

Male Rape in Substance Abusing Men who have Sex with Men:
Prevalence, Reporting, and Contextual Factors

by

Ann Marie Kavanagh-Reilly

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Date

Chair of Examining Committee

Chitra Raghavan, Ph.D.

Date

Executive Officer

Maureen O'Connor, JD, Ph.D.

Elizabeth Jeglic, Ph.D.

Louis Schlesinger, Ph.D.

Jennifer Heslin, Psy.D.

Charles Amrhein, Psy.D.

Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

ABSTRACT

MALE RAPE IN SUBSTANCE ABUSING MEN WHO HAVE SEX WITH MEN: PREVALENCE, REPORTING, AND CONTEXTUAL FACTORS

by

Ann Marie Kavanagh

Advisor: Professor Chitra Raghavan

Studies have shown that male rape and sexual assault, although less prevalent than female rape and sexual assault does occur, and depending on the context can occur at alarmingly high rates. This study examined rates and correlates of sexual assault in a sample of drug abusing males who have sex with men (MSM) in a New York City harm-reduction clinic. Thirty-six of the 148 participants reported being forced to have unwanted sex. When compared and contrasted to their non-assaulted peers, the study found that twice as many men in the sexually assaulted sample reported that they prefer to have sex with men, and are less likely to have sex with women, suggesting that MSM may be at increased risk for sexual assault. In addition, sexually assaulted males were more likely to have had sex with an acquaintance or stranger. Sixty-six percent of the assaulted males and 50% of the non-assaulted males reported daily or weekly drug use. Nearly half (48.6%) of the sexually assaulted males, compared to 21% of the non-assaulted males reported that they had either threatened or tried to commit suicide. Participants who were hit, slapped or punched were 1.64 times more likely to report the assault, and participants who were threatened with a weapon were 19.6 times more likely to report the assault. These findings and others, as well as strengths and limitations of this study are discussed in detail. Suggestions for future studies are also given.

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Male Rape in Substance Abusing Men who have Sex with Men: Prevalence, Reporting, and Contextual Factors

Although literature on the prevalence, circumstances, and effects of sexual assault has increased over the past 30 years (e.g., Amir, 1971; Abel, Becker, and Skinner, 1980; Martin, Rosand, Durand, Stretch, & Knudson, 1998; National Crime Victimization Survey, 2003), it has predominantly focused on heterosexual female victims. This is not surprising given that rape or sexual assault has traditionally been viewed as a crime perpetrated by a male against a female and, without exception, women experience rape at a much higher rate than do men. However, men who are sexually assaulted report many of the same traumatic outcomes as do women and therefore further study as to how and what extent men experience rape and sexual assault appears warranted.

The paucity in the literature on male rape may be due in part to the mistakenly held belief that it rarely occurs and if it does occur, it happens only in institutions or to men who by virtue of their lifestyle put themselves at risk for being raped, for example, gay men who socialize in bars and clubs. These beliefs as well as the notion that the effect of sexual assault on men is not as severe as that for female victims may make the reporting of such an assault difficult. For male victims, issues such as their sexual orientation, attitudes about the existence of male rape, and a lack of legal protection may further exacerbate underreporting. The lack of legal protection, which could affect attitudes held by police officers or prosecutors, may be due to how rape and sexual assault are legally defined.

Definition

Prior to the 1970s rape was defined as “the carnal knowledge of a female forcibly against her will” a definition that the Federal Bureau of Investigation’s Uniform Crime Report still utilized until January 2012 (Federal Bureau of Investigation, 2012). In the 1970s, many states began to change the laws governing rape, replacing the term rape with sexual assault and making the laws gender neutral. These changes, due in large part to the Feminist Movement, offered male victims legal protection (Sarrel & Masters, 1982) and covered more specific types of sexual victimization, and levels of coercion (The National Center for Victims of Crime). In January 2012, Attorney General Eric Holder announced revisions to the Uniform Crime Report’s (UCR) definition of rape, in the hope that it would lead to a more comprehensive statistical reporting of rape nationwide. The new definition of rape is “The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” This new definition now appears to include males, which hopefully will make it somewhat easier for males to report victimization, as they now have legal protection. It will also provide more accurate prevalence rates of male sexual assault. While this is an important step, Holder noted that this new definition does not change federal or state criminal codes or impact charging and prosecution on the local level. Thus, how each state defines rape remains important.

Today most states, including New York, use the term sexual assault and are gender neutral. However, some states have not made these changes. For example, in Alabama, a person can be charged with Rape in the 1st degree, if he is a man and has forcibly penetrated a female, for which he can receive a sentence of life, or 10-99 years. If a deadly weapon is used the minimum sentence is 20 years. If a man rapes a female aged 12 -16 years, he can be charged

with Rape in the 2nd degree, for which the sentence is 2 - 20 years, 10 years if a deadly weapon is used. The maximum sentence a perpetrator of male rape can receive occurs with the charge of Sodomy in the 1st degree, which carries the same sentence guidelines as Rape in the 2nd degree. As the sentence is far less than that of Rape in the 1st degree, it suggests that the crime is viewed less seriously if the victim is a male. Furthermore, if the victim is a male aged 12-16 years, the perpetrator can only be charged with Sodomy in the 2nd degree, for which the maximum sentence is 1 year. This is markedly less than the sentence for committing the same crime against a 12-16 year-old female, which as stated above is 2-20 years, and 10-years minimum if a deadly weapon was used.

Georgia is another state that defines rape as a male having carnal knowledge of a female forcibly and against her will. Carnal knowledge is defined as any penetration of the female sex organ by the male sex organ. The penalty is death, life in prison with / without parole, or 10-20 years in prison. The penalty for sodomy is 1 - 20 years, or 10-30 years if aggravated. In Kansas, the charge of Rape only pertains to sexual intercourse with a female, and the maximum sentence for Criminal Sodomy, which may be applicable for a male victim, carries a maximum sentence of six months. Notably, Idaho is the only state that has a statute specifically for male rape, and it carries the same sentence as the rape of a female, one year to life (American Prosecutors Research Institute, 2010).

General Prevalence

The lack of a uniform definition makes it nearly impossible to determine accurate prevalence rates of male rape or male sexual assault. According to the National Institute of Justice (NIJ, 2000), approximately 3% of American men, or one in 33, have experienced an attempted or completed rape in their lifetime. This means that 2.78 million men in the U.S. have been victims of sexual assault or rape. (NIJ, 2000). The Rape, Abuse & Incest National Network (RAINN), which is the largest American anti-sexual assault organization in the United States, reported that the National Crime Victimization Survey (NCVS) found that one in every 10-rape victims in 2003 were male. In 2007, the NCVS found that 11, 300 males (compared to 236,980 females) were the victims of rape or sexual assault (NCVS, 2003; 2007). More recently, the survey found that 15,020 males (compared to 169,370 females) were the victims of rape or sexual assault (NCVS, 2010). Elliott, Mok, and Briere (2004) examined the prevalence of adult sexual assault among 941 participants in the general population and found that 3.8% of men had experienced adult sexual assault. Hickson, Davies, Hunt, Weatherburn, McManus & Coxon, (1994) questioned 930 homosexually active men living in England and Wales and found that 27.6% had been sexually assaulted or had sex against their will at some point in their lives.

Clinical Samples. Some of the research on male sexual assault and rape is based on small sample groups arising from clinical experience (Isely & Gehrenbeck-Shim, 1997). These samples tend to come from sexual assault and rape crisis centers, genitor-urinary clinics, and other medical providers (Hillman, O'Mara, Taylor-Robinson, & Harris, 1990, 1991; Stermac, Del Bove, & Addison, 2004). Some researchers maintain that such samples may produce results that are distorted and do not give an accurate representation of male sexual assault and rape victims within the general population (Isely & Gehrenbeck-Shim, 1997; Stermac et al., 2004).

Further, Hillman et al. (1990) posited that homosexual male assault and rape victims are more reluctant than other men to disclose their victimization and therefore are under-represented in such clinical samples.

One of the largest studies of male sexual assault and rape rests on a meta-analysis of previous clinical findings. Isely and Gehrenbeck-Shim (1997) compiled data on 3,635 adult male victims of sexual assault and rape. The majority of these men were young (between 16 and 30), Caucasian (85%), and heterosexual (71.4%). Most (71.4%) assaults resulted in penetration (sodomy), and most of the victims were threatened. Isely et al. found that 49% of all sexual assaults or rapes involved the use of weapons. Another major finding of their metaanalysis was that most victims seeking help were heterosexual Caucasian males, a finding congruent with Hillman et al's (1990) assertion. Thus, the rates of reported rape are likely to miss rapes among the male gay community and or men who have relationships with men.

