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Preliminary Draft, Comments Welcome

**Sexual Victimization in College Men in Chile:
Prevalence, Contexts and Risk Factors**

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Abstract

Sexual victimization of men is a health and justice problem that has received little attention in countries around the world. This study examines prevalence, contexts and risk factors for such victimization in college men in Chile. We administered a closed-ended questionnaire to students enrolled in general education courses at a major public university in Santiago. This study utilizes the sample of men (N= 466). The most severe forms of victimization experienced since age 14 were forced sex through physical coercion, forced sex through verbal coercion or while intoxicated, attempted forced sex, and less severe incidents, for 0.2%, 10.1%, 1.4% and 8.7% of participants, respectively. Approximately 9.4% of participants reported childhood sexual abuse; such abuse was a significant predictor of subsequent sexual victimization (AOR 6.38, 95% CI 3.22- 12.65, $P<0.01$). Participants who reported sexual victimization since age 14 were significantly more likely than those who did not to also report physical dating violence victimization and forced condom non-use. The study findings indicate a need for further attention to these public health problems and have implications for the development of violence and HIV/STI prevention programs for youths in Chile and elsewhere.

INTRODUCTION

This study uses data from a 2005 survey of university students in Chile to examine sexual victimization (SV) of men in adolescence and young adulthood, with emphasis on examining childhood sexual abuse (CSA) as a predictor of subsequent revictimization. Sexual assault of young men is a health and justice problem that has received notably little attention, not only in Chile but globally. The limited available evidence suggests that substantial minorities of male youths are affected. In a multinational study of students enrolled in 38 universities, past-year experience of physical coercion to have sex was reported by 2.8% of the male students who had been in a heterosexual relationship in the past year; the corresponding figure for verbal coercion was 22.0% (Hines, 2007). In a sample drawn from twelve colleges and universities in the southern U.S., 22.2% of male respondents reported some form of SV over their lifetime, with 8.3% reporting serious SV (involving threats and / or force) (Tewksbury & Mustaine, 2001). In a survey of students at the University of Costa Rica, 12.8% of male students reported some form of SV before age 18 (Krugman et al., 1992). Finally, in a survey of students enrolled at a university in Italy, 10.5% of men reported at least one lifetime occurrence of SV (Romito & Grassi, 2007).

Analyses based on study populations outside the educational sector in various countries also report variable prevalence estimates (Cáceres, 2005; Choudhary et al., 2009; Olsson et al., 2000). In Chile's 2000 National Survey of Sexual Behavior, addressed to adults ages 18-69 years in urban areas, 1.9 % of male respondents responded affirmatively to the question "Have you ever been a victim of rape?" (Goldstein et al. 2000). Prevalence estimates vary across studies, partly due to differences in definitions

and forms of SV included in the survey, time frames considered, and socio-cultural environments; self-reports of SV are also known to be sensitive to the number and phrasing of items, and the context within which questions are placed in the survey (Abbey et al., 2005).

Research based on samples of women has found that SV disclosures in surveys are influenced by shame, failure to perceive the experience as coercive or to recall the experience in response to the survey question phrasing, and conscious decision not to report (Kendall-Tackett & Becker-Blease, 2004; Koss et al., 1994). Additional factors have been found to contribute to non-disclosure in men, including fear of being judged to be gay, and widespread views of masculinity which dictate that men should be physically and mentally strong, self-reliant, and sexually assertive (Davies, 2002; Donnelly & Kenyon, 1996; Sable et al., 2006).

A few studies with samples of men have examined contexts of SV. Among these, a study based on a nationally representative sample of U.S. adult men found that the most common assailants were acquaintances, friends, or partners, but strangers were involved in 19.5 - 39.4% of cases where the perpetrator was male, depending on the type of SV (Choudhary et al., 2009). A high level of concurrent substance use was found in a small sample of men who have sex with men (MSM) (Gavey et al. 2009). Same-sex perpetrators have been found to be involved in a substantial minority of unwanted sexual experiences (Cáceres, 2005; Choudhary et al., 2009; Romito & Grassi, 2007).

The existing literature on predictors of SV in adolescence and young adulthood is overwhelmingly based on samples of women. Numerous studies have identified CSA in girls as a strong predictor of SV later in life (Bachar & Koss, 2001; Maniglio, 2009).

Research on violence-related sequelae of CSA in boys has largely focused on associations with subsequent perpetration of violence against women (Loh & Gidycz, 2006), but recent studies have begun to examine links with revictimization.

