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RaeAnn E. Anderson

University of North Dakota, raeann.anderson@UND.edu

Rachael L. Wandrey

Samuel C. Klossner

Shawn P. Cahill

Douglas L. Delahanty

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Sexual Minority Status & Interpersonal Victimization in College Men

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Abstract

Sexual minority men are at increased risk for sexual victimization at all ages compared to heterosexual men; yet, most research on victimization focuses on the experiences of heterosexual women. This study compares the rates of multiple forms of interpersonal violence (violence perpetrated by another person) in a sample of sexual minority status college men and heterosexual men on campus. Participants ($n = 53$ sexual minority men, $n = 364$ heterosexual) completed an anonymous web survey containing measures of childhood abuse, adolescent/adult sexual victimization, adolescent/adult sexual aggression, intimate partner victimization and aggression, rape empathy, PTSD symptoms, and social desirability. ANCOVAs, covarying for demographic characteristics and social desirability, revealed that sexual minority men were more likely to experience the most severe forms of adolescent/adult sexual victimization as well as childhood emotional abuse. There were no differences in rates of sexual aggression or intimate partner violence. Sexual minority men who experienced sexual assault were more likely to report being assaulted by other men than were heterosexual men. Regarding self-reported sexual aggression, we found no differences in rates of sexual aggression. Sexual minority men had higher levels of rape empathy and rape acknowledgment than heterosexual men. Our results indicate sexual minority men are at higher risk than heterosexual men for the most severe forms of sexual victimization and experience different psychological consequences of sexual victimization indicating there may be a need for specialized intervention services.

Keywords: sexual minority, college students, rape, intimate partner violence, sexual perpetration

Public significance statement

We found that sexual minority college men were more likely to experience rape than were heterosexual college men. However, we found no differences in rates of sexual aggression, suggesting sexual minority men are equally likely to be assaulted by heterosexual men as by other sexual minority men. Finally, we found sexual minority college men had higher levels of empathy for rape victims suggesting differences in attitudes and potentially recovery processes.

Sexual Minority Status & Interpersonal Victimization in College Men

Interpersonal victimization, violence perpetrated by another person, is pervasive among college students including intimate partner violence, sexual assault, and childhood abuse (Fisher, Cullen, & Turner, 2000; Krebs, Linquist, Warner, Fisher, & Martin, 2009; Smith, White, & Holland, 2003; Turchick & Hassija, 2014). Researchers have estimated 25-70% of college women will experience some form of interpersonal victimization during their college education making college campuses a living laboratory for studying interpersonal violence (Carey, Durney, Shepardson & Carey, 2015; Turchik & Hassija, 2014). Interpersonal victimization can result in many negative psychological consequences, such as posttraumatic stress disorder (PTSD) and depression (Coker et al., 2002; Jordan, Campbell, & Follingstad, 2010; Mechanic, Pico-Alfonso et al., 2006; Warshaw, Brashler, & Gil, 2009).

At present, the extant literature focuses on the experiences of heterosexual college women who have experienced victimization (e.g., Turchik & Hassijo, 2014). This is problematic because research has suggested that interpersonal victimization is also of substantial concern among sexual minority men (i.e., men who identify as non-heterosexual). Indeed, rates of sexual abuse in childhood (Balsam, Rothblum, & Beauchaine, 2005; Tomeo, Templer, Anderson, & Kotler, 2001) and adulthood (Balsam, Rothblum, & Beauchaine, 2005; Edwards, et al., 2015) are significantly higher in lesbian, gay, and bisexual (LGB) individuals than in their heterosexual counterparts. This research clearly indicates that violence is a problem for many populations on college campuses and is worthy of further study to characterize and reduce the risk of violence in these groups. The goal of this study is to further characterize the rates and correlates of interpersonal victimization among sexual minority men in an at-risk group—college students.

