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Sexual Coercion Context and Psychosocial Correlates Among Diverse Males

Bryana H. French, Jasmine D. Tilghman, and Dominique A. Malebranche
University of Missouri

Sexual coercion is a pervasive problem but rarely examined in men. This study examined sexual coercion and psychosocial correlates among 284 diverse adolescent and emerging adult males in high school and college. Over 4 in 10 participants (43%) experienced sexual coercion: more specifically, the participants reported: verbal coercion (31%, $n = 86$), seduction coercion (26%, $n = 73$), physical coercion (18% $n = 52$), and substance coercion (7%, $n = 19$). Rates were comparable across high school and college students. Racial differences were found such that Asian participants reported significantly lower rates of sexual coercion than Black, White, and Latino participants. Ninety-five percent of the respondents reported women as the perpetrators; participants also described internal obligation, seductive, and peer pressure tactics in descriptions of coercion experiences. Sexual coercion tactic (i.e., verbal, substance, seduction, physical) and resulting sexual activity (i.e., fondling/attempted intercourse, completed intercourse) were associated with psychosocial outcomes. Specifically, sexual coercion that resulted in sexual intercourse was associated with greater sexual risk-taking and alcohol use. Verbal and substance coercion were associated with psychological distress, and substance coercion was also associated with sexual risk-taking. Considerations for future research and practice implications are discussed.

Keywords: sexual coercion, males, racially diverse

Sexual victimization continues to be a pervasive problem in the United States (Black et al., 2011), though the victimization of men is rarely explored. Historically, research has focused on girls and women as victims of sexual violence with little focus on the peer victimization of boys and men, as most state laws defined rape as a crime against women until the 1980s (Weiss, 2010). More recently, significant strides have been made in assessing a range of sexual victimization among adult men. For example, national studies found 1 in 71 adult men reported being raped, predominantly by men (93.3%); however 22% of men experienced other forms of sexual victimization perpetrated by females, including being made to penetrate, coerced sexual intercourse, and unwanted sexual contact (Black et al., 2011). These rates are likely underestimates given the stigma of sexual victimization among males, fearing revenge, being perceived as gay, the desire to be self-reliant, and the loss of independence after disclosure (Chapleau, Oswald, & Russell, 2008; Finkelhor, 1984; Holmes & Slap, 1998; Struckman-Johnson, 1988).

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Bryana H. French, Department of Educational, School, and Counseling Psychology, and Department of Black Studies, University of Missouri; Jasmine D. Tilghman and Dominique A. Malebranche, Department of Educational, School, and Counseling Psychology, University of Missouri.

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Correspondence concerning this article should be addressed to Bryana H. French, Department of Educational, School, and Counseling Psychology, University of Missouri, 16 Hill Hall, Columbia, MO 65211. E-mail: frenchbr@missouri.edu

Studies suggest that adolescent and emerging adult males are at unique risk for sexual victimization; more specifically, among males, those ages 16–24 have the highest rates of sexual victimization (Walker, Archer, & Davies, 2005). However, sexual victimization assessments for youth focus narrowly on forcible rape, and have failed to assess for other forms of victimization. For example, the Youth Risk Behavior Survey assesses sexual victimization by asking one item on forced sexual intercourse (Eaton et al., 2012). The present study helps address this gap in the literature by: (a) exploring a broader assessment of both sexual coercion tactics and psychosocial outcomes, (b) among a broader age group of emerging adult males, and (c) in particular an ethnically diverse group of males. To contextualize our study, we start by defining and reviewing the literature on sexual coercion; we then discuss male victims of sexual coercion, particularly adolescent and emerging adult males.

Conceptualizing Sexual Coercion and Psychological Impact

Sexual coercion can encompass a broad range of nonconsensual tactics (e.g., verbal pressure, substance use, physical force). Broadly, sexual coercion is defined as the use of physical force, harm, authority, blackmail, verbal persuasion, manipulation, pressure, or even alcohol or drugs used for the advancement of sexual behavior (Morrison, McLeod, Morrison, Anderson, & O'Connor, 1997; Testa & Dermen, 1999). Research has most often focused only on forcible rape, as opposed to other types of sexual victimization, which is considered the most severe tactic of sexual coercion and is associated with lower levels of psychological and behavioral health (e.g., Classen, Palesh, & Aggarwal, 2005; Ullman, Townsend, Filipas, & Starzynski, 2007). Although penetra-

tion is often considered the most severe sexual activity of victimization, some research has also found poor psychological sequelae among sexual assault survivors when sexual intercourse did not occur (e.g., Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). Moreover, substance use has become an increasingly common tactic of perpetrated sexual coercion, due to its capacity to lower inhibition, render physical helplessness, and impact judgment and decision making (Abbey, 1991).

Verbal and substance coercion have also been linked to deleterious outcomes. Studies show that forcible rape and incapacitated rape show comparable levels of psychological distress (Brown, Testa, & Messman-Moore, 2009; McCauley et al.; 2009). Compared to women who were raped, women who were verbally coerced have shown greater psychological distress (Norwood & Murphy, 2012; Zweig, Barber, & Eccles, 1997) and lower self-esteem (Testa & Dermen, 1999; Tyler, Hoyt, & Whitbeck, 1998). Some studies suggest that verbal and substance coercion tactics occur more frequently among youth and young adults than attempted or completed forcible rape (Basile, 2002; Poitras & Lavoie, 1995; Spitzberg, 1999). Thus consequently, it is imperative that researchers examine a broader array of sexually coercive tactics and behaviors, and not focus solely on forcible rape.

Adolescent and Emerging Adult Males as Victims of Sexual Coercion

Sexual Coercion of Diverse Males

Sexual victimization is not only a pervasive problem, but one that affects females as well as males. Struckman-Johnson and her colleagues are notable exceptions that have studied male experiences of sexual coercion. One of Struckman-Johnson's studies (1988) found that among 600 college students, 16% of men experienced forced sexual intercourse while on a date, a rate comparable to women in this study (22%). Of the 55 (female = 32, male = 23) participants who provided additional narratives of their experiences, men described verbal coercion significantly more frequently than women. In 2003, Struckman-Johnson, Struckman-Johnson, and Anderson found that persistent kissing and touching were the most often reported sexually coercive tactic among predominantly White college males victimized by females. Research suggests that relations between sexual coercion and mental health among men are similar to that of women (Choudhary, Coben, & Bossarte, 2008). Male survivors of sexual victimization show poorer psychological functioning (Aosved, Long, & Voller, 2011; Walker et al., 2005) and greater risk behaviors, including alcohol abuse and risky sex (Breiding, Black, & Ryan, 2008; Ellickson, Collins, Bogart, Klein, & Taylor, 2005; Larimer, Lydum, Anderson, & Turner, 1999; Turchik, 2012), than nonvictimized males.