The multinational study of SV in university students cited above found that men with a history of CSA had elevated adjusted odds of both physically- and verbally-coerced SV over the past year; for each additional type of CSA experienced (in an eight-item scale), the odds of these forms of SV were 1.48 and 1.28 times greater, respectively (Hines, 2007). A Canadian national study of adults, currently or previously in marital or cohabiting unions, found a positive association of CSA in boys with subsequent physical (AOR=1.88) and psychological (AOR=3.01) intimate partner victimization (Daigneault et al., 2009). Based on the National Violence Against Women Survey - a representative data set on adult men and women in the U.S. - another study found that for men who reported CSA, the AORs for physical victimization and SV in adulthood were 2.5 and 5.5, respectively (Desai et al., 2002).

Regarding other risk factors, measures of poor family functioning and cohesiveness have been linked with heightened risk of subsequent SV (Classen et al., 2005), and some studies suggest that witnessing domestic violence in childhood may increase vulnerability (Lehrer et al., 2007; Vézina & Hébert, 2007). Mixed findings have been reported regarding socioeconomic status of the family of origin (Hines, 2007; Lehrer et al., 2007). With regard to living arrangements, college students who reside away from their parents have less supervision and family support and may therefore be more vulnerable (Lehrer et al., 2007). Other research has found associations between measures of voluntary sexual activity (e.g., frequency of consensual sex, multiple

partners) and exposure to potential sexual aggressors (Bachar & Koss, 2001; Rickert & Wiemann, 1998). Urbanicity may also affect such exposure (Lehrer et al., 2007), but has received less attention to date.

The aim of the present study was to conduct a quantitative examination of prevalence, contexts, and risk factors for SV in a sample of male college students in Chile. In our analyses of variables associated with increased vulnerability, our focus was on experience of CSA, with controls for two other domains covered in the survey: (a) witnessing domestic violence in childhood, and (b) socioeconomic and demographic variables.

In ancillary analyses, we examined associations of SV since age 14 with two other forms of victimization in the same time period: physical dating violence victimization (PDV), and being forced to have sex without a condom in the context of a voluntary sexual encounter. To the best of our knowledge, these forms of co-victimization have not been studied with samples of adolescent boys and young adult men. Studies with adolescent girls and young adult women from the U.S. and other countries have documented high prevalence of co-occurrence of SV and PDV (not necessarily within the same relationship) (Lehrer et al., 2010; Smith et al., 2003; White, 2009); related analyses have found a high prevalence of co-occurrence of PDV and experience of forced condom non-use (Lehrer et al., 2010) as well as a positive association between history of PDV and fear of negotiating condom use (Wingood et al., 2001).

METHODS

Study Design

The 2005 Survey of Student Well-Being, a closed-ended, self-administered questionnaire, was compiled and validated by the lead author of this study. It includes items on SV before and since age 14, PDV, childhood witnessing of domestic violence, and other family background variables. Most items were based on scales validated in the U.S., adapted to the Chilean context. The survey was administered to students attending General Education courses at a large, public university in Santiago with a socio-economically diverse student body. The project was approved by the university's Ethics Committee for Research on Human Subjects.

Students were informed that participation was voluntary and that responses would be anonymous, and they signed a consent form. Total enrollment in the 24 General Education classes was 2,451, with some students (the number is unknown) registered for more than one class. On the day of survey administration, 1,193 students were present in the 24 classes, consistent with the typical attendance rate; 970 students returned completed surveys - a response rate of 81%. Students who had completed the survey in another class were instructed not to do so again, which accounts for some of the non-response. After eliminating 16 cases with missing data on respondent's sex and 4 cases with invalid data, the final sample included 484 women and 466 men. The present study utilizes the male sample.

Measures

SV since age 14. The questionnaire asked participants to respond “yes” or “no” to the items listed below regarding SV since age 14. “Sex” was defined in the survey instructions as referring to vaginal, oral or anal sex.

- (a) Someone tried to make me have sex by using threats, arguments or physical force, *but this did not happen.*
- (b) Someone forced me to have sex using physical force.
- (c) Someone forced me to have sex using threats or other verbal pressures.
- (d) Someone had sex with me after I had been drinking or using drugs, and I was not in a condition to be able to stop what was happening.
- (e) Aside from the types of sexual contact already mentioned, have you experienced any unwanted sexual experiences, such as forced kissing or grabbing?

Items (b) and (c) above were adapted from the Conflict Tactics Scale - 2 (Straus et al., 2003). Items (a) and (d) were included following the Sexual Experiences Survey (Koss et al., 2007); the wording was adapted for consistency with items (b) and (c).

