

Understanding The Impact of Sexual and Physical Trauma on Hypermasculinity and Sexual Shame in Men While Finding the Relationship between Hypermasculinity and Sexual Shame

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ABSTRACT

This study understands the impact of sexual and physical trauma on hypermasculinity and sexual shame in men. Males who experience any form of sexual and physical abuse often face a unique, silent struggle that remains under-researched, while the society often pressures men to be "tough" initiators who never show weakness which can lead them to adopt a mask of hypermasculinity (an exaggerated, hardened persona used to stay in control and hide vulnerability), men often end up with a painful feeling of sexual shame that something is fundamentally wrong with their sexual self. By exploring these links, this study aims to help counsellors look past the surface-level "armor" and provide more compassionate, effective support for men trying to heal from their past. The survey consists of 200 men, aged between 20 to 40 years, using the Sexual and Physical Abuse Questionnaire (SPAQ), the Hypermasculinity Index-Revised (HMI-R) and the Male Sexual Shame Scale (MSSS) which measures sexual shame on the basis of six dimensions including sexual inexperience distress, masturbation/pornography remorse, libido distain, body dissatisfaction, dystonic sexual-actualization and sexual performance insecurity. The goal is to see if men who have experienced abuse scored higher in these areas than men who have not experienced any form of abuse. Statistical analysis of the data was done using a t-test, after dividing the data into two groups, Group A consisting of men who have not experienced any form of sexual or physical abuse and Group B consisting of men who have experienced some form of sexual or physical abuse. According to the obtained results, the student researcher failed to reject the null hypothesis, which means there is no statistically significant difference between the two groups for hypermasculinity or sexual shame. Interestingly, hypermasculinity scores were very similar for almost everyone, suggesting that "acting tough" is a universal "psychological armor" men use to hide distress. However, sexual shame scores were very "noisy" and different for everyone, showing that shame is a deeply personal experience that a simple trauma label can't fully explain. Additionally, a secondary correlation analysis revealed no significant relationship between hypermasculinity and sexual shame across the total sample, suggesting that these two psychological constructs operate independently in this population.

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Sexual and physical trauma can profoundly affect how people perceive themselves and their bodies in relation to others. Trauma is mostly said to be the result of the feeling attached to a certain experience and not just the experience itself, it is also the point at which the experience exceeds one's capacity to deal with it. Although research on trauma has increased over the years, it has primarily been conducted on women and children, especially regarding sexual abuse. Consequently, the stories of men who survive sexual and physical trauma have been rendered invisible or misunderstood.

One of the main reasons for this is the way masculinity is constructed. Men are expected to be strong, emotionally controlled, autonomous, and physically powerful individuals. Boys are encouraged from a young age to suppress any expression of fear, sadness, or vulnerability. These attitudes can be particularly damaging when men are victims of sexual or physical trauma, as this immediately contradicts notions of strength, control, and invulnerability. Rather than being offered support and recognition, many men are encouraged to "move on" or ignore the effects of trauma altogether.

As a result of these expectations, traumatized men may resort to coping strategies that seem socially acceptable but are actually detrimental to their mental well-being. Some men may overcompensate for their masculine traits, a phenomenon known as hypermasculinity, to shield themselves from feelings of helplessness or vulnerability. On the other hand, trauma, particularly sexual trauma, can lead to sexual shame, where men experience profound levels of guilt, embarrassment, or feelings of being defective in relation to their sexual identity. These conflicts are often concealed but can significantly impact mental health, relationships, and help-seeking.

Understanding the effects of sexual and physical trauma on hypermasculinity and sexual shame is crucial for comprehending men's psychological experiences. For counselling psychologists, this understanding is critical for developing a safe and non-judgemental environment where men feel comfortable working through their trauma without fear of being judged or emasculated. Studying these topics also aids in the disruption of negative gender norms and the development of trauma-informed and gender-responsive interventions.

Sexual and Physical Trauma

Sexual trauma is defined as any unwanted or non-consensual sexual encounter that affects an individual's bodily autonomy. In men, sexual trauma is linked to confusion, self-blame, fear of judgment, and questioning masculinity because of societal myths about male sexuality.

Physical trauma is defined as the experience of physical violence or injury that impacts an individual's sense of safety and bodily control. In men, physical trauma is linked to challenges to beliefs about strength, dominance, and self-protection, which can lead to feelings of vulnerability and a loss of control.