Running head: SEXUAL MINORITY MEN AND VIOLENCE

Furthermore, there is a dearth of data concerning the psychological consequences and correlates of interpersonal victimization among sexual minority men. There is some evidence to suggest similarities between sexual minority men and non-sexual minority men in post-victimization mental health. For example, sexual minority men with sexual victimization histories have reported substance use difficulties, posttraumatic symptoms (e.g., dissociation, trauma-related anxiety), and traits of borderline personality disorder; which are common difficulties in survivors of violence of any gender identity or sexual orientation (Kalichman et al., 2001; Coker et al., 2002; Martin, Macy, & Young, 2011). However, the impact of sexual assault on the mental health of sexual minority men is likely different from that of heterosexual individuals given the context of homophobia and heterosexism. Indeed, research has highlighted the role of internalized homophobia in predicting the severity of gay men's depressive and post-traumatic stress symptoms following sexual victimization (Gold, Marx, & Lexington, 2007).

Beyond psychopathology, rape acknowledgment (i.e., whether a person acknowledges their experience as rape) and rape empathy can also be useful constructs to explore; rape acknowledgement has been found to be related to stigma and coping (Littleton, Axsom, Breitkopf, & Berenson, 2006) and rape empathy is viewed as critical to understanding sexual victimization (Koss et al., 2007). We could locate no existing data on either of these constructs and sexual minority status. Given this dearth of literature, we chose to examine these constructs in a way that would maximize statistical power, by examining sexual minority men as a group in comparison to heterosexual men.

High rates of sexual assault and poor psychological outcomes present an urgent need to identify the aggressors of sexual victimization among sexual minority men. Heterosexual men are typically the aggressors of sexual assaults among heterosexual women (Breiding et al.,

Running head: SEXUAL MINORITY MEN AND VIOLENCE

2014); however, the aggressors of sexual assaults among sexual minority men are largely unknown. One study reported that the majority (83.9%) of people who assaulted sexual minority men were also men; however, it is unclear whether these aggressors were heterosexual or identified within the sexual minority (Hequembourg, Parks, Collins, & Hughes, 2015).

Research examining sexual assault among men is emerging, yet literature on intimate partner victimization (IPV) particularly among men with same-sex partners is scant. To our knowledge, there is only one study that has compared rates of IPV between sexual minority men and heterosexual men on campus (Edwards et al., 2015); this study indicated that gay and bisexual men are at significantly greater risk for physical dating violence than heterosexual men. Further research is needed as some data suggests worse psychosocial outcomes. For example, among those who have experienced IPV, gay men have increased odds of poor self-perceived health status in comparison to those who are heterosexual (Blosnich & Bossarte, 2009).

The present study is a secondary data analysis that sought to compare the victimization and aggression experiences of sexual minority and heterosexual men in an at-risk sample—college students—using the most up to date and comprehensive measurement strategies. In the parent study, we focused on the psychometric properties of the Sexual Experiences Survey – Short Form Victimization in college men as a group (Anderson, Cahill, & Delahanty, *in press*), whereas the current study specifically focuses on differences in interpersonal victimization experiences between sexual minority and heterosexual college men. First, we compared rates and characteristics of sexual *victimization* between sexual minority men and heterosexual men, including examining rates of different types of sexual victimization (i.e., unwanted sexual contact vs. rape), repeated sexual victimization (i.e., experiencing sexual victimization more than once), and developmental revictimization (i.e., experiencing sexual victimization in more than

Running head: SEXUAL MINORITY MEN AND VIOLENCE

one developmental time period). Second, we assessed rates of self-reported sexual *aggression* between sexual minority and non-sexual minority men and the gender identity of aggressors as reported by those who experienced victimization. Third, we compared rates of IPV (both victimization and aggression), including emotional, physical, and sexual abuse, among sexual minority men and heterosexual men. Fourth, we assessed psychological correlates of interpersonal victimization, including comparing rape acknowledgment, rape empathy, and PTSD symptoms of those sexual minority and heterosexual men who have experienced victimization.

Methods

Participants

Participants were 417 college men aged 18 and older who provided data for a parent study examining the reliability and validity of a measure of sexual victimization in college men (Anderson, Cahill, & Delahanty, *in press*). Participants were compensated with extra credit in psychology courses. Missing data were minimal (<1%), but when missing data were presented they were replaced with the modal value (0) on measures of violence, and pro-rated (when missing data were less than 20%), or excluded on questionnaires.