An affirmative response to (b), the most severe form of SV, was coded as physically-forced sex. Affirmative responses to (c) and (d) were coded, respectively, as verbally-forced sex and forced sex while intoxicated; an affirmative response to (a) was coded as attempted forced sex through physical or verbal coercion (henceforth, "attempts"). For use in the multivariate analyses, we constructed a summary dependent variable indicating the most severe type of SV since age 14, if any, reported by the participant. The three mutually exclusive categories are: (i) forced sex or attempts; (ii) less severe forms of SV; and (iii) no SV. The Chilean legal definition of rape is described in the Discussion.

CSA. The main independent variable was operationalized as equal to 1 if the participant responded affirmatively to at least one of the following items: “Before age 14, did someone ever make you have sex against your will?” and “Before age 14, did you ever have any other form of unwanted sexual experience, such as forced kisses, grabbing, etc.?”

Other Explanatory Variables. We used three dummy variables to indicate frequency of childhood witnessing of violence between parents/guardians: “often,” “several times” and “rarely” (“never” is the reference category). A continuous variable measuring the respondent's age at the time of survey administration adjusts for length of exposure to SV risk. Parental education was coded as 1 if the highest educational level attained by the respondent's parents (or other adults who raised him) was twelve years of regular schooling or less, or incomplete advanced technical schooling or less; we refer to this category as “low parental education.” An urbanicity variable indicates that the respondent lived in Santiago or another large city at age 14, and a nonintact family of origin variable indicates that he did not live with both parents (biological or adoptive) at age 14. Other variables indicated whether the participant had primarily lived outside the parental home since beginning college studies, and whether he had ever had voluntary sex (vaginal or anal).

Contexts of Violence. The survey included items regarding contexts of the most severe SV incident experienced since age 14; these items addressed concurrent substance use, location, relationship between the respondent and perpetrator, whether the respondent

told anyone about the incident, and barriers to reporting to the police. In addition, the survey collected information on the identity of the perpetrator of the most severe CSA incident, and on the sex of perpetrators in all SV incidents before and since age 14.

Co-victimization. The first measure used in analyses of co-victimization is a variable for PDV, based on items adapted from a scale used by Foshee (1996). These questions were addressed to participants who indicated that they had ever gone out on a date or had a romantic relationship since age 14; the survey did not inquire about the sex of dating/romantic partners. The variable was coded as 1 if the participant reported that a date/ partner had ever: "scratched or slapped me," "pushed, grabbed, or shoved me," "slammed me or held me against the wall," "kicked or bit me," "hit me with a fist," "hit me with something hard," "hit me repeatedly," "tried to choke me," "burned me," and/or "assaulted me with a knife or gun."

The second measure, adapted from an item in a scale developed by Straus et al. (1996) equals 1 if the participant responded affirmatively to the question: "Since age 14, has it ever happened that your boyfriend/ girlfriend or dating partner made you have sex without a condom, when you wanted to use a condom?"

Statistical Analysis

We generated descriptive statistics for the explanatory variables. A frequency distribution was also generated for the perpetrator in the most severe CSA incident, along with descriptive statistics for the contexts of the most severe SV incident since age 14 reported per participant. Generalized ordered logit models were then estimated to examine factors associated with increased vulnerability to SV since age 14, using

GOLOGIT2 in STATA version 9.2 (Williams 2006). This procedure utilizes information regarding the order of the three categories (i.e., the greater severity of forced sex/ attempts as compared with the other measured forms of SV) and allows the proportional odds assumption to be relaxed for variables that fail to meet it.

We estimated the bivariate relationship between CSA and SV since age 14, and two multivariate models. The first model adjusts for witnessing domestic violence before age 14 and socioeconomic/ demographic factors: age, parental education, urbanicity, and nonintact family of origin. The second model adds variables regarding two choices made by the participant: whether he had lived away from his parents while attending college and whether he had ever had voluntary sex.

To shed additional light on the results, we re-estimated the second model twice with restricted samples based on the identity of the perpetrator of the most severe CSA incident. First, we excluded the 8 cases in which the perpetrator was a family member/ partner of a family member, suggesting a potential for extended abuse (before and since age 14). Second, we excluded the 7 cases in which the perpetrator was a boyfriend/ girlfriend or sexual partner.

Finally, cross-tabulation analyses were conducted to examine patterns of joint occurrence since age 14 of SV (forced sex/ attempts, other forms of unwanted sexual contact) with (a) PDV and (b) forced condom non-use.

