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Am I Allowed to Cry? Men's Childhood Trauma Is Associated With Greater Psychological Distress, Through Higher Masculine Discrepancy Stress and Emotion Dysregulation

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Studies indicate that childhood cumulative trauma (CCT, e.g., psychological, physical and sexual abuse, neglect, bullying) is associated with greater psychological distress in adulthood. However, few studies examined this association in men and the explanatory mechanisms of this link remain unknown. Two potential explanatory mechanisms for this link in men could be masculine discrepancy stress (MDS, i.e., stress arising from the perception of failing to live up to the norms associated with masculinity) and emotion dysregulation. Precisely, men who have experienced CCT may face higher levels of MDS, which could lead to greater emotion dysregulation, which could, in turn, be associated with higher levels of psychological distress. The present cross-sectional study aimed to examine the potential sequential role of MDS and emotion dysregulation in the association between CCT and symptoms of psychological distress (i.e., anxiety, depression, anger, and cognitive disturbance). To do so, 400 Canadian men seeking psychosocial services within community organizations completed validated online questionnaires. Path analyses indicated an indirect sequential association between CCT and psychological distress through MDS and emotion dysregulation. Results also revealed that more experiences of CCT were related to increased MDS and emotion dysregulation, which explained symptoms of anxiety, depression, anger, and cognitive disturbance. These findings can help refine intervention programs aimed to reduce men's psychological distress by integrating these two mechanisms and adopting a trauma-sensitive approach.

Public Significance Statement

This study investigated the association between childhood cumulative trauma and mental health in men, focusing on two key factors: masculine discrepancy stress and emotion dysregulation. Findings revealed that men with higher levels of childhood cumulative trauma reported greater masculine discrepancy stress and difficulties with emotion regulation, which were associated with elevated anxiety, depression, anger, and cognitive challenges. These results underscore the potential of trauma-sensitive interventions that target masculine discrepancy stress and emotion regulation to improve mental health outcomes for men with histories of childhood trauma.

Keywords: masculine discrepancy stress, cumulative childhood trauma, male survivors, emotion dysregulation, psychological distress

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Data and theoretical elements from this study were previously presented at scientific meetings. Early analyses focusing on masculine discrepancy stress and emotion dysregulation were shared as oral presentations at the 17th Biennial European Society for Traumatic Stress Studies conference, Belfast, Northern Ireland (June 2023); the 45th Annual Meeting of the Société Québécoise pour la Recherche en Psychologie, Sherbrooke, QC, Canada (May 2023); and the Violence Prevention Research Conference, New Hampshire, United States (July 2024). Subsequent presentations, which used larger samples and refined the sequential model, were shared at the 46th the Société Québécoise pour la Recherche en Psychologie meeting (Drummondville, QC, Canada, May 2024) and the Association francophone pour le savoir colloquium on men's well-being in Ottawa, ON, Canada (May 2024). Feedback from these events informed both their statistical modeling and theoretical framing.

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continued

In recent years, scholars' interest in men's mental health has significantly increased, along with a growing recognition of the deleterious repercussions of unaddressed psychological distress in men (Affleck et al., 2018). Psychological distress, characterized by symptoms of anxiety, depression, anger, and cognitive disturbance, affects a substantial proportion of men (Godbout et al., 2020). Indeed, a large Canadian probability-based study of 2,095 men revealed that 30% of men reported moderate to high levels of psychological distress (Montiel et al., 2022). Yet only 17.8% sought psychosocial services in the past year (Montiel et al., 2022). This reduced help-seeking in men is influenced by many factors including traditional masculinity norms that stigmatize adaptive emotional expression, as well as men's use of maladaptive emotion regulation strategies for psychological distress (Möller-Leimkühler, 2002). Research indicates that men tend to delay help-seeking until their psychological distress symptoms become severe or reach a crisis point (Sagar-Ouriaghli et al., 2019). The consequences associated with acute psychological distress in men are profound. For instance, men accounted for 75% of suicides in 2022 (Statistics Canada, 2022). Psychological distress is linked to a wide range of mental health difficulties (e.g., depression, anxiety) and externalizing behaviors (e.g., risk-taking, substance abuse) that may negatively affect not only the men themselves but also their partners, families, and broader social environments (Affleck et al., 2018; Berke et al., 2018). Men who seek help in community settings are especially likely to suffer these negative consequences since they tend to present with severe levels of psychological distress (Sagar-Ouriaghli et al., 2019).

Given the extent of the consequences of psychological distress, understanding its potential contributing factors in men seeking psychosocial services through community organizations is critical. One key factor that may put men at higher risk of psychological distress in adulthood is exposure to cumulative childhood cumulative trauma (CCT). Prior literature suggests that experiencing CCT is associated with severe repercussions, which, in turn, are related to higher rates of psychological distress in adulthood (Beutel et al., 2017; Finch et al., 2024; Hughes et al., 2017; Kappel et al., 2021). Despite this, limited research has explored potential mechanisms involved in the link between men's CCT and their psychological distress. Based on Berke et al.'s (2018) dynamic model of masculinity and men's psychopathology, the present study addressed this gap by exploring the possible role of masculinity and emotion dysregulation in the association between CCT and men's psychological distress. By focusing specifically on men seeking psychosocial services, we aim to better understand how these factors may inform the development of more effective interventions for reducing psychological distress in male CCT survivors.

Cumulative Childhood Trauma and Psychological Distress

CCT refers to the total number of types of interpersonal trauma an individual has experienced before the age of 18 (Bigras et al., 2017). An interpersonal trauma refers to an aversive experience occurring within a relational context, such as psychological and physical child abuse, psychological and physical child neglect, sexual abuse, witnessing psychological or physical interparental violence, and peer bullying (Bigras et al., 2017). CCT is a public health problem affecting 30% to 50% of individuals from the general population (Finkelhor et al., 2011; Stoltenborgh et al., 2015) and about 70%–83% of individuals in clinical samples (Lafrenaye-Dugas et al., 2018; Lebeau et al., 2025).

It seems well-established that CCT is linked to psychological distress symptoms in adulthood (e.g., Finch et al., 2024). However, most studies documenting this association have relied on mixed-gender samples predominantly composed of women (Beutel et al., 2017; R. A. Cohen et al., 2006; Finch et al., 2024; Jones et al., 2022; Whitaker et al., 2021). Among these studies, some have identified gender differences in the association between CCT and psychological distress (Jones et al., 2022; Whitaker et al., 2021). For instance, one study (Jones et al., 2022) found that CCT (experienced by Age 5) was related to both internalized (e.g., stress, anxiety, depression) and externalized psychological distress symptoms (e.g., irritability, anger outbursts, oppositional or delinquent behavior) in young boys (approximately 15 years old). While studies investigating gender differences are informative, they do not provide insight into the specific mechanisms possibly linking CCT and psychological distress in men.

Moreover, few studies examined this link in samples composed solely of men. Among these studies, samples have often been limited to specific subgroups of men, such as men from the Asia Pacific region (Lui et al., 2019), self-identified gay and bisexual men (Hart et al., 2018), incarcerated men, or men involved in the justice system (Finch et al., 2024; Wolff & Caravaca Sánchez, 2019). While studying these subgroups is valuable given their unique challenges, these studies relied on recruitment through targeted advertisements, online sites, or correctional facilities, and findings might not reflect the characteristics of men seeking help for broader psychosocial difficulties. Since men accessing these services are likely to benefit most from targeted interventions, research examining how CCT is possibly linked to psychological distress in larger samples of men seeking help for psychosocial issues is essential. Such work can support the development of interventions better tailored to the varied needs of help-seeking men.

Additionally, while research has identified some mechanisms potentially linking CCT to psychological distress such as dysfunctional cognitions, loneliness (Hart et al., 2018), attachment style, resilience (Finch et al., 2024; Wolff & Caravaca Sánchez, 2019), and social support (Wolff & Caravaca Sánchez, 2019), less attention has been devoted to potential mechanisms that may account for the role of masculinity-related factors in shaping men's distress experiences. Given that masculine norms often discourage adaptive emotion regulation (Yeung et al., 2015), the stress associated with masculine norms may exacerbate men's emotion dysregulation and their psychological distress. Drawing on the dynamic model of masculinity and men's psychopathology (Berke et al., 2018), we focused on

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exploring masculinity-related stress and emotion dysregulation as potential mechanisms for understanding the association between CCT and psychological distress in men seeking help for psychosocial difficulties in community organizations.

Theoretical Background

The dynamic model of masculinity and men's psychopathology (Berke et al., 2018) provides a useful framework for understanding how masculinity-related factors may potentially contribute to men's psychological distress and psychopathology through emotion dysregulation. Emotion dysregulation is characterized by difficulties managing distressing emotions without the use of maladaptive coping strategies (Briere & Runtz, 2002; Gratz et al., 2015). Berke et al. (2018) theorized that there are two ways in which masculine socialization influences men's emotion regulation. First, from childhood, boys tend to be socialized to conform to masculine norms that discourage their expression of vulnerable emotions while emphasizing emotional control, strength, dominance, and self-reliance (Wong et al., 2017). Boys tend to learn from interactions with parents, teachers, peers, and the media which displays of emotions are appropriate and which are not (Berke et al., 2018). Indeed, masculine socialization of emotions may encourage men to externalize psychological distress through anger while discouraging the expression of internalizing symptoms such as anxiety and depression. Empirical data also show that expressions of sadness and fear in boys tend to be devalued by parents (M. Cassano et al., 2007, 2014), whereas expressions of anger tend to be reinforced (Chaplin et al., 2005; Jakupcak et al., 2005). Second, in adulthood, men may continue to experience social pressures related to masculinity through internalized cognitive factors (e.g., stereotypes or beliefs about masculinity) and experiential factors (e.g., stress related to masculine norms violations), which may guide the regulation of their emotions (Berke et al., 2018).