Existing research highlights that these experiences are not just isolated events but triggers for long-term psychological shifts. For men specifically, trauma often carries an added layer of social stigma, as traditional masculine norms frequently equate being a victim with

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"weakness," which can lead to significant underreporting and a unique set of internal conflicts during the recovery process.

Hypermasculinity

Hypermasculinity is defined in psychology as a "macho personality constellation" a set of exaggerated gender-role beliefs that some men adopt through socialization. It is characterized by an overemphasis on traditional masculine ideals, such as emotional invulnerability, aggression, dominance, and sexual assertiveness.

Literature suggests that hypermasculinity is often a performance rather than a core identity. It is frequently seen as an "adversarial" way of relating to the world, where a man feels he must constantly prove his dominance and heterosexuality. Hypermasculinity is also seen as a coping mechanism for regaining a sense of power after trauma.

Sexual Shame

Sexual shame is defined as feelings of guilt, embarrassment, and defectiveness regarding one's sexual self. In male trauma survivors, sexual shame can be triggered by internalized shame, victim blaming, and discrepancies between experience and societal expectations of masculinity.

Sexual Shame is characterized in research as an intensely distressing emotional state resulting from a negative evaluation of one's sexual self. It is a complex construct because it doesn't just make a person feel they *did* something wrong, but that they *are* fundamentally wrong or broken. Unlike sexual guilt, which focuses on specific behaviours (like lying to a partner), sexual shame involves a deep sense of inadequacy regarding one's sexual identity, attractions, or physical performance.

Rationale

To the best knowledge of the student researcher, she observed that the existing literature indicates that men suffer greatly from psychological distress after sexual and physical trauma, help-seeking is often delayed because of masculine norms, trauma affects the masculine identity and feelings of control, hypermasculinity emerges as a defense mechanism, sexual shame is a common but hidden consequence of trauma among men and traditional gender roles are associated with greater emotional suppression and distress.

Despite these findings, there is limited research exploring the intersection of sexual and physical trauma, hypermasculinity, and sexual shame. Most research has focused on each of these issues individually, making it difficult to understand how these issues intersect and support each other in men's lives. Additionally, there is a lack of research that is culturally sensitive and explores how masculine norms impact trauma in different social contexts.

The current study examined the effects of sexual and physical trauma on hypermasculinity and sexual shame in men. The significance of this study is important because it addresses the experiences of male trauma survivors, which are often overlooked. It aimed to explore how traumatic events affect men's beliefs about masculinity and how these beliefs are linked to sexual shame. The study's results can help counselling psychologists create trauma-informed and gender-sensitive interventions.

REVIEW OF LITERATURE

Sexual and Physical Abuse

I. The Prevalence and Sociocultural Normalization of Abuse

The landscape of child maltreatment in India reveals a stark and often overlooked reality regarding the vulnerability of male children. Research spearheaded by the Ministry of Women and Child Welfare, in collaboration with UNICEF and Save the Children, underscores a staggering crisis: over 53% of children in India have survived at least one form of sexual abuse, with boys accounting for 52.94% of these victims (Subramaniyan et al., 2017). Despite these numbers, the National Child Traumatic Stress Network (NCTSN) identifies physical abuse as the second most prevalent form of maltreatment, trailing only behind general neglect (Cook, 2017). This physical violence is not merely an isolated domestic issue but a systemic one. According to Pinheiro (2006) in the World Report on Violence Against Children, boys are subjected to physical discipline across various environments, including schools, workplaces, and communities.

A critical factor in the persistence of this violence is its "normalization." Pinheiro (2006) argues that physical aggression against boys is frequently rebranded as "character building" or necessary discipline, a cultural framing that effectively mutes the victim's pain and leads to massive underreporting. This is corroborated by Bharat et al. (2016), who found that while males experience a higher frequency of physical abuse including being punched, kicked, or threatened with weapons there is no statistically significant correlation between these occurrences and the victim's socio-economic status or religion. This suggests that the risk is pervasive across all strata of Indian society, rooted more in gendered expectations than in economic hardship.