Samples for Analyses. The base sample consisted of 416 men, obtained after deleting 50 cases with missing information on SV before and/or since age 14. The modal category was imputed for a small number of cases with missing data on the explanatory variables,

(range 1-20 depending on the variable, see Table 1). This sample was utilized for the analyses of prevalence and risk factors. Other analyses used subsamples, described below.

The descriptive statistics on the contexts of the most severe incident of SV since age 14 were based on the subset of 85 participants who reported any such incidents. Approximately four-fifths of these individuals responded to various questions regarding contexts; to minimize data loss, we proceeded with analysis of one context at a time (eliminating only cases with missing data for that item). The resulting sample sizes for the items regarding location, substance use, identity of perpetrator, and disclosure were 67, 69, 67, and 70, respectively. The sub-sample for the item on sex of perpetrators in all incidents of SV, before or since age 14, consists of the 108 participants who reported any such incidents; in this case, 72.2% of participants (n=78) responded.

The cross-tabulation regarding PDV was based on 384 cases obtained after eliminating from the base sample 32 cases with missing data on this item. The cross-tabulation involving forced condom nonuse was based on 267 cases obtained after deleting from the base sample 148 cases corresponding to respondents who indicated never having had voluntary sex and one case with missing data on condom nonuse.

RESULTS

Sample Descriptive Statistics

The participants ranged in age from 17 to 30 years, with a median of 20 years. Approximately 80.3% lived in Santiago or another large urban area at age 14; about nine-

tenths of this subgroup reported living in the parental home while attending college. Other descriptive statistics are shown in Table 1.

Approximately 9.4% of respondents reported CSA. The perpetrators in the most severe CSA incident were most commonly a friend (23.1%) and a family member/partner of family member (20.5%). Other common perpetrators were a boyfriend/girlfriend (15.4%) and “other adult” (15.4%) (Table 2).

Prevalence and Contexts of SV Since Age 14

Panel A in Table 3 classifies respondents by the most severe form of SV since age 14. Overall, 20.4% of respondents reported some form of SV in this period. The most severe type was physically-forced sex for 0.2% of the sample, and forced sex through verbal coercion or while intoxicated for 10.1%. Some participants reported more than one form of SV, and Panel B notes the percentage who responded affirmatively to each SV item.

Regarding contexts of the most serious SV incidents, they most frequently occurred at a party in a home (38.8%) and at the perpetrator's or victim's home (29.9%). Consumption of alcohol or other drugs by the victim only, perpetrator only, or both, was involved in 8.7%, 11.6%, and 43.5% of cases, respectively. The perpetrator was most commonly identified as a friend, other student, or acquaintance (50.7%). Other common assailants were boyfriend/ girlfriend or ex-boyfriend/ ex-girlfriend (20.9%) and a date (13.4%). The remaining cases involved strangers (7.5%), family members (6.0%) and teachers (1.5%).

Approximately 74.3% of respondents told someone about the most severe incident since age 14; friends were the most common confidants (88.5%). Approximately 3.9% of respondents who were ever victimized since age 14 told a psychologist or social worker, and none told a physician. None of the incidents of forced sex or attempts were reported to the police; the most frequently-endorsed reason for not doing so was "I did not think that what happened was sufficiently serious, or a crime" (50.0%). Other salient reasons were "I wasn't sure that the person who did this really wanted to hurt me" (14.3%); "I felt ashamed" (14.3%); "fear of revenge from the person who did this" (9.5%), and "if I told the police, they would not respond" (7.1%).

Sex of Perpetrators in All Incidents of SV

Among participants who reported any SV incident (before or since age 14), 68.0% indicated that the perpetrators had been "women only;" the other responses were "women and men" (11.5%) and "men only" (20.5%).

Generalized Ordered Logit Regressions

Regression results are presented in Table 4. Brant tests showed that only the urbanicity variable violated the proportional odds assumption ($P < .05$); the corresponding odds ratios were therefore allowed to vary across categories.

The bivariate model shows that CSA was associated with 4.84 times higher odds of reporting SV since age 14 (95% CI 2.51-9.15, $P < 0.01$). The AOR increased when controls for family background (Model 1) and living arrangements and voluntary sexual

activity (Model 2) were added, but pairwise comparisons showed no significant differences between the underlying coefficients.

When we re-estimated Model 2 excluding the 8 cases where the perpetrator of the most severe CSA incident was a family member/ partner of family member, the AOR decreased but remained large and statistically significant (AOR 4.45, 95% CI 2.03-9.75, $P < 0.01$). This addresses the concern that our results might be driven by revictimization by the same perpetrator in these cases. When we excluded the 7 cases in which a boyfriend/ girlfriend or sexual partner was the perpetrator, the AOR rose slightly, to 6.46 (95% CI 2.94-14.17, $P < 0.01$).

