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Stranger and Acquaintance Sexual Assault of Adult Males

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This study examined victim and assault characteristics and the nature and extent of coercion, violence, and physical injuries among adult male victims of sexual assaults. Client records of three groups presenting to a sexual assault care center were included: males assaulted by a stranger (n = 64), males assaulted by an acquaintance (n = 81), and females assaulted by an acquaintance (n = 106). Study results revealed that male victims of sexual assault tended to be young, single men who reported high rates of vulnerabilities such as homelessness and physical, psychiatric, and cognitive disabilities. Male stranger assailant victims were more likely to experience assaults involving weapons and physical violence. Injuries sustained by victims and services delivered at the sexual assault care center were similar for both male and female clients. The results of this study reveal new information about violence in male sexual assaults and the vulnerability of the male victims.

Keywords: *sexual assault; adult male victims; violence*

LITERATURE REVIEW

Although the professional literature on survivors of sexual assault has increased over the past 25 years, it has remained predominantly focused on female victims. The sexual assault of adult males is rarely reported in the identified literature, and the notion of men as victims rather than as the perpetrators of sexual assaults is relatively new (Huckle, 1995). Existing societal myths regarding male rape, such as the belief that men cannot be forced to have sex against their will, that men who are sexually assaulted by men must be gay, or the belief that men are less affected by sexual assault than women, exacerbate the difficulties men have in disclosing the experience of sexual

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assault and increase their stigma while hindering the development of appropriate services and empirical research (Tomlinson & Harrison, 1998). To date, only male-on-male rape in prison settings (Groth & Burgess, 1980), assaults on male children and adolescents (Groth & Burgess, 1980; King & Woollett, 1997; Kuhn, Arellano, & Chavez, 1998), gay male survivors of hate crimes (Duncan, 1990; Garnets, Herek, & Levy, 1990; Hickson et al., 1994; Waterman, Dawson, & Bologna, 1989), and male college students' experiences of sexual coercion by females (McConaghy & Zamir, 1995; Struckman-Johnson, 1988; Struckman-Johnson & Struckman-Johnson, 1994) have generated much research that is published. Studies focusing on other groups of noninstitutionalized, adult male victims have largely been based on small, clinical samples (Isely & Gehrenbeck-Shim, 1997; Kaufman, Jackson, Voorhees, & Christy, 1980; Mezey & King, 1989; Myers, 1989).

The existing academic literature on male sexual violence suggests that not only is the prevalence of sexual assault on males higher than traditionally believed, but the psychological and physical sequelae for men who have been sexually assaulted can be devastating. In the Los Angeles Epidemiological Catchment Area Project (as cited in McConaghy & Zamir, 1995), 7.2% of men investigated reported having been sexually assaulted after the age of 15 years, and 39% of these men stated that they had been forced to have intercourse. Similarly, in another investigation, 16% of a male college student sample reported at least one incident of forced sex (Struckman-Johnson, 1988). Records gathered by crisis centers and hospital emergency rooms indicate that males make up between 1% and 10% of all reports received (Kaufman et al., 1980). A recent study of male survivors found that between 5% and 10% of all reported rapes in any given year involve male victims (Scarce, 1997). In addition, the scant literature attending to adult male rape suggests that the sequelae of sexual assault for men is just as distressing as it is for female survivors. According to one study, many of the male victims reported feelings of shock, humiliation, embarrassment, and behavioral changes and rape-related phobias persisting for a number of years after the assault (Huckle, 1995). Longer term emotional reactions included increased anger and irritability, conflicting sexual orientation, loss of self-respect, and sexual dysfunction similar to female rape victims. In addition, almost half of the male rape survivors in this investigation met criteria for a diagnosis of posttraumatic stress disorder (Huckle, 1995).