II. Theoretical Frameworks and Psychological Impact

To understand the long-term trajectory of this trauma, researchers have developed specialized tools such as the Sexual and Physical Abuse Questionnaire (SPAQ). Validated by Kooiman et al. (2002), the SPAQ allows clinicians to measure the severity, frequency, and the specific relationship between the victim and abuser, providing a reliable framework for identifying trauma that might otherwise remain hidden. The psychological fallout of these experiences is multifaceted. Cook (2017) links early physical abuse to a spectrum of "externalizing" behaviours, such as delinquency, substance abuse, and future violence. However, the "internalizing" effects are equally devastating. Snow, Moorman, and Romano (2022) observe that men with histories of childhood sexual abuse (CSA) struggle significantly with emotion regulation, often defaulting to suppression and maladaptive avoidance strategies.

These psychological scars manifest as a persistent state of distress. Choudhry et al. (2018), in a systematic review of 51 studies, noted that the impact of CSA on boys extends to serious physical and behavioural consequences, with particularly high prevalence rates among marginalized groups, such as men who have sex with men (MSM) and commercial sex workers. This research suggests that the trauma is not a static event but a progressive erosion of the self. The International Journal of Men's Health (2007) echoes this, listing PTSD, depression, and sexual dysfunction as common aftereffects. The complexity of these symptoms often leads to a "double victimization" where the survivor suffers from the original trauma and a subsequent loss of emotional agency.

III. Hypermasculinity as a Pathological Defense

The intersection of trauma and gender identity is perhaps most visible in the concept of hypermasculinity. Vokey, Tefft, and Tysiaczny (2013) define this as an overemphasized belief system centered on dominance, aggression, and an "emotional invincibility" that explicitly rejects anything perceived as feminine. This rigid adherence to "macho" traits (Mosher & Sirkin, 1984) often serves as a stress-coping mechanism. When a man's sense of safety is shattered by abuse, he may over-index on traditional masculine norms to regain a sense of power. Connell and Messerschmidt (2005) describe this through the lens of "hegemonic masculinity," where men feel socially coerced into performing roles of control and strength.

However, this performance of strength is often a facade. Voller and Bloom (2018) propose a compelling theory: that hypermasculine behaviours, such as sexual assertiveness and aggression are actually symptoms of "experiential avoidance." By acting "tough," survivors distract themselves from the vulnerability and pain of their past trauma. This creates a dangerous cycle. Corprew et al. (2014) found that men who subscribe to extreme hypermasculine profiles report higher levels of hostility and more severe mental health symptoms. As Pleck (1974) argued decades ago, the pressure to never show weakness is an inherent stressor that prevents men from forming healthy relationships and processing their own history of victimization.

IV. Sexual Shame and Disclosure

The final and perhaps most daunting barrier for male survivors is the profound sense of sexual shame. Stępień (2016) posits that in patriarchal societies, male shame is tied to honor rather than vulnerability; to be a victim is to lose one's status as a "man." This internalized shame is quantified by Gordon (2018) through the Male Sexual Shame Scale (MSSS), which highlights distress regarding sexual inexperience, body dissatisfaction, and performance anxiety. In the Indian context, this shame is magnified by the fear of being "labeled" or doubted. Sharma (2022) notes that male survivors in India often experience intense guilt and a fear of being called "weak" or "gay" if they disclose penetrative or non-penetrative abuse. Subramaniyan et al. (2020) conducted qualitative research specifically on the barriers to seeking psychiatric help in India, identifying "family honor" and "social disapproval" as the primary silencers. While Western research often focuses on individualistic symptoms like PTSD, the Indian experience is deeply tied to collectivist values. The fear of bringing shame upon the family or facing systemic apathy in the healthcare system ensures that many men remain silent for decades. This silence, as noted by Choudhry et al. (2018), results in delayed reporting and a significant underutilization of mental health resources, leaving a generation of men to navigate the long-term psychological distress of their childhoods in isolation.

METHODOLOGY

Objective

To understand the impact of sexual and physical trauma on hypermasculinity and sexual shame in men, while exploring the relationship between hypermasculinity and sexual shame.

Hypothesis

Comparative Hypotheses

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Hypermasculinity

- **Null Hypothesis (H₀):** There is no significant difference in hypermasculinity scores between men who experienced some form of sexual or physical abuse and men who did not experience any form of sexual or physical abuse.
- **Alternative Hypothesis (H₁):** Men who experienced some form of sexual or physical abuse will score significantly higher on measures of hypermasculinity than men who did not experience any form of sexual or physical abuse.

