002/jts .21975

Lasser, K. E., Himmelstein, D. U., Woolhandler, S. J., McCormick, D., & Bor, D. H. (2002). Do minorities in the United States receive fewer mental health services than whites? *International Journal of Health Services*, *32*(3), 567-578. https://doi.org/10.2190/uexw-rarl-u46v-fu4p

Lazar, S. G. (2014). The cost-effectiveness of psychotherapy for the major psychiatric diagnoses. *Psychodynamic Psychiatry, 42*, 423–457. https://doi.org/10.1521/pdps.2014.42.3.423

Light, D., & Monk-Turner, E. (2009). Circumstances surrounding male sexual assault and rape. *Journal of Interpersonal Violence*, *24*(11), 1849–1858. https://doi.org/10.1177/0886260508325488

Littleton, H., Grills, A. E., Kline, K. D., Schoemann, A. M., & Dodd, J. C. (2016). The From Survivor to Thriver program: RCT of an online therapist-facilitated program for rape-related PTSD. *Journal of Anxiety Disorders, 43*, 41-51. https://doi.org/10.1016/j.janxdis.2016.07.010

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., & Balfour, B. (2015). The unheard victims. *The Psychologist*, *28*, 118-121.

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

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

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health*, *10*(6), 574–582. https://doi.org/10.1080/13607860600641200

Magaard, J. L., Seeralan, T., Schulz, H., & Brütt, A. L. (2017). Factors associated with help-seeking behaviour among individuals with major depression: A systematic review. *PloS one*, *12*(5), e0176730, 1-17. https://doi.org/10.1371/journal.pone.0176730

Maikovich-Fong, A. K., & Jaffee, S. R. (2010). Sex differences in childhood sexual abuse characteristics and victims' emotional and behavioral problems: Findings from a national sample of youth. *Child Abuse & Neglect*, *34*(6), 429–437. https://doi.org/10.1016/j.chiabu.2009.10.006

Masho, S. W., & Alvanzo, A. (2010). Help-seeking behaviors of men sexual assault survivors. *American Journal of Men's Health, 4*, 237–242. http://dx.doi.org/10.1177/1557988309336365

Masho, S. W., & Anderson, L. (2009). Sexual assault in men: A population-based study of Virginia. *Violence and Victims*, *24*(1), 98–110. https://doi.org/10.1891/0886-6708.24.1.98

McDonald, S., & Tijerino, A. (2013). *Male survivors of sexual abuse and assault: Their experiences*. Department of Justice Canada. https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr13_8/rr13_8.pdf

McKeary, M., & Newbold, B. (2010). Barriers to care: The challenges for Canadian refugees and their health care providers. *Journal of Refugee Studies, 23*(4), 523–545. https://doi.org/10.1093/jrs/feq038

Meichenbaum, D. (2008). Stress inoculation training. In W. O'Donohue, J. E. Fisher, and S. C. Hayes (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (2nd e., pp. 407-410). John Wiley & Sons.

Meis, L. A., Barry, R. A., Kehle, S. M., Erbes, C. R., & Polusny, M. A. (2010). Relationship adjustment, PTSD symptoms, and treatment utilization among coupled National Guard

soldiers deployed to Iraq. *Journal of Family Psychology, 24*, 560 –567. http://dx.doi.org/10.1037/a0020925

Menning, C. L., & Holtzman, M. (2014). Processes and patterns in gay, lesbian, and bisexual sexual assault: A multimethodological assessment. *Journal of Interpersonal Violence*, *29*(6), 1071-1093. https://doi.org/10.1177/0886260513506056

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

Mittal, S., & Singh, T. (2018). Victim or survivor: Perceived identity. *Psyber News*, *9*(1), 48-52.

