

Masculinity discrepancy stress, sexual concerns, and sexual satisfaction among men who experienced childhood sexual abuse

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Background

- Among men, the “masculine ideal” is often incompatible with the reality of victims of childhood sexual abuse (CSA).^{1,2,3}



Masculinity discrepancy stress (MDS)
Stress that occurs when one fails to live up to the “masculine ideal” derived from societal prescriptions.⁴

- Threats to masculinity are associated with multiple facets of men’s sexual well-being.^{2,4,5,6}
- MDS may potentially be linked to....

Greater sexual concerns
Negative thoughts and emotions that may arise during sexual activities or sensations (e.g., related to performance).^{3,7,8,9}

And....

Lower sexual satisfaction
Subjective evaluation of one’s sexuality as good, enjoyable, positive, satisfying, and valuable.^{2,7,8,10}

- Considering that greater sexual concerns is associated to lower sexual satisfaction, MDS may be linked to **sexual satisfaction**, particularly through the **indirect** effect of sexual concerns.^{3,8,11,12,13,14}

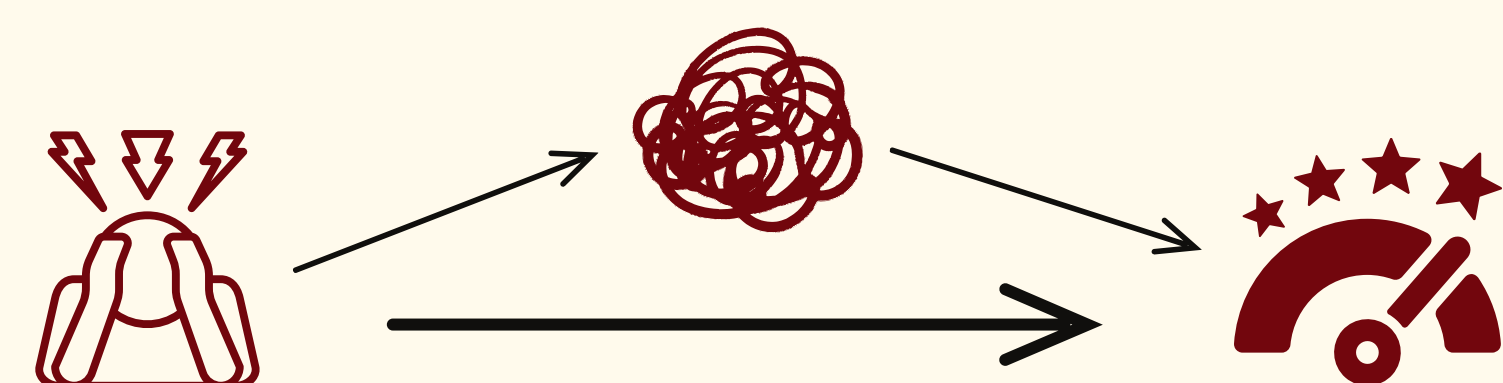
- Among men with CSA, sexual concerns and sexual satisfaction are related to...^{2,4,7,11,12}

Problematic sexual behaviors (PSB)
Dysfunctional, compulsive, or otherwise problematic behaviors in any way.^{2,7,11,12}

- Accordingly, **PSB** should be accounted for when examining these associations.

Objective

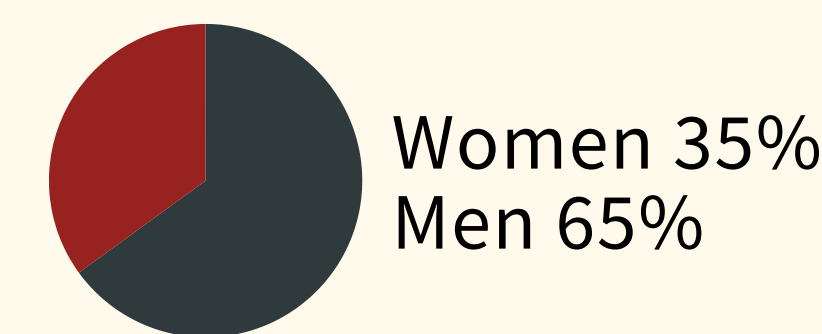
Exploratory analysis of the **direct** effect of MDS on sexual satisfaction and the **indirect** effect through sexual concerns, while accounting for PSB