Sexual minority status was identified by a single item asking participants to name their sexual orientation. Most participants identified their sexual orientation as heterosexual (86.3%); 28 identified as gay, 19 identified as bisexual, and 6 provided a range of other labels such as pansexual and undecided. For the following analyses, participants were grouped dichotomously to increase statistical power: sexual minority ($n = 53$) vs. heterosexual ($n = 364$). The mean age of participants was 22.0 with a modal age of 19.0. Participants were mostly Caucasian (76.7%); 7.2% reported their race as African American, 7.0% as Asian/Asian American, 1.9% as Native

Running head: SEXUAL MINORITY MEN AND VIOLENCE

American/American Indian, and 7.2% reported their ethnicity as Hispanic or Latino. Of sexual minority men, 16 identified as a racial or ethnic minority as well. There were no statistical differences in racial/ethnic identity between sexual minority men and heterosexual men.

Materials

All participants completed the questionnaire battery anonymously through the online system Qualtrics.

Social desirability. The Marlow-Crowne Social Desirability Scale (SDS) was used to assess social desirability (impression management) and has been widely used in the area of sexual violence (Crowne & Marlowe, 1960). The SDS consists of 33 true/false items that are rarely universally true; Cronbach's alpha was .77.

Childhood abuse. The Childhood Trauma Questionnaire (Bernstein & Fink, 1994) was used to assess childhood emotional (CEA), physical (CPA), and sexual abuse (CSA). Each CTQ subscale consists of five items that are rated on a five point Likert scale ranging from "1 – never true" to "5 – very often true". The CTQ has demonstrated adequate reliability and validity in prior research; in this study Cronbach's alpha for each subscale was: CEA = .87, CPA = .88, CSA = .93.

Adolescent/Adult Sexual Victimization (ASV). The Sexual Experiences Survey-Short Form Victimization (SES-SFV) was used to assess adolescent/adult sexual victimization (Koss et al. 2007). The SES-SFV consists of ten items; eight of these items are appropriate for men. The first five items describe a sexual act followed by five possible coercive tactics used to obtain the sexual act. Participants indicate how many times (0, 1, 2, 3+) each sexual act/tactic combination occurred for two time periods; in the past year, and in prior years ("since age 14 but not including the past year"). The lifetime time frame used in this study was computed by combining

Running head: SEXUAL MINORITY MEN AND VIOLENCE

data from past year and prior years. The final three items assess gender of the respondent, gender of the perpetrator, and rape acknowledgement. Items were presented verbatim from the instrument sans the gender and age item which were assessed in a separate demographics questionnaire. Prior research has demonstrated good convergent validity for this instrument (Anderson, Cahill, & Delahanty, *in press*).

Adolescent/Adult Sexual Aggression. The Sexual Experiences Survey-Short Form Perpetration (SES-SFP) was used to assess adolescent/adult sexual aggression. The SES-SFP also contains ten items and utilizes the same format as the SES-SFV and the same behaviorally-specific descriptions of sexual acts and coercive tactics. Recent research has demonstrated adequate validity for this instrument (Davis et al., 2014).

The SES-SFV and SES-SFP define four different categories of sexual victimization/sexual aggression, with each category representing increased severity: 1. no victimization; 2. unwanted sexual contact; 3. sexual coercion; and 4. rape. Unwanted sexual contact is defined as a person's private areas being touched or a person's clothes removed without consent but without any attempt of sexual penetration. Sexual coercion is defined by sexual acts obtained without consent via verbal coercion. Rape was defined as sexual acts other than unwanted contact obtained via being taken advantage of by altered consciousness (e.g., being drunk), threats of physical harm, or use of physical force. All four categories were examined in this study to provide the most detailed description of sexual minority men's experiences of sexual victimization.