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

Munroe, C., & Shumway, M. (2022). Female-perpetrated sexual violence: a survey of survivors of female-perpetrated childhood sexual abuse and adult sexual assault. *Journal of Interpersonal Violence*, *37*(9-10), NP6655-NP6675. https://doi.org/10.1177/0886260520967137

Mursa, R., Patterson, C., & Halcomb, E. (2022). Men's help-seeking and engagement with general practice: An integrative review. *Journal of Advanced Nursing*, *78*(7), 1938-1953. https://doi.org/10.1111/jan.15240

Nam, S. K., Chu, H. J., Lee, M. K., Lee, J. H., Kim, N., & Lee, S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health, 59*, 110-116. https://doi.org/10.1080/07448481.2010.483714

Olff, M. (2017). Sex and gender differences in post-traumatic stress disorder: An update. *European Journal of Psychotraumatology, 8*(sup4), 1-2. https://doi.org/10.1080/20008198.2017.1351204

O'Shea, B., Feicht, R., Brown, M., & Numer, M. (2024). Rethinking sexual violence labels: Exploring the impact of 'victim' and 'survivor' discourse. *European Journal of Psychotraumatology*, *15*(1), 1-13. https://doi.org/10.1080/20008066.2023.2296329

Papendick, M., & Bohner, G. (2017). " Passive victim–strong survivor"? Perceived meaning of labels applied to women who were raped. *PLoS one*, *12*(5), 1-21. https://doi.org/10.1371/journal.pone.0177550

Parcesepe, A. M., Martin, S. L., Pollock, M. D., & García-Moreno, C. (2015). The effectiveness of mental health interventions for adult female survivors of sexual assault: A systematic review. *Aggression and Violent Behavior, 25*, 15-25. https://doi.org/10.1016/j.avb.2015.06.004

Parent, M. C., Hammer, J. H., Bradstreet, T. C., Schwartz, E. N., & Jobe, T. (2018). Men's mental health help-seeking behaviors: An intersectional analysis. *American Journal of Men's Health.*, *12*(1), 64–73. https://doi.org/10.1177/1557988315625776

Parratt, K. A., & Pina, A. (2017). From "real rape" to real justice: A systematic review of police officers' rape myth beliefs. *Aggression and Violent Behaviour*, *34*, 68–83. https://doi.org/10.1016/j.avb.2017.03.005

Petersson, C. C., & Plantin, L. (2019). Breaking with norms of masculinity: Men making sense of their experience of sexual assault. *Clinical Social Work Journal*, *47*(4), 372-383. https://doi.org/10.1007/s10615-019-00699-y

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

Pitfield, C. (2013). *Male survivors of sexual assault: To tell or not to tell?* [Doctoral dissertation, University of East London]. ProQuest Dissertations Publishing.

Powell, W., Adams, L. B., Cole-Lewis, Y., Agyemang, A., & Upton, R. D. (2016). Masculinity and race-related factors as barriers to health help-seeking among African American men. *Behavioral Medicine*, *42*(3), 150-163. https://doi.org/10.1080/08964289.2016.1165174

Power, K., McGoldrick, T., Brown, K., Buchanan, R., Sharp, D., Swanson, V., & Karatzias, A. (2002). A controlled comparison of eye movement desensitization and reprocessing versus exposure plus cognitive restructuring versus waiting list in the treatment of post-traumatic stress disorder. *Clinical Psychology & Psychotherapy*, *9*(5), 299–318. https://doi.org/10.1002/cpp.34

Powers, M. B., Halpern, J. M., Ferenschak, M. P., Gillihan, S. J., & Foa, E. B. (2010). A meta-analytic review of prolonged exposure for posttraumatic stress disorder. *Clinical Psychology Review*, *30*(6), 635-641. https://doi.org/10.1016/j.cpr.2010.04.007

Ratner, P. A., Johnson, J. L., Shoveller, J. A., Chan, K., Martindale, S. L., Schilder, A. J., ... & Hogg, R. S. (2003). Non-consensual sex experienced by men who have sex with men: Prevalence and association with mental health. *Patient Education and Counseling*, *49*(1), 67-74. https://doi.org/10.1016/s0738-3991(02)00055-1

Ray, L. A., Primack, J., Chelminski, I., Young, D., & Zimmerman, M. (2011). Diagnostic and clinical profiles of treatment-seeking men with and without substance use disorders. *Psychology of Men and Masculinity, 12*, 158 –165. http://dx.doi.org/10.1037/a0020169