College Samples: In addition to random surveys and clinical samples, other research utilizes college samples. In a well-known study, Tewksbury and Mustaine (2001) surveyed 1,215 university students. They found that 22.2% of male respondents reported being a sexual assault victim. Notably, non-Whites were more likely to be victims, and alcohol consumption was not a significant predictor of sexual assault. In a study by Struckman-Johnson & Struckman-Johnson (1994), 204 college men reported incidents of pressured or forced sexual touch or intercourse since age 16 years. Approximately 34% indicated they had received coercive sexual contact; 24% from women, 4% from men, and 6% from both sexes. For 12%, contact involved only sexual touching and for 22% the contact involved intercourse. In 88% of the 81 reported cases, sexual contact was pressured by tactics of persuasion, intoxication, or threat of love withdrawal. In 12% of the incidents, sexual contact was forced through physical restraint, physical

intimidation, or threat of harm (Struckman-Johnson & Struckman-Johnson, 1994). It is noteworthy that these patterns of sexual intercourse look very different from non-college samples for two reasons: most sexual assault was through non-violent means and a significant number of perpetrators were women. These results suggest that college sample results should be cautiously compared to that of other samples when considering male sexual assault.

Prison Samples: The National Inmate Survey (NIS) is part of the Bureau of Justice Statistics National Prison Rape Statistics Program mandated to gather data on the incidence of prevalence of sexual assault in correctional facilities under the Prison Rape Elimination Act of 2003 (PREA; P.L. 108- 79). The Act requires a 10% sample of correctional facilities to be listed by incidence of sexual assault, with a minimum of one prison and one jail facility in each state. Data is collected directly from inmates in a private setting using audio computer-assisted self-interview (ACASI) technology with a touch-screen laptop and an audio feed to maximize inmate confidentiality and minimize literacy issues.

Two Bureau of Justice Statistic (BJS) reports, one published in December 2007 and the other published in June 2008 surveyed a combined total of 63,817 inmates in 392 different facilities. At this time, males represented about 93% of prison inmates. Surveying a random sample of those incarcerated on a given day, the studies found that 4.5% of the nations prisoners, that is inmates who have been convicted of felonies and sentenced to more than one year, had been sexually abused during the preceding year in the facilities in which they answered the questionnaire; approximately 60,500 people. The BJS estimates that there were 165,400 instances of sexual abuse in state and federal prisons over the period of its study. Moreover, 24,700 (3.2%) of jail inmates i.e. people who are awaiting trial or serving short sentences had been sexually abused in their facilities over the preceding six months. Both studies separated the

reports of abuse into abuse perpetrated by fellow inmates and abuse perpetrated by the facility staff. The study of state and federal prisoners found that of the 27,500 (2.3%) inmates abused by another inmate, 16,800 (1.3%) had experienced nonconsensual sexual acts and 10,600 (0.8%) had experienced abusive sexual contacts (touching) only. In the same study, 38,000 (2.9%) experienced sexual misconduct perpetrated by a staff member; 22,600 (1.7%) experienced an unwilling activity and 22,700 (1.7%) a willing activity. Some inmates experienced 11 or more instances of sexual activity. It should be noted that although there were cases where the inmate reported being a willing participant the act is still considered illegal as it is against the law for any staff member to have sex with an inmate.

The study conducted in local jails found that 24,700 (3.2%) had experienced sexual victimization. Of white jail inmates, 1.8% reported sexual abuse by another inmate, whereas 1.3% of black inmates did. However, when considering staff-on-inmate abuse, the situation was reversed; 1.5% of white inmates reported such incidents compared to 2.3% of black inmates. Overall, a black inmate (3.2 %) was more likely to suffer sexual abuse in detention than a white one (2.9 %.) The study did not report the race of the perpetrators. Similar to most rape studies, the prison studies found that women were more likely to report abuse than men were. Younger inmates were more likely to be abused than older ones, gay inmates much more than straight ones, and people who had been abused in a previous facility were the most likely to be revictimized.

While these mandated studies are a progressive step in assessing the prevalence of sexual assault, it is likely they under-represent the actual number of victims, as the studies only assess 10% of prison facilities. Further, because the settings are controlled, the motivation of the perpetrator and the selection of the victim are likely to differ significantly than rape in the

outside world. Nevertheless, these studies provide some insight into potential vulnerabilities for male rape. In particular, the prison studies assess for race and sexual orientation unlike most other studies. While not conclusive, the results suggest that being gay, black, and having a previous history of victimization appear to be risk factors. Assessing whether sexual orientation and race may be risk factors outside of institutionalized settings warrants further study as few studies have assessed sexual orientation (Hickson et al., 1994; Hillman et al., 1990) and the majority of studies assessing male rape have been conducted in populations that are predominately white.

Military Samples: The prevalence of adult sexual assault among female veterans has been estimated as high as 41% (Coyle, Wolan, & Van Horn, 1996), and is considerably higher than rates of lifetime sexual assault among civilian women (Resnick et. al, 1993). Martin, Rosand, and Durand (1998) surveyed 555 male and 573 female soldiers and found that 22.6% of the female soldiers had experienced a completed rape in their lifetime. Further, approximately half (50.9%) of the women and 6.7% of the men surveyed reported being victims of any sexual assault in their lifetime. A more recent study by Murdoch, Polusny, Hodges, and O'Brien (2004), screened a sample of 1,654 male and 1,683 female veterans applying for Veterans Administration (VA) benefits, for a history of sexual assault. Among women, 69% of combat veterans and 86.6% of noncombat veterans reported a history of sexual assault. Among men, 6.5% of combat veterans and 16.5% of noncombat veterans reported experiencing sexual assault. The authors noted that rates of sexual assault were considerably higher than that reported by men and women in the general population (Murdoch et al, 2004) with women reporting assault at staggeringly high rates. Following U.S. Senate hearings on military sexual trauma in 1992, the U. S. Congress mandated the V.A. to provide health care services to women veterans who had

experienced sexual assault while serving in the military. The mandate was later extended to male veterans (Polusny & Murdoch, 2005). In 1999, the V.A. was mandated to screen all veteran enrollees for sexual trauma experiences, regardless of gender. Polusny and Murdoch (2005) noted that between 2002 and 2005, 33, 212 male veterans and 28,850 female veterans were identified as reporting military sexual trauma (Department of Veterans Affairs, 2003, 2002). The authors suggested that these rates might be an underestimation, due to time constraints and stereotypical beliefs about victims of sexual assault influencing whether health care professionals routinely screen all patients for a history of sexual trauma. Unfortunately, no data on race or sexual orientation is available.

Who Are The Perpetrators And Victims Of Male Sexual Assault?

The National Crime Victimization Survey (2007) found that in the 11,300 cases where males were victims of rape or sexual assault, a friend or acquaintance perpetrated 58% (6,600) of the cases, and a stranger was the perpetrator in the remaining 42% (4,690) of cases. With regard to the 236,980 female victims 85,313 (36%) of the cases were perpetrated by a stranger, 23% (55,110) by an intimate partner, 38% (89,190) by a friend or acquaintance, and 3% (6,530) by another relative. Pino and Meier (1999), utilizing a subsample of 81 male victims of rape or attempted rape from NCVS data from 1979 to 1987, found that young, single, poor, Caucasian men were most likely to be victims of rape or attempted rape in the Los Angeles area. They found that most men (73.4%) were raped by a single individual (who was a stranger; 54.4%), a majority (81.8%) suffered physical injuries during the assault, and weapons were used in approximately one third (35.6%) of assaults. Few (34%) reported their sexual victimization to the police. In the study by Hickson et al. (1994) of the approximately 180 homosexual males

who had been sexually assaulted, one third had been forced into sexual activity (usually anal intercourse), by men with whom they had previously had, or were currently having consensual sexual activity.

A study by Stermac, Del Bove and Addison (2004) examined victims of sexual assault seen in either the emergency department or the Sexual Assault Care Center in a large hospital in Ontario, Canada between 1992 and 1999. They studied three groups, age range 14 - 65 years; 64 males sexually assaulted by a stranger, 81 males sexually assaulted by an acquaintance, and a comparison group ($N = 106$) of females sexually assaulted by an acquaintance who represented the vast majority of sexually assaulted females seen at the center. They defined stranger as unknown or known for less than 24 hours and acquaintance as someone known for more than 24 hours. Significant findings included male stranger assault victims being single and unemployed more than women assaulted by acquaintances and male victims being more likely to be living in shelters or on the streets; 18.5% of the male stranger victims and 13.9% of the male acquaintance victims. Physical violence was found to be used most often by stranger assailants (21.5%), and acquaintance assailants (15.2%) in male sexual assaults, but this did not differ significantly between the groups, and in all the groups weapons were used significantly more by strangers in male sexual assaults.

A few studies indicate that men are more likely to be raped simultaneously by more than one person. For example, Blackburn (1993) noted that pairs or groups of individuals perpetrate a substantial proportion of rapes, and Amir (1971) found that 43% of rapes involved two or more offenders. In addition, Wright and West (1981) noted that with respect to physical injury, victims of group attacks were more likely to be kicked or punched whereas victims of individual attacks

were more likely to be verbally threatened. For gang rapists, rape is a sense of male camaraderie engendered by participating collectively in a dangerous activity (Scully & Marolla, 1985).

Alcohol and Substance Use

Very little is known about psychiatric histories of men who rape or are victimized. Stermac et al. (2004) found that more than 35% of males assaulted by strangers and almost 40% assaulted by acquaintances reported psychiatric histories. In addition, 30.8% of the victims and 12.3% of the assailants in male stranger rapes and 57% of the victims and 46.8% of the assailants in male acquaintance rapes were drinking at the time of the offenses.

