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SPECIAL ISSUE: HEALTH IMPLICATIONS OF MASCULINITY WITHIN MILITARY POPULATIONS

Masculinity as an Avoidance Symptom of Posttraumatic Stress

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For individuals diagnosed with posttraumatic stress disorder (PTSD), trauma-related stimuli signal danger and provoke high levels of anxiety. Avoidance of these stimuli, a key feature of PTSD, prevents emotional processing of the thoughts, feelings, and cognitions associated with a traumatic event. This study examined how masculinity norms can function as a precipitant of trauma-related avoidance behaviors for male survivors of sexual assault. The gendered context of trauma, as well as the survivor's gender identity, may lead survivors to employ avoidance behaviors associated with traditional masculinities in an attempt to protect from future harm. Interviews were conducted with 21 male veterans who had reported experiencing military sexual trauma (MST) to their clinician. Data were drawn together using a grounded theory methodology. A 3-category model emerged depicting the gendered behaviors participants described following arousal to threatening stimuli (e.g., enact heterosexuality to avoid blame, engage in sex to avoid negative thoughts, appear strong to avoid feeling weak). The resulting model is discussed in light of evidence-based PTSD treatments.

Keywords: military sexual trauma, qualitative, complex posttraumatic stress disorder, masculinity, veterans

Following exposure to one or more traumatic events, a pattern of symptoms may develop that meet the criteria of PTSD. The essential symptoms of PTSD include reexperiencing the event in various ways (such as recurrent, intrusive thoughts, distressing dreams, or dissociative states of reliving the event), negative alterations in cognitions or mood, heightened sensitivity to potential threats, and avoidance of stimuli associated with the trauma (*Diagnostic and Statistical Manual of Mental Disorders*; 5th ed.; *DSM*–5; American Psychiatric Association, 2013). Because avoidance of threatening stimuli appears to be the key feature maintaining all other PTSD symptoms (Ehlers & Clark, 2000; Foa, Huppert, & Cahill, 2006), clinical approaches emphasize reducing avoidance behavior and cognitive restructuring of trauma-related memories, as outlined in cognitive processing therapy or prolonged exposure treatment (Foa, Hembree, & Rothbaum, 2007; Resick & Schnicke, 1992, 1993). Approaching the avoided stimuli and memories leads patients to emotionally process their anxiety and reduce PTSD symptoms (Foa et al., 2006).

For men who have served in the military, many types of traumatic events may lead to the development of PTSD. Veterans diagnosed with PTSD are most likely to have experienced nonsexual physical assault, combat, accidental injury, or witnessing someone being badly injured or killed (Mills et al., 2011; Tolin & Foa, 2006). Sexual assault is the traumatic event most highly correlated with the disorder for both men and women (Fontana & Rosenheck, 1998; Lang et al., 2003; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992), and is reported by approximately 1.1% of male veterans during their time of service (Maguen et al., 2012; Street, Stafford, Mahan, & Hendricks, 2008). MST is defined as threatening sexual harassment, or sexual assault that occurs in the military context (United States Department of Veterans Affairs, Veterans Health Administration [VHA], 2010). All veterans in VHA care are screened for MST as part of the electronic clinical record using the following two questions:

> While you were in the military: (a) Did you receive uninvited and unwanted sexual attention, such as touching corning, pressure for sexual favors or verbal remarks?; (b) Did someone ever use force of threat of force to have sexual contact with you against your will?

An affirmative response to either question is coded as a positive screen.

After experiencing sexual assault, men's assumptions about control, self-worth, and their ability to protect themselves and

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others from danger may be disrupted by the victimization experience (Lisak, 2001). This may be especially true for men in the military, who report even higher levels of conformity to masculine norms, such as self-reliance and emotional toughness (Jakupcak, Osborne, Michael, Cook, & McFall, 2006; Robinson Kurpius & Lukart, 2000; Rosen, Weber, & Martin, 2000). Male MST survivors may feel their status as men has been lost, requiring them to provide public proof of their masculinity status through active attempts to establish and maintain gender status (Vandello, Bosson, Cohen, Burnaford, & Weaver, 2008; Weaver, Vandello, Bosson, & Burnaford, 2010).