A handful of studies have attempted to describe the general characteristics of male sexual assault victims and the assaults themselves. Most investigations indicate that the majority (58% to 100%) of male victims are Caucasian and relatively young (Frazier, 1993). Prior victimization of sexually assaulted males was reported to be between 36% (Mezey & King, 1989) and 71%

(Myers, 1989). Findings regarding assault characteristics have been inconsistent (Goyer & Eddleman, 1984; Groth & Burgess, 1980; Myers, 1989). For instance, although some studies suggest that most male victims know their assailant and that weapons are rarely used, investigations of emergency room samples report a higher incidence of assaults by a stranger wielding a weapon (Frazier, 1993; Isely & Gehrenbeck-Shim, 1997). In addition, the number of male victims who sustain injuries from their attack has been found to range from 25% to more than 60% (Frazier, 1993). Our previous research revealed that 50% of the sample of assaulted males in our study identified their assailant as an acquaintance (Stermac, Sheridan, Davidson, & Dunn, 1996). However, no recent investigations have attempted to compare the characteristics of male sexual assaults committed by strangers to those committed by acquaintances.

Only one research study has sought to examine the provision of services to adult, noninstitutionalized male victims of sexual assault (Donnelly & Kenyon, 1996). This investigation found that many of the rape crisis providers and law enforcement agencies contacted held common stereotypes about male rape. The belief that men could not be raped or that they were raped only because they *wanted to be* was frequently endorsed (Donnelly & Kenyon, 1996). In addition, more than one third (37%) of the agencies initially contacted reported that they would not provide services to a male victim because their crisis services were geared specifically toward the needs of women (Donnelly & Kenyon, 1996). Despite documentation of gender-specific reactions to sexual assault, less than 5% of all programs providing services to victims in the United States have programs designed specifically for males (Washington, 1999).

Only three studies have compared the characteristics of male and female victims seen at the same setting. Kaufman and colleagues (1980) found that the male group was significantly younger, more likely to have sustained physical injuries, more likely to be victims of gang sexual assaults, and more likely to be socially or economically unstable than female victims. In comparison, Frasier's (1993) study of sexual assault victims from a hospital-based rape crisis program found that male and female victims were similar in terms of age, race, and prior victimization. Moreover, men were less likely to have been physically harmed and were seen as more depressed and hostile immediately after the assault than were female victims. Finally, Lacey and Roberts (1991) found that, in comparison to female victims presenting to the same center, men were more likely to be assaulted by more than one assailant, have weapons used against them during the assault, and were more likely to suffer an oral assault. The proportion of assailants known to the victim and

the location of the assault were similar for both male and female survivors (Lacey & Roberts, 1991).

OBJECTIVES OF PRESENT RESEARCH

It is clear that our knowledge and understanding of adult male sexual assault is very limited. The present investigation sought to address the gaps in the research literature on noninstitutionalized, adult male sexual assault victims from a community sample. This study had three purposes. The first was to gather comprehensive information of male sexual assault victims, their assault experiences, physical injuries, and the services they receive. Second, the study examined the victim-assailant relationship and compared men who were sexually assaulted by strangers to those who were assaulted by acquaintances. Third, we compared and contrasted male and female victims of acquaintance sexual assault on victim and assault characteristics, physical trauma, and service delivery variables.

Based on previous research and our clinical experience, we predicted that (a) male victims would represent a more vulnerable group (in terms of reporting more disability and having higher rates of homelessness) and would experience more violent sexual assaults than female victims and (b) stranger assaults against males would be more violent than acquaintance assaults against males. There were no specific predictions about service delivery variables. It was anticipated that this study would contribute to our knowledge on adult male sexual assault through the inclusion of a larger population sample, a more inclusive set of victim and assault characteristics, and examination of the victim-assailant relationship.

METHOD

Database Information

Information used in this study was obtained from a Sexual Assault Care Centre database. This database includes nonidentifying medical and nursing information collected by intake and treatment personnel at a hospital emergency department and Sexual Assault Care Centre of a large urban hospital in Ontario, Canada, between the years of 1992 and 1999. Three groups were included in the investigation: males sexually assaulted by a stranger ($n = 64$), males sexually assaulted by an acquaintance ($n = 81$), and a comparison group of females sexually assaulted by an acquaintance ($n = 106$). Clients

within this latter group represent the vast majority of sexually assaulted females seen at the center and were chosen by randomly selecting 10% of the total female acquaintance sample. Stranger sexual assaults were defined as those involving unknown assailants or assailants known for less than 24 hours. Acquaintance sexual assaults were defined as those involving assailants known for more than 24 hours.