While little research has been conducted on alcohol use and male rape, alcohol use and female rape has been noted in numerous studies across community and college samples (Abbey, Ross, & McDuffie, 1994; Abbey, McAuslan, & Ross, 1998; BJS, 2003; Crowell & Burgess, 1996). More than half of female rape victims report using alcohol prior to their assault (Frinter & Rubinson, 1993; Harrington & Leitenberg, 1994). A study by Mohler-Kou, Dowdall, Koss and Wechsler (2003) assessed the prevalence of rape under the condition of intoxication, where the victim was unable to give consent. The study utilized data from 119 schools participating in three Harvard School of Public Health College Alcohol Study surveys. The randomly selected sample included 8,567 women in the 1997 survey, 8,425 in the 1999 survey and 6,988 in the 2001 survey. Approximately one in 20 women reported being raped and of those victimized, nearly three quarters (72%) experienced rape while intoxicated. Identified individual-level risk factors included being under 21, being white, residing in sorority houses, using illicit drugs, drinking heavily in high school, and attending colleges with high rates of episodic drinking.

Alcohol use may increase risk for sexual victimization as it may impair problem-solving and self-protective behavior in intoxicated women. It may also increase the likelihood that

women may encounter a potential perpetrator given the context of drinking, for example in bars or at fraternity parties (Testa & Parks, 1996). Men may also perceive women who drink as more sexually available (George, Cue, Lopez, Crowe, & Norris, 1995), and some men are less likely to believe that forced or coerced sex with an intoxicated woman is rape (Norris & Cubbins, 1992). It is possible that some of these theoretical reasons may be applicable to same sex populations; however, studies have not examined this relationship in depth.

Studies have typically looked at the prevalence of alcohol in the gay community and the risk that alcohol and substance use may pose in having unsafe sex (although few have examined non-consensual sex) and possibly contracting HIV. For example, in a study assessing HIV risk and protection among gay couples, Fergus, Lewis, Darbes, & Butterfield (2005) looked at 59 gay couples and found that their social involvement in the gay community centered on going to bars and dance clubs, and controlling for symptoms of alcohol problems, going to gay bars and clubs independently predicted more HIV risk. Stall et al. (2001) surveyed 2172 males who reported having sex with other males (MSM) in four American cities, Chicago, Los Angeles, New York and San Francisco about their substance use for the previous five years. The study found that recreational drug use (e.g. marijuana, cocaine and amphetamines) and alcohol use were highly prevalent, 52% and 85% respectively, among urban MSM. Questions about current use found multiple drug use (18%), defined as three or more drugs used in the past six months, three or more alcohol related problems (12%), frequent drug use (19%), defined as weekly use, and heavy-frequent alcohol use (8%), defined as five or more drinks at least once a week among MSM in the sample.

Further evidence for drug use among MSM can be obtained from the National HIV Behavioral Surveillance (NHBS) System, which collects risk behavior data from three

populations at high risk for HIV infection: men who have sex with men (MSM), injection-drug users, and heterosexual adults in areas in which HIV is prevalent. Data collection began in 2003 among MSM in 17 U.S. metropolitan statistical areas (MSAs), and surveys have been conducted in 25 MSAs since 2005. Results from the first survey, collected from November 2003 - April 2005, of approximately 10,000 MSM revealed that non-injection drugs were used by 42% of participants during the preceding 12 months; the most commonly used drugs were marijuana (77%), cocaine (37%), ecstasy (29%), poppers (28%), and stimulants (27%). A total of 3,198 (74%) non-injection drug users reported being under the influence of a drug during sex during the preceding 12 months. Of those who used a noninjection drug during the preceding 12 months, 670 (16%) had ever participated in a drug or alcohol treatment program. A total of 566 (6%) participants reported having ever injected drugs for nonmedical purposes, and 194 (2%) had injected drugs during the preceding 12 months. Of these 194 participants, 52 (27%) had shared needles, syringes, or other drug-injection or preparation equipment during the preceding 12 months, and 101 (52%) had ever participated in a drug or alcohol treatment program. In addition to their male sex partners, 14% of participants also had at least one female sex partner during the preceding 12 months. Taken together, the substance use histories of MSM suggest that this population is at high risk for sexual assault. However, the above studies did not examine the relationship between substance use and sexual victimization for MSM.

Who Reports Sexual Assault?

The abundant literature on rape reporting, which has understandably focused on female victims has found that women fail to report a rape if it does not meet the classic stereotypical rape situation (Pino & Meier, 1999). In order to report rape women need to see themselves as victims, which they are more likely to do if they were subjected to high levels of violence and

bodily injuries (Amir, 1971). Research has also shown that female victims are less likely to report a rape if the rapist is an acquaintance or friend (Gartner & McMillan, 1995; Amir, 1971). A victim's income and educational status can affect reporting a rape to the police (Liziotte, 1985) as well as the theft of property and the use of a weapon (Gartner & McMillan, 1995).

While we know little about male partners reporting on their intimate male partners, a few studies have examined heterosexual marital rape. These studies show that women are extremely reluctant to report incidences of marital rape due to the public's perception of marital rape given the victims' relationship to the assailant (Bergen, 1996). Spousal rape is often viewed to be not as severe as acquaintance or stranger rape (Bennice & Resick, 2003) and research shows that as the victim-perpetrator relationship becomes more intimate, the probability that the incident is defined as rape decreases (Kirkwood & Cecil, 2001; Monson, Langhinrichsen-Rohling, & Binderup, 2000). Furthermore, when the victim has previously consented to sex with the rapist, the tendency to blame the victim increases, and the perception of crime seriousness decreases (Ewoldt, Monson & Langhinrichsen-Rohling, 2000; Monson et al., 2000).

By extension, men may be even more reluctant to report on their partners given the public questioning whether a man can be raped. Studies have found that men fail to report a rape when it jeopardizes their masculine self-identity (Pino & Meier, 1999) and rape victims may see rape as a loss of masculinity (Groth & Burgess, 1980) particularly as men are generally expected to defend themselves against threats (Finkelhor, 1984). This view is problematic especially as research has shown that males are more likely to be victims of multiple assailants, to sustain more physical trauma, and to be held captive longer than female victims (Kaufman, Divasto, Jackson, Voorhees, & Christy, 1980). In addition, male rape is one of the least discussed crimes in society (Groth & Burgess, 1980) and because reports of male rape are statistically rare, male

victims face the added trauma of being unable to identify with other male victims (Pino & Meier, 1999).

The findings suggest that male victims of rape or sexual assault may be the least likely to report, especially if the perpetrator was either a friend, acquaintance, intimate or former intimate. In addition, reluctance to report may be further exacerbated in the absence of physical injuries.

Rape Myths and Homophobia

In an attempt to understand why victims are reluctant to report being raped and or blame themselves for the rape, researchers have looked at the extent to which people believe in rape myths, which are prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists (Burt, 1980). Functions of rape myths include the denial and trivialization of a crime, which is achieved by shifting the blame for the crime from the rapist to the victim, and the just-world phenomenon, which is the belief that the world is a just place where good things happen to good people and bad things happen only to those who deserve them. In other words, rape myths function to explain why rape victims deserved their fate. If the victim is homosexual this belief may be more rigidly held due to internalized homophobia which is seen as a set of negative attitudes and affects toward homosexuality in other persons and toward homosexual features in oneself, stemming from the acceptance of negative stereotypes and myths about homosexuality.

In a study investigating the influence of homophobia and gender-role traditionality on perceptions of male rape victims (White & Yamawaki, 2009) 140 undergraduates (68 males and 72 females), average age of 24.6 years, 134 heterosexual, 1 homosexual, 3 Bisexual, 84.3% White, 9.3 % Hispanic, and 2.1 % Black were given rape vignettes. The study found that victims were assigned more blame in an acquaintance rape than in a stranger rape, and homosexual

victims were blamed more than heterosexual victims were, especially by male participants in the study. Homophobia predicted patterns in rape minimization only when the victim was homosexual. Homophobia also predicted patterns of victim blame attribution in both homosexual and heterosexual victims, with a greater impact when the victim was homosexual. Gender-role traditionalism predicted patterns of rape minimization in acquaintance rape, but not in stranger rape; and gender-role traditionalism did not predict differences in victim blame attribution.

Hirschman and Nagayama (1999) reported similar findings in their earlier study with 396 college students (181 males and 215 females), 18 - 21 years old, and 87.4 % white. The students read a report of a male sexually assaulted by another man. Female participants attributed lower responsibility to the victim than male participants did. Homosexual victims received higher ratings of responsibility than heterosexual victims did and homosexual victims were judged to have higher levels of pleasure and less trauma than heterosexual victims. Male participants who received the homosexual stimulus assigned less trauma to the victim than either male participants who received the heterosexual stimulus or female participants who received the homosexual stimulus. According to Bullock & Beckson (2011), many male victims have an erection, ejaculate, or both during an assault, due to either involuntary physiological reactions or by being directly stimulated by the perpetrator. These reactions may be misinterpreted by the victim, the perpetrator, and society as an indication of consent, which can affect a victim's willingness to report the assault out of fear of not being believed.