Regehr, C., Alaggia, R., Dennis, J., Pitts, A., & Saini, M. (2013). Interventions to reduce distress in adult victims of rape and sexual violence: A systematic review. *Research on Social Work Practice*, *23*(3), 257-265. https://doi.org/10.1177/1049731512474103

Resick, P.A., Jordan, C., Girelli, S., Hutter, C., & Marhoefer-Dvorak, S. (1988). A comparative outcome study of behavioral group therapy for sexual assault victims. *Behavior Therapy, 19*, 285–401. https://doi.org/10.1016/s0005-7894(88)80011-x

Resick, P.A., Nishith, P., Weaver, T.L., Astin, M.C., & Feuer, C.A. (2002). A comparison of cognitive-processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder in female rape victims. *Journal of Consulting and Clinical Psychology, 70*(4), 867–879. https://doi.org/10.1037//0022-006x.70.4.867

Resick, P. A., Williams, L. F., Suvak, M. K., Monson, C. M., & Gradus, J. L. (2012). Long-term outcomes of cognitive–behavioral treatments for posttraumatic stress disorder among female rape survivors. *Journal of Consulting and Clinical Psychology, 80*(2), 201-210. https://doi.org/10.1037/a0026602

Rizzolatti, G., Alberto Semi, A., & Fabbri-Destro, M. (2014). Linking psychoanalysis with neuroscience: The concept of ego. *Neuropsychologia, 55*, 143–148. https://doi.org/10.1016/j.neuropsychologia.2013.10.003

Rosen, G. M. (2023). Revisiting the Origins of EMDR. *Journal of Contemporary Psychotherapy*, *53*(4), 289-296. https://doi.org/10.1007/s10879-023-09582-x

Rothbaum, B. O. (1997). A controlled study of eye movement desensitization and reprocessing in the treatment of posttraumatic stress disordered sexual assault victims. *Bulletin of the Menninger Clinic*, *61*(3), 317.

Rothbaum, B. O., Astin, M. C., & Marsteller, F. (2005). Prolonged exposure versus eye movement desensitization and reprocessing (EMDR) for PTSD Rape Victims. *Journal of Traumatic Stress, 18*(6), 607-616. https://doi.org/10.1002/jts.20069

Rothbaum, B. O., Kearns, M. C., Price, M., Malcoun, E., Davis, M., Ressler, K. J., ... & Houry, D. (2012). Early intervention may prevent the development of posttraumatic stress disorder: A randomized pilot civilian study with modified prolonged exposure. *Biological Psychiatry*, *72*(11), 957-963. https://doi.org/10.1016/j.biopsych.2012.06.002

Rumney, P. N. (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

Sable, M. R., Danis, F., Mauzy, D. L., & Gallagher, S. K. (2006). Barriers to reporting sexual assault for women and men: Perspectives of college students. *Journal of American College Health*, *55*(3), 157–162. https://doi.org/10.3200/JACH.55.3.157-162

Schaaf, S., Lamade, R. V., Burgess, A. W., Koss, M., Lopez, E., & Prentky, R. (2019). Student views on campus sexual assault. *Journal of American College Health*, *67*(7), 698–705. https://doi.org/10.1080/07448481.2018.1500476

Shapiro, F. (2002). EMDR 12 years after its introduction: Past and future research. *Journal of Clinical Psychology*, *58*(1), 1–22. https://doi.org/10.1002/jclp.1126

Schnurr, P. P., Friedman, M. J., Engel, C. C., Foa, E. B., Shea, M. T., Chow, B. K., Resick, P. A., Thurston, V., Orsillo, S. M., Haug, R., Turner, C., & Bernardy, N. (2007). Cognitive Behavioral Therapy for Posttraumatic Stress Disorder in women. *JAMA*, *297*(8). https://doi.org/10.1001/jama.297.8.820

Scholz, B., Lu, V. N., Conduit, J., Szantyr, D., Crabb, S., & Happell, B. (2022). An exploratory study of men's access to mental health services. *Psychology of Men & Masculinities, 23*(4), 412-421. https://doi.org/10.1037/men0000404