Studies on the role of avoidance in PTSD have primarily examined *explicit avoidance*, or controlled behavioral avoidance that individuals are aware results from trauma-related stimuli. However, recent research has begun to explore the role of *implicit avoidance*, or avoidance behaviors individuals may not be aware of because they avoid situations and activities without introspective access, as a result of automatic cognitive processes, or because they intensify existing behavior patterns (Fleurkens, Rinck, & van Minnen, 2014; Foa et al., 2007; Wittekind et al., 2015). This type of implicit avoidance may be difficult, if not impossible, to capture because patients are frequently not aware of it or have not articulated it before. In the case of sexual trauma, a male survivor's automatic, affective reactions may be difficult to capture through explicit reports (De Houwer, Teige-Mocigemba, Spruyt, & Moors, 2009) because conditions do not seem to be within their control or always produce the reaction, making the avoidance behavior difficult to articulate or target in treatment (Reber, 1997).

For male sexual assault survivors, gender factors may complicate PTSD assessment and mental health treatment, leading to a high degree of unreported, implicit avoidance (Voller et al., 2015). Masculinity socialization may complicate assessment of PTSD avoidance for a number of reasons. First, men may not have had prior experience articulating their thoughts and emotions (Jakupcak et al., 2006), contributing to poor insight into trauma-related stimuli that they strategically avoid (Verguts & Fias, 2009). This is significant because PTSD diagnosis and treatment efficacy is typically measured by questionnaires or interviews that capture explicit avoidance behaviors individuals are aware of, or believe they can control (e.g., the Posttraumatic Stress Disorder Checklist; Weathers et al., 2013; Weathers, Litz, Herman, Huska, & Keane, 1993). Second, implicit avoidance may be masked because it appears as an expression of male identity (Sibley & Harré, 2009). However, upon further query, it becomes apparent that these socially normed behaviors are enhanced when performed in response to certain trauma-related conditions (Verguts & Fias, 2009).

During the course of mental health treatment for PTSD, masculinity norms may significantly impact the effectiveness of treatment since cultural masculinity socialization includes avoiding, restricting, and devaluing emotions, all of which impede the emotional processing critical to treatments for PTSD (e.g., Berkowitz, Burkhart, & Bourg, 1994; Jakupcak et al., 2006; Katz, 2006). Men may avoid discussing PTSD avoidance for fear that acknowledging these experiences will lead to being out of control and unable to manage symptoms independently, contributing to greater distress. It is, thus, unsurprising that men demonstrate higher levels of PTSD symptoms and less responsiveness to psychological interventions for PTSD compared with women (Morrison, 2012; Wade et al., 2016).

Given the difficulty of accessing implicit avoidance behaviors, accessing trauma-related avoidance symptoms may not be captured by direct psychometric questionnaires, making it necessary to use additional methods to help men recover from PTSD. For example, a recent study examining men's implicit beliefs about their driving ability used the Implicit Association Test (IAT), a computer-based task requiring participants to match concepts as quickly as possible. Data indicate that men have automatic, implicit associations about their abilities as drivers that are based in socialization experiences, and which predicted risk taking and overconfidence (Harré, Field, & Kirkwood, 1996; Harré & Sibley, 2007; Krahé & Fenske, 2002; Sibley & Harré, 2009).

Similar to the IAT, qualitative interviews may capture implicit associations between socialization experiences and behavior. Although, to our knowledge, there is no data indicating that qualitative narratives capture implicit PTSD-related avoidance behavior, several qualitative studies have suggested that narrative data describe the implicit behaviors of participants without their explicitly acknowledging them (Polaschek & Gannon, 2004; Polaschek & Ward, 2002; Weldon & Gilchrist, 2012). Narrative data may be invaluable, given the difficulty of assessing PTSD avoidance using standard psychometric measures and interviews. Additionally, diverse methods of data collection may prove invaluable to understanding implicit *gendered avoidance,* or already-established gender role norms that are enhanced following trauma to avoid trauma-related stimuli.

Method

The present study aimed to investigate implicit, gendered avoidance in male veterans who had suffered MST. The subjective experience of MST survivors was studied using qualitative methods, which are especially useful when exploring relatively new research areas. Interviewees described how social context, in the form of masculinity beliefs, gave rise to, maintained, and justified implicit avoidance tendencies. Interview transcripts were analyzed using a grounded theory approach (Charmaz, 2003, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1998).