Though these studies provide important information on male victimization, the lack of diversity among the samples may misrepresent potential racial or ethnic differences in male sexual coercion. One notable exception is Fiebert and Tucci's (1998) study among 182 racially diverse adult men. Within their sample, 45% reported moderate (i.e., women insisted or made men have vaginal, oral, or anal sex) or severe (i.e., vaginal, oral, or anal sex with a woman because of threatened or used physical force) sexual coercion, and 20% felt sexually taken advantage of by their female partners. This study also found significant racial differences such that Asian men reported greater coercion to have sex without a condom than non-Asian counterparts. The Youth Risk Behavior Survey (Eaton et al., 2012), which does not assess for perpetrator characteristics, also reports racial and ethnic differences in forced sexual intercourse among high school males, with non-Hispanic Blacks (6%) and Hispanics (5%) experiencing higher rates than non-Hispanic Whites (3%). However, other studies have not found ethnic differences in male sexual victimization, such as Sorenson and Siegel's (1992) study with non-Hispanic White and Hispanic adults. Nevertheless, Vearnals and Campbell (2001) conclude that there is an urgent need for research exploring racial and ethnic differences in male sexual coercion. Given the limited and discrepant research in this area, and the overrepresentation of adolescent and emerging adults in male victimization survivors (Walker et al., 2005), more research is clearly needed to examine sexual victimization within more racially diverse samples of males.

Adolescent Development and Emerging Adulthood

Adolescence has often been universally marked by the biopsychosocial initiation of puberty, and thus the transition to sexual maturation (Susman & Rogol, 2004). At the same time, adolescence has also been conceptualized as spanning beyond the age of 18. Brain maturation research demonstrates neurological development occurs well into the mid-20s (Strauch, 2003). Arnett (2000) conceptualized a new developmental stage, emerging adulthood, which encompasses a transitional period spanning from the late teens through the 20s. This stage is considered neither traditional adolescence nor adulthood and is distinct from both. As Arnett states, this period of time is characterized by identity development, increasing independence as many leave their parents' homes and/or enroll in postsecondary education. However, emerging adults have also not met expectations of adulthood, such as financial independence, parenting, or marriage (Arnett, 2000). Conversely, the overwhelming majority of adolescents are enrolled full-time in secondary education and living with parents or guardians. Subjectively, persons in the emerging adult age range feel like they are between the stages of adolescence and adulthood (Arnett, 2001). Researchers have found that the context, meaning, and timing of adolescent development can vastly differ across cultures (Schlegel, 2009), and thus so does emerging adulthood. For example, ethnic differences suggest that Latino, African American, and Asian American emerging adults placed more importance than Whites on aspects pertaining to role transitions and family capacity (Arnett, 2003). Thus, to expand the male sexual victimization literature beyond college students, this study examines sexual coercion within ethnically diverse samples of both adolescent and emerging adult males.

Developmental Context of Sexual Coercion

It is also important to consider the developmental context surrounding sexual victimization. One marker of adolescent and emerging adult development is the initiation of romantic and sexual exploration, where individuals become preoccupied with romantic/sexual feelings and start having overt sexual experiences (Miller & Benson, 1999). However, researchers report that coer-

cive sexual experiences have a profound effect on the development of intimate relationships (Miller & Benson, 1999). Sexual experiences for adolescents can be marked with a great deal of uncertainty, primarily because of changes that come with puberty and gendered sexual socialization; thus, unwanted sexual experiences, and sexual coercion particularly, may not only become more likely but also more confusing within their romantic and intimate relationships. As a result of the intersection of these complicated developmental issues and sexual victimization, the focus of our study is on adolescents and emerging adults in high school and college.

Childhood sexual abuse (CSA) is a construct that is highly correlated, but conceptually unique, from sexual coercion among adolescence or emerging adults. Adolescents who are sexually abused as children are significantly more likely to be victimized by adolescent peers (Krahè, Scheinberger-Olwig, Waizenhöfer, & Kolpin, 1999; Lodico, Gruber, & DiClemente, 1996). CSA has been defined as unwanted and nonconsensual sexual behaviors occurring before the age of 16 with someone who is at least 5 years or more older; whereas adolescent sexual victimization has been defined as unwanted and nonconsensual sexual activity occurring before the age of 16 with someone who is less than 5 years older (Maker, Kemmelmeier, & Peterson, 2001). Distinctions have been made between childhood (0–12) and adolescence (13–17) in studies exploring CSA and adolescent sexual victimization (Fargo, 2009). Within Maker and colleagues' (2001) study, results suggest that peer sexual victimization is qualitatively different than CSA, as power and relationship differentials in CSA lead to longer-term consequences. They recommend future research explore adolescent peer sexual victimization as a unique experience with unique psychological consequences.

Rationale and Purpose

To date, relatively few studies have investigated the sexual victimization of males and related psychosocial factors. Moreover, the existing literature is limited by its focus on predominantly White college samples and forcible rape. We sought to expand the literature by exploring peer sexual coercion among racially diverse high school and college students, as well as broadened male sexual victimization beyond forcible rape. For a richer understanding of ways that adolescent and emerging adult males experience sexual coercion, we examined participants' written descriptions of coercive incidents. In addition, this study sought to replicate and extend the existing literature investigating psychosocial correlates of male sexual coercion. This study aimed to answer the following research questions:

1. What is the rate of various sexual coercion tactics and resulting sexual activity among adolescent and emerging adult males? Do rates differ based on developmental level or race/ethnicity?

2. Is sexual coercion associated with psychological functioning (i.e., self-esteem, psychological distress) and risk behaviors (i.e., sexual risk taking, substance use), after controlling for childhood sexual abuse? Consistent with previous literature, we hypothesized that coerced males between the ages of 14–26 would report lower psychological functioning and higher risk behaviors than their noncoerced counterparts.