Although masculine socialization is a shared experience among men, those who have experienced CCT may be particularly vulnerable to masculinity-related stressors that can exacerbate psychological distress (Slegh et al., 2021). Because the experiences of helplessness, vulnerability, and shame associated with CCT directly conflict with traditional masculine norms (Lisak, 1995), male CCT survivors may be particularly prone to experiencing masculine discrepancy stress (MDS; Lebeau et al., 2025). MDS is a distressing state that occurs when men believe they are perceived as failing to live up to masculine norms (Reidy et al., 2014). Rooted in the gender role strain paradigm (Pleck, 1995), this perceived discrepancy can evoke feelings of inadequacy and failure, which may increase emotion dysregulation and, in turn, psychological distress symptoms such as frustration and anger. According to Berke et al. (2018), men experiencing MDS may rely on maladaptive emotion regulation strategies such as denial, avoidance, or emotional suppression to align with masculine norms (Berke et al., 2017), which paradoxically exacerbates emotion dysregulation (Lebeau et al., 2025), and increases psychological and physiological distress (Murata et al., 2013; Tull et al., 2007; Wegner et al., 1987).

Male CCT survivors may also be particularly vulnerable to increased emotion dysregulation in adulthood. Indeed, CCT may impair emotion regulation skills by exposing children to intense or overwhelming emotional challenges without providing them with the necessary tools to manage or tolerate their emotional distress (Dugal et al., 2016). Prior research has found that emotion dysregulation partially explains the association between CCT and psychological distress (Cloitre et al., 2019; Janiri et al., 2021; Miu et al., 2022; Weissman et al., 2019), but emotion dysregulation alone may not fully account for the distress of men with high levels of CCT (Rudenstine et al., 2019). This highlights the need to consider additional sociocultural factors, such as MDS, that may contribute to our understanding of how men process trauma and regulate emotions. Given that MDS arises from sociocultural pressures associated with masculinity, examining its potential role alongside emotion dysregulation may provide a more complete understanding of the association between CCT and psychological distress in men.

While the dynamic model of masculinity and men's psychopathology (Berke et al., 2018) highlights the role of masculinity-related factors (e.g., MDS) and emotion dysregulation in men's psychological distress, it conceptualizes this process as part of a broader system involving various indirect effects. One potential pathway that remains to be empirically tested is whether MDS may act as a stressor that increases emotion dysregulation, which in turn exacerbates psychological distress. Moreover, Berke et al. (2018) not explicitly applied their model to men with histories of CCT. Yet, CCT is a strong risk factor for psychological distress symptoms in adulthood (Beutel et al., 2017). Given that CCT may tend to increase men's MDS and may disrupt the development of adaptive emotion regulation (Dvir et al., 2014; Lebeau et al., 2025; Lisak, 1995; Slegh et al., 2021), it becomes critical to explore these potential mechanisms in the link between CCT and psychological distress.

Empirical Background

To substantiate our theoretical model, we need to synthesize empirical findings that provide potential support for the hypothesized connections between (a) MDS and psychological distress, (b) MDS and emotion dysregulation, and (c) CCT and MDS. Over the past decade, MDS has been linked to psychiatric distress (measured as a global score including symptoms such as hostility, depression, and anxiety) among a sample of U.S. cisgender men recruited online through Amazon's Mechanical Turk (Berke et al., 2022). MDS has also been linked to psychosocial maladjustment (measured as a global score including symptoms such as depression, anxiety, and hopelessness) among a sample of adolescent boys (Reidy et al., 2018). Interestingly, a Hong Kong study found that men's MDS was related to social anxiety, but not to depressive symptoms (Yang et al., 2018). These findings highlight the need for further studies to investigate the links between MDS and different symptoms of psychological distress.

MDS has also been linked to emotion dysregulation in two studies. Findings from Cunningham et al. (2020) suggested that emotion dysregulation accounted for a substantial proportion (29.3%) of the total association between MDS and muscle dysmorphia symptomatology in a sample of 391 university and community men. Findings from Berke et al. (2016) suggest that MDS was associated with emotion dysregulation, which was, in turn, associated with the use of intimate partner violence in a sample of 357 men.

To our knowledge, only two studies have explored the association between CCT and MDS. Scott-Storey et al. (2022) identified MDS as one of several social determinants linked to a greater likelihood of generalized anxiety disorder in male survivors of cumulative lifetime violence. Lebeau et al. (2025) found that CCT was linked to

greater MDS, which was related to higher emotion dysregulation and, in turn, to more perpetration of intimate partner violence in a clinical sample of men consulting for perpetrated violence. While these studies provide some empirical support for the association between CCT and MDS, they focused on generalized anxiety disorder, which only includes the anxious symptomatology of psychological distress (Scott-Storey et al., 2022), measured trauma over the lifespan rather than during childhood specifically (Scott-Storey et al., 2022), or did not examine men's psychological distress as an outcome (Lebeau et al., 2025). These limitations underscore the need for further research to investigate if a sequential association between MDS and emotion dysregulation could potentially help explain the association between CCT and various symptoms of psychological distress.

Finally, research suggests that employment status may be associated with men's mental health, as work is often a primary source of self-worth for men (Affleck et al., 2018). Age may also be a significant factor, with younger and middle-aged men being particularly vulnerable to psychological distress (Drapeau et al., 2014; Montiel et al., 2022; Watkins & Johnson, 2018). Additionally, relationship status may be crucial, as intimate relationships often provide key emotional support for men (Affleck et al., 2018). Controlling for these factors appears necessary to provide a clearer understanding of how MDS and emotion dysregulation may be associated with the psychological distress of male CCT survivors, beyond the contributions of these social determinants.

The Present Study

This exploratory study aimed to explore whether increased MDS and emotion dysregulation may act as potential explanatory mechanisms of the association between CCT and psychological distress (i.e., overall psychological distress, as well as symptoms of anxiety, depression, anger, and cognitive disturbance). Grounded in the dynamic model of masculinity and men's psychopathology (Berke et al., 2018) and prior empirical findings, this study hypothesized that (a) CCT would be indirectly related to more psychological distress (i.e., overall distress, anxiety, depression, anger, and cognitive disturbance) through the sequential role of MDS and then emotion dysregulation. We also hypothesized that (b) CCT would be indirectly related to more psychological distress through higher MDS. Finally, we hypothesized that (c) CCT would be indirectly related to more psychological distress through higher emotion dysregulation. Since several studies highlighted the probable role of social determinants on men's psychological distress, participants' age, employment status, and relationship status were considered as control variables.

Method

Participants

The sample included 400 Canadian men aged between 18 and 87 years (M = 42.0, SD = 13.0) seeking services in community organizations for psychosocial difficulties. Participants were recruited as part of a larger ongoing partnership project involving 13 community organizations in the province of Quebec. A total of 28% of the participants sought services in organizations offering specialized psychosocial services to male survivors of sexual abuse, while 72% were from organizations providing mental health services to men for diverse psychosocial difficulties. Table 1 contains all the sociodemographic

Table 1
Sample's Sociodemographic Characteristics

Characteristic	%	n
Sexual orientation (n = 397)		
Heterosexual	88.4	351
Homosexual	4.8	19
Bisexual or pansexual	5.8	23
Other or questioning	1	4
Gender identity (n = 399)		
Cisgender men	99.7	398
Transgender men	0.3	1
Relationship status (n = 399)		
Single (not in a relationship)	32.0	128
Dating (start of a relationship)	3.5	14
In a relationship, without cohabitation	8.3	33
In a relationship, with cohabitation	26.3	105
Married	10.0	40
Separated or divorced	8.0	32
Currently breaking up	9.5	38
Other (e.g., sexual partner, polyamorous)	2.4	9
Number of child (n = 395)		
No children	40.5	160
One	16.5	65
Two	30.1	119
Three	8.9	35
Four	2.0	8
Five	1.0	4
Six or more	1.0	4
Country of birth (n = 396)		
Canada	90.7	359
Other (e.g., France, United States, Vietnam)	9.3	37
Ethnicity (n = 232)[a]		
White (e.g., European descent)	90.1	209
Black (e.g., African, African Canadian, Afro-Caribbean descent)	0.9	2
Latin American (Hispanic or Latin American descent)	1.3	3
Other (e.g., Indigenous, Southeast Asian, South Asian, East Asian, Middle Eastern)	3.9	9
Do not know	3.4	08
Prefer not to answer	0.4	1
Did not provide this information		168
Primary language (n = 399)		
French	91.7	366
English	4.0	16
Spanish	1.3	5
Other	3.0	12
Education level (n = 399)		
Primary elementary school	7.0	28
High school (general or professional)	47.1	188
College, i.e., Collège d'enseignement général et professionnel	25.1	100
University (baccalaureate, master, etc.)	20.8	83
Employment status (n = 399)		
Worker	59.9	239
Student	4.0	16
Without paid occupation	15.0	60
Welfare, sick leave, and so forth	14.3	57
Retired	6.8	27
Personal yearly income in Canadian dollar		
$00,000–19,999	15.4	57
$20,000–39,999	29.9	111
$40,000–59,999	29.4	109
$60,000–79,999	12.4	46
C$80,000–99,999	7.5	28
C$100,000 and more	4.6	17
Prefer not to answer	0.8	3
Did not provide this information		29

[a] Missing data for ethnicity are due to the late inclusion of this item.

characteristics of the sample. In the current sample, the median annual personal income was between CAN$40,000 and CAN$44,999, and 59.5% of the participants were fathers of at least one child ($M = 1.2$, $SD = 1.3$).

Procedure

At intake and as part of the organization's systematic assessment protocol, men were invited to answer a series of questionnaires (45 min) hosted on the secure web platform Qualtrics. The participants were free to consent to the use of their data for research purposes without this affecting the services received (97.2% acceptance rate). The recruitment of participants occurred between January 2022 and September 2024. Of the 427 participants who completed the questionnaires, we excluded individuals who did not consent to the use of their data for research purposes ($n = 17$), were minors ($n = 1$), or did not identify as a man ($n = 6$). Individuals with missing data on the key study variables, namely CCT, psychological distress symptoms, emotion dysregulation, and MDS ($n = 3$), were also excluded from the analyses. Thus, the final sample included 400 men. This study was approved by the ethics committee of the Université du Québec à Montréal.