Researchers

The research team was composed of the four investigators, each having had previous experience conducting grounded theory studies. As part of rigorously conducted grounded theory methodology, researchers recorded their biases and assumptions prior to analyzing the data. For example, although the purpose of the study was to understand symptoms stemming from male survivors' sexual trauma, we wanted to be sure not to somehow become habituated to the emotionally intense content (e.g., hearing the details about the traumatic events, accounts of negative reactions by others to veterans' disclosures of MST, expression of institutional betrayal and moral injury, etc.) that might be discussed in the interviews. These field notes and self-reflections while gathering and analyzing data formed a chronological recounting of the study referred to as an "audit trail," or decision trail, which outlined the research process, as well as the evolution of codes, categories, and conceptual model (Koch, 1994; Miles & Huber-

man, 1994). This trail provided a means of ensuring that units of meaning, categories, and ultimately the conceptual model were demonstrated as having emerged directly from the data (Koch, 1994).

Recruitment and Data Collection

Following approval by the institutional review board, VA hospital clinicians were invited to refer any participant who had been diagnosed with PTSD, had received outpatient treatment, and had disclosed MST, both during the course of therapy and through the VHA MST screen. Clinicians informed participants the study focused on military sexual assault in male veterans and interested participants called the principal investigator to schedule an interview. Participants were sought until information gathered from interviews no longer deepened or differed from previous data (Glaser & Strauss, 1967).

The primary means of gathering data was a semistructured interview, designed according to grounded theory methods (Charmaz, 2006). All individual interviews were gathered over the span of 8 months. Interviewees each participated in one 45–60 min, in-person interview held in a private office space. Participants were given the option to interview with a male or a female interviewer (the primary and secondary investigators, respectively). The interviewer discussed informed consent in detail at the beginning of the interview, with an emphasis on confidentiality. All participants chose their own pseudonyms. After consent was given, participants responded to written demographic questions, after which digital audio recording began. The interview was structured around two open-ended questions, which allowed for exploration and consistency (Patton, 1990): "Please tell me how sexual trauma you experienced in the military has affected your life?" and "Please tell me about how others have responded when you have talked about your military sexual trauma." First, interviewees were given the opportunity to answer the broad questions as they saw fit. These open-ended questions grounded the interview in a shared understanding of their lived experiences and to identify subsequent areas of significance. Auxiliary questions were added regarding issues that pertained to research concerns (e.g., "Can you tell me more about that?" or "What do you think that means?"). This involved reworking questions to come up with narrower and more specific inquiries. Although many topics were explored, only data pertaining to avoidance and masculinity were retained for the analysis in the current study. Interviewees were given $50 as compensation for their time. Following the interview, participants were provided with referrals for emergency care, as well as psychoeducational materials about MST. The primary author transcribed all interviews verbatim.

Data Analysis

The data were analyzed continually as they were collected, according to a grounded theory method of constant comparison. Grounded theory encourages researchers to include institutional and contextual factors within the analysis to construct a theoretical model that reflected the meanings that participants made of their experiences (Glaser & Strauss, 1967). The three-step process involved open, axial, and selective coding (Strauss & Corbin, 1998). First, during open coding, meaning units within these texts were identified (including words, sentences, phrases, or paragraphs) that contained an explanation of a single idea. For example, when talking about hesitation to disclose the assault to others, one participant said, "I couldn't talk to nobody. I couldn't tell the dudes around me. They'd think I was gay or something." We used the basic code "reporting assault equated with gay identity disclosure," to describe comments similar to this participant's. As data were analyzed during this phase, code titles were revised to condense the meaning of the code and indicate its significance (Charmaz, 2006). Second, after identifying meaning units and codes, during axial coding, the primary author identified the significant emerging categories. Finally, during selective coding, a core model was chosen that integrated the conceptual model into a coherent whole. The most important aspects of the data were described, integrating all categories and articulating their relationships to the core model.