Sexual Shame

- **Null Hypothesis (H₀):** There is no significant difference in sexual shame scores between men who experienced some form of sexual or physical abuse and men who did not experience any form of sexual or physical abuse.
- **Alternative Hypothesis (H₁):** Men who experienced some form of sexual or physical abuse will report significantly higher levels of sexual shame than men who did not experience any form of sexual or physical abuse.

Correlational Hypotheses

- **The Null Hypothesis (H₀):** There is no significant relationship between hypermasculinity and sexual shame in the total sample, nor when analyzed separately for men with and without a history of trauma.
- **The Alternative Hypothesis (H₁):** A significant relationship exists between hypermasculinity and sexual shame among men, both within the overall sample and across trauma-history subgroups.

Tools

1. Hypermasculinity Index-Revised (HMI-R)

This tool is a modernized version of the original Hypermasculinity Index. It utilizes a phrase-completion format where participants choose a point along a 10-point scale between two opposing statements (e.g., "play it safe" vs. "gamble"). This design is particularly effective because it allows for more subtle reporting of attitudes that men might otherwise hide due to social pressure. It measures three key components: calloused sexual attitudes, viewing danger as exciting, and a predisposition toward physical fighting.

2. Male Sexual Shame Scale (MSSS)

The MSSS was specifically developed to capture how men uniquely experience shame regarding their sexuality. It moves beyond general feelings of guilt to look at six specific areas: distress over a lack of sexual experience, remorse regarding pornography or masturbation, distain for one's own libido, body dissatisfaction, distress over sexual thoughts or acts, and performance insecurity. It is a valuable tool for identifying internalized negative messages about male sexuality.

3. Sexual and Physical Abuse Questionnaire (SPAQ)

The SPAQ is a straightforward screening tool used to assess a person's history of trauma during childhood or adulthood. It uses a "narrow" definition of abuse—focusing on actual physical sexual contact and intentional violence that resulted in physical injury (like bruises or broken bones)—to ensure the data is clear and medically relevant. It also captures the specific age groups in which these events first occurred.

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Sample

- Sample size – 200
- Sample population – Males
- Age group – 20 to 40 years of age

Inclusion Criteria

- Participants must identify as cisgender male.
- Participants must be between 20 and 40 years of age.
- Participants are required to have a sufficient command of the language in which the survey is administered to ensure they fully understand.

Exclusion Criteria

- Individuals identifying as transgender or non-binary.
- Individuals below the age of 20 or above the age of 40.
- Individuals with known mental retardation, organic mental disorders, or acute psychosis.
- Individuals who provide incomplete responses to the assessment tools.

Research Design

- Welch's t-test
- Pearson's Correlation

Procedure

The study utilized a quantitative, between-groups design to explore the relationship between presence or absence of sexual or physical abuse and male psychological constructs. Participants were divided into two groups: those with a self-reported history of physical or sexual abuse and a group with no history of any form of abuse.

To analyze the data, an Independent Samples t-test was performed for each dependent variable: Hypermasculinity and Sexual Shame. This statistical approach was chosen to determine if the "gap" between the average scores of the two groups was large enough to be considered a meaningful result of abuse, rather than random variation.

Additionally, a secondary correlational analysis was performed, first on the entire sample of 200 people between the two dependent variables, hypermasculinity and sexual shame, followed by analysing the relationship between the two constructs in the two separate groups (Group A – No trauma and Group B – Trauma).

Data Analysis

The data obtained from the participants were organized and analyzed using statistical techniques. Descriptive statistics, t-test and Pearson's Correlation were computed to examine the impact and relationship between the variables.

Descriptive Analysis

Descriptive statistics here included the mean and standard deviation which helped in summarizing the dataset.

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Table 1: Descriptive Statistics of Study Variables

Groups	Variables	Mean	Standard Deviation
Group A No - Trauma	Hypermasculinity (HMI-R)	19.39	2.22
	Male Sexual Shame (MSSS)	75.50	17.71
Group B Trauma	Hypermasculinity (HMI-R)	19.01	1.97
	Male Sexual Shame (MSSS)	76.09	14.98

The sample consisted of 200 male participants divided in two groups, A, a group with no sexual and physical trauma, where the mean scores for hypermasculinity and sexual shame were 19.39 and 75.50 and the standard deviation was 2.22 and 17.71 whereas B, a group with a history of sexual and physical trauma, where the mean scores for hypermasculinity and sexual shame were 19.01 and 76.09 and the standard deviation was 1.97 and 14.98, respectively.