Davies & McCartney (2003) conducted a study with 150 (50 heterosexual males, 50 heterosexual women, and 50 gay men) participants from pubs and bars, of which only 49 were students. The participants who were between 26 and 29 years old, and were 90% White were shown an acquaintance rape scenario. Heterosexual men were more anti-victim than heterosexual

women or gay men were, and heterosexual men blamed the victim more than gay men did. There were no significant differences found between heterosexual men and heterosexual women or between heterosexual women and gay men. Heterosexual males also viewed the scenario as less severe than gay men did. Finally, gay men were the least likely to believe rape myths.

A number of empirical studies examining the perception of gender and rape have consistently revealed that men are far more likely than women to believe in rape myths or stereotypes, ascribe blame to the victim, or uphold attitudes on rape (Jimenez & Abreu, 2003). Men who adhere to traditional masculine attitudes tended to be more accepting of rape myths (Bunting & Reeves, 1983). These men may view rape as a means to confirming their masculinity. Rationalization of the crime occurs by placing blame on the victim. Using a sample of 175 college males, Mosher and Anderson (1986) found that a history of self-reported sexual aggression against women was significantly correlated with a measure of macho personality with three components – calloused sex attitudes toward women, a conception of violence as manly, and a view of danger as exciting. Using the same measure of macho personality, Mahoney, Shively, and Traw (1986) found that the macho personality was the best predictor of self-reported sexually coercive/assaultive behavior. Koss (1985) reported that rape-supportive attitudes, rather than psycho pathological variables, differentiated between sexually aggressive and sexually nonaggressive men. Scully and Marolla (1982) note, “the critical importance of rape mythology is that it provides men with a structural position from which to justify sexually aggressive behavior.” They found that rapists use the myths that women enjoy and are responsible for their rape to excuse and justify their offences. They reported that the majority of rapists did not define what they had done as wrong.

Thus, taken together it appears that rape myths affecting why women are reluctant to report rape also affect male rape reporting. Important differences include the role of sexual orientation and fears of being seen as effeminate, whereas in female rape, the relationship between the victim and offender and whether injuries were sustained appear to be the prominent factors involved. Another factor that appears to influence a victim's decision to report is substance use by the victim at the time of the assault.

Motives

The psychopathological explanation of rape assumes that men who rape are psychologically maladjusted. However, Abel, Becker, and Skinner (1980) found that fewer than 5% of rapists were psychotic at the time of their offense and Amir (1971) found that 71% of the rapes in his study were premeditated and not the results of irresistible, uncontrollable sexual impulse. Scully and Marolla (1985) suggested that rape is a learned behavior, part of a culture of violence, and an expression of male dominance rather than a mental disease that often includes an uncontrollable sexual impulse. Brownmiller (1975) argues that "rape is not a crime of irrational, impulsive, uncontrollable lust, but is deliberate, hostile, violent act of degradation and possession."

The social-psychological perspective holds that males exhibit sexual aggression as a result of normal male socialization to exhibit power over others. Hall and Barongan (1997) demonstrated that sexually aggressive behavior has been conceptualized as a product of cultures in which sexual aggression is tolerated, accepted, or often rewarded. Most classificatory schemes have been developed within a more psychiatric framework that has traditionally focused on the offender's motivation. Koss (1985) reported that rape-supportive attitudes, rather than psycho

pathological variables, differentiated between sexually aggressive and sexually nonaggressive men.

Groth's (1979) commonly cited approach to rapist typology is premised on the assumption that rape is not an expression of sexual desire but the use of sexuality to express power and anger. A man rapes not because he is sexually aroused, but due to anger and desire for power. Groth proposed that all cases of rape involve different levels of three major motivational themes: Anger, Power, and Sexuality (or Sadistic.) *Anger Rape* is characterized by excessive use of force to achieve sexual intercourse. In this case, the perpetrator may inflict more violence upon the victim than is necessary to commit the sexual assault. Hostile attitudes towards women are common in this type of rape. By contrast, *Power Rape* (a misnomer) is characterized by use of just-enough force to complete the act of rape. Here, the victim may not suffer excessive physical injuries as the perpetrator uses just-enough physical aggression to overpower the victim in order to achieve submission. Finally, *Sexuality (or Sadistic) Rape* appears to be a fusion of sex and aggression. The offender achieves sexual gratification by the maltreatment of the victim during the crime, which may be of more importance to him than committing the sexual act (Groth, 1979). A number of studies have focused on behaviors rather than motivations by using multivariate statistical procedures to examine empirically the behaviors that occur in rape (Canter, Bennell, Alison, & Reddy, 2003.) These studies focus on variations that distinguish between offenses rather than differences between offenders and their motivations and while the theoretical framework of the behaviorists is quite different from Groth and his associates, some of his proposed motives have been replicated with slight variations (Canter et al, 2003; Park, 2009).

The motivation underlying gang rape, perhaps more difficult to assess, may be important given that group offenses are a large proportion of sexual assaults. According to Groth (1979), gang rape is the experience of rapport, fellowship, and cooperation with the co-offenders. The offender is not only interacting with the victim, he is also interacting with his co-offenders. He is behaving, or performing, in accordance with what he feels is expected of him by them. He is validating himself and participating in a group activity. Within a group, rape becomes also a mean to establish a 'reputation' of masculinity and to gain status within the peer group (Amir, 1971). In a gang rape, not only how the men themselves feel with regard to sexuality, but also how their male peers may perceive them may be important. The offender wants to impress his codefendants and feels that they are evaluating his performance. Men compete with each other to win recognition and esteem. For gang rapists, the sexual assault is the product of both internal motives and group dynamics (Groth, 1979). As a result, in gang rapes each offender in turn becomes more aggressive than his predecessor and forces more degrading acts onto his victim in order to prove his toughness and masculinity to his cohorts (Groth, 1979), which eventually leads to more violence toward the victim.

At this point, little is known if and how these typologies/motives are relevant for male same sex rape. Some data from military and prison rape studies suggest that at least in structured male dominated environments, power may be a prominent motive. Determining the underlying motive outside of these structured environments may be difficult given that male victims may be better able to defend themselves against being raped, thus requiring the rapist to use excessive force whereupon the victim may sustain more injuries than perhaps a female victim would. This pattern may then lead to mislabeling a 'power rapist' as an 'anger rapist'. Similar to male-on-female rapes, determining the underlying motivation for male-on-male rape is an important

factor to consider when designing treatment interventions for rapists. Targeting specific factors such as whether the perpetrator views rape as a means to confirm masculinity, believes in rape myths, or experiences internalized homophobia may help to reduce recidivism.

Effects

Clinical studies of the short and long-term effects of sexual assault on women have found that although most victims experience some symptom reduction by 3 months post-assault, many effects may continue at significant levels for many years after the assault. These effects include anxiety, fear, depression, posttraumatic stress, decreased self-esteem, social difficulties, and sexual dysfunction (Hanson, Kilpatrick, Falsetti, & Resick, 1995; Resick, 1993). Clinical studies that include both men and women suggest that immediately following a sexual assault male victims present with more denial and emotional control (Kaufman, Divasto, Jackson, Voorhees, & Christy, 1980) and higher levels of hostility and depression (Frazier, 1993). Elliott and colleagues (2004) found that men who had experienced adult sexual assault were five times more likely to report a history of childhood sexual abuse than men with no adult sexual assault history. Sexually revictimized males reported more severe psychiatric consequences, than men who had a history of child abuse only or adult sexual assault only. Ratner, Johnson, Shovelier et al. (2003) found that sexually revictimized men were 3.3 times more likely to have attempted suicide than nonvictims were.

A study in the United Kingdom by Walker, Archer, and Davies (2005) extended current research by investigating the effects of rape on a non-clinical sample of men recruited from the general population by media advertising. A total of 40 male (21 gay, 4 Bisexual, 13 heterosexual, 2 asexual, mean age 34) rape victims (10 stranger, 8 brief acquaintance, 6 current or ex partners) were asked to provide details of their assaults, levels of psychological disturbance, long-term

effects, and reporting issues. Results revealed that most assaults (70%) had been carried out using physical or violent force, in a variety of different circumstances. Regarding the perpetrators, 92.5 % of whom were white, 42.5% were perceived to be gay, 12.5% perceived as bisexual, 22.5% as heterosexual, and 22.5% did not know their perpetrators sexual orientation. All of the victims reported some form of psychological disturbance as a result of being raped. Long-term effects included anxiety, depression, increased feelings of anger and vulnerability, loss of self-image, emotional distancing, self-blame, and self-harming behaviors.

Sexual assault may also result in the victim contracting a sexually transmitted disease. For victims of sexual assault, especially those in the community, determining their level of risk for contracting a sexually transmitted disease, such as HIV may be impossible. Looking at the relationship between being sexually assaulted and being at risk for contracting HIV may best be viewed through prison studies. As mentioned previously, in 2008, there were 165,400 instances of sexual abuse in state and federal prisons. Thus, it appears that in addition to suffering from physical and/or psychological effects stemming from sexual assault, inmates may also be at high risk for contracting HIV.