Schuster, I., Krahé, B., & Toplu-Demirtaş, E. (2016). Prevalence of sexual aggression victimization and perpetration in a sample of female and male college students in Turkey. *The Journal of Sex Research*, *53*(9), 1139-1152. https://doi.org/10.1080/00224499.2016.1207057

Schwark, S., & Bohner, G. (2019). Sexual Violence—"Victim" or "Survivor": News images affect explicit and implicit judgments of blame. *Violence Against Women*, *25*(12), 1491–1509. https://doi.org/10.1177/1077801218820202

Schwarz, J. E., Baber, D., Barter, A., & Dorfman, K. (2020). A mixed methods evaluation of EMDR for treating female survivors of sexual and domestic violence. *Counseling Outcome Research and Evaluation*, *11*(1), 4-18. https://doi.org/10.1080/21501378.2018.1561146

Seedaket, S., Turnbull, N., Phajan, T., & Wanchai, A. (2020). Improving mental health literacy in adolescents: Systematic review of supporting intervention studies. *Tropical Medicine & International Health*, *25*(9), 1055-1064. https://doi.org/10.1111/tmi.13449

Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: a systematic review. *Clinical Psychology Review*, *49*, 106-118. https://doi.org/10.1016/j.cpr.2016.09.002

Seidler, Z. E., Rice, S. M., Oliffe, J. L., Fogarty, A. S., & Dhillon, H. M. (2018). Men in and out of treatment for depression: Strategies for improved engagement. *Australian Psychologist*, *53*(5), 405-415. https://doi.org/10.1111/ap.12331

Seymour-Smith, S., Wetherell, M., & Phoenix, A. (2002). 'My wife ordered me to come!': A discursive analysis of doctors' and nurses' accounts of men's use of general practitioners. *Journal of Health Psychology*, *7*(3), 253-267. https://doi.org/10.1177/1359105302007003220

Schall, K. J. (2022). *"Suck It Up": Discrimination and Toxic Masculinity on Mental Health across Genders* (Publication No. 28545068) [Doctoral dissertation, Alliant International University]. ProQuest Dissertations and Theses Global. https://www.proquest.com/dissertations-theses/suck-up-discrimination-toxic-masculinity-on/docview/2546096928/se-2

Shepherd, G., Astbury, E., Cooper, A., Dobrzynska, W., Goddard, E., Murphy, H., & Whitley, A. (2023). The challenges preventing men from seeking counselling or psychotherapy. *Mental Health & Prevention*, *30,* 1-10. https://doi.org/10.1016/j.mhp.2023.200287

Sletvold, J. (2013). The ego and the id revisited Freud and Damasio on the body ego/self. *The International Journal of Psychoanalysis*, *94*(5), 1019-1032. https://doi.org/10.1111/1745-8315.12097

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, R. E., Pine, C. J., & Hawley, M. E. (1988). Social cognitions about adult male victims of female sexual assault. *The Journal of Sex Research*, *24*(1), 101–112. https://doi.org/10.1080/00224498809551401

Smith, M., Wilkes, N., & Bouffard, L. A. (2016). Rape myth adherence among campus law enforcement officers. *Criminal Justice and Behavior*, *43*(4), 539-556. https://doi.org/10.1177/0093854815604178

Sorsoli, L., Kia-Keating, M., & Grossman, F. K. (2008). "I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology, 55*(3), 333-345. https://doi.org/10.1037/0022-0167.55.3.333

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

Staiger, T., Stiawa, M., Mueller-Stierlin, A. S., Kilian, R., Beschoner, P., Gündel, H., Becker, T., Frasch, K., Panzirsch, M., Schmauß, M., & Krumm, S. (2020). Masculinity and help-seeking among men with depression: A qualitative study. *Frontiers in Psychiatry*, *11, 1-9*. https://doi.org/10.3389/fpsyt.2020.599039

Statistics Canada. (2021). *Criminal victimization in Canada, 2019*. (No. 85-002-X). https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00014-eng.htm