Setting

The hospital-based Sexual Assault Care Centre provides specialized medical, psychological, and social assistance and treatment to approximately 350 victims of sexual assault per year. Services are offered to adult women and men within 72 hours of a sexual assault and include the option of forensic evidence collection as well as referral to the center's counseling program. The study was approved by the Research Ethics Board of Sunnybrook and Women's College Health Sciences Centre.

MEASURES AND PROCEDURE

Database Coding

Database information includes specific client, assault, assailant, and treatment variables as well as general demographic, historical, and presentation information. Variables are coded by senior research assistants skilled in all aspects of data collection and management. Accuracy and reliability of data collection were assessed approximately every 6 months by the research assistants and by the first author independently.

Variables

Several groups of variables were chosen from the database including (a) client demographics and background, (b) assault and assailant characteristics, (c) assailant's use of coercion, and (d) victim injuries and service delivery. Client demographics based on self-report included age, ethnicity, marital status, employment status, cognitive and physical disabilities, and current living situation. Assault and assailant characteristics included sex of the assailant, number of assailants and acts perpetrated, location of attack, and type of assault attempted and/or completed. Client's presentation was described by the length of delay in presenting to the hospital and analyses of who accompanied them to the emergency room.

Variables related to use of force included the presence of weapons and alcohol. Types of coercion as well as a mean severity of coercion index were recorded in the following manner. Each type of coercion was weighted using a continuum of severity based on clinical judgment. Weighting ranged from attacks while the victim was asleep (× 1), coercion involving verbal threats (× 2), drugging the victim (× 3), use of physical restraint by the assailant (× 4), to the use of physical violence (× 5). A total coercion score was computed for each participant by adding all of the weighted coercion variables together. This total score was used to compute the mean severity index of coercion experienced by the three groups of participants.

Victim physical injuries and trauma to the body were also analyzed. The type and location of physical trauma based on both client self-report and clinician observation was recorded. A sum of physical injuries was then computed for each type of injury. Each type of injury was weighted using a continuum of severity ranging from injuries involving tenderness (× 1), pain (× 2), soft tissue trauma (× 3), the presence of lacerations (× 4), fractures (× 5), to internal injuries (× 6). A total trauma variable was computed for each participant by adding all of the weighted injury variables together. This total score was used to compute the mean severity index of trauma experienced by the three groups of participants. Service delivery characteristics included physical examination and forensic kit completions, the duration of the emergency room visit, and admissions to the hospital.

Data were analyzed using the chi-square statistic for nominal data and an ANOVA for continuous data. Analyses were conducted on raw frequency counts in the chi-square analyses and are presented as percentages for clarification. Because of the large number of comparisons carried out in the analyses, an adjusted alpha level of .01 was used. Group comparisons were made between all three groups as well as between pairs of groups and are reported accordingly.

RESULTS

Characteristics of Sexual Assault Victims

Male victims of stranger and acquaintance sexual assault involved in this investigation differed on few demographic and background characteristics. Male clients ranged in age from 14 to 65 years. As seen in Table 1, stranger assault victims were similar in age to both male and female victims of acquaintance assault, $F(2, 249) = 0.008$, $p < .992$. Approximately one fifth of the male clients described themselves as members of visible minorities

(19.4%). A nonsignificant trend revealed that more male victims of acquaintance assault were employed (29.1%) than male victims of stranger assault (18.5%); however, female victims reported higher rates of employment than both groups of males, $\chi^2(2, n = 200) = 6.558$, $p < .038$. At the time of the assault, the majority of both the male and female victims were single. As seen in Table 1, however, and revealed in post hoc analyses, male stranger assault clients reported being single significantly more often than women assaulted by acquaintances, $\chi^2(1, n = 171) = 9.07$, $p < .003$.