Method

Participants

Data were collected in the Midwest as part of a larger investigation exploring sexual coercion among male and female adolescents and emerging adults. Data from 284 high school (n = 54, 19%) and college (n = 230, 81%) males were analyzed for this study. Ages ranged from 14 to 26 (M = 18.6, SD = 1.3, Med = 19). The sample was racially diverse. For high school students, the sample was 42% White, 17% Black, 15% Asian, 15% Latino, and 11% Bi/Multiracial. For college students, the sample was 46% White, 21% Black, 18% Asian, 10% Latino, 5% Bi/Multiracial. Among participants, 44% qualified for free/reduced lunch or need-based financial assistance (Black = 76%; White = 27%; Asian = 45%; Latino = 61%; and Multiracial/Other = 29%; 22% high school; 49% college). The average GPA of participants was 3.3 (Black = 3.2; White = 3.2; Latino = 3.3; Asian = 3.4; and Multiracial/Other = 3.1).

Participants were recruited from a Midwestern state, including two public high schools in a small town and a large urban city, as well as a large public university. Recruitment for high school participants occurred through upper-level psychology classrooms for the urban high school, and invitation letters coordinated by the assistant principle in the small-town high school. University participants were initially recruited through the registrar's office, such that all second-year undergraduate students were emailed an invitation to participate in an electronic version of the study. To increase participation in sensitive research, we sampled in an additional undergraduate educational psychology course. To oversample for racial/ethnic diversity, we also recruited from an undergraduate course in ethnic studies.

Measures

Predictor variables.

Sexual coercion. Sexual coercion was measured using a modified version of the Sexual Coercion Inventory (SCI; Waldner, Vaden-Goad, & Sikka, 1999). The revised SCI is a 17-item instrument that asks participants whether or not they experienced various sexually coercive tactics: (a) verbal coercion (7 items, e.g., "My partner threatened to stop seeing me"), (b) substance coercion (4 items, e.g., "My partner encouraged me to drink alcohol and then took advantage of me."), and (c) physical coercion (6 items, e.g., "My partner threatened to use or did use a weapon"). The scale was modified to assess for attempted intercourse and includes additional items which distinguished between voluntary and involuntary substance use, as supported in sexual violence literature (McCauley, Ruggiero, Resnick, & Kilpatrick, 2010) (e.g., A sexual partner has given me alcohol without my knowledge and then took advantage of me sexually). Participants were asked to provide information for the most significant experience. Explicit instructions were included to distinguish from childhood sexual abuse: "Sometimes in a relationship, one partner wants to become more sexually involved than the other does. For the following list, indicate whether you have ever been pressured by a peer to engage in sexual behaviors (meaning vaginal, oral, or anal intercourse) even though you did NOT want to participate. For this survey, only refer to sexual experiences with a nonrelative peer (such as a

boyfriend/girlfriend, friend, acquaintance, etc. but *do not* include potential sexual experiences with a family member)."

The original scale was assessed item-by-item and not using a total scale or subscale scores. For analytical purposes, scores for the present study were computed dichotomously, as experiencing verbal coercion (1 = yes, 0 = no), substance-facilitated coercion (1 = yes, 0 = no), and physically forced coercion (1 = yes, 0 = no). Participants also indicated for each item whether the perpetrator was male or female, their age and the perpetrator's age, and the resulting sexual activity: kissing or fondling (1 = yes, 0 = no), attempted intercourse (1 = yes, 0 = no), or completed intercourse (1 = yes, 0 = no). Participants experiencing more than one sexual activity were categorized based on level of penetration, given the extant literature. Reliability estimates for the total SCI were acceptable $\alpha = .81$. Concurrent validity was supported through correlations between SCI subscales and the widely used Sexual Experiences Survey (Koss & Oros, 1982) which ranged from $r = .28$ (verbal facilitated coercion) to $r = .38$ (physical coercion), $ps < .01$.

Sexual coercion descriptions. To better understand how males were being sexually coerced, open-ended responses were collected through the Coping Strategies Inventory (CSI, Tobin, 1984/2001). Participants were asked to write a summary of an incident when they were sexually coerced and, if not applicable, to describe a time when they were coerced or pressured into doing something they did not want to do. Participants then responded to 32 questions in a 5–point Likert format, indicating the amount to which they used the particular coping response in dealing with the previously described coercive incident. Data were not analyzed related to coping responses for the present study.

Contextual variables.

Demographic questionnaire. A demographic questionnaire asked participants to indicate their age, year in school, gender, race (i.e., marking all that apply), ethnicity (i.e., open-ended response), GPA, mother and father education level, and qualification for need-based services (i.e., free or reduced lunch for high school students, need-based tuition assistance for college students).

Childhood sexual abuse. Childhood sexual abuse was assessed using the Sexual Abuse subscale of the Childhood Trauma Questionnaire's screening version (CTQ;Bernstein & Fink, 1998; Bernstein et al., 2003). The CTQ includes four subscales to assess for physical abuse, emotional abuse, physical neglect, and emotional neglect. The Sexual Abuse subscale consists of 5-items rated on a 5-point Likert-type scale ranging from 1 (*never true*) to 5 (*very often true*). The instructions and items were modified to provide greater distinction between peer sexual coercion and childhood sexual abuse. Instructions read, "Thinking back to when you were a child, please rate the amount of truth of each statement that was involved with an adult using the 5-point scale. By adult we mean someone over 18 who is *not* a peer, boyfriend, acquaintance, and so forth. Please circle the appropriate number." Items were modified such that we replaced the word "*Someone . . .*" with the words "*An adult . . .*" (e.g., "An adult tried to make me do sexual things or watch sexual things"). Scores ranged from 5–25, with higher scores representing greater childhood trauma. The CTQ has shown reliability estimates ranging from .91 to .94 (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997; Scher, Stein, Asmundson, McCreary, & Forde, 2001) with racially diverse adults and adolescents. Construct validity was supported among a sample of racially diverse adolescent psychiatric patients, consistent with therapists' independent ratings of maltreatment type (Bernstein et al., 1997); and the brief screening subscales showed criterion validity and sound factor structure among diverse adults (Bernstein et al., 2003). Alpha coefficient estimates for the current sample were acceptable ($\alpha = .90$).