Overall, the data suggest that rape is gendered with perpetrators being male and victims being either male or female. In addition, existing research suggests that male victimization is likely to be elevated in vulnerable or high-risk populations such as minority, substance using, and men who are not “out.” Further, because of the paucity of studies, the motive behind male rape or sexual assault is ill-understood and it is unclear at this point, if the motivations in male rape are similar to those posited to exist in female rape. Thus, studies examining these issues will increase our understanding of male rape and aid in designing specific treatment plans for victims and perpetrators and assess the risk of future recidivism.

Hypotheses

This study sought to examine understudied issues concerning male rape and sexual assault in an ethnically diverse sample of drug abusing males who have sex with males. The hypotheses are listed as follows:

1. The prevalence of male rape/sexual assault in this high-risk group was hypothesized to be greater than that estimated in the general population. Specifically, it was hypothesized that prevalence rates would be higher than the one in thirty-three rate found by NIJ (2000).
2. Stranger rapes would occur more often than acquaintance rapes and both would occur more often than intimate partner rapes.
3. More than half (>50%) of the victims would be using substances at the time of the assault.
4. Given the diversity of New York City, it was hypothesized that there would be more Black and Hispanic rape victims than White rape victims.
5. Rates of reporting to the police were hypothesized to range from non-existent to less than 10% of rape victims in this sample.
6. With respect to perpetrator motives, it is unclear whether rapes were more likely to fit Groth's anger or power motives due to a paucity of research. Accordingly, it was hoped to use multiple rape scene descriptors to be able to explore the extent to which rapes fit into either Groth's *anger* motive group or Groth's *power* motive group.

Methods

Participants

The study recruited participants from a harm-reduction clinic in New York City. Participants were interviewed by trained M.A. psychology candidates, and received a metro card for participating. The sample, was comprised of 148 men with a mean age of 39 years, ($M = 39.43$; $SD = 10.17$.) Participants were ethnically diverse (African American = 48%; Latino = 21.3%; Biracial = 21.3%; White = 9.3 %.) The majority were unemployed at the time of the study (68 %.) About a third of the men (28 %) reported being HIV positive. Over half (56.5%) reported using drugs daily or weekly, 13% used occasionally and 20% reported that they were recovering.

Measures

Participants were queried on a variety of measures that included violent events, current mood, and peer networks. Life threatening violence was measured in two ways. First, participants were directly asked the following question: “During a violent fight with a male partner, did you ever think you might get killed?” If participants answered *yes*, they were further probed on the incident. In addition, current risk of life threatening violence was assessed with the *Danger Assessment Inventory* (DAI; Campbell, Sharps & Glass, 2001). The items on violence during pregnancy were omitted, as it was irrelevant for our sample. Sixty of the 148 participants reported a relationship with a male partner in the past 12 months and completed the DAI. Participants responded with a *yes* or *no* to 14 original questions. Using criteria established by Campbell et al. (2001), participants who endorsed 3 or less items on the DAI were categorized as facing minimal to low danger, whereas participants who endorsed 4 or more items were

categorized as facing moderate to high risk for IPH. This strategy resulted in a relatively equal split with 55% in the low risk group and 45% in the high-risk group.

The *Relationship Behavior Rating Scale-Revised* (RBRS-R; Attala, Hudson & McSweeney, 1994; Beck, Menke, O'Hara Brewster & Figueredo, 2009) measured lifetime history of partner violence from male partners. The RBRS-R is comprised of 46 items, rated on a 7-point Likert scale, that cover multiple conceptual domains. In this study, a three point scale was used (0 = none, 1 = one or more times, 2 = two or more times). However, in this version the psychological abuse items were omitted resulting in 31 of the original items. In addition, four stalking items were extracted from an existing stalking measure, and finally one item tapping fear (frightened me) used in a previous study (Raghavan & Beck, 2009) was included. The total number of items was 36.

Details of sexual assault were measured using the *Male Rape Questionnaire* (Walker, J., Archer, J., & Davies, M. 2005). The Male Rape Questionnaire (MRQ) consists of 11 questions (52 items) asking details about the assault such as who was the perpetrator, was violence used, and was the victim using substances at the time of the assault. Other items assess behaviors after the assault, and if and to whom the victim reported the assault. The second part of the MRQ has 23 questions about the victim's social support system. Walker et al. (2005) developed the MRQ based on the results of their mail-in survey conducted on 40 men who had been anally raped and were not in a clinical setting. The survey consisted of five questionnaires, one specifically asking about experiences of male rape, the others being standardized questionnaires relating to wellbeing and self esteem.

Analyses

Due to the small sample size in this exploratory study, a large part of the analyses consisted of an in-depth examination of the sexually assaulted males and examining if and to what extent they differed from their non-assaulted peers. Frequencies, t-tests and Chi-square analyses were used to test hypotheses one through four. Hypothesis 5 was analyzed using Logistic Regression. Because the dependent variable (e.g. rape or reporting) was not continuous the goal of logistic regression was a bit different, because we were predicting the likelihood that Y was equal to 1 (rather than 0) given certain values of X . That is, if X and Y have a positive linear relationship, the probability that a person will have a score of $Y = 1$ will increase as values of X increase. Thus, we looked at predicting probabilities rather than the scores of dependent variable.

To analyze rape motives, an in-depth examination of the assaultive behaviors was conducted, to determine if any patterns emerged.

Results

This section will begin with a description of the sexually assaulted males with respect to their demographics, drug use, sexual identity, relationship status, and any violence experienced in their relationship. The same will be done for the non-assaulted males. This will be followed by the victims' description of the sexual assault, including the circumstances surrounding the assault, relationship to the perpetrator, whether they were using drugs or alcohol at the time of the assault, and what happened after the assault. The results of the specific hypotheses will then be given.

Sample of Assaulted Men (see Table 1 for full descriptives): Thirty-six of the 148 men in the sample reported being forced to have unwanted sex. Thirty-one of these men were born in the U.S.; one in Bermuda, two in Panama, one in Scotland, and one man was born in Trinidad. The men whose ages ranged from 19 to 52 years-old, with a median age of 33, were 13.8% Latino-Hispanic, 47.2% Black/African-American, 8.3% White/Caucasian, and 30.6% Other. The eleven men in the Other category self-identified as American (1), Black/Hispanic/White/Creole (1), Black/Puerto-Rican/Vietnamese/Indian (1), Black/Indian (1), Indian/Black/Jamaican/Caucasian (1), Latino/Black (1), Latino/West Indian (1), Native American/African (1), Puerto-Rican (1), Romanian West Indian (1), and Russian Jew (1). Twenty-one (58%) were high school graduates, fourteen (39%) had completed college, and one achieved their GED. Twenty-four men reported that they were unemployed and four men reported that they were employed doing drug work. Sixteen men reported that they use drugs daily, eight reported weekly drug use, one reported that he used drugs once a month, and six men reported that they were in recovery and no longer used drugs. Eighteen men (51.4%) reported that they were HIV-negative, nine (25.7%) reported being HIV-positive, without AIDS, six (17.1%) reported they had HIV/AIDS, and two (5.7%) men did not know.

When asked about their current or most recent relationship, twenty-seven men (71%) reported that their most recent relationship was with a man, and nine reported that it was a woman. Twenty-three men (60.5%) reported that their partners demanded that they perform sex acts that they did not want to do; eight reported this happening one or two times, and fifteen reported that this occurred more than two times. Seventeen men (36.8%) reported that their partners forced them to have unwanted sex, and twelve men (31.57%) reported that their partner had threatened or used a weapon against them.

Sample of Non-Assaulted Men (see Table 1): The non-assaulted men were aged between 19 and 65, with a median age of 43. They were 25% Latino/Hispanic, 49% Black/African-American, 9.8% White/Caucasian, and 17.6% Other. Sixty-seven reported that they were unemployed, nine listed drug work, and twenty-six listed sex work as sources of income. Thirty-six men reported that they use drugs daily, fifteen reported weekly use, three reported using less than once a week, three reported using on weekends only, eleven reported using once a month and twenty-one reported that they are in recovery and no longer use drugs. Seventy-five men reported that they were HIV-negative; eighteen reported that they were HIV-positive, without AIDS, five reported having HIV/AIDS, and two did not know.

Sixty-nine (68%) reported that they had sex with women in the previous twelve months; twenty-one with wives, twenty-one with girlfriends, twenty-six with female friends, twenty-four with acquaintances, and eight with strangers. Sixty-nine (68%) reported that they had sex with men in the previous twelve months. Twenty-four men reported that they were currently in a relationship. When asked about their current or most recent relationship, forty-five men (44%) reported that their most recent relationship was with a man, and forty-one (40.2%) reported that it was with a woman. Twenty men (19.6%) reported that their partner demanded that they perform sex acts that they did not want to do; twelve (11.7%) reported that this occurred one or two times and eight reported that this occurred more than two times. Eight men reported that their partner physically forced them to have sex, and thirty-one (30.3%) reported that their partner had threatened or used a weapon against them. Eighteen men (17.6%) reported that their partner had threatened or tried to commit suicide, and nineteen (18.6%) reported that they had threatened or tried to commit suicide.