Of considerable note was the finding that 18.5% of the male stranger clients and 13.9% of the male acquaintance clients reporting to the care center lived in shelters or on the street. Female sexual assault victims were the least likely (6.6%) to be living in a shelter or on the street at the time of their presentation, although this did not differ between the groups, $\chi^2(2, n = 250) = 5.770$, $p < .056$. Women assaulted by acquaintances reported living with family more often than men assaulted by acquaintances, $\chi^2(1, n = 185) = 13.95$, $p < .000$, but did not differ from those assaulted by strangers, $\chi^2(1, n = 171) = 2.91$, $p < .088$.

Examination of variables related to clients' psychiatric history and disabilities revealed that both groups of male victims had significant involvement with the psychiatric system. More than 35% of males assaulted by strangers and almost 40% of males assaulted by acquaintances reported psychiatric histories. This was only marginally different, however, from the women clients, $\chi^2(2, n = 183) = 8.298$, $p < .016$. In addition, 9% of the males assaulted by strangers and more than 6% of males assaulted by acquaintances were physically disabled at the time of the assault. Female clients in this study were the least likely to present with physical challenge and differed from both male stranger assault victims, $\chi^2(1, n = 171) = 10.14$, $p < .001$, and male acquaintance assault victims, $\chi^2(1, n = 185) = 6.90$, $p < .009$, in this regard. Finally, more than 10% of the male victims had cognitive disabilities.

Sexual Assault Characteristics

As illustrated in Table 2, several group differences were found in the location of the assault. First, men assaulted by an acquaintance were more likely to be assaulted in the assailant's home than males assaulted by a stranger, $\chi^2(1, n = 144) = 19.41$, $p < .000$, or female victims, $\chi^2(1, n = 171) = 20.05$, $p < .000$. Women assaulted by acquaintances, however, were as likely to be assaulted in the assailant's home as males assaulted by acquaintances, $\chi^2(1, n = 185) = .02$, $p < .902$. Men assaulted by strangers were most likely to be victimized outdoors (46.2%) and more likely than both other males, $\chi^2(1, n = 144) = 25.98$, $p < .000$, and female clients, $\chi^2(1, n = 171) = 28.29$, $p < .000$.

TABLE 1: Victim Characteristics

	Victim-Assailant Relationship			
	Male Stranger (n = *65*)	*Male Acquaintance* (n = *79*)	*Female Acquaintance* (n = *106*)	p
Mean (*SD*) age	26.8 (8.9)	26.6 (9.6)	26.7 (10.7)	.992
Ethnocultural group (%)				
Caucasian	63.1	70.9	60.4	.325
Visible minorities	21.5	17.8	19.8	.846
Unknown	15.4	11.4	19.8	.299
Employed (%)	18.5	29.1	32.1	.038
Marital status (%)				
Single	92.3	77.2	73.6	.011*
Living situation (%)				
Alone	20.0	19.0	21.7	.899
With family	27.7	15.2	40.6	.001*
Street/shelter	18.5	13.9	6.6	.056
Psychiatric history (%)	36.9	39.2	19.8	.016
Physical disability (%)	9.2	6.3	0	.010*
Cognitive disability (%)	10.8	11.4	2.8	.050

*$p < .05$.

Attacks within institutions were most frequent among males assaulted by acquaintances and differed from female acquaintance assaults, $\chi^2(1, n = 185) = 11.22$, $p < .001$.

Also presented in Table 2 is the mean number of assailants for male and female victims. Post hoc analyses revealed that men assaulted by strangers differed from female victims in reporting more assailants, $F(2, 244) = 8.268$, $p < .000$. The majority of both male and female sexual assault victims was assaulted by a male only (93% to 97%). The likelihood of being assaulted by a female only was very rare although noted most commonly among the male acquaintance group (5%). The likelihood of being assaulted by both a male and female was infrequent but most common among male stranger assaulted victims (6.3%), which may suggest a gang-type assault.