Comparative Analysis

Welch’s t-test was conducted to compare, if there were differences in the hypermasculinity scores between the no trauma (Sample – 67) and trauma (Sample – 133) groups with the **p-value** of **0.23** as well as the male sexual shame scores between the two groups with the **p-value** of **0.61**. The results indicated **no statistically significant difference** between the two groups.

Table 2: Comparative Statistics between the Study Variables

Variables	p-value
Hypermasculinity (HMI-R)	0.23
Male Sexual Shame (MSSS)	0.61

Correlational Analysis

Pearson’s Correlation was computed to examine the relationship between hypermasculinity and sexual shame among men. This test was performed for the total sample (N=200), as well as separately for the No-Trauma group (n = 67) and the Trauma group (n = 133).

Table 3: Correlation Statistics between the Study Variables

Sample (N/n)	Correlation (r value)
200	-0.03
67	-0.10
133	+0.01

In statistical terms, all three values fall within the "negligible" range, indicating that there is **no statistically significant linear relationship** between hypermasculinity and sexual shame in this study.

INTERPRETATION OF RESULT

The Welch’s t-tests indicated that there was no statistically significant difference between the Trauma and No-Trauma groups for either Sexual Shame (p = 0.61) or Hypermasculinity (p = 0.23). This means the "Sexual and Physical Abuse" label alone did not predict higher distress in this sample. Furthermore, the results showed very low Standard Deviations for Hypermasculinity (Group A: 2.22; Group B: 1.97), indicating that the men in this study were remarkably similar in how they view masculine norms.

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Conversely, the high Standard Deviations for Sexual Shame (Group A: 17.71; Group B: 14.98) reveal that shame is a highly individual and "scattered" experience. The wide spread of scores likely obscured any group-level differences, as the "noise" in the data was louder than the "signal" of the abuse history.

Finally, the near-zero correlation ($r = -0.03$) tells us that in this sample, hypermasculinity and sexual shame are **independent experiences**. A man can be highly hypermasculine and feel high shame, or he can be highly hypermasculine and feel no shame at all. The two do not "move together". Interestingly, the correlation in the No-Trauma group was slightly negative (-0.10). This slight shift suggests that while masculinity might act as a minor "shield" against shame for some men, that connection disappears entirely for those who have experienced trauma.

DISCUSSION

The primary objective of this research is to explore whether a history of sexual or physical abuse significantly impacts a man's adherence to hypermasculine norms and experience of sexual shame. To investigate this, two null hypotheses were proposed, suggesting that no significant differences would exist between men with and without a history of abuse. Following a rigorous analysis of the data using Independent Sample t-tests, the results yielded p-values of 0.23 for hypermasculinity and 0.61 for sexual shame. Because these values exceeded the standard alpha level of 0.05, the student researcher **failed to reject the null hypotheses**.

The secondary objective was to understand if the increase or decrease in hypermasculine behaviours can cause an increase or decrease in sexual shame. According to the results, which showed no significant correlation between hypermasculinity and sexual shame ($r = -0.03$), **the alternate hypothesis gets rejected**.

While a "non-significant" result can initially feel like a lack of finding, in the context of counselling psychology, it suggests a much more complex internal landscape than a simple cause-and-effect relationship.

The Uniformity of Hypermasculinity

One of the most striking findings is the remarkably low standard deviation in hypermasculinity scores (SD - 2.0). This indicates that, regardless of their personal history of abuse, the men in this sample hold very consistent views on masculine identity. This aligns with the existing literature suggesting that hypermasculinity is a "common thread" in male socialization.

From another perspective, this lack of difference may suggest that hypermasculinity acts as a universal "psychological armor." For men who experience any form of abuse, adhering to these rigid scripts, such as viewing danger as exciting or maintaining a "tough" exterior may serve as a survival mechanism to mask vulnerability. Consequently, the "signal" of trauma may be hidden behind a culturally reinforced mask of strength that almost all men in the sample appeared to wear.

The Individualized Nature of Shame

The results for sexual shame tell a different story, characterized by high variability (SD - 16.0). Unlike the tight clustering seen in masculinity, shame scores were "scattered,"

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suggesting that sexual shame is an intensely personal experience. While the t-test did not find a group level divide, the high variance reminds us that any form of sexual or physical abuse affects every individual differently.