Measures

The survey was available in both French and English and 98.7% ($n = 395$) of the total sample completed the survey in French, while 1.3% ($n = 5$) completed the survey in English. Participants responded to sociodemographic questions documenting their age, biological sex, gender identity, relationship status, sexual orientation, employment status, education level, fatherhood status, annual personal income, country of birth, and ethnicity. The question on ethnicity was added after data collection began when we realized that country of birth alone did not adequately capture participants' ethnocultural background; consequently, 232 of 400 participants provided this information.

Cumulative Childhood Trauma

CCT was assessed using the 16-item Childhood Cumulative Trauma Questionnaire (Bigras et al., 2017). This validated measure assessed eight forms of childhood interpersonal trauma experienced before the age of 18: sexual abuse, psychological and physical abuse by parents, psychological and physical neglect by parents, exposure to psychological and physical interparental violence, and peer bullying (316 of 399 participants provided information for peer bullying, as the item assessing peer bullying was added later in the data collection process). Childhood sexual abuse (CSA) was measured with three items based on the Canadian law, that is, CSA occurs when there is any sexual contact before the age of 18 with (a) a person in a position of authority, (b) a person 5 years of age or older, or (c) when there is unwanted sexual contact with a person of similar age. For other forms of trauma, participants were asked to indicate the frequency of each traumatic experience on a Likert scale ranging from 0 (*never*) to 6 (*every day*) in a typical year before the age of 18. Dichotomous scores were calculated to indicate the presence or absence of each trauma. A cumulative trauma variable was created by summing all dichotomous scores. This variable indicated the number of different interpersonal trauma experienced by the participant (ranging from 0 to 8). This measure demonstrated satisfactory internal consistency in previous studies ($\alpha = .90$; Bigras et al., 2017), as well as in the present study ($\alpha = .91$).

Masculine Discrepancy Stress

Participants' MDS was assessed using the five-item discrepancy stress subscale of the Masculine Gender Role Discrepancy Stress Scale (Reidy et al., 2014). Since no official French version was available, a back-translation procedure was used to ensure conceptual equivalence in French (Vallerand, 1989). This subscale measures the distress stemming from the perceived gender role discrepancy or the stress related to one's perception of not aligning with social expectations of masculinity (e.g., "I am afraid that people will judge me because I am not like the typical man," "I am afraid that women will find me less attractive because I am not as macho as other guys"; Reidy et al., 2016). Participants indicated their agreement with each item on a Likert scale ranging from 1 (*strongly agree*) to 7 (*strongly disagree*). Items were summed to obtain a total score and higher scores indicate higher levels of MDS (ranging from 5 to 35). This measure demonstrated satisfactory internal consistency in previous studies ($\alpha = .86$; Berke et al., 2016), as well as in the present study ($\alpha = .88$).

Emotion Dysregulation

Participant's emotion dysregulation was assessed using the validated French version of the nine-item Affect Dysregulation subscale of the Inventory of Altered Self–Capacities (Bigras & Godbout, 2020; Briere & Runtz, 2002). Items assessed difficulties tolerating anger, or strong, and distressing emotions, mood swings, and a relative inability to move out of dysphoric states without the use of deleterious avoidance or externalizing behaviors (no examples provided because of copyright restrictions). The frequency of participants' experience was indicated on a Likert scale ranging from 1 (*never*) to 5 (*really often*). The total score was calculated by averaging the items, with higher scores indicating greater emotion dysregulation. This total score was then transformed into a T score, where a score greater than 70 indicates a clinically significant level of emotion dysregulation in participants (Briere & Runtz, 2002). This measure demonstrated satisfactory internal consistency in previous studies ($\alpha = .89$; Briere & Runtz, 2002), as well as in the present study ($\alpha = .91$).

Psychological Distress

Psychological distress was assessed using the Index of Psychological Distress of The Quebec Health Survey (IDPESQ-14; Boyer et al., 1993), which is a validated French version of Ilfeld's (1976) Psychiatric Symptom Index. This questionnaire provides a general measure of psychological distress with 14 items, which can be divided into four categories of psychological distress symptoms: depressive symptoms (four items, e.g., "Feel hopeless about the future"), anxiety symptoms (three items, e.g., "Feel fearful or afraid"), anger (four items, e.g., "Get angry over things that are not too important"), and cognitive disturbance (two items, e.g., "Have trouble remembering things"). Participants were asked to indicate the frequency of each experience on a Likert scale ranging from 0 (*never*) to 3 (*very often*) during the preceding week. A total score of

psychological distress was calculated by summing all items with higher scores indicating higher overall psychological distress (ranging from 0 to 42). Subscale scores for depression, anxiety, anger, and cognitive disturbance were calculated by summing the responses to the corresponding items, dividing by the number of items in each subscale, and multiplying the result by 100, yielding scores ranging from 0 to 100 (Bellerose et al., 1995). Additionally, Rainville et al. (2012) validated a clinical cutoff, where a total score below 5 indicates the absence of psychological distress, a total score between 6 and 22 suggests some psychological distress, a total score ranging from 23 to 29 indicates moderate psychological distress, and a total score of 30 and above represents significant psychological distress. The total score has demonstrated satisfactory internal consistency in previous studies ($\alpha = .89$; Boyer et al., 1993), as well as in the present study ($\alpha = .91$). Adequate reliability for each subscale of psychological distress was also found in previous studies ($\alpha = .72$ to .83; Deschesnes, 1998) and in the present study (depressive symptoms $\alpha = .87$; anxiety $\alpha = .83$; anger $\alpha = .85$; and cognitive disturbance $\alpha = .84$).

Data Analysis Strategy

Descriptive analyses and preliminary correlations were first conducted using SPSS 29 (SPSS & IBM Corporation, 2022). Subsequently, path analyses were performed in Mplus Version 8 (Muthén & Muthén, 2015) to test two hypothesized models: (a) a model testing the associations between CCT and overall psychological distress sequentially through MDS and emotion dysregulation and (b) a model testing the associations between CCT and specific symptoms of psychological distress (i.e., anxiety, depression, anger, and cognitive disturbance) sequentially through MDS and emotion dysregulation. Both the global psychological distress score and its symptom subscales were computed to maintain comparability with prior research using the total score, while also exploring symptom-specific associations that could add clinically relevant nuance. Missing data were handled using the full information maximum likelihood estimation. The significance of all direct, linear, and indirect paths was examined using the bootstrapping method described by Preacher and Hayes (2008), with 95% confidence intervals (CIs) computed from 10,000 bootstrap random samples. Indirect effects were considered significant if the confidence interval excluded zero (Caron, 2018; Kline, 2016). The model's fit to the data was evaluated using five indices: a nonsignificant chi-square, a comparative fit index (CFI) and a Tucker–Lewis index (TLI) of .95 or above, a root means square error of approximation (RMSEA) below .06, and a standardized root-mean-square residual (SRMR) below .08 (Kline, 2016).

Results

Preliminary Analyses

Table 2 details Pearson correlations between the main variables and descriptive results including means, standard deviations, minimum, maximum as well as skewness and kurtosis indices that indicate normal distributions for all variables. For control variables, men's age did not significantly correlate with CCT ($r = -.02$, $p = .662$), MDS ($r = -.08$, $p = .096$), symptoms of depression ($r = -.08$, $p = .100$), or cognitive disturbance ($r = -.09$, $p = .062$) but was negatively correlated with emotion dysregulation ($r = -.20$, $p < .001$), overall psychological distress ($r = -.15$, $p = .002$), symptoms of anxiety ($r = -.12$, $p = .014$), and anger ($r = -.20$, $p < .001$). Single status (0 = *currently separating*, *separated*, *divorced*, *widowed*, *single*; 1 = *in a romantic*, *sexual*, *or marital relationship*) was negatively correlated with MDS ($r = -.13$, $p = .008$) and symptoms of depression ($r = -.19$, $p < .001$) but did not significantly correlate with CCT ($r = -.03$, $p = .560$), emotion dysregulation ($r < .001$, $p = .983$), overall psychological distress ($r = -.08$, $p = .138$), symptoms of anxiety ($r = -.06$, $p = .266$), anger ($r = -.07$, $p = .190$), or cognitive disturbance ($r < -.001$, $p = .987$). Finally, unemployment status (0 = *nonemployed/sick leave*, 1 = *employed/studying/retired*) was negatively correlated with emotion dysregulation ($r = -.14$, $p = .006$), MDS ($r = -.11$, $p = .023$), overall psychological distress ($r = -.16$, $p = .002$), symptoms of depression ($r = -.12$, $p = .022$), anxiety ($r = -.16$, $p = .001$), anger ($r = -.11$, $p = .026$), and cognitive disturbance ($r = -.13$, $p = .013$) but did not significantly correlate with CCT ($r = -.06$, $p = .276$). Given these correlations, we controlled for age, relationship status, and

Table 2

Descriptive Statistics and Spearman Correlations for Cumulative Childhood Trauma, Emotion Dysregulation, Masculine Discrepancy Stress, and Symptoms of Psychological Distress

Variable	1	2	3	4	5	6	7	8
1. CCT	—	.26***	.25***	.19***	.20***	.13***	.17***	.22***
2. MDS		—	.21***	.28***	.36***	.24***	.16***	.34***
3. Emotion dysregulation			—	.52***	.49***	.67***	.37***	.65***
4. Anxiety				—	.75***	.60***	.43***	.87***
5. Depression					—	.54***	.36***	.89***
6. Anger						—	.39***	.81***
7. Cognitive disturbance							—	.59***
8. Psy. distress								—
M	4.1	14.9	24.8	60.5	56.0	42.5	40.5	21.4
SD	2.3	8.0	8.7	27.1	28.3	27.5	30.9	9.6
Minimum	0.0	5.0	9.0	0.0	0.0	0.0	0.0	0.0
Maximum	8.0	35.0	45.0	100.0	100.0	100.0	100.0	42.0
Skewness	−.13	.35	.25	−.18	−.06	.42	.32	.08
Kurtosis	−1.03	−0.79	−0.72	−0.90	−1.12	−0.59	−0.86	−0.66

Note. CCT = cumulative childhood trauma; MDS = masculine discrepancy stress; Psy. distress = overall psychological distress.
*** $p < .001$.

employment status in subsequent analyses to account for their potential effects on the main variables.