Trustworthiness, or standards of quality (e.g., sufficiency of and immersion in the data, attention to subjectivity and reflexivity, adequacy of data, and issues related to interpretation and presentation; Morrow, 2005) were established through consensus coding and triangulation. Consensus coding, although not a requirement of grounded theory method (Charmaz, 2006), was used to check assumptions within the group and allow researchers to acknowledge how the data were affected by the understandings of the researchers. All research team members' viewpoints were upheld, honored, and protected to ensure that essential pieces of data were not missed (Hill et al., 2005; Williams & Barber, 2004). Credibility of this qualitative study was achieved through a *triangulation* of data sources, or comparing several sources of data, including previous research regarding the experiences of male veteran sexual assault survivors (Budge et al., 2013; Budge, Orovecz, & Thai, 2015), peer debriefing, and audit trail (Marshall & Rossman, 2010). Although the data from this study were unique, there were themes from previous data to indicate this research added to, and was in line with, previous studies.

Results

All 21 participants reported MST (participant demographics are displayed in Table 1), 18 by a male perpetrator and three be a

Table 1
Participant Demographics

Age (median, range)	44 (29–70)	Sexual orientation	
Relationship status		Heterosexual	19
Married	10	Bisexual	1
Divorced	7	Gay	1
Single	4	Military branch	
Race		Army	15
Latino	11	Air Force	3
Non-Latino White	6	Navy	2
Black	3	Marines	1
Asian	1	Religious affiliation	
Highest level of education		Catholic	8
Some high school	1	"None"	4
High school diploma	14	Christian	4
Associate's degree	3	"Spiritual"	2
Bachelor's degree	2	Jewish	1
Master's degree	1	Baptist	1
		Jehovah's Witness	1

female perpetrator. The number of participants was determined by *data saturation*. That is, participants were sought until full and robust categories emerged, leading to clarification of the relationships between categories (Charmaz, 2006; Glaser & Strauss, 1967; Patton, 1990). The following three categories of PTSD avoidance resulted from data analysis, participant checking during the interviews, and examination of the audit trail: (a) enact heterosexuality to avoid blame, (b) engage in sex to avoid negative thoughts, (c) appear strong to avoid feeling weak. The theoretical model resulting from this analysis demonstrates the components of avoidance influenced by socialized masculinity. In the description of categories below, interview statements are used in order to clarify results, with reference to the pseudonym and race/ethnicity of the quoted interviewee.

Enact Heterosexuality to Avoid Blame

Reporting assault equated with gay identity disclosure. Sixteen participants, none of whom reported their sexual assault while in the military, stated that reporting sexual assault would be equal to disclosing a gay sexual orientation identity. For example, Robert (Latino) said:

> Guys who have been assaulted do not report because people will think they're gay. And they will say it was your fault that it happened. They think, "if I tell, they'll think I'm gay." And that's why they just shut up and do not say anything.

Interviewees believed that if others found out about the assault, they would suppose the sexual assault had begun as flirtation with another man (or men), or a consensual sexual encounter, but had become sexually violent. They feared they would be seen as culpable of putting themselves in a vulnerable position, or even accused of having enjoyed the assault. Joseph (Latino) illustrated:

> I just didn't want my family to think I was gay. I didn't want anyone to think that. That was the biggest embarrassment. I think it falls under the machismo thing. I'm not gay . . . but I worried that other people may think of me that way and talk about it.

Interviewees feared that if they reported, rumors identifying them as gay would disperse within their unit, eventually spread to their families, and ultimately reach their spouse. Participants articulated that because gay men were perceived as outside masculinity norms, falling short of the power and control attributed to heterosexual men, being the victim of sexual assault and being gay were equally perceived as shameful and external to masculinity ideals. These 16 veterans stated that the fear of being stigmatized as gay overrode the urge to ask for support, leading them to not report the MST.

Reaffirm heterosexuality to self. Eleven veterans, all of whom had been assaulted by men, explained they had identified as exclusively heterosexual prior to the assault, but afterward questioned their sexual orientation. They perseverated about the possibility that they experienced a latent sexual attraction to men to which they were unaware, but had been identified somehow by the assailant. If this was the case, interviewees reasoned, then they had inadvertently caused the assault by giving off an involuntary indication that they wanted sexual attention from men. Gerald (Black) explained:

> It challenged my sexuality. "Am I gay?" But I never get erections with I'm with men. From that point on, though, it made me more embarrassed to shower in front of men. It made me feel like I must be doing something wrong. "Was I putting out vibes that I was gay?" It took a while to show myself I had no sexual attraction toward other men.