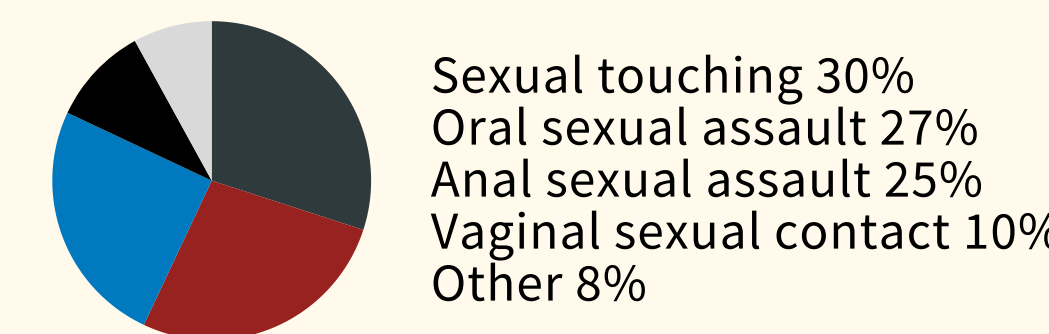
Methodology

Sample: 255 men with a history of childhood sexual abuse (CSA) seeking services from a Quebec-based community organization. **Mean age:** 43.97 (SD = 13.78)

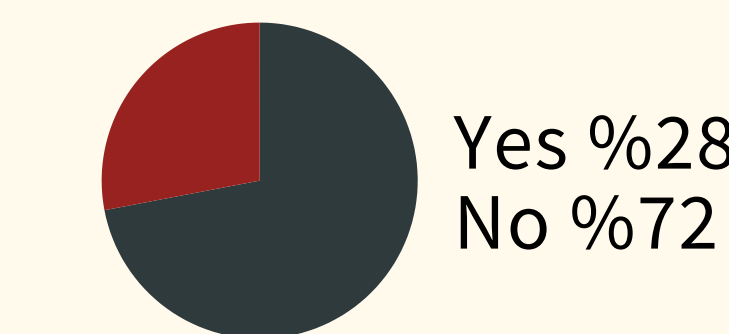
Sex of the perpetrator



Type of CSA experienced



Presence of sexual assault in adulthood



Measures: self-reported

MDS: Discrepancy Stress subscale of the Masculine Discrepancy Stress Scale (5-35)⁴

Sexual concerns and PSB: Sexual Disturbances Scale of the TSI-2⁵
Divided into two subscales (0–100)

Sexual satisfaction: Global Measure of Sexual Satisfaction (5-35)⁸



Analyses

- Analyses conducted on cross-sectional data
- Bivariate correlations (Pearson)
- Indirect effect tested using R / lavaan
- Bootstrap (5,000 samples), 95% CI (BCa) for the indirect effect