Outcome variables.

Psychological functioning. *Self-esteem*. The widely used Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) was used to assess participants' level of self-esteem. The RSES is a 10-item, 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*), higher scores yielding higher levels of self-esteem. Participants were asked to rate their level of agreement with the given statements (e.g., "On the whole I am satisfied with myself"). The RSES has demonstrated acceptable internal consistency ranging from .61–.84 among ethnically diverse adolescent samples (Chang, Bendel, Koopman, McGarvey, & Canterbury, 2003). Convergent validity has been found with self-confidence among adolescents (Shisslak et al., 1999). The alpha coefficient for this study was .82.

Psychological distress. The 5-item version of Mental Health Inventory (MHI-5, Berwick et al., 1991; Veit & Ware, 1983) was used to assess participants' level of psychological distress. The MHI is rated on a 6-point, Likert-type scale that asks participants to indicate how much of the time they felt a specified way during the past month. Response options ranged from 1 (a*ll of the time*) to 6 (*none of the time*) for each item (e.g., "Been a very nervous person," "Been a happy person"), with greater scores indicating greater psychological distress. Reliability estimates of .90 were found among a sample of adolescents (Ostroff, Woolverton, Berry, & Lesko, 1996) and validity has been established (McHorney, & Ware, 1995). The alpha coefficient for this study was .84.

Risk behaviors. *Sexual risk-taking.* The Scale of Sexual Risk Taking (SSRT; Metzler, Noell, & Biglan, 1992) was used to assess participants' engagement in risky sexual behavior and its connection to sexual coercion. The 13-item SSRT assesses sexual risk taking including the frequency of sex with nonmonogamous partners, number of sexual partners in the past year, condom use, use of prostitution, and history of sexually transmitted infections or pregnancy. Response formats included "Yes" "No," Likert-type, and frequencies, depending on the item. The scale consists of *high risk* (e.g., sex with partners not well known) and *moderate risk* (e.g., nonvirgin status) items. The scores are converted to Z-scores and summed for greater consistency in scoring. Higher scores represent greater sexual risk taking. Reliability coefficients have ranged from .75–.90 among a sample of racially diverse adolescents (Biglan, Noell, Ochs, Smolkowski, & Metzler, 1995). The SSRT has demonstrated convergent validity with the Scale of AIDS Risk and showed relations to adolescent problem behaviors (Metzler et al., 1992). The alpha reliability estimate for the current sample was acceptable ($\alpha = .84$).

Alcohol use was assessed by one item taken from the Youth Risk Behavior Survey (YRBS; Eaton et al., 2010) to assess participants' risk behaviors associated with sexual coercion. The original scale is a 72-item self-report measure; one item was used to measure the frequency of alcohol use in the past 30 days. Responses were rated on a frequency scale and included *0 days, 1 or 2 days, 3 to 5 days, 6–9 days, 10–19 days, 20–29 days*, and *all 30 days*. YRBS has shown high reliability of $\kappa = 61\%–100\%$

(Brener et al., 2013) and test–retest reliability (Cohen's kappa) ranged from 23.6%–90.5% for each of the 72 items with an overall kappa of 60.7% among a sample of racially diverse adolescents (Brener et al., 2002). Reliability of the substance use subscale has yielded a Cronbach's alpha of .82 (Ferguson & Meehan, 2010), however for the purposes of this study we only used the alcohol item.

Procedures

Institutional Review Board Human Subject approval was received prior to data collection. University participants completed the survey in one of three ways. Participants recruited through the university registrar's office completed an electronic version of the survey ($n = 107$). Given variations in instructor preferences, university students recruited through educational psychology courses were asked to complete the survey via paper-and-pencil format on their own time ($n = 57$), whereas ethnic studies courses allowed completion in the classroom ($n = 66$). All of the high school participants completed a paper-and-pencil survey in a large classroom setting during regular school hours. Investigators remained present during data collection for all high school participants, should questions or concerns arise. Participants completing paper-and-pencil surveys were provided with opaque sheets of paper to cover their answers for greater anonymity. All surveys were confidential, with no identifying information attached to surveys.

Participants under 18 years of age were required to provide active parental consent for participation as well as youth assent at the time of the survey. High school students 18 years of age or older were allowed to participate if they provided written consent. All university participants were required to be 18 years of age or older, and provide written informed consent to participate. Survey participants received remuneration in the amount of a $5.00 gift certificate; participating high schools received a check for $150 for supplies and teachers received a $20 gift certificate as a token of appreciation. Consent and assent letters informed participants that they would be asked questions about sexual interactions and substance abuse, among other social activities. Because participants were asked about retrospective experiences with childhood sexual abuse and surveys were de-identified, we were unable to report current abuse experiences for child protection purposes. Participants also were given detailed information about counseling resources in the schools and communities, as well as national hotlines, self-help websites, and a bibliography on books for survivors of sexual trauma.

Results

Preliminary Analyses

In this section we will briefly describe how we handled missing data, statistical outliers, assumptions of normality, and effects of survey format. Missing data were handled using listwise deletion. The following missing data were found for the following variables. Descriptive statistics: financial need ($n = 5$), verbal coercion ($n = 2$), substance coercion ($n = 3$), physical coercion ($n = 3$), sexual activity ($n = 4$); and MANOVA analysis: ($n = 42$). Univariate normality was explored using histograms, stem-and-leaf plots, and descriptive data. Data were normally distributed for self-esteem, psychological distress, and sexual risk-taking, such that the mean was approximate to the median, and the test statistics by standard error ratios for skewness and kurtosis were between -1.0 and $+1.0$. Alcohol use was positively skewed and showed kurtosis with peaks at 0 values (i.e., no alcohol use past 30 days, $n = 90$). Subsequently, we used a square root transformation for this variable and recoded into a categorical variable (0 = none, 1 = moderate use, 2 = high use). Multivariate outliers were tested using Mahalanobis D^2. Two cases had Mahalanobis D^2 with a probability less than or equal to .001 ($D^2 = 33.77$, $p < .0001$; $D^2 = 19.70$, $p = .0005$). Upon further exploration, both outlying cases had values greater than 3 standard deviations above the mean on psychological distress and sexual risk-taking. These cases were excluded from the analyses.

