

WHEN MEN ARE THE VICTIMS:
FACTORS AFFECTING RAPE VICTIM BLAME AND BYSTANDER AID
DISSERTATION

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PREVIEW

ABSTRACT

Rape is a widespread problem, particularly on college campuses. While most research has focused on female victims, male victimization is more common than previously thought. Studies reveal that gender may play an important role in rape myth acceptance, as male victims of rape committed by female perpetrators are often perceived as more responsible for being raped and less traumatized than in cases with male perpetrators. Rape myth acceptance is associated with victim blame, as individuals who accept rape myths are more likely to attribute responsibility to rape victims for the assault. Rape myth acceptance and victim blame both influence bystander intervention, as those who endorse rape myths and blame the victim are less likely to intervene before, during, or after sexual assault.

This study examined the impact of participant gender, victim gender, and victim-perpetrator relationship on victim blame and bystander aid in a college population. Participants were 265 college students, aged 18-25, who were recruited online at a university located in the southeastern United States, and an online research participation platform (Prolific). Participants were randomly assigned to one of four conditions involving a vignette of a cisgender heterosexual rape. Vignettes differed in terms of victim gender (male or female) and relationship between victim and perpetrator (dating or acquaintance). After reading the vignette, participants completed measures assessing victim blame, bystander aid, demographic information, rape myth acceptance, alcohol consumption, history of sexual victimization, and social desirability.

Results indicated that male participants endorsed higher levels of victim blame and lower levels of bystander aid than female participants, male victims were blamed more than female victims, and participants were more willing to provide bystander aid to female victims than to male victims. Results also suggested no significant difference between acquaintance and dating conditions with regards to victim blame or bystander aid. In addition, rape myth acceptance predicted victim blame and was significantly negatively associated with bystander aid across conditions. History of sexual victimization and alcohol consumption were significantly negatively associated with bystander aid in the female-victim condition but not the male-victim condition. Results and implications of findings are discussed.

PREVIEW

DEDICATION

To my family.

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I. BACKGROUND

The act of rape has occurred since early civilizations, with the oldest written criminalization of rape found in the Code of Hammurabi, which dates to about 1754 B.C. (Smith, 1974). The Federal Bureau of Investigations defines rape as “penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” Rape and other acts of sexual violence are serious problems in the U.S., with an estimated 135,775 rapes reported to law enforcement in 2017. The 2017 estimate of rapes in the U.S. was 2.5% higher than the 2016 estimate and 19.4% higher than the 2013 estimate (Federal Bureau of Investigations, 2017). Contrary to common perceptions of rapists, 34% of all rape or sexual assault victimizations are committed by an intimate partner (former or current spouse, girlfriend, or boyfriend), 38% by a friend or acquaintance, and only 22% by strangers (U.S. Department of Justice, 2013). Studies suggest that 1 in 5 women in the U.S. will be raped in their lifetimes

While less is known about male victims, research suggests that male sexual victimization is more prevalent than previously thought. Research indicates that up to 65% of men report sexual victimization (Centers for Disease Control, 2014; Depraetere, Vandeviver, Beken, & Keygnaert, 2018). Coercion strategies such as exploiting a victim’s incapacitated state and verbal pressure are commonly used by female perpetrators towards male victims (Depraetere et al., 2018).

Survivors of rape and other forms of sexual assault are at a higher risk of experiencing negative physical and mental health outcomes including bodily harm, fear, anxiety, poor self-

esteem, social difficulties, depression, and post-traumatic stress disorder (PTSD) (Davies, 2002; Demaris & Kaukinen, 2005; Peterson, Voller, Polusny, & Murdoch, 2011; Ullman and Nadjowski, 2009). Suicidal ideation has been found to occur in 33–50% of female rape victims (Goodman, Koss, & Russo, 1993).