As shown in Table 2, several types of assault were examined. Assaults involving only fondling of the victim were most likely in attacks on males; however, this finding did not significantly differentiate between the groups, $\chi^2(2, n = 250) = 5.431$, $p < .066$. Not surprisingly, vaginal assaults were most likely in attacks on women, $\chi^2(2, n = 250) = 137.508$, $p < .000$, although a minority of assaults on males by females were known to include forced vagi-

TABLE 2: Sexual Assault Characteristics

	Victim-Assailant Relationship			
	Male Stranger (n = *65*)	*Male Acquaintance* (n = *79*)	*Female Acquaintance* (n = *106*)	p
Location of assault (%)				
Victim's home	9.2	17.7	26.4	.020
Assailant's home	10.8	44.3	43.4	.000*
Park/outside	46.2	8.9	10.4	.000*
Institution	1.5	10.1	0	.001*
Mean (*SD*) number of assailants	1.7 (1.2)	1.4 (0.9)	1.1 (0.5)	.000*
Sex of assailant (%)				
Male only	93.7	93.7	97.2	.444
Female only	0	5.1	1.9	.133
Both	6.3	1.3	0.9	.063
Type of assault (%)				
Touch/fondle	21.5	21.5	10.4	.066
Vaginal assault	1.5	11.4	79.2	.000*
Fellatio assault	43.1	40.5	16.0	.000*
Anal assault	53.8	60.8	7.5	.000*
Foreign object assault	4.6	0	2.8	.184
Police accompaniment (%)	63.1	58.7	55.7	.633
Mean (*SD*) hours since assault	10.7 (16.7)	16.9 (21.6)	19.0 (21.7)	.057

*$p < .05$.

nal contact with the female perpetrators. Attacks involving fellatio were found to be more likely in the sexual assaults of male victims, $\chi^2(2, n = 250) = 18.927$, $p < .000$. This differed significantly between both male stranger assaults and female assaults, $\chi^2(1, n = 171) = 15.19$, $p < .000$, and male acquaintance assaults and female assaults, $\chi^2(1, n = 185) = 13.92$, $p < .000$. Similarly, anal assaults were most likely with male victims and represented the most frequent type of male sexual assault (54% to 60%). Females victims were less often anally assaulted than both male stranger assault victims, $\chi^2(1, n = 171) = 45.89$, $p < .000$, and male acquaintance assault victims, $\chi^2(1, n = 185) = 60.72$, $p < .000$.

As outlined in Table 2, the majority of male and female clients in this study was accompanied to the sexual assault care center by police. This did not differ significantly between groups, $\chi^2(2, n = 250) = 0.914$, $p < .633$. Although the male client groups did not differ significantly in the time since assault to presentation in the emergency care center, it was noted that men assaulted by a stranger arrived at the care center sooner than other male clients.

Coercion by Assailant

Ratings of the severity of coercion used by assailants (see Table 3) indicated that the three client groups did not differ significantly on this variable, $F(2, 249) = 0.790$, $p < .455$. Various methods of coercion were involved in many of the sexual assaults reported including verbal threats, assault of a sleeping victim, physical restraint, use of drugs and/or alcohol to commit an assault, and physical violence. Physical restraint or confinement was the most common form of coercion and was used most frequently by acquaintances of female victims (52.8%). Although verbal threats were also used frequently by assailants, the use of threats did not differ significantly between groups, $\chi^2(2, n = 250) = 0.467$, $p < .792$. Physical violence was found to be used most often by stranger assailants (21.5%) and acquaintance assailants in male sexual assaults (15.2%), but this also did not differ significantly between the groups, $\chi^2(2, n = 250) = 4.848$, $p < .089$. Assaults committed on victims incapacitated by drugs or alcohol were less frequent and similar between the three groups, $\chi^2(2, n = 250) = 1.162$, $p < .559$. The number of assaults on sleeping victims was also similar between groups, $\chi^2(2, n = 250) = 4.171$, $p < .124$.

As seen in Table 3, weapons were used significantly more by strangers in male sexual assaults (38.5%) than by either acquaintances in male $\chi^2(1, n = 131) = 18.73$, $p < .000$, or female assaults, $\chi^2(1, n = 158) = 22.33$, $p < .000$. Alcohol use by the assailant at the time of the assault did not differ significantly between groups, $\chi^2(2, n = 134) = 1.968$, $p < .374$. In contrast, alcohol use by the victim did differ significantly between sexual assault groups. Men assaulted by acquaintances were most likely to report alcohol use at the time of the assault (57%) and differed from men assaulted by strangers (30.8%), $\chi^2(1, n = 101) = 10.40$, $p < .001$, but not for female victims, $\chi^2(1, n = 134) = 2.70$, $p < .100$.