To investigate potential effects of survey format (i.e., electronic, paper-and-pencil in private, and paper-and-pencil in classroom setting), an ANOVA revealed that statistically significant differences were found on sexual risk taking, $F(2, 246) = 11.15$, $p < .001$, alcohol use, $F(2, 244) = 10.42$, $p < .001$, and verbal coercion, $F(2, 244) = 3.91$, $p < .05$. Post hoc Tukey analyses showed that participants completing the survey online reported greater sexual risk taking and alcohol use than those completing the survey in a take-home or in-class version, as well as reported higher verbal coercion compared to participants completing the in-class version. Given the significant mean differences, survey format was treated as a covariate in the main analyses.

We also explored potential differences between demographic variables, school level, race/ethnicity, and outcome variables. Significant differences were not found when comparing school level to racial/ethnic groups ($\chi^2 = 4.66$, $p = .33$) or to Whites and non-Whites ($\chi^2 = 0.22$, $p = .64$). One-way ANOVA results also revealed that college students engaged in significantly greater sexual risk taking, $F(1, 282) = 17.95$, $p < .001$ and alcohol use, $F(1, 280) = 9.16$, $p < .01$ than high school students. Using ANOVA and Tukey post hoc tests, results also indicated that Asians were significantly less likely to engage in sexual risk taking compared to Blacks, Whites, and Latinos, $F(4, 279) = 8.85$, $p < .001$. Whites were significantly more likely to engage in alcohol use than Blacks and Asians, $F(4, 277) = 16.19$, $p < .001$. Financial need also indicated significant differences in outcomes. Participants not qualifying for need-based assistance showed greater psychological distress, $F(1, 274) = 4.29$, $p < .05$ and those who did qualify, showed greater sexual risk-taking, $F(1, 274) = 4.38$, $p < .05$. Given these results, financial need, education, and race were also included as covariates in the main analyses.

Main Analyses

Rates of sexual coercion.

Descriptions of sexual coercion. We summarize participant descriptions of sexual coercion incidents using open-ended survey data (see Table 1). The second and third authors coded the sexual coercion data independently, with 96% interrater reliability. Twenty percent of respondents described a sexually coercive incident. The most common sexually coercive tactics were classified as verbal pressure, followed by manipulation, peer pressure, and substance coercion. Additional coercion tactics that are not assessed in existing measures of sexual coercion were also found.

Table 1
Descriptions of Sexual Coercion Experiences

				Percent within category						
Type	Definition	Example quote	*f* (%)	H.S	Coll.	Black	White	Asian	Latino	Multi
Verbal pressure	Nagging, begging, or other verbal pressure	"A girl wanted me to do oral sex to her. And begged. But I didn't do it."	16 (5.6)	13%	87%	19%	25%	6%	38%	13%
Manipulation	More specific tactics to manipulate, convince, bribe, etc.	"If my girlfriend is sad about something whether is concerning me or not she pressures me into having sexual intercourse with her"	7 (2.5%)	0%	100%	43%	14%	29%	0	14%
Physical force	Using physical aggression or blocking exits for sex	". . . I was pushed into a bathroom by a girl and she started kissing me until I made her stop and explained that I didn't like her like that . . ."	3 (1%)	0%	100%	0	100%	0	0	0
Substance use	Involving alcohol or drugs, knowingly or not, for sex	". . . Well she told me she could drink a ton and was giving me double shots to 'see if I could keep up'. After a couple hours things got blurry and I woke up next to her."	5 (2%)	0%	100%	0	60%	0	40%	0
Sexual seduction	Trying to seduce someone with sexual behaviors	". . . she asked to come in and use the phone because she lost her cell phone. I passed out, she stripped herself then me but I just rolled over and passed out again."	12 (4%)	25%	75%	8%	58%	8%	17%	8%
Statutory rape	Being sexually coerced by an older partner	"I was coerced into sleeping with an older [woman] because I was told it would make a big boy. I was only 12 at the time the girl was 18 I believe."	3 (1%)	0%	100%	67%	33%	0	0	0
Peer pressure	Pressure from friends, not sexual partner, to have sex	"Friends pressuring me to have sex."	7 (2.5%)	43%	57%	29%	43%	0	29%	0
Internal obligation	Pressure comes from within, not from other person	". . . one time after several days of intercourse I was getting tired and didn't really want to have sex any more but I didn't want to let my partner down so I acted as if I wanted more."	5 (2%)	20%	80%	40%	60%	0	0	0

The most common were seduction strategies, where perpetrators tried to use sexual behaviors to coerce participants into having sex. Statutory rape was also identified as a common experience, with older females coercing younger males into having sex. ANOVA analyses were run to explore potential differences between respondents who described a sexual coercion incident ($n = 49$, 17%) and those who did not ($n = 235$, 83%). Those who described a sexual coercion incident reported greater sexual risk taking, $F(1, 282) = 8.28$, $p < .01$ and greater alcohol use, $F(1, 280) = 6.67$, $p < .05$ than those who did not. Asians were significantly less likely to

describe sexual coercion than their counterparts, $F(1, 282) = 7.33$, $p < .01$, whereas Latinos were significantly more likely to describe sexual coercion than not, $F(1, 282) = 8.28$, $p < .01$. Educational differences were not present in open-ended descriptions.

Rates of sexual coercion by tactic. Using data from the revised Sexual Coercion Inventory (SCI), we examined descriptive statistics for means and frequencies of sexual coercion based on tactic and sexual activity, and conducted χ^2 tests to determine differences between groups (see Table 2). Based on results from the open-ended data described above, we chose to explore one item from the SCI separately, which assessed sexual coercion by seduction tactics. Over 4 in 10 males (43% $n = 120$) experienced at least one form of sexual coercion and 31% ($n = 86$) of males experienced verbal coercion strategies. The second most common tactic experienced was unwanted seduction strategies (26% $n = 73$), followed by physical force (18% $n = 52$) and then substance coercion (7%, $n = 19$). Rates of sexual coercion tactics were comparable for males in high school and college. Asians showed significantly lower proportions for all types of coercion ($\chi^2 = 19.80$, $p < .01$) compared to Black, Whites, and Latinos. Blacks showed significantly greater proportions of verbal coercion ($\chi^2 = 19.72$, $p < .01$) compared to Asians and Latinos, and unwanted seduction ($\chi^2 = 14.45$, $p < .01$) compared to Asians.