Intimate partner victimization and aggression. The Revised Conflict Tactics Scales (CTS2) was used to assess emotional, physical, and sexual violence in intimate relationships. The CTS2 uses 78 items that are administered in a paired fashion; one item assesses

Running head: SEXUAL MINORITY MEN AND VIOLENCE

victimization for an act while the other assesses aggression of the act. Items are rated on an eight point frequency scale (0,1,2,4,8,15,25,99) for behaviors in the past year in the current or most recent romantic partnership. The CTS2 is widely used and has demonstrated sound reliability and validity in past research (Straus, Hamby, Boney-McCoy, & Sugarman, 1996); in this study Cronbach's alpha was .95. We used the sexual coercion, physical assault, and psychological assault subscales in this study.

Psychological correlates of sexual assault.

Rape empathy. Empathy for people who have experienced rape was measured using the Rape Empathy Scale (RES) (Deitz, Blackwell, Daley, & Bentley, 1982). Participants rated 19 paired items, each pair representing a victim or a perpetrator perspective, from 1 (not at all preferred) to 7 (completely preferred); Cronbach's alpha in this study was .91.

Rape acknowledgement. Consistent with prior research (Littleton et al., 2006), we used the acknowledgement item from the SES-SFV (see above) to compute a dichotomous rape acknowledgement variable (acknowledgement: yes/no).

PTSD symptoms. Posttraumatic stress disorder (PTSD) symptoms were assessed with the Impact of Event Scale-Revised, which follows DSM-IV-TR (Creamer, Bell & Failla, 2003). Participants rated how distressing each of the 22 items has been on a five point Likert scale from "0 – not at all" to "4 – extremely". Prior research has demonstrated strong validity and reliability for this widely used scale (Creamer, Bell & Failla, 2003); Cronbach's alpha in this study was .96.

Procedures

Data were collected between September 2012 and December 2013 via anonymous web survey hosted at the university of the first author. Participants accessed the study through the SONA Experiment Management System in order to be granted extra credit and then accessed a

Running head: SEXUAL MINORITY MEN AND VIOLENCE

link to the Qualtrics site where the questionnaires were administered and stored. Questionnaires were administered in a randomized order. Because data was collected via web survey, participants could participate in the study at any time or in any location of their choice.

Results

Correlations and cross-tabulations were computed to assess whether any of the study outcome variables varied based on demographic characteristics or social desirability. Age, racial identity, and ethnic identity were related to several interpersonal violence variables and to rape empathy. Social desirability was significantly correlated with both victimization and aggression scores (see below). Thus, ANCOVA analyses covaried for demographic variables and social desirability. Each form of violence (emotional, physical, sexual) and each social domain (intimate partner vs. general) were tested. A summary of ANCOVA results is presented in Table 1; results are also briefly summarized by variable/aim below.

Social Desirability. There was also a difference in social desirability scores between the two groups such that sexual minority men responded in a less socially desirable (more disclosive) manner, $t(403) = 2.82, p = .005$.

Childhood victimization. Sexual minority men were more likely to experience emotional abuse than non-sexual minority men, $F(1, 402) = 19.57, p < .001$; there was a trend for physical abuse, $F(1, 402) = 3.66, p = .06$, and no effect found for sexual abuse, $F(1, 402) = .54, p = .46$.

Sexual victimization. Sexual minority men were also more likely to experience nearly every type of adolescent/adult sexual victimization examined including sexual coercion [$F(1, 402) = 11.63, p = .001$], rape [$F(1, 402) = 15.13, p < .001$], and revictimization, [$F(1, 402) = 8.91,$

Running head: SEXUAL MINORITY MEN AND VIOLENCE

$p = .003$]. There was a trend for unwanted sexual contact, $F(1, 402) = 2.86, p = .09$, and no effect for developmental revictimization, $F(1, 402) = 2.64, p = .11$.

In examining the gender identity of the aggressor, sexual minority men who experienced sexual victimization (as determined by the SES-SFV) reported that they were more likely to be assaulted by men (vs. women), $\chi(1, 78) = 40.31, p < .001$, than were heterosexual men. This effect remained robust even after controlling for demographic variables and social desirability (see Table 1).