Table 1: *Descriptive Statistics for Sample of Non -Assaulted and Assaulted Men*

	Non-Assaulted		Assaulted	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age:	41.36	9.66	34.18	9.76
	<i>f</i>	%	<i>f</i>	%
Race:	<i>(n = 103)</i>		<i>(n = 36)</i>	
Black/African-American	50	48.5%	18	47.4%
Latino-Hispanic	25	24.3%	5	13.2%
White/Caucasian	10	9.7%	3	7.9%
Other	18	17.5%	12	31.6%
Sexual orientation:	<i>(n = 102)</i>		<i>(n = 36)</i>	
Straight/heterosexual	14	13.6%	9	25%
Gay/homosexual	15	14.6%	8	22.2%
Bisexual	28	27.2%	6	16.7%
Down-low	10	9.7%	1	2.7%
Same-gender-loving	4	3.9%	2	5.5%
MSM	3	2.9%	1	2.7%
Don't use labels	19	18.4%	5	13.8%
Other	8	7.8%	4	10.5%
Highest education level:	<i>(n = 102)</i>		<i>(n = 36)</i>	
Primary school	2	1.9%	0	0.0%
GED	11	10.7%	1	2.7%
High-school	56	54.5%	21	58.3%
College	33	32.0%	14	39%
Source of income:	<i>(n = 103)</i>		<i>(n = 36)</i>	
Employment	36	35%	0	0.0%
Wife/girlfriend	28	27.2%	4	11.1%
Husband/boyfriend	12	11.7%	13	36.1%
Family	41	39.8%	10	27.7%

Sex work	26	25.2%	13	36.1%
Drug work	9	8.7%	4	11.1%
Public assistance	61	59.2%	27	75%
<hr/>				
Living arrangements:	<i>(n = 103)</i>		<i>(n = 36)</i>	
With partner/spouse	21	20.4%	5	13.88%
With family	12	12.6%	2	5.55%
With roommate	7	6.8%	5	13.88%
Live alone	62	60.2%	24	65.8%
<hr/>				
Living space:	<i>(n = 103)</i>		<i>(n = 36)</i>	
Room/apartment	65	63.1%	23	63.8%
Shelter	21	20.4%	11	30.55%
On the street	17	16.5%	2	5.55%
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Drug use:	<i>(n = 103)</i>		<i>(n = 32)</i>	
Daily	36	40.4%	16	50.0%
Weekly	15	16.9%	8	25.0%
Less than once a week	3	3.4%	1	3.0%
Weekends only	3	3.4%	0	0.0%
Once a month	11	12.4%	1	3.0%
Recovery/no longer using	21	23.6%	6	18.8%
<hr/>				
Drug of choice:	<i>(n = 49)</i>		<i>(n = 27)</i>	
Marijuana	18	36.7%	11	40.7%
Crack-cocaine	3	6.1%	5	18.5%
Cocaine	10	20.4%	3	11.1%
Heroin	0	0.0%	3	11.1%
Methadone	1	2.0%	0	0.0%
Alcohol	16	32.7%	3	11.1%
MDMA/ecstasy	0	0.0%	1	3.7%
PCP	1	2.0%	0	0.0%

GHB	0	0.0%	1	3.7%
HIV status:	<i>(n = 100)</i>		<i>(n = 35)</i>	
HIV-negative	75	75.0%	18	51.4%
HIV-positive, without AIDS	18	18.0%	9	25.7%
AIDS	5	5.0%	6	17.1%
Unknown	2	2.0%	2	5.7%
Ever threatened or attempted suicide:	19	18.6%	17	45%
Sexual partners (previous 12 months):				
Women	<i>(n = 69)</i>		<i>(n = 12)</i>	
Wife	21	30.4%	2	16.7%
Girlfriend	21	30.4%	2	16.7%
Female friend	26	37.7%	3	25.0%
Female acquaintance	24	34.8%	3	25.0%
Female stranger	8	11.6%	6	50.0%
Men	<i>(n = 69)</i>		<i>(n = 34)</i>	
Husband	1	1.4%	1	2.9%
Boyfriend	17	24.6%	8	23.5%
Male friend	34	49.3%	13	38.2%
Male acquaintance	21	30.4%	6	17.6%
Male stranger	21	30.4%	14	41.2%
Currently in a relationship:	24	23.3%	14	36.8%
Current or most recent relationship:				
With a man	45	52.3%	27	75.0%
With a woman	41	48.7%	9	25.0%
Exclusive	51	60.0%	17	45.0%
Non-exclusive	34	40.0%	18	55.0%
Partner uses drugs:	39	44.8%	18	47.4%
Partner has threatened/attempted suicide:	18	17.6%	12	31.6%
Partner has demanded sex acts:	20	19.6%	23	60.5%
Frequency:				

1-2 times	12	60.0%	8	34.8%
+ 2 times	8	40.0%	15	65.2%
Partner forced participant to have sex:	8	7.8%	17	36.8%
Partner threatened/used a weapon:	31	30.3%	12	31.6%

Incidents of Sexual Assault: Of the thirty-six men who reported ever having being sexually assaulted, a number of the men (n = 9) did not want to discuss the incident. Two men reported that the incidents occurred during their late teenage years; one was sexually assaulted by his mother’s male friend, and one was sexually assaulted by his stepfather. Three men said they were forced to have sex by female perpetrators, one man reported being raped by four males while in prison, and one man was “jumped by five males on the street.” Six men reported that they were forced to engage in unwanted acts while performing sex work with males and six men reported that the assault occurred while with other men, under differing circumstances. For example, “went to hotel with two guys, violently gang raped,” “met guy on the internet, got in his car, he forced me to have sex,” and “began as consensual with stranger. Then he forced me to have sex.”

When asked to describe their relationship to the perpetrator (see Table 4), four men identified the perpetrators as boyfriend/ex-boyfriend, two men reported the perpetrator was a male family member, and three reported that it was a person they trusted. Twelve reported that it was a sex partner/client; five reported it was an acquaintance, and seven reported that the perpetrator was a stranger. Fourteen reported that they were doing drugs and or using alcohol at

the time of the assault; four using alcohol, three using marijuana, one using heroin, one using alcohol and marijuana, and one using alcohol, cocaine, and heroin.

Five men (13%) reported that they were penetrated with an object during the assault, 24% reported being restrained during the assault, and 53% reported that they were hit, slapped or punched, during the assault. Twenty-one (55%) of men reported that they were verbally threatened during the assault, 37% were threatened with a weapon, 18% reported that a weapon was used, and 55% reported that violent force was used during the assault. Twenty men (53%) reported that only one person was present during the assault, 21% reported that two men were present, one man reported that three men were present, and four (10.5%) reported that there were four or more men present during the assault.

When asked what they did immediately after the assault (see Table 2), eleven (28.9%) went to the doctor, fifteen (39.47%) went home, eighteen (47.4%) talked to a friend, twenty-one (55.3%) took a shower, fourteen (36.8%) drank alcohol, sixteen (42%) did drugs, and four (10.5%) did sex work. Four (10.5%) reported that they called a support hotline, eight (21%) called the police, three (7.89%) went to a support group, and seven (18.4%) reported that they did something else, such as watched TV, cried, got tested, slept, or blocked it out.

When asked if they had ever talked to anyone about the experience, twenty-six (68.4%) reported they had. Two spoke to their mothers, three to their sisters, two spoke to counselors, one spoke to a support-group member, one spoke to a female friend, and ten (26%) spoke to male friends; three of whom were heterosexual, one bi-sexual, and six were gay/MSM. When asked how the people responded when told about the incident, the men reported that of the people they told, six reportedly said that men cannot be raped; eight said that the victim provoked the assault,

twenty-three asked if the victim had tried to stop the assault, five said the victim was lying, and five changed the subject of conversation. Twenty-one men (55.3%) reported that the person believed them; seventeen said the person wanted to beat-up the perpetrator, and seventeen said that the person wanted them to tell someone such as a doctor or counselor.

When asked to describe their current feelings, 40% of the sexually assaulted males reported that they feel like they are a bad person, compared to 34% of the non-assaulted males. In the sexually assaulted males' sample, 34% reported they are furious, 55% reported being irritated, 47% reported being angry, and 58% reported feeling remorse and regret. In the non-assaulted males' sample, 35% reported being furious, 53% reported feeling irritated, 38% felt angry and 60% reported feeling remorse and regret.

Table 2: Reactions to Sexual Assault

	<i>f</i>	%
Actions following the assault:		
Went to the doctor	11	28.9%
Went home	15	39.5%
Talked to a friend	18	47.4%
Took a shower	21	55.3%
Drank alcohol	14	36.8%
Did drugs	16	42.1%
Did sex work	4	10.5%
Called support hotline	4	10.5%
Called the police	8	21.1%
Went to a support group	3	7.9%
Other (watched TV, cried, slept)	7	18.4%
Spoke to someone about the assault:	26	68.4%

Mother	2	7.7%
Sister/s	3	11.5%
Counselor	2	7.7%
Support-group member	1	3.8%
Female friend	1	3.8%
Male friend	10	38.5%

Reactions received:

Told “men cannot be raped”	6	23.1%
Told they provoked the assault	8	30.8%
Asked if they had resisted	23	88.5%
Told they were lying	5	19.2%
Changed the topic of conversation	5	19.2%
Person believed them	21	80.8%
Person wanted to beat up perp.	17	65.4%
Wanted them to tell someone	17	65.4%

Current feelings:

Feel like a bad person	15	39.5%
Furious	13	34.2%
Irritated	22	57.9%
Angry	18	47.4%
Remorse/regret	22	57.9%

Results of Hypotheses:

H1. The prevalence of rape/sexual assault in this high-risk group was hypothesized to be greater than that estimated in the general population. Specifically, it was hypothesized that prevalence rates would be higher than the one in thirty-three rate found by the NIJ (2000). Thirty-six (24.3%) participants reported being the victim of a sexual assault. Forced anal (75.8%) and oral (78.8%) penetration were the most commonly reported acts (see Table 3.)