These interviewees feared that by inadvertently giving the impression they weren't attracted to women they had caused the assault, and thus became determined to discover the behaviors that created this impression in order to gain a sense of control. Following sexual assault, these 11 participants reported they engaged in frequent and high-risk sexual activities with women to demonstrate to themselves that they did not cause the assault, that they could prevent future sexual victimization, and that they continued to be exclusively attracted to women. Estavan (Latino) recounted:

> I felt like I had to prove myself, like maybe I was gay and had something written on me I couldn't see. I remember one Time I picked up, in one night, three prostitutes in a row. And it proved to myself that I was not gay and that I was really attracted to women. I had to . . . keep proving how macho I was because deep down inside I thought that I was not because of what happened.

Assure others of heterosexual attraction. Fifteen interviewees, all of whom had been assaulted by men, felt that publicly demonstrating heterosexual attraction would prevent potential future sexual assaults. They reasoned that these behaviors (e.g., commenting on women's bodies to male peers, putting themselves in positions where others could see them sexually pursuing women, and having sex with women as frequently as possible) would prevent being targeted again by potential male assailants, and conversely, if they failed to demonstrate heterosexual attraction, they may otherwise be suspected as gay, or open to sexual attention from men. Gerald (Black) detailed:

> After I started to get these sexual advances from guys, I always tried to put on this tough guy façade. I'd say, "Let's go fuck every girl in town" . . . I caught every disease that there was . . . because I didn't want to be projected as someone who's gay. I didn't want it to happen again.

Similarly, Richard (Latino) described the following interaction:

> I never actually had sex with women, but I used to brag as though I had so they'd know I liked women. We'd be in the line at the mess hall, and we'd see some chick, and I'd be like, "Oh yeah, I fucked that one this past week. Yeah, go talk to her, she's easy." They knew that I was married. They were married, too. But they didn't give a crap. I pretended to be interested in order to be part of their culture.

Engage in Sex to Avoid Negative Thoughts

Nine interviewees recounted that following the MST, they engaged in frequent sex because feeling sexually desirable temporarily suspended negative thoughts about their self-worth, or fear that they lacked control over events in their lives. Interviewees described that the elevated adrenaline and physical pleasure they experienced during sex distracted them from feeling vulnerable or without power. Of these nine interviewees, five also described engaging in high-risk sexual activities (e.g., sex with unfamiliar partners or sex workers, unprotected sex, sex while using substances, and nonrelational sex in public spaces) despite experiencing negative consequences (e.g., divorce, contraction of sexually

transmitted infections, and loss of time and money). Keegan (White) explained:

> I would go on Craigslist and seek out encounters that were rough. I went into bad parts of the city by myself early in the morning. I would just walk into a dark apartment. The fear and the rush distracts you from you. I would seek out the rush. Really, I'm lucky to not have been killed in some situations. Now knowing what you're really walking into and allowing yourself to stay.

Participants described how sexual attention from women reassured them that they could be dominant sexually and would not be taken advantage of sexually in the future. Stephen (Asian) said:

> I didn't look at porn before. There was no masturbation. And I was having sex with my wife like, 2–3 times a week. But then after it happened it was masturbation and porn and sex every day . . . It is about power now . . . There's no intimacy . . . I do not let her touch me. I'm just trying to avoid.

Appear Strong to Avoid Feeling Weak

Perceiving self as weak. Fifteen participants said that they were to blame for the assault because they did not sufficiently counter with ample force to manage escape. They concluded that they must be weak, or lacked the ability to fight, if the assault took place. Solo (White) said:

> I felt guilty for not fighting back. I blamed myself because of that. I mean, he was a big guy and the only thing he said was, "Don't do anything or I'll cut you up." I blamed myself for not raising hell or fighting or something.

Interviewees believed others viewed them as defective. They also feared they would be unable to protect themselves in dangerous situations in the future. Tim (White) said, "I wasn't able to stop him. So now I don't feel as powerful, as manly. Now I'm shy and reserved. I'm to myself." In contrast, these participants recounted that the sexual assault led them to see other men as stronger, more valuable, more intelligent, and more worthy of admiration than themselves. They reasoned other men were not sexually assaulted because they were viewed as strong, or because they were more capable of controlling dangerous events.