Sexual aggression. We found no differences in rates of self-reported sexual aggression (via the SES-SFP) between sexual minority men and heterosexual men on any sexual aggression variable when coded dichotomously (the most liberal coding), $F(1, 402) = .48, p = .49$.

Intimate partner violence. We found no differences in rates of IPV [sexual: $F(1, 402) = .10, p = .78$; physical: $F(1, 402) = 1.22, p = .27$, psychological: $F(1, 402) = 1.70, p = .19$], or rates of intimate partner aggression, [sexual: $F(1, 402) = .01, p = .98$; physical: $F(1, 402) = .68, p = .41$; psychological: $F(1, 402) = .60, p = .44$] between sexual minority men and heterosexual men.

Psychological consequences of violence. We found a significant effect of sexual minority status on rape empathy such that sexual minority men were more empathic; this effect was consistent even when controlling for sexual victimization history, $F(1, 397) = 9.51, p = .002$. We also found that sexual minority men were more likely to acknowledge their sexual victimization experience as rape, $\chi(1, 114) = 8.3, p = .004$ even after controlling for demographics and social desirability. Among participants who reported any sexual victimization, we found no differences in PTSD symptoms, although sexual victimization history did have a significant effect on symptoms, $F(1, 397) = 4.30, p = .04$.

Discussion

This study examined rates of interpersonal violence in sexual minority college men compared to heterosexual college men. Even though research has demonstrated that sexual minority men experience sexual victimization at a higher rate than heterosexual men, most research on sexual victimization remains overwhelmingly dominated by the experiences of heterosexual women. We took a number of methodological steps to further this field of research. First, the existing research on sexual minority men and sexual victimization has also been limited by incomplete measurement of sexual victimization and lack of data on the aggressors who target sexual minority men. In addition, this study compared sexual minority status within a single gender identity (men) rather than examining sexual minority status in mixed gender groups.

We found sexual minority men were significantly more likely than heterosexual men in college to experience sexual victimization in the most severe categories – sexual coercion and rape. Our findings on adolescent/adult sexual victimization replicate prior research (Balsam, Rothblum & Beauchaine, 2005; Edwards et al., 2015) using the best measurement strategies available. We also found that sexual minority men had greater levels of rape empathy than their heterosexual counterparts even when controlling for victimization history. In addition, sexual minority men were more likely to acknowledge their sexual victimization experiences as rape. Perhaps due to their higher risk status, sexual minority men may be more knowledgeable and sensitive to the issue of rape than heterosexual men. It is also possible that because sexual minority men experience social norms of masculinity and femininity in different ways they are more likely to be psychologically comfortable acknowledging victimization experiences (Vogel, Heimerdinger-Edwards, Hammer & Hubbard, 2011). Little to no research has documented rape empathy or acknowledgement among sexual minority men. Acknowledgment has been tied to

Running head: SEXUAL MINORITY MEN AND VIOLENCE

revictimization risk and coping suggesting that those who acknowledge victimization may be more likely to cope actively and seek help (Littleton, Axsom, Breitkopf & Berenson, 2006; Littleton, Axsom & Grills-Taquechel, 2009). Thus, our results suggest that sexual minority men may cope more actively with the consequences of sexual victimization than heterosexual men.

By examining sexual victimization through the lens of heteronormative bias (i.e., effects of heterosexism), research may be better able to identify the underlying causes of higher rape empathy and coping among sexual minority men and lead to the development of effective, culturally-sensitive interventions (Cannon & Buttell, 2015). Our results indicate sexual minority men may benefit from specialized sexual assault risk reduction programming that specifically targets their unique characteristics to reduce risk. For example, sexual minority men may benefit from risk reduction interventions that address stereotypes of masculinity within the LGBT community and provide resources (medical, psychological) sensitive to LGBT mental health. These interventions could be used to promote resistance to male rape myths that serve to obfuscate real risks and invalidate the experiences of men who have experienced sexual violence. Following victimization, sexual minority men may benefit from interventions that explore beliefs about masculinity, sexual orientation, and their relationship to sexual assault.