Table 3 displays prevalence rates of childhood interpersonal trauma and clinical levels of psychological distress and emotion dysregulation. On average, participants reported 4.1 different types of interpersonal trauma ($SD = 2.3$), with most participants (93%, $n = 371$) experiencing at least one form of trauma and 83.5% ($n = 333$) experiencing two or more forms of interpersonal trauma.

The Roles of MDS and Emotion Dysregulation in the Link Between CCT and Psychological Distress

Both path analysis models testing overall psychological distress and individual psychological distress symptoms initially yielded saturated models with no remaining degrees of freedom, preventing model fit evaluation. For the overall psychological distress model, fit was achieved by removing nonsignificant paths involving control variables that showed no significant correlations with the main variables (i.e., all variables and unemployment, age and CCT, age and MDS, single status and CCT, single status and emotion dysregulation, and single status and overall psychological distress). Removing those nonsignificant paths allowed for more parsimony and indicated satisfactory model fit to the data: $\chi^2(5) = 5.335$, $p = .376$; CFI = 0.999; TLI = 0.998; RMSEA = .013, 90% CI [0.000; 0.072]; SRMR = .023. For the model testing all four psychological distress symptoms, satisfactory fit was achieved by removing the nonsignificant path between MDS and cognitive disturbance: $\chi^2(1) = 1.973$, $p = .160$; CFI = 0.999; TLI = 0.963; RMSEA = .049, 90% CI [0.000, 0.152]; SRMR = .008.

Table 3
Prevalences of Childhood Interpersonal Traumas and Levels of Psychological Distress and Emotion Dysregulation (n = 400)

Variable	%	n
Childhood interpersonal trauma ($n = 399$)		
Bullying ($n = 316$)[a]	78.5	248
Psychological neglect	73.3	293
Psychological violence from parents	62.9	251
Exposure to interparental psychological violence	59.8	238
Physical violence from parents	51.4	205
Sexual abuse	39.6	158
Physical neglect	33.8	135
Exposure to interparental physical violence	25.9	103
Number of childhood trauma experienced		
0	7.0	28
1	9.5	38
2	12.3	49
3	11.0	44
4	13.8	55
5	14.3	57
6	14.8	59
7	12.0	48
8	5.3	21
Psychological distress ($n = 399$)		
Absence of psychological distress	5.5	22
Some psychological distress	49.6	198
Moderate psychological distress	22.1	88
Clinically significant psychological distress	22.8	91
Emotion dysregulation ($n = 400$)		
Nonsignificant	24.5	98
Problematic	6.8	27
Clinically significant	68.7	275

[a] Missing data for bullying are explained by the late addition of this item.

Figure 1 illustrates the significant direct paths from the overall psychological distress model. Analyses indicated three indirect effects: CCT was indirectly related to overall psychological distress through (Hypothesis 1) the hypothesized sequential association between MDS and emotion dysregulation ($\beta = .02$, $p = .02$, 95% CI [.006, .040]), (Hypothesis 2) MDS alone ($\beta = .05$, $p < .000$, 95% CI [.028, .083]), and (Hypothesis 3) emotion dysregulation alone ($\beta = .12$, $p < .000$, 95% CI [.068, .184]). Overall, the model accounted for 9.8% of the variance in MDS, 13.3% in emotion dysregulation, and 47% of the variance in overall psychological distress.

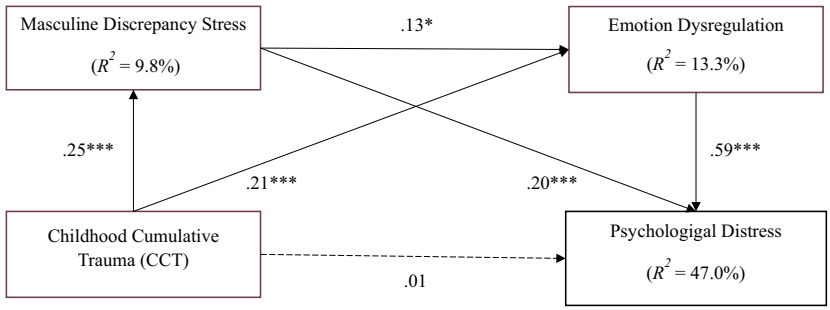
Figure 2 presents the significant direct paths for the model with the four psychological distress symptoms. Analyses yielded thirteen indirect effects. Consistent with Hypothesis 1, CCT was indirectly related to anxiety ($\beta = .02$, $p = .025$, 95% CI [.004, .032]), depression ($\beta = .02$, $p = .023$, 95% CI [.004, .030]), anger ($\beta = .02$, $p = .025$, 95% CI [.006, .044]), and cognitive disturbance ($\beta = .01$, $p = .031$, 95% CI [.003, .023]), through the hypothesized sequential association between MDS and emotion dysregulation. Additionally, CCT was indirectly related to higher emotion dysregulation ($\beta = .03$, $p = .024$, 95% CI [.009, .067]) through MDS. Consistent with Hypothesis 2, CCT was indirectly related to anxiety ($\beta = .04$, $p = .003$, 95% CI [.018, .072]), depression ($\beta = .06$, $p < .001$, 95% CI [.035, .099]), and anger ($\beta = .03$, $p = .011$, 95% CI [.011, .058]), through MDS. However, CCT was not indirectly related to cognitive disturbance ($\beta = .02$, $p = .196$, 95% CI [−.005, .047]), through MDS. Consistently with Hypothesis 3, greater CCT was indirectly related to more anxiety ($\beta = .10$, $p < .001$, 95% CI [.053, .147]), depression ($\beta = .09$, $p < .001$, 95% CI [.050, .141]), anger ($\beta = .13$, $p < .001$, 95% CI [.072, .200]), and cognitive disturbance ($\beta = .07$, $p = .001$, 95% CI [.034, .109]) through emotion dysregulation. Overall, the model accounted for 9.8% of the variance in MDS, 13.3% in emotion dysregulation, 31.0% in anxiety, 33.9% in depression, 46.5% in anger, and 15.1% in cognitive disturbance.

Discussion

This study examined the roles of MDS and emotion dysregulation in the association between CCT and psychological distress symptoms among men seeking help from community organizations. Three main findings emerged: (a) MDS and emotion dysregulation showed indirect associations that may help explain the association between CCT and overall psychological distress, as well as specific symptoms of anxiety, depression, anger, and cognitive disturbance. (b) Results suggest that MDS may potentially act as an independent mechanism accounting for the association between CCT and overall psychological distress, as well as specific symptoms of anxiety, depression, and anger. (c) Results also indicated that emotion dysregulation may act as an independent mechanism accounting for the association between CCT and overall psychological distress, as well as its individual symptoms. These findings suggest that men's distress related to masculinity, as captured by their MDS, and their difficulties regulating their emotions may represent potential explanatory pathways linking CCT and psychological distress

Figure 1

Direct Links Between Cumulative Childhood Trauma and Psychological Distress Through Masculine Discrepancy Stress and Emotion Dysregulation



Note. Nonsignificant standardized paths are shown by dotted arrows. See the online article for the color version of this figure.
* $p < .05$. *** $p < .001$.

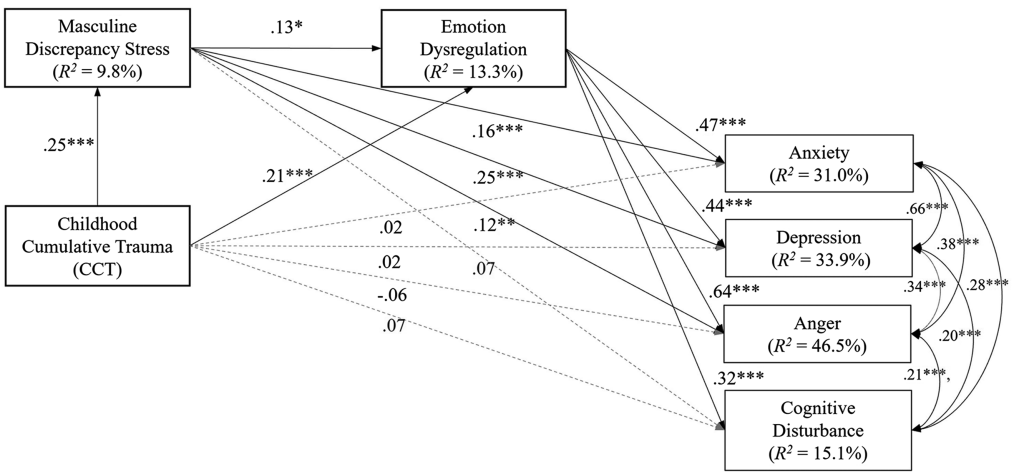
symptoms in men. However, these interpretations remain preliminary given the cross-sectional design of the present study.

Sequential Role of MDS and Emotion Dysregulation in Linking CCT to Psychological Distress

Our findings suggest that MDS and emotion dysregulation may represent potential sequential pathways that account for the association between CCT and men's psychological distress symptoms. Anger emerged as the most strongly associated psychological distress symptom in our model, accounting for nearly half of its variance (large effect size, J. Cohen, 1988). This may reflect that trauma is associated with a greater sense of vulnerability that contrasts with masculinity ideals, increasing men's susceptibility to MDS. This susceptibility may be linked to greater emotion dysregulation, which is associated with higher levels of anger (Berke et al., 2016; Reidy et al., 2018). Additionally, the link between MDS and men's anger may stem from the emotional conflict of constantly monitoring oneself to align with masculinity norms, which can increase sensitivity to perceived failure and frustration (Sileo et al., 2022). This interpretation of our finding aligns with previous research. For example, Sileo et al. (2022) found strong associations between MDS and feelings of anger. Moreover, Liu et al. (2015) found that CCT was linked to emotion regulatory goals (i.e., efforts to control emotions) during emotionally charged discussions with intimate partners. Their study indicated that this association was partially explained by the intensity of men's hostile emotions (e.g., anger) toward their partners. Liu et al.'s (2015) findings support the interpretation that men with CCT may attempt to regulate their emotions through control as a response to the stress of not being "man enough" (i.e., MDS). When these efforts fail, greater emotional dysregulation and hostile emotions such as anger may emerge.

