

Gender differences in attitudes toward rape victims and offenders

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B.A. (Hons) Psychology

Submission of Thesis and Dissertation

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Abstract

Rape is the predominant form of sexual assault committed in Ireland yet is consistently underreported due to fears of being faced with unfavourable reactions such as rape myth acceptance (RMA), false beliefs about rape that blame the victim. Previous inquiries have identified males as being higher in RMA than females. Research thus far has primarily neglected attitudes towards male victims and offenders. The current research recruited a sample of Irish adults ($N = 168$) to investigate gender differences regarding RMA, alongside empathy levels towards offenders. Participants completed either the male or female version of the Attitudes towards Rape Victims Scale, the Rape Victim and Rape Perpetrator Empathy Scales. Analyses were run to inspect whether males are higher in RMA than females, if male victims are perceived more negatively than females, and if those high in RMA report higher empathy for offenders than victims. Results demonstrated no gender difference in RMA yet uncovered that males hold less empathy for victims than females. RMA was higher for male victims than female victims. No significant finding emerged regarding those higher in RMA reporting less empathy for victims than offenders. The current research has significant implications for juror decisions in rape trials alongside for rape prevention programmes.

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Literature Review

Introduction

Rape is a form of sexual assault that is consistently underreported yet prevalent in societies worldwide (Boakye, 2009; Lee, Lee & Lee, 2012). In recent years, the topic has been subject to extensive analyses due to its pervasiveness alongside the emergence of activist campaigns that aim to raise awareness and emphasise the consequences of rape. Recent investigations have established that a person is raped every 98 seconds in the United States (Truman & Morgan, 2016), while it is estimated that the global lifetime incidence rate of women who will be a victim of rape is between 15%-25% and men between 3%-16% (Kassing, Beesley & Frey, 2005; Griffith, Hart & Brickel, 2010). Despite the universality of this concern, it is estimated that worldwide only 2-11% of sexual assaults are even reported (Palermo, Bleck & Peterman, 2013; Turquet et al., 2012).

Within Ireland, there are limited empirical investigations into sexual assault. The Sexual Abuse and Violence in Ireland (SAVI) report, the largest scale inquiry of Irish experiences and attitudes regarding sexual violence, declared that 42% of females and 28% of males had experienced some form of sexual assault in their lifetime (McGee, Garavan, de Barra, Byrne & Conroy, 2002). Although, more recent figures are not available due to the lack of nationwide research into the matter. The Dublin Rape Crisis Centre (DRCC) place adult rape as the most predominant form of sexual violence in Ireland and report a 65% increase in calls in relation to adult rape to their helpline between 2015 and 2017 (Dublin Rape Crisis Centre [DRCC], 2017). As with other nations, however, sexual assault often goes unreported in Ireland. This is evident in the discrepancy between reported sexual offences and the volume of people who seek sexual assault related help, such as from the DRCC who note they

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received a total of 16,738 contacts in 2017 regarding rape (DRCC, 2017). This is outstandingly more than the 2,887 sexual offences recorded by the Central Statistics Office in the same year (Central Statistics Office, 2018). It is important to note these figures may have been influenced by the emergence of the viral #MeToo movement in 2017 that intends to highlight the prevalence of sexual assault (DRCC, 2017). Generally, this wide inconsistency between reported assaults and those seeking sexual assault related support is often attributed to survivors' fears of not being believed and being faced with unfavourable reactions from law enforcement and peers (Heath, Lynch, Fritch, McArthur & Smith, 2011).

The Defensive Attribution Theory

Hostile attitudes toward victims of sexual assault have become a prominent topic of conversation within society and research, with a large and growing body of literature investigating the blaming of rape victims that appears embedded in civilisation. Previous research has indicated that victims of sexual assaults are often understood as responsible for their fate (Grubb & Turner, 2012). The defensive attribution theory (DAT; Shaver, 1970) attempts to explain this phenomenon by proposing that people attribute blame contingent on their subjective perceived similarity with the victim and offender alongside the apparent likelihood they themselves will be victimised in the future (Grubb & Harrower, 2009). It has been asserted that individuals who perceive themselves as alike to survivors will allocate less blame to the victim and more to the perpetrator (Grubb & Harrower, 2008). Likewise, blame increases when one feels dissimilar to the victim. This is hypothesised as being a defence mechanism, as the likelihood of an individual being assaulted in the future is cognitively minimised (van der Bruggen & Grubb, 2014). To date, several lines of inquiry have observed that victim blaming diminishes when respondents are presented with a victim that has similar characteristics to them, such as gender and race (Herzog, 2008; Grubb & Harrower, 2008;

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Grubb & Harrower, 2009). Additionally, perceived similarity to victims has been directly associated with higher levels of rape empathy for victims, with rape empathy described as the capacity to appreciate the perceptions, affective state and reactions of a rape victim or perpetrator (Deitz, Blackwell, Daley & Bentley, 1982; Osman, 2011; Osman, 2016).

Together, these studies indicate that similarity to the victim may play a key role in attributing blame.