The failure to find a significant difference here may point to the success of resilience or therapeutic interventions among the abuse experienced groups. Alternatively, as noted in the development of the Male Sexual Shame Scale (MSSS), certain demographics, such as being single or growing up in highly religious environments, can be stronger predictors of sexual shame than abuse history alone. Another perspective to this can be that the men are experiencing shame but aren't reporting it accurately because their hypermasculinity prevents them from being vulnerable.

The "Armor" vs. The "Emotion"

The lack of correlation supports the idea that for many men, **hypermasculinity is a social script** they follow regardless of their internal emotional state. If hypermasculinity were a successful defense mechanism, we would expect a strong negative correlation (as "macho" goes up, shame should go down). Because we found a near-zero result, it implies that the "armor" of hypermasculinity is not effectively protecting these men from sexual shame.

This suggests that a therapist cannot assume a man's internal distress based on his outward masculine performance. A man who appears very traditional, aggressive, or "calloused" in his attitudes (high hypermasculinity) may be carrying just as much or just as little sexual shame as a man who does not adhere to those norms.

One reason for this lack of relationship could be the **high variability** in how men experience shame (SD - 15.0). While society gives men a very specific, narrow "template" for how to act masculine (leading to the low SD in hypermasculinity), shame is a private, deeply personal experience that doesn't follow a single pattern.

Potential for Type II Error

It is important to acknowledge that failing to reject the null hypothesis carries the risk of a **Type II Error** (a "false negative"). This occurs when a real difference exists in the population but is not detected in a specific sample. In this study, the high level of "noise" or variance in the shame data, combined with a sample size of 200, may have made it difficult to isolate the specific impact of the trauma.

CONCLUSION

The present research findings suggest that while trauma is a profound life event, its impact on a man's identity is not a simple, straight line. Instead, it is a deeply personal experience shaped by individual resilience and the pressure to meet societal expectations. The statistical analysis led to **failure to reject the null hypotheses**.

In summary, this study sought to understand how sexual and physical abuse histories influence the interplay between hypermasculinity and sexual shame in men. Contrary to common psychological assumptions, the results revealed that trauma history did not significantly distinguish men in terms of these two variables. Instead, the data suggests that hypermasculinity is a remarkably consistent social "script" among men, whereas sexual shame is a deeply varied and individual experience. The lack of a significant correlation between the two suggests that "acting macho" does not reliably protect a man from internal

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shame, nor is it always a direct result of it. Ultimately, these findings highlight the need for counselors to look past outward masculine "armor," as it often tells us very little about the complex emotional distress a man may be carrying inside.

For counsellors and psychologists, these results mean we shouldn't use a "one-size-fits-all" approach for male survivors. We need to help men deconstruct these rigid masculine "masks" and use specialized tools, like the **Male Sexual Shame Scale (MSSS)**, to pinpoint specific issues like performance anxiety or body image concerns.

Limitations

One of the primary technical hurdles in this research involved the differences in how the data was spread out between the two groups. When variances are unequal, a standard t-test can become unreliable because the "lopsided" scatter of scores can confuse the calculation, leading to p-values that are either too significant or not significant enough to be trusted. While this study utilized Welch's t-test to correct for this, the underlying differences in how the groups responded remain a factor.

This issue was further complicated by the unequal sample sizes, as having 133 men in the trauma group compared to only 67 in the no-trauma group makes it mathematically harder to find a balanced "middle ground" for comparison.

Since hypermasculinity is defined by "toughness" and emotional control, participants may have subconsciously under-reported their feelings of shame to align with the masculine image they felt they should project. This is a common "masking" effect in male-focused research.

Furthermore, the use of a broad "Trauma" category likely masked the nuanced differences between sexual and physical abuse, as each type of trauma targets different aspects of a man's self-concept. Grouping them together likely "diluted" the specific impact of each.

Suggestions For Future Research

Future research may build upon the present findings by using a **2x2 model** to see if sexual trauma affects shame differently than physical trauma, focusing on the **age at which the abuse occurred** or the **frequency of the trauma** to better understand if it creates a more visible impact on a man's adult identity and shame levels. Future studies may use larger groups and one-on-one interviews (Qualitative study) to capture the unique personal stories that numbers alone might miss. Furthermore, considering the slight negative correlational shift in the no trauma group, further studies can **deeply explore the relationship between hypermasculinity and sexual shame** within a larger group of people who have not experienced any form of abuse or trauma.

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Conflict of Interest

The author(s) declared no conflict of interest.

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