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*, *27*, 85-100. https://doi.org/10.1007/bf00290011

Struckman-Johnson, C., Struckman-Johnson, D., & Anderson, P. B. (2003). Tactics of sexual coercion: When men and women won't take no for an answer. *Journal of Sex Research*, *40*(1), 76-86. https://doi.org/10.1080/00224490309552168

Taylor, S. E. (2006). Tend and befriend: Biobehavioral bases of affiliation under stress. *Current Directions in Psychological Science*, *15*(6), 273-277. https://doi.org/10.1111/j.1467-8721.2006.00451.x

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

Thomas, J. C., & Kopel, J. (2023). Male victims of sexual assault: A review of the literature. *Behavioral Sciences, 13*(4), 1-22. https://doi.org/10.3390/bs13040304

Thompson, M. (2000). Life after rape: A chance to speak? *Sexual and Relationship Therapy*, *15*(4), 325–343. https://doi.org/10.1080/713697439

Thompson, E. H., Jr., & Bennett, K. M. (2015). Measurement of masculinity ideologies: A (critical) review. *Psychology of Men & Masculinities, 16*(2), 115-133. https://doi.org/10.1037/a0038609

Tolin, D. F., & Foa, E. B. (2008). Sex differences in trauma and posttraumatic stress disorder: A quantitative review of 25 years of research. *Psychological Trauma: Theory, Research, Practice and Policy.*, *S*(1), 37–85. https://doi.org/10.1037/1942-9681.S.1.37

Tomasula, J. L., Anderson, L. M., Littleton, H. L., & Riley-Tillman, T. C. (2012). The association between sexual assault and suicidal activity in a national sample. *School Psychology Quarterly*, *27*(2), 109–119. https://doi.org/10.1037/a0029162

Tracy, C. E., Fromson, T. L., Long, J. G., & Whitman, C. (2012). *Rape and sexual assault in the legal system.* National Research Council of the National Academies Panel on Measuring Rape and Sexual Assault in the Bureau of Justice Statistics Household Surveys Committee on National Statistics. https://sites.nationalacademies.org/cs/groups/dbassesite/documents/webpage/dbasse_080060.pdf

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

Turchik, J. A. (2012). Sexual victimization among male college students: Assault severity, sexual functioning, and health risk behaviors. *Psychology of Men & Masculinities*, *13*(3), 243–255. https://doi.org/10.1037/a0024605

Turchik, J. A., & Edwards, K. M. (2012). Myths about male rape: A literature review. *Psychology of Men & Masculinities, 13*(2), 211-226. https://doi.org/10.1037/a0023207

Vearnals, S., & Campbell, T. (2001). Male victims of male sexual assault: A review of psychological consequences and treatment. *Sexual and Relationship Therapy*, *16*(3), 279-286. https://doi.org/10.1080/14681990123228

Venema, R. M. (2018). Police officers' rape myth acceptance: Examining the role of officer characteristics, estimates of false reporting, and social desirability bias. *Violence & 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

Wasylkiw, L., & Clairo, J. (2018). Help seeking in men: When masculinity and self-compassion collide. *Psychology of Men & Masculinities*, *19*(2), 234–242. https://doi.org/10.1037/men0000086

Watkins, L. E., Sprang, K. R., & Rothbaum, B. O. (2018). Treating PTSD: A review of evidence-based psychotherapy interventions. *Frontiers in Behavioral Neuroscience, 12*, 1-9. https://doi.org/10.3389/fnbeh.2018.00258

Watts, B. V., Schnurr, P. P., Mayo, L., Young-Xu, Y., Weeks, W. B., & Friedman, M. J. (2013). Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. *Journal of Clinical Psychiatry*, *74*(6), e541-e550. https://doi.org/10.4088/jcp.12r08225

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

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., 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

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. R., Wang, S., & 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. (2003). *Investing in mental health*. https://iris.who.int/handle/10665/42823

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

Young, S. L., & Maguire, K. C. (2003). Talking about Sexual Violence. *Women and Language, 26*(2), 40-52.