Rates of sexual coercion by resulting sexual activity. Half of the respondents' sexual coercion resulted in sexual intercourse and 40% resulted in kissing or fondling. Significant differences were found in the sexual activity that sexual coercion resulted in, such that college participants were more likely to experience sexual coercion resulting in completed intercourse compared to high school participants ($\chi^2 = 5.49$, $p < .05$). Blacks reported a significantly greater proportion of coercion that resulted in kissing or fondling compared to Asians ($\chi^2 = 12.31$, $p < .05$), and Whites reported a significantly greater proportion of coercion that resulted in attempted sex compared to multiracial individuals ($\chi^2 = 12.39$, $p < .05$).

Perpetrator characteristics and CSA. Of participants who reported sexual coercion, 95% reported female perpetrators only, one person reported coercion by a male, four participants (1.6%) reported both male and female perpetrators, and two people did not provide the gender of perpetrator. Across sexual coercion tactics, the majority of reported perpetrators were female: 96% verbal coercion, 74% substance coercion, 95% seduction coercion, and 92% physical coercion. A small portion of the sample experienced childhood sexual abuse. Twenty-one participants (7%) reported experiencing childhood sexual abuse; 12 participants (4%) reported experiencing both childhood sexual abuse and peer sexual coercion. To compare peer sexual coercion with childhood sexual abuse and statutory rape, we report findings on age characteristics. Only 32 (11%) indicated their age and the age of the perpetrator during the sexual coercion incident. All responding participants indicated that they were at least 13 years of age at time of incident. One person indicated an age difference greater than 5 years (such that the participant was 17 and perpetrator was 24), however this would not qualify as statutory rape according to the legal age of consent as 16 in most states (Glosser, Gardiner, & Fishman, 2004).

Psychosocial correlates of sexual coercion. Multivariate analyses of covariance were tested to explore the relationship between sexual coercion and psychosocial correlates. We specifically investigated sexual coercion tactic (i.e., verbal, substance, seduction, physical) and resulting sexual activity (i.e., kissing/fondling, attempted intercourse, completed intercourse). Given the consistent relation between childhood sexual abuse and psychological sequelae, we treated this variable as a covariate, as measured by the modified CTQ, to determine effects of sexual coercion above and beyond child abuse. For purposes of this analysis, race was dummy coded, with White as the reference group (given that it was the largest race subsample). Survey format, financial need, education level, and race were also treated as covariates given significant results with these variables from the preliminary analyses presented above. Each sexual coercion tactic and resulting sexual activity were entered as fixed factor independent variables, with self-esteem, psychological distress, sexual risk taking, and alcohol use as dependent variables (see Table 3). Sexual activity for kissing/fondling and attempted intercourse were combined given small cell sizes in attempted sex, and behavioral similarity between the two actions (i.e., fondling and attempting intercourse) for male coercion victims of female perpetrators.

The multivariate analysis was significant for sexual activity (Wilk's $\lambda = .89$; $F(4, 206) = 5.84$ $p < .001$; partial $\eta^2 = .10$) but not coercion tactics. The covariates, survey format, and Black and Asian racial groups also maintained significance in the model. Follow-up univariate results show that sexual activity significantly related to sexual risk taking. Consistent with our hypotheses, Bonferonni post hoc tests of mean differences revealed that sexual coercion resulting in intercourse related to greater sexual risk

Table 2
Sexual Coercion Experiences Based on Tactic Used and Sexual Severity

	Any coercion *N* (%)[c]	Verbal pressure *N* (%)[c]	Substance facilitated *N* (%)[c]	Unwanted seduction *N* (%)[c]	Physical force *N* (%)[c]	Kissing/Fondling *N* (%)[c]	Attempted intercourse *N* (%)[c]	Completed intercourse *N* (%)[c]
Total sample	120 (43%)	86 (31%)	19 (7%)	73 (26%)	26 (9%)	52 (18%)	9 (3%)	59 (21%)
High school	19 (7%)	14 (5%)	1 (.4%)	14 (5%)	3 (1%)	10 (3.5%)	4 (1.4%)	5 (2%)[a]
College	101 (36%)	72 (25%)	18 (6%)	59 (21%)	23 (8%)	42 (15%)	5 (2%)	54 (19%)[b]
Black	34 (12%)[b]	29 (10%)[a]	4 (1%)	23 (8%)[a]	7 (2.5%)	17 (6%)[a]	1 (.4%)	16 (6%)
White	56 (20%)[b]	37 (13%)[b]	9 (3%)	34 (12%)	14 (5%)	27 (10%)	3 (1%)[b]	26 (9%)
Asian	8 (3%)[a]	6 (2%)[b]	1 (.4%)	4 (1.4%)[b]	0	3 (1%)[b]	1 (.4%)	4 (1.4%)
Latino	15 (5%)[b]	7 (2.5%)	3 (1%)	8 (3%)	3 (1%)	4 (1.4%)	1 (,4%)	10 (3.5%)
Multi-racial	7 (2.5%)	7 (2.5%)	2 (1%)	4 (1.4%)	2 (1%)	1 (.4%)	3 (1%)[a]	3 (1%)

Note. Significant proportion differences at $p < .05$ indicated by differing within column superscripts; [c] Percent of total sample.

Table 3
Multivariate Analyses of Covariance, With Childhood Sexual Abuse and Survey Format as Covariates

