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Author(s): Anderson; Irina; Quinn, Alison.

Title: Gender differences in medical students' attitudes toward male and female rape victims

Year of publication: 2009

Citation: Anderson; I. and Quinn, A. (2009) 'Gender differences in medical students' attitudes toward male and female rape victims', *Psychology, Health & Medicine*, 14 (1) pp.105-110

Link to published version: <http://dx.doi.org/10.1080/13548500802241928>

DOI: 10.1080/13548500802241928

Gender differences in
medical students' attitudes toward male and female rape victims

Abstract

This study examines attitudes toward female and male rape victims (ARVS, Ward, 1988) among UK medical students (N=240; 120 female and 120 male). The study's hypotheses, namely that male respondents will view rape victims more negatively than female respondent and that male victims will be viewed more negatively than female victims, were supported. Implications of the findings in relation to the inclusion of sexual violence teaching in UK medical undergraduate curricula, and suggestions for further research are discussed.

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Introduction

Despite years of research into negative rape victim perception, these judgements continue to pervade individual judgements about rape (Anderson, 2007). Negative attitudes toward rape victims include beliefs that “denigrate victims, trivialize victims’ experiences, highlight victims’ deservingness or undermine victims’ credibility” (Ward, 1995: 202), for example, in relation to the rape of women, the endorsement of items such as “A raped woman is a less desirable woman” or “Women who have had prior sexual relationships should not complain about rape” (Ward, 1988: 134). Research has found many factors that contribute to these judgements. One of the most frequently replicated findings is that men exhibit more punitive attitudes toward female rape victims than women (Pollard, 1992; Jiminez & Abreu, 2003; Joohee, Pomeory, Seo-Koo, Y. & Rheinboldt, 2005; Nagel, Matsuo, McIntyre & Morrison, 2005). Another finding to have entered the literature more recently is that men also tend to hold more punitive judgements toward male victims of rape.

Although male rape has been under-investigated, possibly because of the common belief that men could be coerced into unwanted sexual experiences (Whatley & Riggio, 1993; Struckman-Johnson & Struckman-Johnson, 1992; Donnelly & Kenyon, 1996), it is now known that a significant number of men are raped each year in the general population. For example, lifetime prevalence estimates of non-consensual sex amongst

adult males in the general population have recently been calculated at 3% in the United Kingdom (Coxell, King, Mezey & Gordon, 1999) and 7% in the United States (Sorenson, Stein, Siegel, Golding & Burnham, 1987).

Myths surrounding rape are likely contributors to the disbelief surrounding male rape. Many still believe that male sexual assault is impossible because men are viewed as initiating and controlling sexual activity, not as targets of sexual assault (Anderson & Doherty, 2008). Many people question how a man can be overpowered and forced into sex, while others question how a man can achieve an erection and perform in a sexually coercive situation (Sarrel & Masters, 1982; White & Kurpius, 2002; Davies & McCartney, 2003). In direct comparisons with judgements about female victims, studies on social reactions to male victims have shown that male rape victims are frequently judged as negatively or even more so than female victims (Whatley & Riggio, 1993; Struckman-Johnson & Struckman-Johnson, 1992; Smith, Pine & Hawley, 1988) although several studies have shown the opposite effect (Anderson, 1999, McCaul, Veltum, Boyechko & Crawford, 1990; Schneider, Soh-Chiew Ee and Aronson, 1994). A frequent assumption is that a man could or should have been able to fight off his attacker (Perrott & Webber, 1996). Although several factors appear to influence responses to male rape victims such as sexuality of the victim (Anderson, 2004; Mitchell et al., 1999; White & Kurpius, 2002; Bunting & Reeves, 1983) where a homosexual victim is blamed more for being raped than a heterosexual victim, one of the most frequently observed influences of judgements of male victims is participant gender. Men appear to be not only more punitive of female rape victims than women (Ward, 1995) but of male rape victims as well (Anderson, 1999; Anderson & Lyons, 2005; Struckman-Johnson & Struckman-

Johnson, 1992; Smith, Pine & Hawley, 1988; Mitchell et al., 1999; Whatley & Riggio, 1993).

The present study examines negative attitudes toward both female and male rape victims in a sample of UK medical university students. This is an under-researched group, yet, an important one because of the implications for the future management of victims among personnel in service delivery positions. The few studies that have examined medical students' rape attitudes have focused on attitudes toward female rape victims only (Best, Dansky & Kilpatrick, 1992; Williams, Forster & Petrak, 1999). In addition, it is known that in the UK, "there is little formal teaching on sexual assault in the undergraduate curricula" (Williams et. al, 1999: 24). Studying the types of attitudes held toward both female and male rape victims by medical undergraduates may prompt policy-makers to include formal teaching of not only female but male rape on undergraduate medical curricula. In line with previous research, it was predicted that male medical students would exhibit more negative attitudes toward both types of victim. It was also predicted that attitudes would be more negative directed toward male than female victims.

Method

Participants

Participants were 240 undergraduates randomly selected from the Medical School (students were predominantly studying on the 5-year MBChB and the 3-year BMedSc programmes) of the University of Birmingham. There were 120 male participants and 120 female participants ranging in ages from 18-35 (mean age = 23.8).