Figure 2

Direct Links Between Cumulative Childhood Trauma and Symptoms of Psychological Distress Through Masculine Discrepancy Stress and Emotion Dysregulation



Note. Nonsignificant standardized paths are shown by dotted arrows.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Anxiety and depression were the second most significant categories of symptoms associated with the model's variables, with each indirect pathway accounting for approximately a third of their variance. These large effect sizes indicate that CCT, MDS, and emotion dysregulation are strongly linked to anxiety and depression (J. Cohen, 1988). One possible interpretation is that male survivors may experience greater MDS and struggle to process or express their emotions adaptively (e.g., attempting to suppress emotions to align with masculine norms). This pattern could be linked to heightened emotion dysregulation, which may in turn be associated with increased anxiety and depression. Theoretical perspectives also suggest that a loss of control from emotion dysregulation may evoke feelings of powerlessness, further contributing to psychological distress symptoms (Wexler, 2009). Such responses may stem from early trauma, where maladaptive coping strategies become integrated as defense mechanisms, making men potentially more vulnerable to psychological distress in adulthood (Nielson et al., 2022). Supporting this interpretation, Liu et al. (2015) found that CCT in men (but not in women) was linked to more intense feelings of sadness and anxiety, prompting efforts to avoid vulnerability and control emotions during charged discussions with intimate partners.

Finally, CCT, MDS, and emotion dysregulation were moderately associated with cognitive disturbance such as self-reported memory impairment (medium effect size). Previous studies found that emotion dysregulation could be linked to increased cognitive load and stress, which have been associated with impairment of cognitive processes like memory and attention (Shields et al., 2016). While no research has yet found a direct association between MDS and cognitive disturbance, several studies have shown MDS to be related to emotion dysregulation (Berke et al., 2016; Lebeau et al., 2025). Such results suggest that, in the context of trauma, MDS may be associated with greater emotion dysregulation in male survivors, which could potentially overwhelm their cognitive resources and relate to cognitive difficulties such as memory impairment. However, these possible interpretations would need to be empirically proved in future studies.

The Role of MDS

The finding of an indirect association between CCT and psychological distress symptoms through MDS was consistent with our second hypothesis. More precisely, MDS may have acted as an indirect mechanism accounting for the association between CCT and overall psychological distress, as well as symptoms of anxiety, depression, and anger. Two possible interpretations might be drawn to explain the role of MDS in shaping psychological distress symptoms of male CCT survivors. First, men may experience symptoms of anxiety and depression as they experience feelings of inadequacy associated with past CCT, which may conflict with societal norms of masculinity. Second, anger may arise when men feel pressured to suppress vulnerable emotions, creating emotional tension. This emotional tension may manifest as anger, as previous studies have found anger to be a more socially acceptable masculine response to distress (Chaplin et al., 2005). These findings align with prior research that highlights how MDS is linked to emotional and psychological challenges for men (Berke et al., 2022; Mesler et al., 2022; Reidy et al., 2018; Yang et al., 2018).

Diverging from our second hypothesis, MDS did not emerge as a significant indirect mechanism linking CCT with cognitive disturbance. One plausible interpretation is that CCT and cognitive disturbance may be more linked through other factors, such as neurobiological stress responses or trauma-induced alterations in brain function, rather than through MDS (Shansky & Lipps, 2013). As an identity-based and relational stress, MDS may appear more closely tied to emotional symptoms of psychological distress, rather than cognitive symptoms. MDS often relates to men's self-concept and social interactions, reflecting the internalized stress of aligning with societal expectations of masculinity (Berke et al., 2022; Sileo et al., 2022). Since masculine norms do not emphasize cognitive abilities (e.g., memory is typically not valued as a "masculine" trait), MDS may be less relevant to cognitive outcomes compared with emotion dysregulation (Reidy et al., 2018; Wong et al., 2017). Previous research aligns with this interpretation, showing that MDS is associated primarily with emotional aspects of psychological distress (Berke et al., 2022; Sileo et al., 2022) and has limited connections to cognitive disturbance.

The Role of Emotion Dysregulation

In line with our third hypothesis, emotion dysregulation emerged as a key mechanism potentially linking CCT and psychological distress, with a medium effect size (J. Cohen, 1988). This may indicate that difficulties regulating emotions may be an important element underlying the psychological consequences of trauma. Whereas MDS appears more narrowly tied to emotional and interpersonal domains, emotion dysregulation may have a broader impact on internalizing and externalizing symptoms, as well as cognitive functions. This finding aligns with existing research highlighting the indirect role of emotion dysregulation in the association between CCT and psychological distress (Huh et al., 2017; Rudenstine et al., 2019). However, previous studies have relied predominantly on female samples (Cloitre et al., 2019; Fontanil et al., 2021). Our study extends this work by suggesting that emotion dysregulation may not only be relevant to our understanding of higher levels of anxiety and depression, but also to our understanding of higher levels of anger and cognitive disturbance among men.

Limitations and Strengths

This study has several limitations. First, we relied on self-reported measures, which may be subject to memory inaccuracies, limited self-awareness, or a tendency to respond in socially desirable ways future longitudinal studies are needed to further examine the. Second, due to the cross-sectional design, temporal precedence cannot be confirmed, and causal relationships cannot be established. The directionality proposed in our model was inferred based on temporal and theoretical grounds (e.g., CCT occurred in childhood and psychological distress was assessed in adulthood). However, alternative explanations remain possible, and future longitudinal studies are needed to further test the potential explanatory pathways described in our conceptual model. Finally, generalizability of the findings is limited by the homogeneity of the sample, which consists primarily of lower class, self-identified heterosexual Caucasian French–Canadian men seeking services from community organizations. Moreover, our sample consists of men who actively sought help for psychosocial difficulties or for CSA, which represents a specific subset of men who experience psychological distress. Help-seeking itself may conflict with traditional masculine

norms, meaning that these men may differ from those who do not seek care. As such, they may represent a subgroup with unique characteristics, such as greater openness to self-reflection or external support. This may have implications for how MDS and emotion dysregulation function in this population. For instance, men who sought help may already be more aware of their masculinity-related distress, making them more likely to report higher levels of MDS than nonhelp-seeking men. Additionally, their engagement with psychosocial services may indicate that they are further along in recognizing or attempting to regulate their emotions, which could influence the strength of the observed associations. This should be considered when interpreting the findings, as the associations between CCT, MDS, and psychological distress may manifest differently in men who do not engage with support services.

Despite these limitations, this study has several strengths. Notably, most participants had not yet received interventions at the time of their participation, as completion of our standardized measures was embedded in the standard intake procedures of these organizations. This more naturalistic recruitment process allowed their responses to reflect their psychological distress and coping mechanisms prior to significant therapeutic engagement and provides valuable insight into men who are open to seeking help but have not yet received treatment. In addition, recruitment through partnerships with community organizations provided access to a very hard-to-reach clinical population of men seeking support for childhood interpersonal traumas or psychosocial difficulties, ensuring that the data accurately reflect the characteristics of this specific group. Moreover, our study had a 97.2% consent rate, highlighting high participant engagement and data set reliability while reducing concerns about potential selection bias. Finally, the use of a comprehensive data analysis technique such as path analysis enabled us to explore potential direct, indirect, and sequential associations between CCT, MDS, and emotion dysregulation. This adds nuance to the understanding of the possible explanatory pathways behind men's psychological distress. Assessing four distinct categories of psychological distress symptoms provide a more detailed perspective on how CCT, emotion dysregulation, and MDS may be linked in this population. Additionally, our study measured a diverse range of childhood interpersonal trauma (eight different forms), yielding important data about the participants' traumatic experiences.

Clinical Implications of Findings

Our findings suggest that MDS and emotion dysregulation may represent potential modifiable mechanisms in the association between CCT and men's psychological distress symptoms. Targeting MDS and emotion dysregulation in community organizations' interventions may improve support services for men. Specifically, our findings highlight the potential value of implementing interventions that combine trauma-sensitive, gender-transformative and emotion-focused approaches. While some existing interventions include one or two of these approaches (Elkins et al., 2017), there is limited evidence of interventions encompassing all three.

A trauma-sensitive approach strives to actively prevent retraumatization by realizing the broad repercussions of trauma, recognizing its signs and symptoms, and integrating trauma-informed care into procedures and interventions (Substance Abuse and Mental Health Services Administration, 2014). Given that nearly all men in our study had experienced at least one childhood interpersonal trauma, our findings underscore the urgent need for trauma-sensitive interventions in community organizations. This approach prioritizes understanding individual trauma histories rather than solely diagnosing trauma-related symptoms (Substance Abuse and Mental Health Services Administration, 2014). The American Psychological Association guidelines for the psychological practice with boys and men also emphasize this need because trauma-related issues in men are often underdiagnosed and underassessed by practitioners providing traditional mental health care (American Psychological Association, Boys and Men Guidelines Group, 2018; Mahalik et al., 2012; McGirr et al., 2007). Moreover, since men's distress is often expressed through anger or externalizing behaviors, practitioners may perceive men's difficulties as reflecting poor character issues rather than mental health issues. Trauma-sensitive approaches shift the focus from "What's wrong with you?" to "What happened to you?" (Substance Abuse and Mental Health Services Administration, 2014), reframing psychological distress as a response to past adversity. Several trauma-sensitive interventions exist, such as trauma-focused cognitive behavioral therapy, which has been shown to be effective in treating trauma-related distress (Deblinger et al., 2016; Peters et al., 2021). However, trauma-focused cognitive behavioral therapy was designed for children and young adults and its effectiveness with adult men has not been clearly demonstrated. Furthermore, most existing trauma-sensitive programs are tailored to men who are either survivors of CSA, have posttraumatic stress disorder (PTSD), or are involved in forensic settings, limiting their applicability to other populations (Han et al., 2021; Patel & Lad, 2022).