	Multivariate results			Univariate results							
				Self-esteem		Psych. distress		Sexual risk		Alcohol use	
	Wilk's λ	*F*	Partial η^2	$F(\eta^2)$	*M* (*SE*)	$F(\eta^2)$	*M* (*SE*)	$F(\eta^2)$	*M* (*SE*)	$F(\eta^2)$	*M* (*SE*)
Covariates											
Survey format	0.92	4.30**	0.08	0.58 (0)	1.78	5.30* (0.03)	1.78	3.51 (0.02)	1.78	9.37** (0.04)	1.78
Financial need	0.98	1.10	0.02	0.37 (0)	0.47	2.03 (0.01)	0.47	0.99 (0.01)	0.47	0.63 (0)	0.47
Education	0.99	0.47	0.01	0.16 (0)	1.08	0.03 (0)	1.08	1.02 (0.01)	1.08	0.04 (0)	1.08
Black	0.94	3.26*	0.06	0.35 (0)	0.18	0.39 (0)	0.18	0.95 (0)	0.18	7.38 (0.04)	0.18
Asian	0.94	3.06*	0.06	1.16 (0.01)	0.17	0.14 (0)	0.17	11.72** (0.05)	0.17	0.89 (0)	0.17
Latino	0.99	0.45	0.01	0.00 (0)	0.10	0.39 (0)	0.10	0.89 (0)	0.10	0.01 (0)	0.10
Multi-race	0.98	0.92	0.02	0.49 (0)	0.06	0.03 (0)	0.06	1.82 (0.01)	0.06	2.54 (0.01)	0.06
Child sexual abuse	0.98	0.74	0.02	0.04 (0)	5.37	0.47 (0)	5.37	0.60 (0)	5.37	0.73 (0)	5.37
Verbal coercion	0.97	1.68	0.03	1.64 (0.01)	33.68 (0.77)	5.70* (0.03)	11.43 (0.64)	0.02 (0)	0.55 (0.11)	0.54 (0)	1.52 (0.11)
Substance coercion	0.99	1.23	0.02	2.50 (0.01)	32.26 (1.39)	2.01 (0.01)	13.98 (1.17)	1.01 (0.01)	1.04 (0.21)	0.01 (0)	1.70 (0.19)
Seduction coercion	0.99	0.32	0.01	0.44 (0)	−1.00 (1.35)	0.03 (0)	2.36 (1.13)	0.01 (0)	−0.42 (0.20)	0.13 (0)	−0.22 (0.19)
Physical coercion	0.98	0.83	0.02	0.05 (0)	34.32 (1.30)	1.53 (0.01)	11.44 (1.09)	0.30 (0)	0.61 (0.19)	1.23 (0.01)	1.69 (0.18)
Sexual activity	0.90	5.84***	.10	0.58 (0)	[a]	2.25 (0.01)	[a]	22.43*** (0.10)	[a]	2.63 (0.01)	[a]

[a] See table 4.
* $p < .05$. ** $p < .01$. *** $p < .001$.

taking compared to no coercion or coercion resulting in attempted intercourse or fondling (see Table 4). Sexual coercion resulting in intercourse was also associated with greater alcohol use than those reporting no coercion. Exploratory univariate analyses of pairwise comparisons also show significant relations between substance facilitated coercion and both psychological distress, $F(1, 209) = 5.63$, $p < .05$ and sexual risk taking, $F(1, 209) = 7.84$, $p < .01$. Participants who experienced this tactic of sexual coercion showed greater distress and sexual risk-taking behaviors. However, results should be interpreted with caution given that the multivariate analysis for this variable was not significant. Parenthetically, we tested for moderation effects to examine the interactions between coercion tactics and race, and coercion tactics and education level. In short, none of the interaction terms were significant.

Discussion

This study adds greatly to psychology literature by highlighting the prevalence, context, and psychosocial outcomes of male sexual coercion. Nearly half of the sample of adolescent and emerging adult males reported sexual coercion, with the majority resulting in coerced sexual intercourse. Our results surpass national estimates reporting 10% of lifetime experiences of "forced sex" for high school males (Eaton et al., 2012), but are comparable to other college-sampled studies (Muehlenhard & Cook, 1988). When including a broader array of sexual coercion tactics and resultant sexual activity, the rates increase dramatically from assessments of forcible sex alone.

Participant descriptions of sexual coercion add greater depth in understanding how males perceive and experience sexual coercion. Many of the responses paralleled common definitions in the literature, such as verbal pressure and manipulation tactics (e.g., NISVS; Black et al., 2011). However, for males in this study, unwanted seduction was a particularly pervasive form of sexual coercion, defined as attempting to entice someone with unwanted sexual behaviors. This tactic is not typically assessed in the sexual violence literature; however our study suggests a need to explore the thin line between sexual seduction and sexual coercion tactics. Other behaviors not typically defined as sexual coercion were also included, such as peer pressure and internal obligation. Only 17% of participants described a sexual coercion incident, contrasting with the 43% that reported sexual coercion on the SCI. Other studies of male sexual victimization have also found low response rates for sexual coercion descriptions (Struckman-Johnson, 1988). This may suggest discomfort with elaborating on specific incidents; however, lack of responses could also relate to survey fatigue. Respondents who provided a description of their sexually coercive experience were more likely to engage in sexual risk taking and alcohol use, comparable to multivariate analyses. Whites were more likely to describe an unwanted seduction experience, whereas Latinos were more likely to describe verbal pressure, compared to other racial groups. Because participants were only asked to describe one incident, these findings relate to decisions in reporting rather than racial differences in experiences, and future research should use in-depth qualitative methods to explore male sexual coercion experiences.

Sexual coercion was significantly related to psychological distress and risk behaviors. We found that, in this sample, the resulting sexual activity was more significant in predicting psycho-

Table 4
Bonferroni Post-Hoc Comparisons of Estimated Marginal Means for Resulting Sexual Activity and Psychosocial Outcomes

		Self-esteem	Psychological distress	Sexual risk taking	Alcohol use
F(Partial η^2)		0.73 (0.01)	0.43 (0)	37.18*** (0.26)	14.89*** (0.13)
	N	*M (SE)*	*M (SE)*	*M (SE)*	*M (SE)*
None	132	32.93 (0.45)	12.61 (0.38)	−0.25 (0.07)[b]	0.91 (0.06)[a]
Fondling/Attempted intercourse	51	34.26 (1.12)	11.85 (0.92)	−0.89 (0.16)[a]	1.29 (0.15)
Completed intercourse	55	33.77 (0.98)	12.00 (0.81)	1.13 (0.14)[ab]	1.71 (0.13)[b]

[a] [b] Differing column superscripts indicate significant mean differences at $p < .001$.
* $p < .05$. ** $p < .01$. *** $p < .001$.

behavioral sequelae than the type of tactic used. Specifically, participants whose sexual coercion experience(s) resulted in intercourse showed greater sexual risk taking and greater alcohol use compared to their counterparts who were not coerced or those whose coercion resulted in fondling/attempted intercourse. This finding supports Turchik's (2012) study, which found significant relations between unwanted sex, sexual coercion, and rape compared to nonvictims on weekly drinking, and between rape compared to unwanted sex and nonvictims on sexual risk taking.