Fear of being perceived as weak. Fifteen interviewees said that prior to the MST their military career had given them a sense of pride. These interviewees recounted that their peers and loved ones had viewed them as motivated, resilient, and successful. Following MST, they stated that they feared that if others knew what had happened, they would be determined to be vulnerable, defenseless, and helpless, countering their efforts to achieve an impression of strength and power. JBoy (Black) stated, "I was scared of being judged by talking about it . . . people looking at me as a weak person was the biggest worry." After the assault, 13 of these 15 participants related they developed a preoccupation with having a strong, muscular appearance that was perceived as intimidating and capable of violence. They began lifting weights, acquiring large tattoos, walking with an exaggerated gait, and speaking with an authoritative voice to deter potential revictimization by conveying an impression that they could physically defend themselves. Smiley (Latino) reported:

> I weighed like 130 pounds at the time. I was a little dude. I got bigger, lifted weights, and got tatted up. I carried myself machismo and go mean so no one would mess with me. Guys who act scared and cry at night, that's who they target.

Avoid expressing all emotions but anger. Fourteen participants endorsed that although they often felt strong emotions, both negative and positive, they avoided expressing most of their subjective emotional experiences for fear of exposing interpersonal vulnerability (through expression, e.g., of kindness, empathy, or sensitivity), or for fear of being perceived as subservient or damaged (through expression, e.g., of sadness, embarrassment, or anxiety). Instead, interviewees endorsed the display of flat affect as a means of conveying strength and independence. The exception to this general emotional restriction, however, was anger. Interviewees explained that expression of intense anger, aggression, or verbally pushing others away with sarcasm or criticism as a means of gaining control conveyed power and strength, even though they also recognized this behavior created interpersonal strain. Richard (Latino) explained:

> In order to keep myself safe, I definitely became more masculine. I was rude and aggressive. I wanted to have all the power . . . I needed to put in a hole, as deep as I could, the stuff that happened to me. I became a bully . . . I had no fear . . . They put a knife to my throat so I can put one to their throat and I'm going to show them what I can do to intimidate. I have so much anger inside of me now.

Keegan (White) recounted:

> I became a real asshole. Really mean and just overly sarcastic. I would belittle people. Whatever happened to the nice me? Whatever happened to him? I used to be caring and sweet and talk to people about my life. Now I'm hard and bitter and closed.

Discussion

Gender role anxiety is central to several theories of masculinity (O'Neil, 2008; Pleck, 1981); however, to our knowledge, this is the first study to directly examine how masculinity norms shape avoidance symptoms of PTSD. Interviewees recounted recurrent self-doubt about whether rape was a punishment for failure to achieve adequate masculine traits, leading to hypersensitivity to situations that would allow them to reassure themselves and others of their adequate masculinity. We propose three important implications of gendered avoidance in male survivors of sexual assault in light of this study's findings.

First, men in this study suggested that enacting heterosexuality stemmed from avoidance of self-blame cognitions following sexual assault. Antifemininity is a well-documented aspect of previous research regarding socialized masculinity norms. Since attraction to men is perceived as feminine, masculinity is equated with heterosexuality, a phenomenon that Pronger (1990) calls *heteromasculinity* (Bosson, Prewitt-Freilino, & Taylor, 2005; Kite & Deaux, 1987). Heteromasculinity involves continually reinforcing attraction to women to prove manhood status (Brooks, 1995; Elder, Brooks, & Morrow, 2012). Previous studies have documented that men may experience confusion about their sexual identity following sexual assault (Walker, Archer, & Davies, 2005), especially if physiological responses occur (i.e., erection, ejaculation; Scarce, 1997), and that gay victims may feel that the assault was punishment for being gay (Garnets, Herek, & Levy,

1990). Interviewees in this study linked culpability for MST with failure to adequately demonstrate heteromasculinity. They recounted publicly demonstrating heterosexual attraction to protect against future assault, avoid self-blame, and evade the possibility of being accused by others of causing the assault. This finding is especially meaningful given the *DSM–5* reformulation of PTSD diagnosis to include persistently distorted cognitions about the cause of the trauma, leading the individual to blame himself/herself (American Psychiatric Association, 2013).