Regarding the other explanatory variables, Model 1 shows that witnessing domestic violence several times in childhood was associated in the predicted direction with odds of SV since age 14 (AOR 1.97, 95% CI 0.89-4.38, $P = 0.10$) but the results did not reach significance at conventional levels. The odds were also higher for those who grew up in a non-intact family (AOR 1.85, 95% CI 1.03-3.30, $P < 0.05$). Urbanicity was associated with lower odds of SV, particularly forced sex or attempts (AOR 0.38, 95% CI 0.19-0.75, $P < 0.01$).

When residence away from parents was adjusted for in Model 2, the effects associated with urbanicity decreased in magnitude and significance, suggesting that the lower odds of SV since age 14 among respondents who grew up in an urban area were related in part to their greater likelihood of remaining in the parental home while attending college. In another regression (not shown) including all variables in Model 2 except urbanicity, the AOR associated with living away from parents was 1.75 (95% CI

0.96 - 3.21, $P < 0.10$). Model 2 also shows a positive association between having initiated voluntary sex and odds of SV (AOR 3.68, 95% CI 1.87-7.21).

Co-Victimization

Table 5 presents findings regarding co-victimization – i.e., the joint experience since age 14 (not necessarily in the same incident or by the same aggressor) of SV with (a) PDV; and (b) for the subsample of respondents who reported ever having had voluntary sex, forced condom non-use.

The percentage of participants reporting PDV was 56.3% among those that reported forced sex /attempts as the most severe incident; 46.9% among those for whom the most severe incident involved other forms of SV; and 33.2% among those that reported no SV ($P < 0.01$) (Panel A). The percentage of respondents reporting forced condom non-use was 30.2% among those that reported forced sex /attempts as the most severe incident; 23.1% among those that reported other forms of SV as their most severe incident; and 12.6% among those that reported no SV ($P = 0.01$) (Panel B).

DISCUSSION

Prevalence of SV Since Age 14

The legal definition of rape in Chile is vaginal, anal, or oral penetration of a person (man or woman) over age 14 by force or threats, or while the victim is intoxicated or otherwise incapacitated. (Penetration of someone 14 years of age or younger is defined as rape even if the experience was "consensual.") Our results suggest a rape prevalence estimate of 0.2% in our sample based on a narrow definition limited to physical force,

and a rape prevalence of 10.3% if verbally-coerced sex and forced sex while intoxicated are included. Our survey items did not differentiate between instances of victimization where men were penetrated vs. where they performed a penetrative act themselves that they perceived as victimization; these latter instances, while potentially distressing and harmful, do not meet the Chilean legal definition of rape.

The definitional issues described above are of particular relevance given the sex distribution of the perpetrators. Approximately 32.0% of study participants who reported any lifetime SV indicated that some or all of the perpetrators had been men. A similar result was found in a study of university students in Italy, where one-third of lifetime SV reported by men involved male perpetrators (Romito & Grassi, 2007).

Focusing on the complement of this statistic, approximately two-thirds of participants who reported any lifetime SV indicated female perpetrators. Related research based on two samples of young men in Germany found that 25.1-30.1% of respondents had experienced female-initiated SV and that men tended to describe these incidents as "moderately upsetting" (Krahé et al., 2003). As the authors emphasize, it is unclear whether these results (and earlier similar findings in the literature) reflect a genuine lack of strong adverse effects, or denial; further investigation of the psychological impacts of female-perpetrated sexual assault of men is needed.

In an effort to be sensitive to the socially conservative Chilean context as well as the fact that a study of this nature with college students was to our knowledge the first of its kind in Chile, our survey assessed SV in men with a small set of general questions; these were the same as those used for female participants. Men's responses must be interpreted as reflecting their perceptions when presented with such items, and the lack of

behavioral specificity is a limitation of our study. This limitation also affects earlier studies (cited in the Introduction).

Overall, our findings suggest that further qualitative research is needed to gain a better understanding of men's perceptions of sexually coercive situations with male and female perpetrators; these efforts will help guide the development of sexual assault risk reduction programs for men. It would also be desirable to conduct further quantitative inquiry using the revised SES (Koss et al. 2007), which contains items that have been crafted with behavior-specific wording to elicit information on a range of SV experiences. This will make it possible to base men's rape prevalence estimates with more specificity on acts that involve sustaining forced penetration, leaving less leeway for men's individual perceptions of what constitutes 'forced sex.'