Our findings may also underline the potential relevance of gender-transformative interventions, which make a conscious effort to challenge masculinity norms contributing to gender inequalities and psychological distress (Zielke et al., 2023). These interventions are gender-sensitive approaches but go beyond simply acknowledging gendered needs and dynamics, as they seek to deconstruct men's conceptions of their masculinity (Zielke et al., 2023). The American Psychological Association guidelines recommend that interventions explore how masculine socialization influences men's mental health, both positively (e.g., fostering resilience and self-reliance) and negatively (e.g., supressing emotions; American Psychological Association, Boys and Men Guidelines Group, 2018; Strokoff et al., 2016). Practitioners should help men reflect on their socialization experiences with emotions and connect early messages about masculinity to their current emotional struggles (Mahalik et al., 2012). Understanding these connections may help men gain insight into their distress and reduce its stigma. Practitioners also need to examine their own beliefs, biases, and assumptions about masculinity, as these may influence treatment outcomes (American Psychological Association, Boys and Men Guidelines Group, 2018).

Current gender-transformative interventions, such as cognitive-behavioral group therapy and psychoeducational programs tailored for men, have demonstrated effectiveness in addressing gender-related factors associated with mental health concerns (Sunki & Soyoung, 2023). Group interventions have shown particular promise in reconstructing masculinity (Vickery, 2022). However, it remains unclear whether programs in community organization explicitly address MDS, despite research suggesting its strong link to psychological distress (Berke et al., 2022). Practitioners should assess the extent to which their clients experience MDS, explore its

connection to past trauma, and identify the contexts in which it is most likely to occur (e.g., romantic or work-related settings, Reidy et al., 2018).

Approaches that promote adaptive emotion regulation could also be implemented in interventions aimed at reducing psychological distress in men. Established interventions have demonstrated efficacy in improving emotion regulation (Berke et al., 2018). Dialectical behavior therapy has shown efficacity in improving emotion regulation in men (Holah et al., 2024), but it requires intensive resources and is difficult to implement in community settings. Moreover, its standard form is not inherently trauma-sensitive and while trauma-adapted versions of dialectical behavior therapy exist, they have largely been developed for survivors of CSA or individuals with PTSD, making their applicability to broader populations of male CCT survivors uncertain (Sperry & Sperry, 2015). Emotion-focused therapy may also be an effective approach, as it prioritizes emotional processing and has trauma-sensitive adaptations (Paivio et al., 2010). Finally, mindfulness-based interventions are effective in improving emotion regulation and reducing distress (Bolduc et al., 2018). By encouraging men to observe their emotions nonjudgmentally, mindfulness practices may potentially help counter traditional masculine norms discouraging emotional awareness and expression. However, trauma-sensitive adaptations of these interventions are critical, as mindfulness may be harmful for CCT survivors, for example, for survivors with severe dissociation or psychotic symptoms (Godbout et al., 2016; Treleaven, 2018).

Given these gaps, integrating tools for emotion regulation training within gender-transformative and trauma-sensitive frameworks could enhance existing interventions for men with CCT histories. Future research should explore how such integrative interventions can be effectively implemented in community settings, particularly those serving men who may not fit the diagnostic criteria for PTSD but still experience significant psychological distress.

Conclusion

This study underscored the significant role of MDS and emotion dysregulation in the association between CCT and psychological distress among men seeking help in community organizations. By identifying these potential underlying factors, we highlight the critical need to address MDS and emotion dysregulation in therapeutic settings, particularly for men with a history of CCT, to effectively mitigate their psychological distress. Ultimately, fostering emotion regulation and challenging traditional masculine norms around emotional expression could promote the understanding that male CCT survivors are allowed to cry and to express their emotions without shame.

References

Affleck, W., Carmichael, V., & Whitley, R. (2018). Men's mental health: Social determinants and implications for services. *Canadian Journal of Psychiatry*, *63*(9), 581–589. https://doi.org/10.1177/0706743718762388

American Psychological Association, Boys and Men Guidelines Group. (2018). *APA guidelines for psychological practice with boys and men*. https://www.APA.org/about/policy/boys-men-practice-guidelines.pdf

Bellerose, C., Lavallée, C., Chénard, L., & Levasseur, M. (1995). *Et la santé, ça va en 1992–1993? Rapport de l'Enquête sociale et de santé 1992–1993, volume 1* [And what about health in 1992–1993? Report on the 1992–1993 Health and Social Survey, Volume 1]. Santé Québec. https://statistique.quebec.ca/fr/fichier/et-la-sante-ca-va-en-1992-1993-rapport-de-lenquete-sociale-et-de-sante-1992-1993-volume-1.pdf

Berke, D. S., Liautaud, M., & Tuten, M. (2022). Men's psychiatric distress in context: Understanding the impact of masculine discrepancy stress, race, and barriers to help-seeking. *Journal of Health Psychology*, *27*(4), 946–960. https://doi.org/10.1177/1359105320977641

Berke, D. S., Reidy, D., & Zeichner, A. (2018). Masculinity, emotion regulation, and psychopathology: A critical review and integrated model. *Clinical Psychology Review*, *66*, 106–116. https://doi.org/10.1016/j.cpr.2018.01.004

Berke, D. S., Reidy, D. E., Gentile, B., & Zeichner, A. (2016). Masculine discrepancy stress, emotion-regulation difficulties, and intimate partner violence. *Journal of Interpersonal Violence*, *34*(6), 1163–1182. https://doi.org/10.1177/0886260516650967

Berke, D. S., Reidy, D. E., Miller, J. D., & Zeichner, A. (2017). Take it like a man: Gender-threatened men's experience of gender role discrepancy, emotion activation, and pain tolerance. *Psychology of Men & Masculinity*, *18*(1), 62–69. https://doi.org/10.1037/men0000036

Beutel, M. E., Tibubos, A. N., Klein, E. M., Schmutzer, G., Reiner, I., Kocalevent, R.-D., & Brähler, E. (2017). Childhood adversities and distress—The role of resilience in a representative sample. *PLOS ONE*, *12*(3), Article e0173826. https://doi.org/10.1371/journal.pone.0173826

Bigras, N., & Godbout, N. (2020). Validation francophone de l'inventaire des capacités du soi altérées au sein d'adultes de la communauté et d'un échantillon clinique [Validation of the French version of the Inventory of Altered Self-capacities in an adult community and clinical sample]. *Canadian Journal of Behavioural Science/Revue Canadienne Science et Comportement*, *52*(4), 285–298. https://doi.org/10.1037/cbs0000177

Bigras, N., Godbout, N., Hébert, M., & Sabourin, S. (2017). Cumulative adverse childhood experiences and sexual satisfaction in sex therapy patients: What role for symptom complexity? *Journal of Sexual Medicine*, *14*(3), 444–454. https://doi.org/10.1016/j.jsxm.2017.01.013

Bolduc, R., Bigras, N., Daspe, M.-È., Hébert, M., & Godbout, N. (2018). Childhood cumulative trauma and depressive symptoms in adulthood: The role of mindfulness and dissociation. *Mindfulness*, *9*(5), 1594–1603. https://doi.org/10.1007/s12671-018-0906-3

Boyer, R., Préville, M., Légaré, G., & Valois, P. (1993). La détresse psychologique dans la population du Québec non institutionnalisée: Résultats normatifs de l'enquête Santé Québec [Psychological distress in the noninstitutionalized population of Quebec: Normative results from the "Quebec Health" survey]. *Canadian Journal of Psychiatry*, *38*(5), 339–343. https://doi.org/10.1177/070674379303800510

Briere, J., & Runtz, M. (2002). The Inventory of Altered Self-Capacities (IASC): A standardized measure of identity, affect regulation, and relationship disturbance. *Assessment*, *9*(3), 230–239. https://doi.org/10.1177/1073191102009003002

Caron, P.-O. (2018). *La modélisation par équations structurelles avec Mplus* [Structural equation modeling with Mplus]. Presses de l'Université du Québec (PUQ).

Cassano, M., Perry-Parrish, C., & Zeman, J. (2007). Influence of gender on parental socialization of children's sadness regulation. *Social Development*, *16*(2), 210–231. https://doi.org/10.1111/j.1467-9507.2007.00381.x

Cassano, M. C., Zeman, J. L., & Sanders, W. M. (2014). Responses to children's sadness: Mothers' and fathers' unique contributions and perceptions. *Merrill-Palmer Quarterly*, *60*(1), 1–23. https://doi.org/10.13110/merrpalmquar1982.60.1.0001

Chaplin, T. M., Cole, P. M., & Zahn-Waxler, C. (2005). Parental socialization of emotion expression: Gender differences and relations to child adjustment. *Emotion*, *5*(1), 80–88. https://doi.org/10.1037/1528-3542.5.1.80

Cloitre, M., Khan, C., Mackintosh, M.-A., Garvert, D. W., Henn-Haase, C. M., Falvey, E. C., & Saito, J. (2019). Emotion regulation mediates the relationship between ACES and physical and mental health. *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(1), 82–89. https://doi.org/10.1037/tra0000374

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Routledge. https://doi.org/10.4324/9780203771587

Cohen, R. A., Hitsman, B. L., Paul, R. H., McCaffery, J., Stroud, L., Sweet, L., Gunstad, J., Niaura, R., MacFarlane, A., Bryant, R. A., & Gordon, E. (2006). Early life stress and adult emotional experience: An international perspective. *International Journal of Psychiatry in Medicine*, *36*(1), 35–52. https://doi.org/10.2190/5R62-9PQY-0NEL-TLPA

Cunningham, M. L., Rodgers, R. F., Lavender, J. M., Nagata, J. M., Frederick, D., Szabo, M., & Murray, S. B. (2020). "Big boys don't cry": Examining the indirect pathway of masculinity discrepancy stress and muscle dysmorphia symptomatology through dimensions of emotion dysregulation. *Body Image*, *34*, 209–214. https://doi.org/10.1016/j.bodyim.2020.05.014

Deblinger, E., Pollio, E., & Dorsey, S. (2016). Applying trauma-focused cognitive-behavioral therapy in group format. *Child Maltreatment*, *21*(1), 59–73. https://doi.org/10.1177/1077559515620668