Research shows that sexual victimization is just as distressing and psychologically harmful to male victims as female victims (Coxell & King, 1996; Davis, 2004; Heidt, Marx, & Gold, 2005; Mezey & King, Myers, 1989; Walker, Archer, & Davies, 2005). Some studies suggest that male sexual victimization is associated with even poorer outcomes than female sexual victimization, which may be due to a perceived loss of power, control, and masculinity, as well as a lack of support and resources compared to female victims (Peterson et al., 2011). In some cases, male victims display higher levels of anxiety, depression, intrusive experiences, suicidal thoughts, and more suicide attempts than female victims (Elliott, Mok, & Briere, 2004, Struckman-Johnson & Struckman, Johnson, 2006). Sexually assaulted men have also been found to have significantly higher rates of current psychological symptoms, increased lifetime history of psychological disorders (55% vs. 29%), and a greater history of psychiatric hospitalizations (52% vs. 18%) as compared with sexually assaulted women (Kimerling, Rellini, Kelly, Judson, & Learman, 2002). Additionally, male rape victims may experience hostility and disbelief from law enforcement and medical services when reporting rape, which exacerbates psychological distress (King & Woollett, 1997). In both men and women, the negative psychological consequences of rape may persist for years (Neville & Heppner, 1999; Resick, 1993).

Despite the prevalence of rape affecting both male and female victims and the well-established negative psychological consequences, an estimated 50-90% of rapes are never reported to law enforcement (U.S. Department of Justice, 2002; Madigan & Gamble, 1991; Gise

& Paddison, 1988). This is due to a number of factors, including victim self-blame (Vidal & Petrak, 2007), fear of not being believed or humiliated by others (Povey, Coleman, Kaiza, Hoare, & Jansson, 2008), wanting to avoid the stigmatized status of being a rape victim (Littleton & Dodd, 2016; Littleton et al., 2009), and the low likelihood that the rapist will be prosecuted or found guilty if prosecuted (Allen, 2018; Kalven & Zeisel, 1986; Page, 2008; Stickels et al., 2007).

Research examining rape and policy efforts in the U.S. aimed at preventing rape have largely viewed rape as involving male perpetrators and female victims. Some researchers posit that this gendered conceptualization of rape has been detrimental to male victims of rape as it fails to acknowledge the prevalence and seriousness of sexual assault against men and as a result limits available resources for male victims (Depraetere et al., 2018; Javaid, 2017; Rosenstein & Carroll, 2015; Stemple & Meyer, 2014).

A gendered conceptualization of rape, which minimizes male sexual victimization, is influenced by gender stereotypes and sexual scripts, which prescribe how men and women should behave in sexual situations. These stereotypes and scripts imply that women are passive and inexperienced and that men are sexually dominant, experienced, and engage in every sexual opportunity (Gupta, 2000; Simon & Gagnon, 1984). These attitudes and beliefs are exemplified by rape myths, which are defined as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists,” and include the assumptions that victims are more responsible for an assault when drinking alcohol or dressing a certain way, that rape victims are always women, that men are always perpetrators, and that most rape victims do not know their perpetrators (Bohner, Weisbrod, Raymond, Barzvi, & Schwarz, 1993; Burt 1980). Rape myth acceptance refers to the degree to which individuals endorse stereotyped beliefs about rape. Rape myth

acceptance by society results in a rape-supportive climate hostile to victims and may influence victim blame and bystander aid (Javaid, 2017; Rosenstein & Carroll, 2015). Males, and individuals who are older, less educated, and identify as heterosexual have been found to be more likely to endorse rape myths than individuals who are female, more educated, and identify as gay (Davies et al, 2012; Kassing et al., 2005; Davies & McCartney, 2003).

Research suggests that acceptance of rape myths creates a broader culture in which victims are blamed for the rape (Ben-David & Schneider, 2005; Frese, Moya, & Megias, 2004; Peterson & Muehlenhard, 2004). Although overt blaming of victims may have become less socially acceptable in recent decades, rape myths that imply that victims did something to cause the assault and that the offender is not completely at fault persist (Hockett et al. 2016; Saucier et al. 2015). Blame has harmful consequences for victims, as victims who are met with negative reactions have a higher risk of re-victimization over a twelve-month period (Mason, Ullman, Long, Long, Starzynski, 2009).

In both stranger and acquaintance rape situations, some research has found that male victims tend to be blamed more than female victims (Perrott & Webber, 1996). In particular, men are blamed more harshly than female victims when they are judged to have been able to fight off an attacker (Davies, Pollard, & Archer, 2001; Howard, 1984a, 1984b).