Second, interviewees reported engaging in nonrelational and risky sex to temporarily avoid negative thoughts and emotions. Endorsement of masculinity norms is associated with a range of problematic sexual behaviors, including soliciting prostitutes, compulsive masturbation, sexual promiscuity, serial affairs, or compulsive sexuality within a relationship (Cooper, Putnam, Planchon, & Boies, 1999; Lusterman, 1997). It may be that sexual assault survivors engage in nonrelational sex as a form of avoidance of authentic and emotionally intimate sexual relationships, circumventing the possibility of feeling emotionally (Cunningham & Russell, 2004; Elder, Morrow, & Brooks, 2015a, 2015b; Schmitt, 2005). Similar to other types of behavioral avoidance associated with PTSD symptoms following sexual trauma, such as substance use (Kaysen et al., 2014), nonrelational sex may be used to alleviate or attenuate psychological distress as a negative reinforce, which, over time, leads to prolonged PTSD symptoms (Jakupcak et al., 2010). This finding may support the *self-medication hypothesis* (Khantzian, 2003; Stewart, 1996), where individuals avoid distressing symptoms of PTSD and negative affect through engaging in behavior that is temporarily emotionally distracting.

Third, male sexual assault survivors in this study made efforts to appear physically strong to avoid feeling weak. Studies of male rape myths have found that men endorse the belief that male sexual assault victims are physically weak or helpless (Chapleau, Oswald, & Russell, 2008; Struckman-Johnson & Struckman-Johnson, 1992). Participants of this study described enacting behaviors that convey physical strength, aggressiveness, and the potential for physical violence, as well as reluctance to express their subjective emotions with the exception of anger. This was described as a recovery strategy to counter thoughts that they were weak and to relieve concerns about future safety. This finding is similar to laboratory investigations that have reported men who feel their masculinity has been threatened tend to exaggerate their height, their aggressiveness, and their athleticism (Cheryan, Schwartz Cameron, Katagiri, & Monin, 2015; Rudman & Fairchild, 2004).

The Implicit Role of Masculinity in Shaping Avoidance

Study results suggest that gendered avoidance behavior may exist at an implicit level for men diagnosed with PTSD. For example, beyond cues expected to elicit anxiety in MST survivors (e.g., avoiding individuals whose appearance reminded them of their perpetrator, avoiding settings similar to the one where the trauma took place, avoiding media depictions of violent sexual encounters), interviewees reported avoidance behaviors not explicitly associated with sexual trauma reminders, but which were associated with heteromasculine role norms (e.g., demonstrating attraction to women, expressing anger, suppressing expression of emotional connection with others, and equating sexual assault disclosure with disclosure of gay sexual identity). In this study, qualitative methods may have exposed hidden trauma-related cognitions men endorse related to the cause of sexual trauma and helped them explore the reasoning that underpinned avoidance behaviors. Perhaps related to its reliance on quantitative methods (Whorley & Addis, 2006), the psychology of men and masculinity literature has not previously described masculinity behaviors stemming from trauma using the term *avoidance*, which is the clinical, diagnostic term used to describe the symptom of trauma- and stressor-related disorders (e.g., *DSM-5*; American Psychiatric Association, 2013, and the *International Classification of Diseases-10*; World Health Organization, 1992) that interferes with emotional recovery and healing. Although mental health problems in men such as aggression, violence, substance abuse, and sexually compulsive behaviors are often framed as acting out, or maladaptive coping (proposed Guidelines for Psychological Practice with Boys and Men; Society for the Psychological Study of Men and Masculinity, 2016), in some instances it may be more clinically accurate to explain these behaviors as trauma-related avoidance.

Limitations and Implications for Research

Study results may be shaped by the cultural context of the primarily Latino participants, as masculinity ideologies and attitudes toward men's roles vary by cultural group (Levant & Richmond, 2007). Research regarding Latino masculinity, or *machismo* ideology has indicated that men are encouraged to display behaviors described in this study, including exaggerated demonstrations of strength through violence and aggression (Mirandé, 2004), sexual promiscuity, and sexual dominance (Gutierrez, 1990), as well as antifemininity and emotional inexpressiveness (Torres, Solberg, & Carlstrom, 2002). These hypermasculine behaviors may also compensate for Latino men's perceived powerlessness within a mainstream culture that discriminates against them (Baca Zinn, 1995). However, men in this study had also acted outside of these norms by seeking mental health care. Previous studies have demonstrated association between negative attitudes toward professional psychological and masculinity ideologies (Berger, Levant, McMillan, Kelleher, & Sellers, 2005).