Deschesnes, M. (1998). Étude de la validité et de la fidélité de l'Indice de détresse psychologique de Santé Québec (IDPSQ-14), chez une population adolescente [Study of the validity and the reliability of The Quebec Health Department's Psychological Distress Index (IDPSQ-14) in an adolescent population]. *Canadian Psychology*, *39*(4), 288–298. https://doi.org/10.1037/h0086820

Drapeau, A., Marchand, A., & Forest, C. (2014). Gender differences in the age-cohort distribution of psychological distress in Canadian adults: Findings from a national longitudinal survey. *BMC Psychology*, *2*(1), Article 25. https://doi.org/10.1186/s40359-014-0025-4

Dugal, C., Bigras, N., Godbout, N., & Belanger, C. (2016). Childhood interpersonal trauma and its repercussions in adulthood: An analysis of psychological and interpersonal sequelae. In G. El-Baalbaki & C. Fortin (Eds.), *A multidimensional approach to post-traumatic stress disorder from theory to practice* (pp. 71–107). IntechOpen. https://doi.org/10.5772/64476

Dvir, Y., Ford, J. D., Hill, M., & Frazier, J. A. (2014). Childhood maltreatment, emotional dysregulation, and psychiatric comorbidities. *Harvard Review of Psychiatry*, *22*(3), 149–161. https://doi.org/10.1097/HRP.0000000000000014

Elkins, J., Crawford, K., & Briggs, H. E. (2017). Male survivors of sexual abuse: Becoming gender-sensitive and trauma-informed. *Advances in Social Work*, *18*(1), 116–130. https://doi.org/10.18060/21301

Finch, K., Lawrence, D., Williams, M. O., Thompson, A. R., & Hartwright, C. (2024). Relationships between adverse childhood experiences, attachment, resilience, psychological distress and trauma among forensic mental health populations. *Journal of Forensic Psychiatry & Psychology*, *35*(5), 660–684. https://doi.org/10.1080/14789949.2024.2365149

Finkelhor, D., Turner, H., Hamby, S., & Ormrod, R. (2011). *Polyvictimization: Children's exposure to multiple types of violence, crime, and abuse*. Juvenile Justice Bulletin, U.S. Department of Justice, Office of Justice Programs. https://scholars.unh.edu/ccrc/25

Fontanil, Y., Méndez, M. D., Martín-Higarza, Y., Solís-García, P., & Ezama, E. (2021). Adverse childhood experiences and mental health in women: Pathways of influence in a clinical sample. *Psicothema*, *33*(3), 399–406. https://doi.org/10.7334/psicothema2021.39

Godbout, N., Bakhos, G., Dussault, É., & Hébert, M. (2020). Childhood interpersonal trauma and sexual satisfaction in patients seeing sex therapy: Examining mindfulness and psychological distress as mediators. *Journal of Sex & Marital Therapy*, *46*(1), 43–56. https://doi.org/10.1080/0092623X.2019.1626309

Godbout, N., Bigras, N., & Dion, J. (2016). Présence attentive et traumas interpersonnels subis durant l'enfance [Mindfulness and childhood interpersonal trauma]. In S. Grégoire, L. Lachance, & L. Richer (Eds.), *La présence attentive (mindfulness): État des connaissances théoriques, empiriques et pratiques* [Mindfulness: Theoretical, empirical, and practical knowledge overview] (pp. 229–246). Presses de l'Université du Québec (PUQ).

Gratz, K. L., Weiss, N. H., & Tull, M. T. (2015). Examining emotion regulation as an outcome, mechanism, or target of psychological treatments. *Current Opinion in Psychology*, *3*, 85–90. https://doi.org/10.1016/j.copsyc.2015.02.010

Han, H.-R., Miller, H. N., Nkimbeng, M., Budhathoki, C., Mikhael, T., Rivers, E., Gray, J., Trimble, K., Chow, S., & Wilson, P. (2021). Trauma informed interventions: A systematic review. *PLOS ONE*, *16*(6), Article e0252747. https://doi.org/10.1371/journal.pone.0252747

Hart, T. A., Noor, S. W., Vernon, J. R. G., Kidwai, A., Roberts, K., Myers, T., & Calzavara, L. (2018). Childhood maltreatment, bullying victimization, and psychological distress among gay and bisexual men. *Journal of Sex Research*, *55*(4–5), 604–616. https://doi.org/10.1080/00224499.2017.1401972

Holah, S., Maguire, N., & Bennetts, A. (2024). Dialectical behaviour therapy for men and boys: A systematic review. *Counselling & Psychotherapy Research*, *24*(2), 652–665. https://doi.org/10.1002/capr.12702

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, *2*(8), e356–e366. https://doi.org/10.1016/S2468-2667(17)30118-4

Huh, H. J., Kim, K. H., Lee, H.-K., & Chae, J.-H. (2017). The relationship between childhood trauma and the severity of adulthood depression and anxiety symptoms in a clinical sample: The mediating role of cognitive emotion regulation strategies. *Journal of Affective Disorders*, *213*, 44–50. https://doi.org/10.1016/j.jad.2017.02.009

Ilfeld, F. W., Jr. (1976). Further validation of a Psychiatric Symptom Index in a normal population. *Psychological Reports*, *39*(3), 1215–1228. https://doi.org/10.2466/pr0.1976.39.3f.1215

Jakupcak, M., Tull, M. T., & Roemer, L. (2005). Masculinity, shame, and fear of emotions as predictors of men's expressions of anger and hostility. *Psychology of Men & Masculinity*, *6*(4), 275–284. https://doi.org/10.1037/1524-9220.6.4.275

Janiri, D., Moccia, L., Dattoli, L., Pepe, M., Molinaro, M., De Martin, V., Chieffo, D., Di Nicola, M., Fiorillo, A., Janiri, L., & Sani, G. (2021). Emotional dysregulation mediates the impact of childhood trauma on psychological distress: First Italian data during the early phase of COVID-19 outbreak. *The Australian and New Zealand Journal of Psychiatry*, *55*(11), 1071–1078. https://doi.org/10.1177/0004867421998802

Jones, M. S., Pierce, H., & Shafer, K. (2022). Gender differences in early adverse childhood experiences and youth psychological distress. *Journal of Criminal Justice*, *83*, Article 101925. https://doi.org/10.1016/j.jcrimjus.2022.101925

Kappel, R. H., Livingston, M. D., Patel, S. N., Villaveces, A., & Massetti, G. M. (2021). Prevalence of Adverse Childhood Experiences (ACEs) and associated health risks and risk behaviors among young women and men in Honduras. *Child Abuse & Neglect*, *115*, Article 104993. https://doi.org/10.1016/j.chiabu.2021.104993

Kline, R. B. (2016). *Principles and practice of structural equation modeling* (4th ed.). Guilford Press. https://www.guilford.com/books/Principles-and-Practice-of-Structural-Equation-Modeling/Rex-Kline/9781462523344

Lafrenaye-Dugas, A.-J., Godbout, N., & Hébert, M. (2018). Cumulative childhood trauma and therapeutic alliance: The moderator role of attachment in adult patients consulting in sex therapy. *Journal of Sex & Marital Therapy*, *44*(7), 667–678. https://doi.org/10.1080/0092623X.2018.1447057

Lebeau, R., Brassard, A., Dugal, C., Vaillancourt-Morel, M. P., Hébert, M., & Godbout, N. (2025). Stress of not being "man enough": The role of masculine discrepancy stress and emotion dysregulation in the link between cumulative childhood trauma and perpetrated intimate partner violence in a clinical sample of men. *Psychology of Men & Masculinity*, *26*(2), 193–206. https://doi.org/10.1037/men0000491

Lisak, D. (1995). Integrating a critique of gender in the treatment of male survivors of childhood abuse. *Psychotherapy*, *32*(2), 258–269. https://doi.org/10.1037/0033-3204.32.2.258

Liu, S. R., Schulz, M. S., & Waldinger, R. J. (2015). Cumulative contribution of child maltreatment to emotional experience and regulatory intent in intimate

adult interactions. *Journal of Aggression, Maltreatment & Trauma*, *24*(6), 636–655. https://doi.org/10.1080/10926771.2015.1049768

Lui, P. S. C., Dunne, M. P., Baker, P., & Isom, V. (2019). Adverse childhood experiences, mental health, and risk behaviors among men in the Solomon Islands. *Asia-Pacific Journal of Public Health*, *30*(6), 582–591. https://doi.org/10.1177/1010539518792911

Mahalik, J. R., Good, G. E., Tager, D., Levant, R. F., & Mackowiak, C. (2012). Developing a taxonomy of helpful and harmful practices for clinical work with boys and men. *Journal of Counseling Psychology*, *59*(4), 591–603. https://doi.org/10.1037/a0030130

McGirr, A., Renaud, J., Seguin, M., Alda, M., Benkelfat, C., Lesage, A., & Turecki, G. (2007). An examination of *DSM-IV* depressive symptoms and risk for suicide completion in major depressive disorder: A psychological autopsy study. *Journal of Affective Disorders*, *97*(1–3), 203–209. https://doi.org/10.1016/j.jad.2006.06.016

Mesler, R. M., Leary, R. B., & Montford, W. J. (2022). The relationships between masculine gender role discrepancy, discrepancy stress and men's health-related behavior. *Personality and Individual Differences*, *184*, Article 111205. https://doi.org/10.1016/j.paid.2021.111205

Miu, A. C., Szentágotai-Tătar, A., Balázsi, R., Nechita, D., Bunea, I., & Pollak, S. D. (2022). Emotion regulation as mediator between childhood adversity and psychopathology: A meta-analysis. *Clinical Psychology Review*, *93*, Article 102141. https://doi.org/10.1016/j.cpr.2022.102141

Möller-Leimkühler, A. M. (2002). Barriers to help-seeking by men: A review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, *71*(1–3), 1–9. https://doi.org/10.1016/S0165-0327(01)00379-2

Montiel, C., Duhoux, A., Tremblay, G., Villeneuve, R., Roy, J., Lavoie, B., & Houle, J. (2022). Psychological distress and help-seeking facilitators in Quebec men: Findings from a province-wide survey. *International Journal of Men's Social and Community Health*, *5*(1), 1–26. https://doi.org/10.22374/ijmsch.v5i1.57