Yousaf, O., Grunfeld, E. A., & Hunter, M. S. (2015a). A systematic review of the factors associated with delays in medical and psychological help-seeking among men. *Health Psychology Review, 9*(2), 264-276. https://doi.org/10.1080/17437199.2013.840954

Yousaf, O., Popat, A., & Hunter, M. S. (2015b). An investigation of masculinity attitudes, gender, and attitudes toward psychological help-seeking. *Psychology of Men & Masculinities*, *16*(2), 234–237. https://doi.org/10.1037/a0036241

Zilkens, R. R., Smith, D. A., Mukhtar, S. A., Semmens, J. B., Phillips, M. A., & Kelly, M. C. (2018). Male sexual assault: Physical injury and vulnerability in 103 presentations. *Journal of Forensic and Legal Medicine*, *58*, 145-151. https://doi.org/10.1016/j.jflm.2018.05.00

Appendix

Methodology

Authors	Year	Title	Sample Size	Selection/Recruitment	Data Collection Process	Data Analysis Process	Type of Study (Qual., Quant., or mixed).	Notes on Findings
Hammond et al.	2017	Perceptions of Male Rape and Sexual Assault in a U.K. Male Sample: Barriers to Reporting and the Impacts of Victimisation	98 male participants	Snowball sampling method. Participants were recruited via advertisements on social media sites as well as email distribution of the survey. Their sample consisted of men from the UK of varying demographics.	Participants completed an online survey examining myths individuals held around male sexual assault.	Chi-Square analyses were completed to see if there were significant differences between demographics collected in study, an example being differences between heterosexual and homosexual individuals.	Quantitative	They found that the prevalence of rape myth acceptance in their sample was low. However, some of the myths presented were endorsed more than others, such as that the police would not take the assault seriously, especially when it was female perpetrated. If it was a man who perpetrated the assault, then most of their sample believed that the police would be serious in how they helped the victim reporting the assault. Participants raised concerns around police not taking reports of male sexual violence seriously, thereby negatively impacting one's willingness to disclose. Shame, embarrassment, and fear of consequences of reporting also played a role in preventing men from disclosing their assault.
Griswold et al.	2020	Males' Stories of Unwanted Sexual Experiences: A Qualitative Analysis	590 undergraduate or graduate students	Voluntary Response Sampling Participants were from a religious	Sent out the survey to 1330 male students at a college in the United States.	Narratives were put in the QSR NVivo 10 Qualitative software. Researchers used thematic	Qualitative	Again, we find research supporting the existence of norms and scripts in society that dictate ways men should act and how they should respond to sexual violence. Participants noted that for many, they believe that a man should welcome all sex.

				liberal arts university in the US. There were some diversity among the ethnicity of the participants as well as how far they were in their degrees. They do note that the college is quite religious, such that they include guidelines around sex, substance use, and the use of pornography.	590 students completed the survey and were entered into a drawing to receive a $20 gift card.	analyses to identify themes in the data. They immersed themselves in the data and completed coding as they did so. If themes emerged that were prevalent in the research, then these articles were used to help clarify the coding process in the study. After the development of themes, the themes were directly compared amongst each theme		When it comes to describing the sexual violence experience, they found that victims had difficulty in expressing their denial of consent to sex, something they referred to as silent reluctance. Almost a quarter of their sample experienced childhood sexual violence and 12% experienced sexual assault. Of note in this study is the discussion of regret that occurs. An individual may consent to sex but upon later reflection may feel regret towards the sexual experience. They also found that 64% of individuals in their sample that reported a case of sexual violence told someone about the assault. From those that did disclose, they identified some of the qualities that are important for individuals receiving a disclosure or sexual violence. They discuss the importance of validating, listening, and changing perspective for the victim reporting. They also report that simply the act of telling is beneficial, demonstrating that even if therapists just listen to what a client is disclosing, that they are being helpful.
Ellis et al.	2020	Perceived Helpfulness and Engagement in Mental Health Treatment: A Study of Male Survivors of Sexual Abuse	86 males and 2 transgender individuals.	Voluntary Response Sampling Inclusion Criteria: Registered on MaleSurvivor Website Male 18+	Posted a thread on a discussion forum stating the need for participants for a study. Informed consent was completed online and participation was voluntary.	Themes were identified in the open-ended questions through the HyperRESEARCH software. They engaged in three types of coding: open coding,	Mixed	Most males do not seek out support or disclose their assault to others. Peer connection is the most helpful aspect of treatment. Being given a therapeutic space where the individual can be open was seen as being important. Peer-based interventions may be beneficial for victims of sexual violence.