Physical Injuries and Service Delivery Characteristics

Physical injuries sustained during the assault were also examined in this investigation. As seen in Table 4, more than one third of all clients presented to the emergency care center with physical injuries. This was similar between the groups, $\chi^2(2, n = 241) = 2.836$, $p < .242$. As seen in ratings on the injury severity index (Table 4), client groups also did not differ significantly on ratings of this variable, $F(2, n = 249) = 1.602$, $p < .204$.

The type of physical trauma resulting from the assault included tenderness, pain, soft tissue injuries such as contusions and bruises, lacerations, fractures, and internal injuries. Among the different client groups, the most

TABLE 3: Assailant's Use of Coercion by Type of Victim-Assailant Relationship

	Victim-Assailant Relationship			
	Male Stranger (n = *65*)	*Male Acquaintance* (n = *79*)	*Female Acquaintance* (n = *106*)	p
Mean (*SD*) severity index	3.9 (3.1)	3.4 (2.9)	3.8 (2.5)	.455
Coercion types (%)				
Sleeping	3.1	12.7	9.4	.124
Verbal threats	41.5	36.7	36.8	.792
Drugging	9.2	15.2	13.2	.559
Physical restraint	43.1	32.9	52.8	.026
Physical violence	21.5	15.2	9.4	.089
Weapons used (%)	38.5	8.9	9.4	.000*
Alcohol use by victim (%)	30.8	57.0	46.2	.006*
Alcohol use by assailant (%)	12.3	46.8	43.4	.374

*$p < .05$.

common injury type was soft tissue. Similarly, when injury types were analyzed separately, a trend in group differences emerged only with soft tissue injuries. Female clients were most likely to show soft tissue injuries (39.6%), followed by male clients assaulted by strangers (32.3%), and male clients assaulted by acquaintances (20.3%), although these differences only approached statistical significance, $\chi^2(2, n = 250) = 7.877$, $p < .019$.

The location of physical trauma was coded on 10 body sites. Across all three groups, the most common location for injuries was the perineal and anal areas. As presented in Table 4, the only significant difference between groups emerged with regard to injuries to the legs, knees, or feet. Approximately one quarter of female sexual assault victims sustained injuries to these areas and differed significantly from the male stranger assault group, $\chi^2(1, n = 171) = 6.20$, $p < .013$.

Once at the sexual assault emergency center, client groups did not differ significantly in terms of the number of completed physical exams, $\chi^2(2, n = 246) = 0.837$, $p < .658$, or the number of forensic evidence kits collected, $\chi^2(2, n = 247) = 0.700$, $p < .705$, respectively. Although the overall numbers were small, an interesting finding emerged for the rate of hospital admissions following the assault. As shown in Table 4, sexually assaulted men were more likely to be admitted into the hospital (6.2% to 6.4%) than were sexually assaulted women (0%), although this did not differ statistically, $\chi^2(2, n = 250) = 6.876$, $p < .032$.

TABLE 4: Physical Injuries and Service Delivery Characteristics by Type of Victim-Assailant Relationship

	Victim-Assailant Relationship			
	Male Stranger (n = 65)	*Male Acquaintance (n = 79)*	*Female Acquaintance (n = 106)*	p
Physical injury present (%)	43.1	45.6	34.0	.242
Mean severity index	2.5 (3.3)	2.2 (3.0)	3.0 (3.2)	.204
Injury types (%)				
Soft tissue	32.3	20.3	39.6	.019
Lacerations	16.9	22.8	30.2	.135
Pain	21.5	16.5	16.0	.623
Injury location (%)				
Head/neck/face	18.5	12.7	21.7	.284
Leg/knee/feet	9.2	11.4	24.5	.011*
Arm/hand	15.4	15.2	23.6	.251
Perineal/anal	32.3	32.9	30.2	.916
Physical exam completed (%)	64.6	70.5	70.9	.658
Forensic kit completed (%)	47.7	51.9	54.3	.705
Admitted to hospital (%)	6.2	6.4	0	.032

*$p < .05$.