Risk Factors

We found that 9.4% of participants reported CSA. A review of studies conducted in 21 countries at various stages of development found that prevalence of CSA reported by men ranged from 0 to 60%, with most studies providing estimates below 10% (Pereda et al., 2009). CSA measures have been noted to range from single, general items to multiple, specific items (Hulme, 2004). Our estimate of CSA in boys, based on two items covering only some forms of SV, likely understates the true prevalence. In spite of this limitation, we found a strong association between CSA and subsequent SV: the adjusted odds of SV since age 14 were approximately 6 times greater for respondents who reported CSA than for those who did not. As noted earlier, an AOR estimate of 5.5 - a similar magnitude - was reported in a national U.S. study of adult men (Desai et al.

2002), and recent research based on data from other countries has also found evidence of an association in men between CSA and subsequent SV (Daigneault et al. 2009; Hines, 2007). Our results thus add to a growing literature that stresses the importance of strengthening public health efforts to prevent, identify and respond to CSA.

Analyses of possible causal pathways between CSA and subsequent SV in women have emphasized psychological sequelae of CSA and resultant behavioral manifestations that augment vulnerability (Bachar & Koss, 2001; Classen et al., 2005). Regarding men, some studies have found associations between CSA and adverse mental health outcomes in adolescence and adulthood (Dube et al., 2005; Holmes & Slap, 1998), and others have found associations of CSA with subsequent sexual risk behavior (Senn et al. 2008). Similar causal pathways may thus operate for men.

Our CSA measure did not address the age difference between perpetrator and child, as do some CSA measures (Senn et al., 2008). Offered tentatively due to sample size limitations, our comparative analysis that excluded cases in which a dating partner was the perpetrator in the most severe CSA incident suggests that the impact of CSA is more pronounced when it takes place outside of a dating relationship.

Consistent with Chilean norms, we found that only one-fifth of respondents had primarily lived away from the parental home while pursuing advanced education; the findings suggest that these students may have elevated odds of SV, meriting special attention in prevention efforts. Respondents who had initiated voluntary sex were also found to have higher odds. It should be noted that the coefficients associated with choices on place of residence and voluntary sex may partly reflect unobserved characteristics of the respondents that influence vulnerability to SV.

Contexts and Reporting of SV Since Age 14

Substance use by the victim, perpetrator, or both was involved in 63.8% of the most severe SV incidents. A qualitative study based on interviews with MSM in New Zealand, Australia and other countries emphasized the role of alcohol and other drugs in contributing to HIV/STI risk by increasing men's vulnerability to SV; some of the men reported having been deliberately intoxicated by their aggressors (Gavey et al. 2009). These findings underscore the importance of addressing substance use/abuse in sexual assault and HIV/STI prevention programs.

We found that a date /partner or friend/ acquaintance was involved in 85.0% of the most severe incidents, consistent with U.S. findings that the survivor knew the assailant in the majority of cases (Choudhary et al. 2009). None of the participants who indicated experience of forced sex or attempts notified the police, consistent with earlier studies that find SV in men to be a seriously underreported crime (Sable et al., 2006; Tewksbury, 2007). Approximately 14.3% of respondents cited “shame” as a reason for not reporting the abuse, consistent with study findings that men often fail to disclose SV out of concern for seeing their masculine self-identity jeopardized, or fear of being viewed as gay (Sable et al., 2006).

Approximately 64.3% of participants indicated that they did not report the most severe incident since age 14 to the police because they did not think that what happened was sufficiently serious or a crime, or that the assailant had not meant to hurt them. These results may be interpreted partly within the context of study findings from countries including the U.S., Peru and Mexico, which indicate that men often describe unwanted sexual experiences as harmless when the perpetrator is female, and more generally, that

social expectations of masculine and feminine behaviors influence people's narratives of such experiences (Cáceres, 2005; Davies, 2002; Marston, 2005).

Attitudes that minimize the reality or significance of men's SV may also contribute to reducing men's seeking of health care or psychological support for these experiences. In this study, only 3.9% of participants who reported any SV since age 14 told a mental health professional about the most severe incident, and none contacted a physician.

Related research has found that male rape myths - false and prejudicial attitudes and beliefs regarding sexual assault against men - operate more strongly in the case of female assailants (Struckman-Johnson & Struckman-Johnson, 1992). Adherence to such myths has been found even amongst professionals who provide services in response to SV. For example, a qualitative study of 30 sexual assault crisis providers in a Southeastern U.S. city found that male law enforcement officers often did not acknowledge that men could be victims. At the same time, many female crisis center workers in this study held the broad view that women almost never commit sexual violence and that, given their strength and power, men are rarely victims (Donnelly & Kenyon, 1996). The authors concluded that "both views impede gender equality by failing to realize that humans are multifaceted, and by forcing men and women into narrow, stereotypical roles, we are harming both." In addition, the authors note, "these gender role stereotypes contribute to men's reluctance to report acts of sexual violence and also can lead to nonexistent or nonresponsive service provisions" (p. 448).