Table 3

Type of Assault	<i>f</i>	<i>Percentage</i>
Anal penetration	25	75.8%
Oral penetration	26	78.8%
Forced to masturbate	13	39.4%
Penetration by objects	5	15.2%
Forced sadomasochism	2	6.1%
Forced to penetrate assailant	10	30.3%
Forced to masturbate assailant	10	30.3%
Forced to have sex while someone watched	12	36.4%

H2. Stranger rapes will occur more often than acquaintance rapes and both will occur more often than intimate partner rapes (Table 4.)

Rape by a sexual partner / client was the most commonly reported (36.4%, $n = 12$), followed by rape by a stranger (21.2%, $n = 7$)*

Stranger rape (21.2%, $n = 7$) occurred more often than acquaintance rape (15.2%, $n = 5$), and both occurred more often than intimate partner rape (12.1%, $n = 4$).

Table 4

Participants' (n = 36) Relationship to Assailant

Type of Assault	<i>f</i>	<i>Percentage</i>
Boyfriend/ex-boyfriend	4	12.1%
Male family member	2	6.1%
Person you trusted	3	9.1%
Sexual partner/client	12	36.4%
Acquaintance	5	15.2%
Stranger	7	21.2%

H3. More than half (>50%) of the victims would be using substances at the time of the assault.

There was no statistical difference between those who were drinking or doing drugs at the time of the assault ($n = 14$) and those who were not ($n = 18$), $\chi^2(1, N = 32) = 0.50, p = .48$. Fourteen men (36.8%) reported that they were doing drugs and or using alcohol at the time of the assault; four using alcohol, three using marijuana, one using heroin, one using alcohol and marijuana, and one using alcohol, cocaine, and heroin.

H4. Given the diversity of New York City, it was hypothesized that there would be more Black and Hispanic rape victims than White rape victims.

Participants who reported their race as “other” were most likely to have been the victim of sexual assault (40.0%), followed by Black/African-American participants (26.5%) and White/Caucasian participants (23.1%). Latino/Hispanic participants were least likely to report having been a victim of sexual assault (16.7%). These differences were not significantly different, likely due to low statistical power caused by a small sample size, $\chi^2 (6, N = 142) = 5.41, p = .49$

H5. Rates of reporting to the police were hypothesized to range from non-existent to less than 10% of rape victims in this sample (see Table 5)

Thirty-four percent ($n = 11$) of participants who were sexually assaulted reported the assault to the police. Sixty-six percent ($n = 21$) did not. This difference approached statistical significance, $\chi^2 (1, N = 32) = 3.13, p = .08$.

Table 5

	Drinking or Using Drugs at Time of Assault			
	Yes		No	
	Report to the Police		Report to the Police	
	Yes	No	Yes	No
Boyfriend / Ex	0	3	0	1
Male family member	2	0	2	0
Person you trusted	1	1	0	1
Sexual partner / client	1	5	1	4
Acquaintance	0	1	3	1
Stranger	1	1	2	2
Totals	5	11	8	9

White/Caucasian victims were most likely to report the assault to the police (66.7%, $n = 2$), followed by Black/African-American victims (42.9%, $n = 6$) and Latino/Hispanic participants (20%, $n = 1$.) Participants who identified as “other” (20%, $n = 2$) were the least likely to report the assault to the police. A chi-square analysis did not reveal a significant difference between participants’ race and whether or not they reported the assault to the police, $\chi^2(3, N = 32) = 3.21$, $p = .36$. This lack of statistical significance can likely be attributed to low statistical power caused by a small sample size.

Regression Analysis to identify predictors of reporting assault to the police:

Linear Regression and Binary Logistic Regression was used to determine which characteristics of the victim and of the assault were predictors of whether the assault was reported to the police. Although, the findings were not statistically significant, likely due to a lack of statistical power (small sample size), the regression weight (beta) suggests a moderate predictive relationship (see Table 6.)

Overall, older participants were less likely to report the assault to the police ($\beta = -.310, p = .174^*$). Number of years of education completed was not significantly related to reporting assaults. Participants who do drug work as a source of income were 100% less likely to report the assault than participants who do not. In addition, participants who do sex work as a source of income were 78.5% less likely to report the assault than participants who do not. Finally, participants who receive public assistance as a source of income were 78.8% less likely to report the assault than those who do not.

Table 6

Summary of Logistic Regression Analysis for Participant Variables Predicting Reporting of Assault

Predictor	<i>B</i>	<i>SE B</i>	<i>e^B</i>
Age	-0.07	0.07	.943
Years of education	0.08	0.14	1.084
Employment source of income	-1.81	1.73	.165
Drug work source of income	-20.39	1,953.00	0.00
Sex work source of income	-1.54	1.28	.215
Public assistance source of income	-1.55	1.51	.212
Constant	3.42		
χ^2 (<i>df</i>)	9.26 (6)		
-2 Log Likelihood	19.63		
Nagelkerke R^2	.469		

* $p < .05$ Note: e^B = exponentiated *B*. Age and years of education are continuous variables. Items about income were measured dichotomously with 1 = "yes" and 0 = "no."

Characteristics of the assault were also examined. Participants who were insulted or degraded by their assailant were 27.3% less likely to report the assault. Likewise, participants who were verbally threatened were 83% less likely to report the assault. Being manipulated or blackmailed in some way was not related to reporting the assault. However, participants who were hit, slapped or punched were 1.64 times more likely to report the assault, and participants who were threatened with a weapon were 19.6 times more likely to report the assault.

Discussion

This study examined rates and correlates of sexual assault in a sample of drug abusing males who have sex with men (MSM) in a New York City harm-reduction clinic. The first hypothesis, posited that the prevalence of sexual assault in the sample would be greater than that estimated in the general population. Specifically, it was hypothesized that prevalence rates would be higher than the one in thirty-three rate found by the National Institute of Justice (2000). The hypothesis was supported as 24.32% ($n = 36$), approximately 1 in 5, men in the sample reported ever having been forced to have sex. While, this high prevalence rate appears to support the studies by Hickson et al. (1994) and Hillman et al. (1990), whose findings suggested that gay men or men perceived to be gay are at higher risk for sexual assault, a closer look at our sample suggests the relationship between MSM and being sexually assaulted is unclear. First, not all the men assaulted label themselves as MSM; nine identified themselves as straight/heterosexual, eight as bisexual, eight as gay, two as same-gender-loving, one as down-low, four as other, five did not use labels, and only one identified themselves as MSM. As almost half (44.7%) of the assaulted males also have sex with women, it is difficult to determine the strength of the relationship between being gay and increased risk for sexual assault.

Second, the study asked if the men had ever been forced to have sex against their will and then asked the men to describe the incident. Thus, the assaults could have occurred anytime during their lifetime, and may not necessarily be related to their substance abusing or MSM status. For the majority of assaulted males, the assaults occurred during their late teens or adult years. However, a number of the men ($n = 9$) did not want to discuss the incident, so it is unknown what age they were when the assault occurred, who the perpetrator was, what force was used, and if they were using substances at the time of the offense. Three men said they were

forced to have sex by female perpetrators, one man was raped by four males while in prison, and one man was “jumped by 5 males on the street.” Six men reported that they were forced to engage in unwanted acts while performing sex work with males and six men reported that the assault occurred while with other men, under differing circumstances. For example, “went to hotel with two guys, violently gang raped,” “met guy on the internet, got in his car, he forced me to have sex,” and “began as consensual with stranger. Then he forced me to have sex.” The lack of homogeneity amongst reported incidents as well as the refusal by a third of the assaulted men to discuss the incidents makes it impossible to accurately assess if substance abusing MSM are at increased risk of being sexually assaulted.

While the prevalence rates of assault in this sample was found to be greater than that estimated in the general population, it is important to note that prevalence rates in the general population may be under estimated, as they rely on extrapolating from small sample sizes, obtained via phone calls to approximately 40, 000 households. The National Crime Victimization Survey (NCVS) advises to interpret the findings with caution, as the estimate is based either on 10 or fewer sample cases, or the coefficient of variation is greater than 50%. In addition, respondents are asked about incidents that occurred after age 12, so childhood incidents are excluded, and their sexual orientation and substance use is not assessed so it is unknown to what extent our sample truly differs from the general population. Further evidence that the NCVS may under-estimate the prevalence of sexual assault is suggested in how it obtains its data, by calling households. Eleven (28.9%) of the males in our sample reported living in a shelter, two (5.26%) men reported living on the street, and the remaining 25 (65.7%) reported living in a room or an apartment, so over one third of the men in our sample would not have been reachable and therefore would not be included in the NCVS.