					Participants completed a 64-question survey then were given a list of resources to reach out to should they require support after participation in the study.	axial coding, and selective coding. From this coding, themes emerged in the data. For the quantitative data, descriptive statistics and univariate statistical tests were completed. Analysis of Variance (ANOVA) tests were used for the continuous variables in the study and chi-square tests were used for nominal variables.		The therapist plays an important role for the participants. Therapists need to competent and comfortable with working with victims of sexual violence. There are barriers around the access of services available for men, with services for men not widely known. In addition, the services are often expensive for men and often insurance does not cover the therapy.
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 Males	Purposive Sampling Inclusion Criteria: Male-on-male survivors of sexual violence The sexual violence	Received and completed informed consent. Interviews were completed virtually and took approximately 1.5 hours. Participants	Interpretative Phenomenological Analysis was used to identify themes present in the data collected by researchers. The interviews were transcribed	Qualitative	Four themes were identified in the research: Gendered narratives, coping with the abuse, masculinity, and reporting to the police. Gendered narratives included discussion of the lack of discussion around male rape and the myths prevalent in society around the ability of a man to be sexually assault. A myth exists that if sexual occurs in men that it must be between

				occurred after the age of 13.	were regularly asked if they needed breaks or wanted to stop given the topic researchers were discussing. After the interview, a debrief form was sent to the participants. Of note is that the debrief letter had a list of resources should the participant need support.	and edited as little as possible to give the best data. From there, they completed a four-step process: 1. Interpretative reading and annotations 2. Generating codes and themes 3. Identifying relationships between themes and clustering them into master themes 4. Comparison of all themes identified a among participants to help identify key themes.		homosexual men, leading to the myth that only homosexual men can be raped. Men who experience sexual violence often deal with self-blame that often leads to behaviors to compensate for the assault. Masculinity negatively impacts how victims perceive the assault. Men's view of their masculinity is damaged when they are assaulted because masculine norms expect a man to be able to prevent an assault from occurring. Participants often reported their assault because they wanted justice as well as their victimization to be recognized. Overall, participants reported negative results in reporting their assaults to police though.
Donne et al.	2018	Barriers to and Facilitators of Help-Seeking Behavior Among Men Who Experience Sexual Violence	32 males	Purposive Sampling/Convenience Sampling Inclusion Criteria: Identify as cisgender or transgender male.	Used print and online media to recruit. Participants completed an online survey after giving informed consent.	Researchers completed a thematic analysis, which started with the contextualizing of the interview being the first step in the	Qualitative	There is a process that occurs with victims in that they need to process and label their experience as assault, before seeking support for the assault. Barriers identified include gender roles and norms, feelings of shame, negative impacts on participant's identity, and the cost and fit of counsellors when reaching out for support. Only 2 participants sought out support and they both reported

				Between age 18-55 years old Reside in New York City area. Report a sexual violence experience in the past year. Communicate primarily in English.	If they were eligible to participate, they were asked to give contact information. The participants then participated in either an interview or a focus group. Interviews were recorded and transcribed.	process. The interviews were transcribed and researchers who conducted the interview offered their impressions of the interview. Coding was completed through QSR International's NVivo 9 software. Codes would be added, and new sub-codes added as well where necessary. Focus of analysis was on the barriers that exist for male victims.		negative experiences, such as workers laughing at the participant and telling him that he should welcome all sex. Another participant acknowledged the possibility of re-traumatization as he went to a group in which the members talked about the specific, intense details of their sexual assault.