The conclusions that can be drawn from this study are also tempered by its sampling strategy and method. For example, interviewees were recruited from among veterans seeking mental health therapy, who may differ from men recruited using probability sampling of all veterans who reported MST. Although all veterans had endorsed MST, the majority of whom commonly endorsed having been sexually touched against their will (18 of 21), participants additionally endorsed a range of MST events (e.g., being physically forced to have sex, verbal harassment, etc.) that may have affected their symptom reports. There are also limitations inherent in qualitative methods, including the ability to generalize findings, variations in interpretation of the data, and the interpretative power of the data (Marshall & Rossman, 2010).

Future research may determine whether sexual assault male survivors diagnosed with PTSD enact these avoidance behaviors because they hold inaccurate beliefs about the levels of masculinity that their peers expect. For example, men with PTSD may overestimate the aggressiveness of peers (Vandello, Cohen, & Ransom, 2008), or expect harsher denigration of their gender

status (Michniewicz, Vandello, & Bosson, 2014). Future studies may examine how trauma may shift beliefs about the extent to which men must project an image of masculinity.

Treatment Implications

Several approaches to treatment are suggested by the results of this study. First and foremost is the addition of gender education as a critical component of treatment since it is difficult to resist a pressure that one cannot name (Kilmartin & Smiler, 2015). Overconformity to male norms has been described as *hypermasculinity,* or an exaggeration of the particular masculine characteristics that a man perceives that he lacks in order to demonstrate allegiance to the group (Mosher & Tomkins, 1988; Spencer, Fegley, Harpalani, & Seaton, 2004). As survivors of sexual trauma enact hypermasculine behaviors as a defense against their vulnerability, they may benefit from understanding gender as social pressure to behave and experience the self in ways that the culture defines as appropriate for the body one is perceived as having. Helping men to understand the social construction of masculinity as antifemininity may be an effective framework toward cognitively restructuring how gender has shaped avoidance behavior. Moreover, it is critical for men to become aware of the performative aspect of masculinity, as men often compare their inner experiences with their perceptions of other men's lives and feel inadequate as a result (Kilmartin et al., 2008). When this inner experience is of anxiety and psychic pain, it is very beneficial for them to understand that other men, especially those who have had similar victimization experiences, feel similarly despite their outward appearance of control and lack of vulnerability. Clinicians may explain that accessing vulnerability is essential to processing a traumatic experience. Group therapy with other male trauma survivors would seem an especially promising setting for men to learn that they are not alone in their experiences and reactions.

Psychoeducation around the neurological "freeze" response may also be helpful, considering many trauma survivors of both sexes experience an involuntary tonic immobility reaction during sexual assault over which they had no control. Especially for those who have been trained in self-defense, this experience can result in self-blame, including the thought, "if I didn't fight off the perpetrator, I must be weak." Rebecca Campbell's (2012) online presentation aimed toward law enforcement is an excellent resource, and survivors who engage in self-blame report that they are able to progress toward resolution of this concern after learning that they could not have fought the attacker in this state.

Male survivors may also benefit from understanding that many other military men have experienced sexual trauma, although it is a phenomenon rarely discussed and underreported (Turchik & Edwards, 2012). While United States military women are at a higher statistical risk for sexual assault, because of the high percentage of men in the military, the raw numbers of victims/survivors are quite comparable (Kimerling, Gima, Smith, Street, & Frayne, 2007). Providing educational materials containing perspectives of male MST survivors would potentially mitigate the isolation that arises from believing that one's experiences are unique (Hoyt, Klosterman Rielage, & Williams, 2012; Turchik, Rafie, Rosen, & Kimerling, 2014).

Findings of the current study indicate that male sexual assault survivors may utilize masculinity norms to avoid negative self-thoughts and anxieties, as well as to avoid potential threat posed by male peers as potential assailants or sources of ridicule should information about the sexual assault become public. Avoidance behavior following trauma may be primed by masculinity socialization norms, which reinforce that attaining masculinity is not a developmental certainty (Gilmore, 1990), but must be proven with public demonstration of gender typicality, against endurance and danger (Vandello & Bosson, 2013). Men may, but have difficulty articulating how trauma-related thoughts have shaped this behavior. Results indicate the need for creative or underemployed methods to explore how masculinity behaviors shape trauma-related avoidance, as well as integrating psychoeducation regarding the role of culture and identity into evidence-based practices.

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