Materials

Participants completed the Attitudes Toward Rape Victims Scale (ARVS; Ward, 1988) where “the ARVS has a particular emphasis on victim blame, credibility, deservingness, denigration and trivialisation” (pg. 127). . The questionnaire has been shown to be highly valid and reliable (Ward, 1988; Lonsway & Fitzgerald, 1994). Its inter-rater reliability is Cronbach alpha=0.83 and it has been validated for testing gender differences in attitudes toward rape victims (Lee & Cheung, 1991). The questionnaire has been widely used cross-culturally (its cross-cultural comparability has been shown to be Cronbach alpha = 0.83-0.86). The questionnaire was chosen because of its confirmed reliability and validity. The ARVS is used to assess attitudes toward female and not male victims. Since a similarly reliable and valid instrument to assess attitudes toward male rape is not currently available, the ARVS was modified to examine attitudes toward male rape. The questionnaire consists of 25 statements assessing a person’s attitude toward a female rape victim. Two statements (“Many women invent rape stories if they learn they are pregnant” and “Men, not women are responsible for rape”) were omitted due to their lack of suitability in a male victim scenario. The modified Attitudes Toward rape Victims scale (ARVS) consisted of 23 items, with Cronbach's alpha of .81.

Each of the statements was scored on a 1-5 Likert-type scale of disagree strongly, disagree, neither agree nor disagree, agree and agree strongly, with a score of one representing strongly disagree and a score of five representing strongly agree. The positively phrased statements were reverse scored so that a response of one is scored as five, allowing the scale to work on a high score denoting a negative attitude basis.

Individual items are then summed, giving an ARVS a scoring range of 23-115, with higher scores denoting a more negative attitude toward rape victims.

Instructions to participants

Participants were asked to read the brief¹ at the beginning of the questionnaire and then answer the statements. Half of the participants received the female rape questionnaire (where the statements referred to female rape victims) and half of the participants received the male rape questionnaire (the questions were the same as on the female rape questionnaire but the focal victim in the statements was male). Finally, the participants were advised that their participation was voluntary and that they could terminate their involvement at any time. They were also asked to keep their responses private and not to discuss the statements with others.

Design

The design of the study is a 2 x 2 factorial with two levels on each factor; participant gender (male or female) and rape victim gender (male or female). This was a between-subjects design with participants each participating in only one condition.

Procedure

A total of 320 questionnaires were distributed to students and 240 were returned (questionnaires were given out until equal numbers of male and female participants were attained), giving a response rate of 75%. Each questionnaire contained a briefing section, the ARVS items, a section asking for demographic details and a debriefing section.

Participants were informed as to the aims of the study at the end of their participation in the debriefing session, where any questions were also answered. There was also information regarding advice centres and telephone helplines that participants could contact if they wished to do so.

Results

A two- factor between subjects Analysis of Variance (ANOVA) was conducted on the Attitudes Toward Rape Victims Scale (ARVS) in order to test the study's hypotheses. There were no univariate or multivariate outliers. The SPSS ANOVA programme was employed with sequential adjustment for unequal cell Ns, and Pillai's criterion was used to ensure robustness against violation of the assumption of homogeneity of variance-covariance matrices.

A significant main effect was found for participant gender on the ARVS scores ($F=20.45$, $df=236$, $p=000$; partial $\eta^2 = 0.080$). As predicted, males (mean = 56.16, SD = 10.31) exhibited a significantly more negative attitude toward rape victims than females (mean = 49.96, SD = 11.70). A second significant main effect was observed for gender of the rape victim ($F=18.41$, $df=236$, $p=000$; partial $\eta^2 = 0.072$). Attitudes toward male rape victims (mean = 56.00, SD = 10.35) were significantly more negative than attitudes toward female rape victims (mean = 50.12, SD = 11.74).

Discussion

The results of this study confirmed the hypothesis that male medical students have a more negative attitude toward rape victims (regardless of gender of the victim) than

females. This result is in line with previous research examining medical students' attitudes toward rape victims (Best et al., 1992; Williams et al., 1999). These authors argue for the inclusion of rape education to the medical student curriculum in the hope of challenging misconceptions by providing factual information and improving future rape victim management in the medical and health disciplines. Our results support this conclusion. We would also argue that medical curricula need to focus not only on changing attitudes toward female rape victims but male rape victims as well given the finding that male rape victims were viewed more negatively than female victims by medical students (regardless of gender). Future research should survey not only whether rape education has been included in medical students' teaching but also how effective it is in challenging misconceptions and changing negative attitudes about rape.

NOTES

1. Participants were briefed as follows, "This questionnaire concerns your views of social issues. In particular, it focuses on the issue of rape. Could you please answer the questions in this questionnaire as honestly as possible. Please circle the number that most fits how much you agree or disagree with the statement. For example, number 1 would mean that you strongly disagree with the statement, number 3 means that you neither agree or disagree and number 5 means that you strongly agree with the statement. The questionnaire takes about 10 minutes to complete and your answers will remain anonymous and confidential".

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