Murata, A., Moser, J. S., & Kitayama, S. (2013). Culture shapes electrocortical responses during emotion suppression. *Social Cognitive and Affective Neuroscience*, *8*(5), 595–601. https://doi.org/10.1093/scan/nss036

Muthén, L. K., & Muthén, B. O. (2015). *Mplus user's guide* (8th ed.). https://www.statmodel.com/download/usersguide/MplusUserGuideVer_8.pdf

Nielson, M. G., Ward, L. M., Seabrook, R. C., & Giaccardi, S. (2022). The roots and fruits of masculinity: Social antecedents and sexual relationship consequences of young men's adherence to masculine norms. *Journal of Sex Research*, *59*(7), 897–910. https://doi.org/10.1080/00224499.2022.2049188

Paivio, S. C., Jarry, J. L., Chagigiorgis, H., Hall, I., & Ralston, M. (2010). Efficacy of two versions of emotion-focused therapy for resolving child abuse trauma. *Psychotherapy Research*, *20*(3), 353–366. https://doi.org/10.1080/10503300903505274

Patel, J., & Lad, S. (2022). Delivering trauma sensitive and compassion focused prison mental health care: A Single case illustration. *Abuse: An International Impact Journal*, *3*(2), 95–109. https://doi.org/10.37576/abuse.2022.040

Peters, W., Rice, S., Cohen, J., Murray, L., Schley, C., Alvarez-Jimenez, M., & Bendall, S. (2021). Trauma-focused cognitive-behavioral therapy (TF-CBT) for interpersonal trauma in transitional-aged youth. *Psychological Trauma: Theory, Research, Practice, and Policy*, *13*(3), 313–321. https://doi.org/10.1037/tra0001016

Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11–32). Basic Books/Hachette Book Group.

Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, *40*(3), 879–891. https://doi.org/10.3758/BRM.40.3.879

Rainville, F., Dumont, S., Simard, S., & Savard, M.-H. (2012). Psychological distress among adolescents living with a parent with advanced cancer. *Journal of Psychosocial Oncology*, *30*(5), 519–534. https://doi.org/10.1080/07347332.2012.703765

Reidy, D. E., Berke, D. S., Gentile, B., & Zeichner, A. (2014). Man enough? Masculine discrepancy stress and intimate partner violence. *Personality and Individual Differences*, *68*, 160–164. https://doi.org/10.1016/j.paid.2014.04.021

Reidy, D. E., Brookmeyer, K. A., Gentile, B., Berke, D. S., & Zeichner, A. (2016). Gender role discrepancy stress, high-risk sexual behavior, and sexually transmitted disease. *Archives of Sexual Behavior*, *45*(2), 459–465. https://doi.org/10.1007/s10508-014-0413-0

Reidy, D. E., Smith-Darden, J. P., Vivolo-Kantor, A. M., Malone, C. A., & Kernsmith, P. D. (2018). Masculine discrepancy stress and psychosocial maladjustment: Implications for behavioral and mental health of adolescent boys. *Psychology of Men & Masculinity*, *19*(4), 560–569. https://doi.org/10.1037/men0000132

Rudenstine, S., Espinosa, A., McGee, A. B., & Routhier, E. (2019). Adverse childhood events, adult distress, and the role of emotion regulation. *Traumatology*, *25*(2), 124–132. https://doi.org/10.1037/trm0000176

Sagar-Ouriaghli, I., Godfrey, E., Bridge, L., Meade, L., & Brown, J. S. L. (2019). Improving mental health service utilization among men: A systematic review and synthesis of behavior change techniques within interventions targeting help-seeking. *American Journal of Men's Health*, *13*(3), 1–18. https://doi.org/10.1177/1557988319857009

Scott-Storey, K., O'Donnell, S., Busolo, D., DiTommaso, E., Malcolm, J., Taylor, P., Vincent, C. D., & Wuest, J. (2022). Cumulative lifetime violence severity, social determinants and anxiety in a national sample of Canadian men. *BMC Psychiatry*, *22*(1), Article 265. https://doi.org/10.1186/s12888-022-03865-8

Shansky, R. M., & Lipps, J. (2013). Stress-induced cognitive dysfunction: Hormone-neurotransmitter interactions in the prefrontal cortex. *Frontiers in Human Neuroscience*, *7*, Article 123. https://doi.org/10.3389/fnhum.2013.00123

Shields, G. S., Sazma, M. A., & Yonelinas, A. P. (2016). The effects of acute stress on core executive functions: A meta-analysis and comparison with cortisol. *Neuroscience and Biobehavioral Reviews*, *68*, 651–668. https://doi.org/10.1016/j.neubiorev.2016.06.038

Sileo, K. M., Luttinen, R., Muñoz, S., & Hill, T. D. (2022). Mechanisms linking masculine discrepancy stress and the perpetration of intimate partner violence among men in the United States. *American Journal of Men's Health*, *16*(4), Article 9355. https://doi.org/10.1177/15579883221119355

Slegh, H., Spielberg, W., & Ragonese, C. (2021). *Masculinities and male trauma: Making the connections*. Promundo-U.S. https://www.alignplatform.org/resources/masculinities-and-male-trauma-making-connections

Sperry, L., & Sperry, J. (2015). *Cognitive behavioral therapy of DSM-5 personality disorders: Assessment, case conceptualization, and treatment* (3rd ed.). Routledge.

SPSS & IBM Corporation. (2022). *SPSS statistic for windows* (Version 28) [Computer software].

Statistics Canada. (2022). *Statistics Canada, Canadian vital statistics—Death database (CVSD). 2017–2019*. Government of Canada official website. https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3233

Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van IJzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, *24*(1), 37–50. https://doi.org/10.1002/car.2353

Strokoff, J., Halford, T. C., & Owen, J. (2016). Men and psychotherapy. In Y. J. Wong & S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 753–774). American Psychological Association. https://doi.org/10.1037/14594-034

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication 14-4884). https://www.health.ny.gov/health_

care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf

Sunki, K., & Soyoung, Y. (2023). Men's mental health and interventions tailored to masculinity: A scoping review. *The Journal of Men's Health*, *19*(11), 1–10. https://doi.org/10.22514/jomh.2023.111

Treleaven, D. A. (2018). *Trauma-sensitive mindfulness: Practices for safe and transformative healing*. W.W. Norton.

Tull, M. T., Jakupcak, M., Paulson, A., & Gratz, K. L. (2007). The role of emotional inexpressivity and experiential avoidance in the relationship between posttraumatic stress disorder symptom severity and aggressive behavior among men exposed to interpersonal violence. *Anxiety, Stress, and Coping*, *20*(4), 337–351. https://doi.org/10.1080/10615800701379249

Vallerand, R. J. (1989). Vers une méthodologie de validation trans-culturelle de questionnaires psychologiques: Implications pour la recherche en langue française [Toward a methodology for the transcultural validation of psychological questionnaires: Implications for research in the French language]. *Canadian Psychology*, *30*(4), 662–680. https://doi.org/10.1037/h0079856

Vickery, A. (2022). "It's made me feel less isolated because there are other people who are experiencing the same or very similar to you": Men's experiences of using mental health support groups. *Health & Social Care in the Community*, *30*(6), 2383–2391. https://doi.org/10.1111/hsc.13788

Watkins, D. C., & Johnson, N. C. (2018). Age and gender differences in psychological distress among African Americans and whites: Findings from the 2016 National Health Interview Survey. *Healthcare*, *6*(1), Article 6. https://doi.org/10.3390/healthcare6010006

Wegner, D. M., Schneider, D. J., Carter, S. R., III, & White, T. L. (1987). Paradoxical effects of thought suppression. *Journal of Personality and Social Psychology*, *53*(1), 5–13. https://doi.org/10.1037/0022-3514.53.1.5

Weissman, D. G., Bitran, D., Miller, A. B., Schaefer, J. D., Sheridan, M. A., & McLaughlin, K. A. (2019). Difficulties with emotion regulation as a transdiagnostic mechanism linking child maltreatment with the emergence of psychopathology. *Development and Psychopathology*, *31*(3), 899–915. https://doi.org/10.1017/S0954579419000348

Wexler, D. B. (2009). *Men in therapy: New approaches for effective treatment*. W.W. Norton.

Whitaker, R. C., Dearth-Wesley, T., Herman, A. N., Block, A. E., Holderness, M. H., Waring, N. A., & Oakes, J. M. (2021). The interaction of adverse childhood experiences and gender as risk factors for depression and anxiety disorders in US adults : A cross-sectional study. *BMC Public Health*, *21*(1), Article 2078. https://doi.org/10.1186/s12889-021-12058-z

Wolff, N., & Caravaca Sánchez, F. (2019). Associations among psychological distress, adverse childhood experiences, social support, and resilience in incarcerate men. *Criminal Justice and Behavior*, *46*(11), 1630–1649. https://doi.org/10.1177/0093854819876008

Wong, Y. J., Ho, M. R., Wang, S.-Y., & Miller, I. S. (2017). Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. *Journal of Counseling Psychology*, *64*(1), 80–93. https://doi.org/10.1037/cou0000176

Yang, X., Lau, J. T. F., Wang, Z., Ma, Y.-L., & Lau, M. C. M. (2018). The mediation roles of discrepancy stress and self-esteem between masculine role discrepancy and mental health problems. *Journal of Affective Disorders*, *235*, 513–520. https://doi.org/10.1016/j.jad.2018.04.085

Yeung, N. C. Y., Mak, W. W. S., & Cheung, L. K. L. (2015). Conformity to the emotional-control masculine norm and psychological well-being among Chinese men in Hong Kong: The mediating role of stress appraisal for expressing tender emotions. *Psychology of Men & Masculinity*, *16*(3), 304–311. https://doi.org/10.1037/a0038578

Zielke, J., Batram-Zantvoort, S., Razum, O., & Miani, C. (2023). Operationalising masculinities in theories and practices of gender-transformative health interventions: A scoping review. *International Journal for Equity in Health*, *22*(1), Article 139. https://doi.org/10.1186/s12939-023-01955-x

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