Implications for Prevention and Response

Despite the pervasive minimization and denial of sexual assault against men, studies (primarily of adult men) have found that such assault can have a range of negative impacts on sexual function and psychological and physical health (Choudhary et al., 2009; Elliot et al. 2004; Romito & Grassi, 2007; Tewksbury, 2007); lifetime history of SV has also been linked with a greater likelihood of ever having been diagnosed with an STI (de Visser et al., 2003). Further research is needed to identify and reduce sequelae for men who are sexually assaulted during adolescence or young adulthood. These efforts are important per se, and an additional noteworthy avenue for future research is exploration of the extent to which such initiatives may also help reduce the perpetration of violence against women by men who have a history of SV.

Efforts to design prevention and education programs that dispel male rape myth beliefs and promote health-supportive and equitable gender role attitudes among the general population and service providers are also important items in the agenda for public health practice in Chile and other countries. Such work is particularly needed in socially conservative societies such as Chile's; this conservatism is evident in a range of Chilean study findings as well as national laws. For example, in the 2000 national survey mentioned earlier, only 3.7% of male respondents reported "approving" of male homosexuality (Goldstein et al. 2000). Another Chilean national survey addressed to adults in 2001 found substantial adherence to traditional gender roles, with men, less-educated respondents, and older respondents holding the most traditional views (SERNAM, 2002).

Laws and policies have both reflected and reinforced such norms, e.g., divorce was legalized in 2004, making Chile the last Western society to do so, and the first workplace equal pay law was passed in 2009. It is also noteworthy that a recent Healthy Universities initiative in Chile, designed to promote healthy behaviors in university students across the country and developed in collaboration with the Chilean Ministry of Health, made no mention of sexual assault or dating violence as issues requiring attention (Lange & Vio, 2006). To our knowledge, there are presently no established campus programs for sexual assault prevention in Chile, and Spanish-language terms for ‘date rape’ and ‘acquaintance rape’ are not part of common parlance. We theorize that conservative reluctance to publicly address ‘sexuality’ in young people extends to reluctance to discuss and address ‘sexual’ assault.

Co-Victimization

In this study, participants who reported forced sex or attempts since age 14 were significantly more likely than those who did not to also report PDV and forced condom non-use in this period, consistent with prior study findings for adolescent girls and young women (Lehrer et al. 2010; Smith et al. 2003; White 2009). The lack of information in our study on sex of the dating/romantic partner limits our ability to interpret these results. Further qualitative research to understand the relationship dynamics of forced condom non-use in men is needed to inform STI prevention programs for high-risk groups.

Experiences of co-victimization may partly reflect background factors such as CSA that independently affect the risk of each form of subsequent victimization; in addition, experiencing one form of victimization during adolescence and young adulthood may increase vulnerability to another. Our findings suggest that these various

forms of violence should be addressed jointly in prevention programs, and that healthcare providers interacting with young men who report any of these forms of violence should inquire about the others. The results also underscore a need for further research on the co-occurrence in abusive partnerships of physical and sexual partner violence and resultant HIV/STI risk for young men, with samples of heterosexually active men and MSM.

Limitations

The study sample included students enrolled in all educational programs of the university, but it was not a representative sample and the findings cannot be generalized to the full student body. As noted earlier, our prevalence estimates are affected by limitations of the items used to assess SV. Other sources of bias come from probable underreporting of SV due to factors including shame, denial and recall error, as well as student absenteeism at the time of survey administration; it is likely that students who were absent were higher-risk individuals. In addition - as is the case for most previous studies in the field - our survey did not collect information on participants' sexual orientation or sex of the perpetrator in the most severe incident of SV since age 14, limiting our ability to interpret the findings; doing so requires follow-up questions that were beyond what was culturally acceptable for an initial study in a conservative cultural setting.

Conclusions and Next Steps

This study provides quantitative evidence on prevalence, risk factors and contexts of SV in a sample of college men in Chile. We find a strong positive association between

CSA and subsequent victimization, contributing to a small international literature on this subject. We also find a high prevalence of co-occurrence of SV and two other forms of victimization - PDV and forced condom nonuse. Our analysis has implications for the interpretation of results from earlier studies of SV in men, which, like the present research, have been based on survey instruments for men that are identical to those used for women. Our findings suggest that it would be beneficial to conduct further investigations to understand perceptions of SV among young men and to expand efforts to prevent, identify and respond to such abuse. They also indicate a need for additional research in areas including identification of risk factors for perpetration of sexual assault against boys and young men, and have implications for the content of programs to prevent sexual assault, dating violence, and HIV/STI for youth and young adults in Chile and other countries.