DISCUSSION

The results of this study contribute to our knowledge and understanding of adult male sexual assault. Although the limited literature on male sexual assault has indicated that victims of sexual assault tend to be young White males who experience trauma from their attacks, few other variables have produced consistent findings about the demographics, characteristics, or assault-related factors in male sexual assault. This study presents new information about male sexual assault and specific information about the victim-assailant relationship that has not previously been examined in the literature.

Among the most important findings of this study is that male victims presenting to the urban sexual assault care center were young, often single adults with significant vulnerabilities that would likely place them at higher risk for diverse types of victimization. Male victims of sexual assault, although not statistically significant, were most likely to be currently living on the street or in a shelter, and more than 80% of men assaulted by a stranger were unemployed at the time of the assault. Most notably, significantly more male assault victims reported physical disabilities than did female victims, and marginally more males presented with psychiatric histories than female vic-

tims using the same care center. Finally, more than 10% of the male victims had cognitive disabilities. These findings are consistent with previous research (Kaufman et al., 1980) and may be related to several factors. It is well known that vulnerable females are at higher risk for sexual assault (Wyatt, Guthrie, & Notgrass, 1992), and the present findings may now indicate that this is also true for vulnerable males. If this is the case, these findings have significant clinical and practical implications for the treatment of male sexual assault victims and highlight the importance of appropriate referrals and follow-up services. Conversely, the vulnerability of the male victims may represent a selection bias among users of a sexual assault care center with greater injuries and/or higher rates of disability or marginalization.

Some expected differences in the type and location of committed sexual assaults were noted both between male and female victims as well as male acquaintance and stranger assault victims. Males overall were more likely than females to be victims of an anal and/or fellatio assault. Male stranger assailant victims were also most likely to be attacked by multiple assailants than were female victims and more likely than both other groups to be assaulted outdoors or in a park setting. Consistent with Kaufman et al.'s (1980) findings, these results may suggest that male victims of sexual assault may be more vulnerable to assaults by gangs or groups.

In contrast, although acquaintance victims (both male and female) were more likely to be assaulted in the assailant's or victim's home, male acquaintance-assailant victims in particular were more likely to be assaulted in an institutional setting. These findings, also consistent with past research, raise further important questions about male victims' safety and vulnerability in institutions. Although our study does not provide complete details on the types of institutions clients resided in, some men revealed that they were staying at longer term men's facilities. Further research is needed to investigate whether the structure/organization of the institution itself puts men at risk or if individual factors such as previous psychiatric histories or physical/cognitive disabilities pose an increased risk for sexual assault.

Coercion methods and ensuing injuries revealed significant levels of violence among all sexual assault victims. Consistent with previous findings, male stranger assault victims were more likely to experience assaults involving weapons. Acquaintance male assaults, however, were more likely to involve victims' alcohol use. Although not statistically significant, male victims were more likely to be admitted to a hospital following a sexual assault than females.

In terms of service delivery variables, the proportion of completed physical exams and forensic evidence kits was similar for both male and female victims. These new findings raise a number of interesting questions about the

use of forensic evidence kits for males and their ultimate utility as court evidence. Future research in this area may shed some light on the use of forensic evidence in male sexual assault cases.

The results of this study have several limitations. Although nonidentifying database information allows for the collection of information from a large number of clients, it entails the use of predefined and static variables. The use of predefined variables obtained from clients' records limited the type and depth of data that were examined. Additional information on the assailants and further details of their relationship to the victim may have added important insights into male stranger and acquaintance sexual assaults. Moreover, because of client's medical and psychological conditions, victim's self-reports and clinician's data collection may not have always been as comprehensive as possible. As well, these data represent only individuals who seek services within a specialized care center and may not be representative of other sexual assault clients.

Overall, these findings present new evidence about the nature and extent of violence and coercion in male sexual assaults. These results challenge some of the stereotypes about male sexual assault and its victims and demonstrate the significant amount of violence used against men during these assaults. As well, the findings illustrating the extreme vulnerability of the male sexual assault victims in this study raise a number of research questions about these men's prior history of victimization and future safety.

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