The second hypothesis that stranger rapes would occur more often than acquaintance rapes and both will occur more often than intimate partner rapes, was not supported. Sexual partner/client rapes accounted for 36.4% (n = 12) of rapes, whereas stranger rapes accounted for 21.2% (n = 7). These findings are similar to those found by the NCVS (2007) which found that in the 11,300 cases where males were victims of rape or sexual assault, a friend or acquaintance perpetrated 58% (6,600) of the cases, and a stranger was the perpetrator in the remaining 42% (4,690) of cases. However, Pino and Meier (1999), who utilized a subsample of 81 male victims of rape or attempted rape from NCVS data from 1979 to 1987, found that most men (73.4%) were raped by a stranger (54 %.) Although both are NCVS data, differences in sample sizes, and methodological differences, make it difficult to compare the studies. The NCVS categorizes non-strangers as intimates, other relatives, or friends/acquaintances, and other relationships as stranger or unknown. Fourteen percent (14%) of respondents in the 2010 NCVS survey categorized the relationship with the perpetrator as unknown. It is unclear if this was due to lack of options or being unable to categorize the relationship. In this study, the descriptors stranger and acquaintance were not clearly defined, so it is unknown if how the respondent categorized his relationship with the offender, is how the general population would define the terms. For example, the male victim who met the perpetrator on the internet and agreed to meet him, categorized the perpetrator as a stranger, while the victim who went to a hotel with two males and was gang raped, categorized his perpetrators as acquaintances. It is unknown if and for how long he was acquainted with the perpetrators, before he went to the hotel with them. The inclusion of "sexual partner" and "client" in the same category is also problematic, as it is unknown if the clients of the men in this sample were also strangers, or if sex partners were considered acquaintances. The relationship between the victim and the perpetrator appears to

warrant further investigation as research, mainly with female victims, has found that women are less likely to report a rape if the rapist is an acquaintance or friend (Amir, 1971; Gartner & McMillan, 1995).

The third hypothesis that more (>50%) of the assaulted victims would be using substances at the time of the offense was not supported: 43.8% reported that they were drinking or doing drugs at the time of the assault, whereas 56.3% reported that they were not. Given that nine of the men refused to discuss the incidents, it is not clear if these findings are significant or not.

Given the diversity of New York City, the fourth hypothesis was that there would be more Black and Hispanic rape victims than White rape victims. This was supported, as there were 13% Latino-Hispanic, and 47% Black/African-American, a total of 60% of the sample who were victims of sexual assault compared to 8% White/Caucasian victims. However, it is possible that the greater number of ethnic minorities reporting being victimized was a result of the ethnic community, or catchment area, of the harm-reduction clinic, rather than race being a predictor of victimization. Larger studies with an ethnically diverse sample is necessary to further examine the relationship between race and risk for victimization.

The fifth hypothesis concerned rates of reporting. Rates of reporting to the police were hypothesized to range from non-existent to less than 10% of rape victims in this sample. Thirty-four percent of participants who were sexually assaulted reported the assault to the police. Sixty-six percent did not. This difference approached statistical significance. Due to the small sample size, it was not possible to analyze if the victim's relationship to the perpetrator, whether they

had disclosed their sexual orientation, or whether they were using substances at the time of the assault influenced whether a victim was likely to report being assaulted.

However, Logistic Regression Analysis for participant variables predicting reporting of assault did provide some interesting patterns that need to be further examined in future studies. Participants who were hit, slapped or punched were 1.64 times more likely to report the assault, and participants who were threatened with a weapon were 19.6 times more likely to report the assault. This pattern of reporting is similar to that seen with female victims, who in order to report rape need to see themselves as victims, which they are more likely to do if they were subjected to high levels of violence and bodily injuries (Amir, 1971.) Future studies should also examine if the violence is escalating, as participants who were insulted or degraded by their assailant were 27.3% less likely to report the assault. Likewise, participants who were verbally threatened were 83% less likely to report the assault, and being manipulated or blackmailed in some way was not related to reporting the assault. Taken together, it appears that victims were unlikely to report the assault, and those that did report, only did so if they had been physically injured or threatened with a weapon.

Due to such a small sample of sexually assaulted men, determining if the motives for rape differed from those seen in female rape was not possible. However, over 50% of the men assaulted reported that they were hit, slapped or punched and more than half of the men reported that violent force was used during the assault. This could be suggestive of anger as a motive, wherein the perpetrator inflicts more injuries and uses more force than necessary to complete the assault. More research is needed in this area, as it is possible that because the victims are male, and may be physically stronger than female victims, more force might be necessary to carry out the assault.

One of the strengths of this study is that we were able to compare and contrast sexually assaulted males to non- assaulted males, which produced many interesting findings. The prevalence of alcohol and drug use in the sample and HIV status appears to bolster findings from previous studies that found that substance use among MSM might increase the risk of contracting HIV. Sixty-six percent of the assaulted males and 50% of the non-assaulted males reported daily or weekly drug use, and sixteen (42%) of the sexually assaulted men reported that they were HIV positive, compared to 23% of non-assaulted men.

Approximately 37 % of the sexually assaulted males reported that they were currently in a relationship, compared to 23.5% of the non-assaulted males. In the sexually assaulted males group, 32% had sex with women and 89% had sex with men in the previous 12 months. In the non-assaulted males group, 68% had sex with women and 68% had sex with men in the previous 12 months. Forty-two percent of non-assaulted males compared to 21% of sexually assaulted males said they like having sex with women, and 53% of sexually assaulted males compared to 23% of non-assaulted males reported that they like having sex with men. When asked about their recent sexual encounters, in the sexually assaulted males group, 37% said they had sex with a stranger, 42% had sex with an acquaintance, and 34% had sex with a male friend. In the non-assaulted males group, these numbers were 20.6%, 21%, and 33% respectively. Taken together, it appears that sexually assaulted males are less likely to have had sex with women in the previous 12 months, and are more likely to have had sex with an acquaintance or stranger.

When asked more about their current relationships, 60% of the sexually assaulted males compared to 38.6% of the non-assaulted males reported that their partners were violently and constantly jealous, and 60.5 % of sexually assaulted males compared to 20% of the non-assaulted

males reported that their partners demanded that they perform sex acts that they did not want to do. In the sexually assaulted males group, 44.7% of the men compared to 8% of the non-assaulted males reported that their partners physically forced them to have sex. In the sexually assaulted males group, 31.6% of the men reported that their partner had threatened or used a weapon against them. An almost identical percentage (31%) was seen in the no-assaulted males group. These findings suggest that sexually assaulted males are more likely to be in violent romantic relationships.

Another important finding that warrants further investigation was the high prevalence of suicide attempts reported. Nearly half (48.6%) of the sexually assaulted males, compared to 21% of the non-assaulted males reported that they had either threatened or tried to commit suicide. In addition, 34.3% of the sexually assaulted males, compared to 21.2% of the non-assaulted males reported that their romantic partners had threatened or tried to commit suicide. As this study did not ask when these attempts occurred or what precipitated the attempts, it is unclear what the exact relationship is between being sexually assaulted and feeling suicidal. Future studies should also compare those who reported suicidal ideation to those who did not, which may provide valuable information with respect to protective factors.

Another strength of this study lies in the fact that it examines an ethnically diverse sample of substance abusing men who have sex with men. The fact that this study is so specific can also be viewed as a limitation. However, findings suggest that the prevalence rate of sexual assault is high in this group, and warrants further investigation. As mentioned previously, prevalence rates are difficult to determine for many reasons. Sexual assault and rape is defined differently across states. It is hoped that the new definition put forth this year by the FBI, which

allows legal protection for assaulted males, will make reporting incidents of assault easier for men. It is also hoped that states that still consider rape a crime that primarily occurs against females will follow the FBI's example and amend their definitions, to include male victims. This could result in more assaults being reported which would provide more accurate prevalence rates. However, even if these changes make it easier for men to report, they may behave similarly to female victims, and be unlikely to report, especially if the perpetrator is an acquaintance, intimate or former intimate partner, and if they did not sustain excessive physical injuries.

This exploratory study highlights the fact that trauma screening for substance using males is warranted. The participants in the study were already attending the harm-reduction clinic, when they were recruited for the study, and although the clinic also welcomes gay and transgender individuals, many of the participants in our study identified as heterosexual. Thus, screening based on sexual identity may miss some of the victimized males, particularly as men in the study appeared to openly talk about their substance use but their sexual preferences were less clear. A number of sexually assaulted and non-sexually assaulted males reported that they had sex with women and men in the previous twelve months, some men were married to females, some identified as bisexual, some as heterosexual, and some did not use labels, so the relationship between MSM and sexual assault is complex. However, compared to the non-assaulted males, twice as many men in the sexually assaulted sample reported that they prefer to have sex with men, and are less likely to have sex with women, suggesting that MSM may be at increased risk for sexual assault.

The study asked if participants had ever been sexually assaulted, so this asked about

assault across the lifespan. A number of men did not want to talk about the assault, so it is unclear at this point if substance use may have put men at increased risk for sexual assault or if the sexual assault resulted in men abusing substances. Future studies should build on the findings of this exploratory study, and utilize larger sample sizes to determine if and to what extent differences between sexually assaulted versus non-sexually assaulted substance abusing males, who have sex with men, exist and if they are significant.

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