Bystander intervention or aid, which refers to third-party observers interfering or helping when presented with sexual assault scenarios, is often presented as a solution to curbing sexual victimization (McMahon, 2010). Bystander intervention programs have gained popularity in recent years, particularly on college campuses with various models encouraging students to intervene before, during, or after a sexual assault has occurred. Research has found that women tend to show more positive bystander behavior overall when compared to men which may be a

result of their greater awareness of sexual assault scenarios or greater identification with and empathy for victims (Banyard 2004, 2007, 2008, 2011; Banyard and Moynihan 2011; Burn 2009). Greater acceptance of rape myths is associated with lower likelihood of bystander intervention in sexual assault situations (Banyard, 2008; Burn 2009).

The purpose of the present study is to examine the relationships among gender, rape myth acceptance, victim blame, bystander aid as they relate to heterosexual rape. Following a brief description of the epidemiology of male and female rape and related psychological consequences, rape myth acceptance and its impact on victim blame and bystander aid will be examined. The role of relationship between victim and perpetrator will also be discussed.

Male and Female Rape

Both men and women are rape victims. According to the National Intimate Partner and Sexual Violence Survey (Smith et al., 2018) which examined sexual violence among adults in the U.S., one in five women (21.3% or an estimated 25.5 million) has been raped. About 13.5% of women surveyed experienced completed forced penetration, 6.3% experienced attempted forced penetration, and 11.0% experienced completed alcohol/drug-facilitated penetration at some point in their lifetime. With regards to male rape, nearly 25% of men have experienced some form of sexual violence and 1 in 14 men (7.1% or nearly 7.9 million) have been made to penetrate someone else in his lifetime. For male victims of completed and attempted penetration, 1.6% endorsed an experience of completed penetration, 1.4% experienced situations where attempts were made to make them penetrate someone else through use of force, and 5.5% were made to penetrate someone else through alcohol/drug facilitation at some point in their lifetime (Smith et al., 2018).

Men and women differ somewhat regarding age at first victimization. Although a majority of both men and women report that their first experience of attempted or completed rape occurred prior to age 25, more women than men report their first victimization occurring at 17 years or younger (43.2% women, as compared to 25.9% of men) and more men than women report their first victimization occurring after the age of 25 (43.1% of men, as compared to 17.5% of women).

In a review of the literature, Depraetere et al. (2018) found that almost one third of the studies reviewed reported higher victimization rates for males than females, with 3 of the 33 studies reporting victimization rates of more than 57% for males. It was also suggested that male victims may be more reluctant to report sexual victimization than female victims due to a sense of “stolen or harmed masculinity” which contradicts traditional sexual scripts and gender roles (Depraetere, 2018).

Both men and women may not label their sexual victimization experience as rape, even though it might meet the legal definition. The prevalence of unacknowledged rape is high for both men and women, and the circumstances under which rape is acknowledged differ. Women are more likely to label victimization as rape when the experience includes the use of physical force with completed penetration, the victim shows forceful resistance, or when she is too incapacitated to stop the offender. Men, on the other hand, are more likely to label their experiences as rape when the offender is male as opposed to female, and physical force is used. It appears that “less severe” sexual aggression tactics such as exploiting a victim’s incapacitated state and verbal pressure may be more common in the sexual victimization of men by women and lead to underreporting of male sexual victims (Depraetere, 2018).

The psychological consequences of rape can be severe. Victims of rape experience PTSD, depression, substance use, and suicidal attempts/ideation at higher rates and for longer periods of time than victims of other forms of trauma (Campbell, Dworkin, & Cabral, 2009; Resick, 1993). Among women, it has been found that up to 65% of victims develop PTSD and up to 51% meet criteria for depression in the aftermath of a rape, and that these negative effects can persist for weeks, months, and even years after the rape (Campbell et al., 2009; Frazier, 2000; Girelli et al., 1986; Resick, 1993). Research with women has shown that 70% develop fear and anxiety after a rape, and this fear can result in victims engaging in avoidance behaviors which contribute to social isolation, helplessness, and depression (Stafford, Chandola, & Marmot, 2007).