This is one of the first studies to simultaneously assess both sexual victimization and aggression in sexual minority men. Notably, we found no differences for sexual minority status on self-reported rates of sexual aggression; in other words, sexual minority men (self-identified) did not report higher or lower rates of sexual aggression than heterosexual men did. However, those sexual minority men who experienced sexual assault were more likely to report being victimized by men (vs. women) compared to heterosexual men. This indicates that the increased

Running head: SEXUAL MINORITY MEN AND VIOLENCE

risk for sexual victimization among sexual minority men is likely from other men in general, regardless of sexual orientation.

We found differences in rates of emotional, but not physical or sexual abuse, in childhood. Emotional abuse is much less frequently studied than sexual abuse; however, Balsam, Lehavot, Beadnell & Circo (2010) found childhood emotional abuse to be more predictive of psychological symptoms. Emotional abuse in childhood may be unique for sexual minority men and consist of imparting a feeling of being “different” and less worthwhile before their sexual orientation is even identified. We did not find any effects for sexual orientation on developmental revictimization in this study.

We also did not find differences for IPV or differences in PTSD symptoms beyond that accounted for by sexual victimization history, which is consistent with Edwards et al. (2015). There is little research available to contextualize these findings. Some research indicates sexual minority men experience greater psychological symptoms; however, this research also suggests that concealment of sexual minority status elevates symptoms (Cochran, Balsam, Flentje, Malte & Simpson, 2013). In our study, there was likely less institutional pressure to conceal their sexual orientation (i.e., the institution we recruited in has been nationally ranked among the top 50 LGBT-friendly colleges and universities; Campus Pride, 2014), although the concealment of sexual identity was not assessed in this sample.

It is unclear why we found a difference in social desirability scores between sexual minority men and heterosexual men in college. However, it may be that heterosexual men find victimization experiences more threatening to their sense of their sexual identity and therefore engage in more impression management, creating a socially desirable response set. Typical male heterosexuality is strongly rooted in traditional masculine gender roles, which often are in direct

Running head: SEXUAL MINORITY MEN AND VIOLENCE

contrast with victimization experiences. That is, victimization undermines the societal expectation that heterosexual men be powerful and this may be why heterosexual men responded in more socially desirable ways. Intersectionality, referring to the interconnected systems of violence and oppression, such as racism, classism, sexism, misogyny, homophobia, and transphobia, is an underlying reality that may contribute to traditional gender roles and their relation to intervention strategies (Smooth, 2013). Sexual minority men, on the other hand, may not internalize masculinity norms as strongly and thus, may feel more comfortable revealing assault experiences (Vogel et al., 2011). Alternatively, some scholars have suggested social desirability may represent social skill (Tracey, 2015). In order to better research and serve sexual minority populations in sexual violence intervention, sexual orientation/identity, intersectionality, gender norms and resultant heteronormative biases should be accounted for.

Limitations

This study is limited by the small subsample of sexual minority men. We recommend future research recruit larger and more diverse samples including how different identities interact (sexual minority men of color). Sexual minority men of color may experience double discrimination that may heighten victimization risk or may impede recovery from victimization. Given our secondary data analysis in a sample of college students, we were not able to specifically recruit double minority men. We also recommend larger research samples that can examine subgroups within the sexual minority and measure sexual orientation multidimensionally, for example, recent research indicates people who identify as bisexual may experience discrimination within the LGBT community but this study was not large enough to examine within group differences (Ross, Dobinson, & Eady, 2010). Further, people who identify

Running head: SEXUAL MINORITY MEN AND VIOLENCE

as trans are at increased risk for violence but are rarely included in research studies (Stotzer, 2009); nor did anyone who identifies as trans participate in this project.