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TABLE 1. Descriptive statistics for explanatory variables ^a

Variable	Median or % (N=416)
MEDIAN	
Age (years)	20.0
PERCENTAGES	
CSA	9.4
Witnessed domestic violence before age 14	
Rarely	26.2
Several times	8.2
Often	1.7
Low parental education	34.1
Large city at age 14	80.3
Non-intact family at age 14	20.7
Residence away from parents during college years	19.5
Ever had voluntary sex	69.0

^a We imputed the modal category for cases with missing values on the explanatory variables. The variables on voluntary sex and witnessing domestic violence had 19 and 20 cases with missing data, respectively. We included dummy variables for missing data on these two variables in preliminary regressions; they were insignificant and dropped from analyses. Three or fewer cases were imputed for the other variables.

TABLE 2. Perpetrator in most severe incident of CSA

Aggressor	Percentage (N=39)
Family member/ partner of family member	20.5
Friend	23.1
Boyfriend/ girlfriend	15.4
Sexual partner	2.5
Classmate	7.7
Teacher	2.6
Stranger	2.6
Other adult	15.4
No recall	5.1
No response	5.1

TABLE 3. Percentage of respondents reporting SV since age 14

	Percentage (N=416)
PANEL A: Most severe form experienced^a	
Physically-forced sex	0.2
Verbally-forced sex or forced sex while intoxicated	10.1
Attempts	1.4
Other forms of SV	8.7
None	<u>79.6</u>
TOTAL	100.0
PANEL B: Forms experienced^b	
Physically-forced sex	0.2
Verbally-forced sex	2.4
Forced sex while intoxicated	8.9
Attempts	4.1
Other forms of SV	13.5
None	79.6

^a categories are mutually exclusive

^b categories are not mutually exclusive

TABLE 4. Generalized ordered logit models assessing associations between SV before and since age 14 [Odds ratios (95% confidence intervals)] (N=416)

Measure	Bivariate	Multivariate	
		Model 1	Model 2
CSA	4.84 (2.51 - 9.15)**	5.52 (2.86 - 10.67)**	6.38 (3.22 - 12.65)**
Witnessed domestic violence before age 14			
Rarely		1.25 (0.71 - 2.18)	1.25 (0.70 - 2.21)
Several times		1.97 (0.89 - 4.38) †	2.04 (0.91 - 4.60) †
Often		0.34 (0.04 - 3.20)	0.26 (0.03 - 2.50)
Age		0.99 (0.90 - 1.10)	0.96 (0.86 - 1.06)
Low parental education		1.08 (0.64 - 1.83)	1.22 (0.71 - 2.10)
Large city at age 14			
1 vs 2 and 3		0.60 (0.33 - 1.10) †	0.71 (0.35 - 1.45)
1 and 2 vs 3		0.38 (0.19 - 0.75)**	0.44 (0.20 - 0.97)*
Nonintact family at age 14		1.85 (1.03 - 3.30)*	2.00 (1.10 - 3.61)*
Residence away from parents during college years			1.39 (0.68 - 2.84)
Ever had voluntary sex			3.68 (1.87 - 7.21)**
Log L	-257.72	-250.28	-241.00
χ^2 (df)	23.59 (1)**	36.67 (9)**	48.24 (11) **

^aDependent variable is trichotomous, it equals 3 (forced sex/attempts), 2 (other forms of SV), or 1 (no SV).

**p<.01 *p<.05 †p≤.10

TABLE 5. Associations between SV since age 14 and other forms of victimization since age 14

PANEL A: PDV	Yes	No	
SV Forced sex /attempts	27 56.3%	21 43.7%	N=48 100%
Other SV	15 46.9%	17 53.1%	N= 32 100%
None	101 33.2%	203 66.8%	N=304 100%
$\chi^2 = 10.8$ (2 df) P< 0.01			

N= 384

PANEL B: Forced Condom Non-Use	Yes	No	
SV Forced sex /attempts	13 30.2%	30 69.8%	N= 43 100%
Other SV	6 23.1%	20 76.9%	N= 26 100%
None	25 12.6%	173 87.4%	N=198 100%
$\chi^2 = 8.87$ (2 df) P=0.01			

N= 267