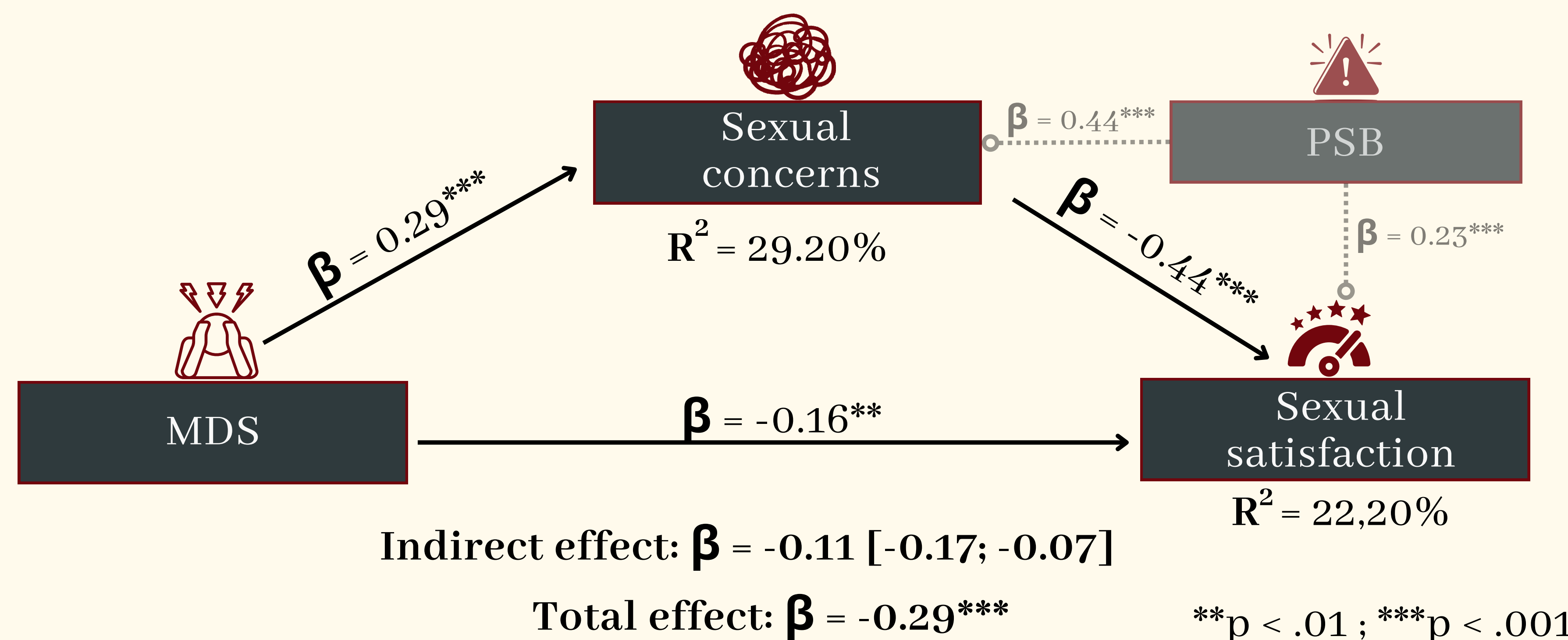
Results

Descriptive analyses

	M	SD	Min	Max
MDS	16.13	8.24	5	35
Sexual concerns	62.55	12.88	41	89
PSB	60.60	14.23	42	100
Sexual satisfaction	21.85	7.35	5	35

Correlations

	MDS	Sexual concerns	PSB	Sexual satisfaction
MDS	1.00	.320**	.075	-.287**
Sexual concerns	.320**	1.00	.458**	-.389**
PSB	.075	.458**	1.00	.015
Sexual satisfaction	-.287**	-.389**	.015	1.00



Discussion

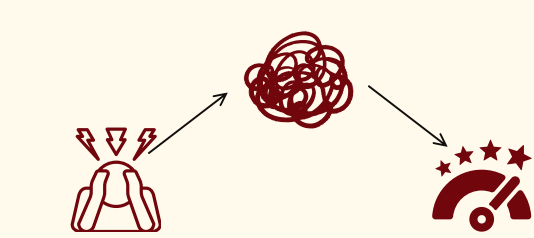


Higher MDS is associated with a small decrease in sexual satisfaction

- MDS may increase sexual expectations tied to strict masculine norms that may be incompatible with the experiences of men with CSA.^{2,3,15}

→ E.g., norms prescribing constant male sexual desire.

- MDS may reduce sexual self-esteem and affirmation, limiting men’s communication of their desires.⁵



MDS is also linked to sexual satisfaction through increased sexual concerns.

- Men with MDS may be anxious about future sexual encounters.⁷

- MDS may lead to sexual performance-related concerns by heightening sensitivity to not meeting perceived masculine standards.^{7,16}

→ E.g., having a sexual dysfunction.

- In turn, these concerns may lead to avoidance or prevent full engagement during sex, thereby disrupting the sexual experience.⁷

These findings support the importance of further examining the impact of MDS on the sexual concerns of male victims.

Limitations

- Cross-sectional design:**
 - No causality; associations only
- Theoretical direction:**
 - Direction of associations assumed, not demonstrated
- Nature of sexual concerns not controlled for**