Research has shown that males are capable of involuntary sexual arousal and ejaculation under duress and this can increase male victim's feelings of self-blame and responsibility (Bullock & Beckson, 2011; Fuchs, 2004; Mezey & King, 1989; Scarce, 1997; Sarrel & Masters, 1982). The first systematic examination of female-perpetrated male sexual victimization was conducted by Sarrel and Masters in 1982. They described 11 case studies, of which 7 involved adult males who were sexually assaulted by women in a way that was described as "an act of overt female sexual aggression." Men in these case studies described being subject to threats of physical abuse or the use of physical restraints and each male victim reported finding the incident traumatic. One of the men found the assault so distressing that he suffered long-lasting negative effects on his social, emotional, and sexual functioning (Sarrel & Masters, 1982). A similar study by Orman (1985) examined the cases of 24 male victims of female sexual assault and found that each man considered the assault traumatic and displayed some degree of PTSD symptoms. In particular, victims reported suffering sexual dysfunction and an aversion to sex

after the assault.

Some research indicates that men suffer similar rates of distress, depression and PTSD symptoms compared to women following an assault (Heidt et al., 2005). Studies have established an association between male sexual victimization and alcohol abuse and a stronger association between sexual assault and sexual dysfunction than in female victims (Coxell et al., 1999; Elliott et al., 2004; Kalichman et al., 2001; Larimer et al., 1999; Ratner et al., 2003). Other research has found poorer outcomes among male victims than female victims such as higher rates of traumatic stress, suicidality, and psychiatric hospitalizations (Elliott et al., 2004; Kimerling, 2002; Struckman-Johnson & Struckman-Johnson, 2006). The above review suggests that despite rape prevention efforts, rape continues to be a serious problem that has profound psychological effects on both men and women.

Rape Myth Acceptance

The concept of rape myths was first proposed by Brownmiller (1975) and refined by Burt (1980) as the often prejudicial and stereotypical false beliefs about rape, rape victims, and rapists. Rape myth acceptance refers to the endorsement of beliefs about rape that serve to deny, downplay, or justify sexual violence. Common female rape myths related to victims can be categorized as (a) she asked for it (by dressing a certain way or drinking alcohol), (b) it wasn't really rape (if she did not show active resistance or say no), or (c) she lied (because she regretted having sex) (Payne et al., 1999). Female rape myths related to male perpetrators include (a) only violent strangers are rapists (that a rapist must have used a weapon in order for an assault to be considered a "real" rape) and (b) "he didn't mean to," implying that men's sexual appetites are so uncontrollable that rapists are actually "good guys" who get carried away (Armstrong, Hamilton, & Sweeney, 2006; Holland, Gustafson, Cortina, & Cipriano, 2019; McMahon &

Farmer, 2011; Payne et al., 1999).

In an examination of the correlates of female rape myths, Lonsway and Fitzgerald (1995) administered measures of rape myth acceptance, beliefs about sex and violence, and hostility towards women to college students. Analyses revealed that hostility towards women predicted rape myth acceptance in both male and female participants, with hostility towards women accounting for more than twice the variance in male participants. It was suggested that female rape myth acceptance functions differently for men and women with hostility towards women functioning to justify violence by men. It was also suggested that rape myth acceptance by women may function to create a sense of security by denying the woman's personal vulnerability to rape.

Barnett, Sligar, & Wang (2018) examined the influence of gender, political beliefs, and religiosity on female rape myth acceptance. College students were administered measures of religious affiliation, religiosity, political ideology, and rape myth acceptance. After controlling for political ideology, analyses revealed that students who were religiously affiliated had higher levels of rape myth acceptance than students who identified as atheist or agnostic. Consistent with previous reports, men endorsed more rape myths than women. It was concluded that individuals' social environments, such as their religious environments, may influence their views on rape myths and that women may more readily identify with rape victims, resulting in less rape myth acceptance.

Recent work has investigated male rape myths (Davies, Gilston, & Rogers, 2012; Javaid, 2015; Reling, Becker, Drakeford, & Valasik, 2018; Rosenstein & Carroll, 2015; Walfield, 2018). There are a range of male rape myths including (a) men cannot be raped; (b) "real men" can defend themselves against rape; (c) only gay men are victims and/or perpetrators of rape; (d)