Although the present study is limited in the size and diversity of the sample, a significant strength is the comprehensiveness of our violence measurement tools. Researchers have typically relied on single or few item screeners to assess one specific domain of violence (e.g., sexual abuse); however, we utilized a battery of measures that allowed for a comprehensive understanding of rates and consequences of multiple forms of interpersonal violence during childhood, adolescence, and adulthood. Furthermore, our chosen measures employ stigma-free language and use behaviorally-anchored items; these features are known to provide more accurate estimates of prevalence of abuse among respondents (Fisher, 2009; Cook, Gidycz, Koss, & Murphy, 2011). However, we were not able to measure several constructs that are important in explaining our findings such as femininity, masculinity, gender role conflict, internalized homophobia, and others. Nor were we able to recruit a large enough sample to examine subgroups within the sexual minority. These are important topics for future research, particularly how they operate in diverse samples (as described above) and may highlight the mechanisms of the effects identified in this study.

Conclusions

Our study revealed important information about the victimization and aggression experiences of sexual minority college men in comparison to heterosexual men in college; no prior research has documented levels of rape empathy or acknowledgement in sexual minority men. Although sexual minority men are at higher risk for experiencing victimization, we found no effect for sexual orientation on rates of self-reported sexual aggression. Other researchers

Running head: SEXUAL MINORITY MEN AND VIOLENCE

should seek to extend these findings by comparing the victimization and aggression experiences of sexual minority and heterosexual men recruited in other social contexts (e.g., the community vs. a university setting). We also recommend that researchers include measures of internalized homophobia, masculinity and other constructs relevant to gender identity and sexual orientation to identify the mechanisms of group differences identified in this study. Finally, we urge researchers to work to identify attributes of those who assault sexual minority men. This information, in particular, will be key to developing programs to empower sexual minority men to reduce their risk for victimization.

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Running head: SEXUAL MINORITY MEN AND VIOLENCE

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Running head: SEXUAL MINORITY MEN AND VIOLENCE

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Tables

Table 1

Summary of Results of ANCOVA Analyses Examining Differences in Interpersonal Violence by Sexual Minority Status $n = 417$

Variable	<u>Sexual Minority</u> $n = 53$	<u>Not Sexual Minority</u> $n = 364$	Statistical test for effect of SMS $F(1, 402)$
Social Desirability, $M(SD)$	7.4 (2.48)	8.5(2.71)	$t = 2.82, p = .005$
Childhood Emotional Abuse, %	79.2	67.6	$F = 19.57, p < .001^1$
Childhood Physical Abuse, %	34.0	39.3	$F = 3.66, p = .06$
Childhood Sexual Abuse, %	13.2	6.6	$F = .54, p = .46$
ASV Unwanted Sexual Contact, %	32.1	21.7	$F = 2.86, p = .09$
ASV Sexual Coercion, %	24.5	9.1	$F = 11.63, p = .001$
ASV Rape, %	30.2	11.3	$F = 15.13, p < .001$
ASV Revictimization, %	37.7	20.1	$F = 8.91, p = .003^2$
Gender of Aggressor (n = 84), % Male	67.7	5.9	$F = 23.07, p < .001^*$
Developmental Sexual Revictimization, %	9.4	3.8	$F = 2.64, p = .11$
Sexual Aggression, %	20.8	23.9	$F = .48, p = .49$
IPV Emotional Victimization, %	60.4	67.9	$F = 1.69, p = .19$
IPV Physical Victimization, %	26.4	33.2	$F = 1.23, p = .27$
IPV Sexual Victimization, %	41.5	39.8	$F = .08, p = .78$
Rape empathy, $M(SD)$	107.8(21.9)	100.6(18.7)	$F = 5.6, p = .02^3$
Rape acknowledgement (n = 114), % Yes	22.7	4.3	$F = 9.38, p = .003^{4**}$

Notes. Bolded items indicate statistical significance.

ASV = adolescent/adult sexual victimization, SMS = sexual minority status

Running head: SEXUAL MINORITY MEN AND VIOLENCE

Superscripts indicates significant covariates in analysis. ¹ age, social desirability. ² social desirability ³ age, Asian/Asian American race, Latino/Hispanic ethnicity, ASV history ⁴ age

* df = (1,84)

**df = (1,110)