Participants who were coerced using verbal or substance tactics showed higher psychological distress then those who did not experience sexual coercion. This finding supports previous research, which has found a positive relationship between male sexual victimization and psychological dysfunction (Walker et al., 2005). This finding was only significant at the univariate level and not the multivariate, which weakens the strength of the results. This lack of significance may be due to low power to detect significance and is worthy of future investigation with larger samples. However other, more specific, variables of distress such as depression, posttraumatic stress, and anxiety (e.g., Zinzow et al., 2010) may show stronger relations than our assessment of global psychological distress, and are also worthy of future research. Surprisingly, sexual coercion and self-esteem were not related. One plausible explanation is that sexual victimization might not impact males' self-perceptions in the same way that it does for women, and instead may inadvertently be consistent with expectations of masculinity and sexual desire. Elder, Brooks, and Morrow (2012) found that heterosexual men's sexual schemas included the desire for sexual validation from women, and that this was a key component of their masculine identity. There might be a potential moderating relation of internalized masculine ideology on sexual victimization and self-esteem that future research could explore.

This study adds to the literature by examining the gender of the perpetrator, and racial and ethnic differences between victims. The majority of respondents reported sexual coercion by females, with only four participants reporting experiences by males, challenging a common myth that men are not or cannot be sexually victimized by women. These results are consistent with studies across the U.S. exploring female sexual perpetration (Williams, Ghandour, & Kub, 2008). We are hesitant to interpret the low reports of sexual coercion experienced from other males as synonymous with low occurrences, as participants may have been reluctant to report victimization by boys or men because of internalized homophobia or gender roles (Cruz, 2000). Unfortunately, a small percentage of the sample reported their age and the perpetrator's age at the time of the incident. As a result, we were unable to investigate coercion by statutory rape. The low reporting might be due to recall issues of the study and difficulty remembering details of previous events. Future research investigating statutory rape may assess sexual victimization using a shorter recall period.

Interesting racial differences were found, such that Asian participants reported significantly fewer sexual coercion rates compared to other racial groups, and were less likely to report verbal coercion compared to Black participants. Similar results have been found between Asian American and African American women (Kalof, 2000). Asian American men and women were also the least likely to report sexual victimization compared to other racial/ethnic groups in national studies (Tjaden & Thoennes, 2000). Part of this finding may be related to cultural beliefs about responsibility and sexual chastity among Asian cultures (La Flair, Franko, & Herzog, 2008) or lack of identifying incidents as rape, as Asian American students have shown higher rape myth beliefs (e.g., that most rapists are strangers not acquaintances) (Lee, Pomeroy, Yoo, & Rheinboldt, 2005). Comparatively, African American men have been stereotyped as hypersexual and hypermasculine (Collins, 2004; Wolfe, 2003), which might impact victimization rates. For example, the sexual abuse of Black men may influence society's sexual objectification of Black men (hooks, 2003). In Ward, Hansbrough, and Walker's (2005) media study, African American male and female adolescents who viewed sexually suggestive hip-hop and R&B music videos were more likely to hold stereotypical beliefs about Black male sexuality and aggression. Virtually no research explores the peer sexual victimization of Black or Asian men specifically, or other racial/ethnic groups for that matter, and thus more research is greatly needed in this area to uncover potential underlying cultural or structural mechanisms.

Limitations and Future Research

Though our research offers important findings and significant implications to sexual violence literature, it is not without limitations. Although our results were statistically significant, the effect sizes were small and as a cross-sectional study, we cannot make inferences about causal effects. Although we included high school students in the study, this subsample was small given the challenges in gaining access to high school adolescents for sexual violence research. Moreover, given the difficulty of collecting data on sensitive topics with vulnerable populations, recruitment strategies for the high schools were not random, thus limiting gener-

alizability. In the future, researchers may want to use randomized sampling strategies when exploring sexual victimization among adolescent and emerging adult men.

The following measurement limitations apply. One particular challenge was distinguishing between childhood sexual abuse and peer sexual coercion where we attempted to delineate between the two, but acknowledge limitations in this area. Specifically, the CSA scale was reworded from *someone* to read *an adult*, and the SCI referred to sexual coercion between nonfamily members, which unintentionally implies that adults or family members are the only people who perpetrate CSA. In addition, the SCI asked participants to refer to a "peer, acquaintance, friend, or romantic partner" but did not provide an age limit. Thus the word *peer* could have been interpreted differently across participants. As a result of these measurement modifications, the validity of the scales and thus the results may potentially be influenced. In addition, examining ethnic identity developmental processes would also be useful for future research on young men of color, for a more meaningful cultural exploration of racial and ethnic identity.

Conclusion and Implications

Despite these limitations, our study has notable findings and implications. This study contributes to sexual coercion prevention by identifying multiple tactics of coercion, acknowledging women as perpetrators against men, and identifying relationships between coercion and psychosocial outcomes. Our study has the potential to promote sensitivity to adolescents and emerging adults who have been sexually victimized. Moreover, this study offers additional knowledge about sexual coercion tactics among racially/ethnically diverse males that may not typically be considered coercive. For future interventions, the results from this study can provide a language for young men to describe sexually coercive experiences and acknowledge that males can be victims of coercion by females, which can begin to challenge notions of traditional masculinity and of hypersexuality. Moreover, mental health professionals can better assess for sexually coercive experiences and potential psychological and behavioral consequences. Psychologists and educators can also use results from this study to provide psycho-education to young men about sexual coercion awareness and identifying consensual versus coerced sexual experiences.

Racial and ethnic differences in rates of coercion tactic and descriptions can help tailor youth prevention. Specifically, engaging in culturally specific interventions that intersect race and gender are particularly important. One such way to do this would be to openly discuss cultural considerations of male sexuality and *saving face* within Asian American communities. This can potentially support greater disclosure of sexual coercion experiences. For African American youth, challenging notions of Black masculinity through critical media literacy would be another recommendation for sexual coercion prevention. Moreover, much of the research that describes sexually coercive experiences of men could potentially be normalized, as many of the experiences males in our study described are part of common sexual scripts. As such, future research on male coercive experiences may consider examining masculinity and sex roles as moderating components.

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