However, a major critique of the DAT is that the temporal relationship between similarity and blame is unclear, with an uncertainty surrounding whether individuals perceive victims they are similar to as less responsible for the assault, or if they view victims they see as not responsible as similar to themselves (Amacker & Littleton, 2013). Furthermore, much of the research into the DAT is based on similarity/dissimilarity to the victim, with few studies addressing perceived similarity to the offender. This may be significant as likeness to offenders could alter one's perceptions of their crimes by reducing the severity of which their crimes are perceived which can emerge as pivotal in juror decisions in court trials (Hildebrand & Najdowski, 2015). Nonetheless, there appears to be evidence that similarity to victims may explain attributions that are made to them, although perpetrator similarity is yet to be as broadly examined.

Rape Myth Acceptance

While similarity to victims may appear relevant in attributing blame, untruthful belligerent attitudes are one of the most frequently stated problems that rape victims are often faced with. Victims may seek support but are often faced with negative reactions and rape myth acceptance from friends (Brown & Messman-Moore, 2010), medical professionals (Anderson & Quinn, 2009) and Gardaí (Hanly, Healy & Scriver, 2009). Rape myths, false

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beliefs about rape that excuse the offender and put blame on the victim (Bohner et al., 1998) such as “any healthy person can resist a rapist if they really want to”, are integrated into much of society’s belief systems (Suarez & Gadalla, 2010). The extent of one’s belief that these myths are true (rape myth acceptance [RMA]) has consistently been maintained as a significant predictor of committing sexual assault and rape (Hockett, Saucier, Hoffman, Smith & Craig, 2009; Yapp & Quayle, 2018). Furthermore, high levels of RMA have been affirmed as being related to lower levels of rape victim empathy (RVE), which has also been reported as increasing one’s likelihood to rape (Osman, 2011; Stephens & George, 2009). Previous analyses have frequently exposed a relationship between high levels of RMA, low RVE and attributing more blame to the victim and less to the perpetrator (Ayala, Kotary & Hetz, 2018; Diamond-Welch, Mann, Bass & Tollini, 2017; Romero-Sánchez, Krahé, Moya & Megías, 2018). Although, many inquiries involved solely a college sample, thus affecting the generalisability of results to other populations (Ayala et al., 2018; Romero-Sánchez et al., 2018). Societal perceptions towards survivors of rape have a substantial impact on victim’s recovery and treatment, with RMA of those surrounding the victim associated with increased psychological distress and delayed recovery for survivors (Grubb & Turner, 2012). Thus, the reality of RMA not only deters victims from reporting assaults but causes further anguish for victims and has a direct effect on their recuperation.

RMA also proves to be a significant influencing factor in juror decision making (Hildebrand & Najdowski, 2015), with a systematic review finding that individuals who accept rape myths are more likely to return a ‘not guilty’ verdict for the defendant which poses as a distinct barrier to the legal processing of rape trials, although this varied cross-culturally (Dinos, Burrowes, Hammond & Cunliffe, 2015). Moreover, the acceptance of rape myths has been associated with other oppressive beliefs including homophobic and racist

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attitudes, yet the directionality of the relationships is not evident and so it is uncertain if RMA is a direct cause of these views (Aosved & Long, 2006; Davies, Giltson & Rogers, 2012; Suarez & Gadalla, 2010). The existing literature suggests a pertinent role for the impact of RMA on society, not only for likelihood of committing a sexual assault, but also crucially in juror decision making processes and victim's recovery progress.

Gender and Rape Myth Acceptance

To date, many published studies have indicated that gender plays a central role in determining the level of one's RMA and rape empathy, consistently describing males as holding less favourable attitudes toward rape victims than females (Bannon, Brosi & Foubert, 2013; Bendixen & Kennair, 2017; Davies et al., 2012; Ferrao & Goncalves, 2015; Hine & Murphy, 2017; McMahon, 2010; Rollero & Tartaglia, 2019; Vandiver & Dupalo, 2013), with the findings corroborated by meta-analyses (Hockett, Smith, Klausing & Saucier, 2016; Suarez & Gadalla, 2010). Although, much of this literature has also comprised of academic populations (Bannon et al., 2013; Bendixen & Kennair, 2017; Rollero & Tartaglia, 2019), again impacting the extent that findings can be generalised. The gender differences observed in RMA may be partially clarified by the DAT, which contends that males blame female victims more than females blame female victims due to their lack of identification and perceived similarity with the victim (Davies et al., 2009, Kelly, 2009).

Some inquiries report no gender difference in RMA levels yet did uncover a relationship between RMA and traditional gender roles (DeLisle, Walsh, Holtz, Callahan & Neumann, 2019). Similarly, a meta-analytic review of 37 studies addressing RMA argues that not only do males endorse RMA more than females, but that RMA is strongly related to acceptance of traditional gender roles about women (Suarez & Gadalla, 2010). Although, all

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articles included within this review were of a cross-sectional design and so causal relations between RMA and other variables cannot be correlated. Though, subsequent inquiries have substantiated the relationship between traditional gender roles and RMA (King & Roberts, 2011; Rollero & Tartaglia, 2019). This approach has been strengthened by investigations into RMA in countries that differ in gender role traditionalism, such as in Hill and Marshall's (2018) analysis in which they advocate that cultures that embody gender role traditionalism accept rape myths to a greater extent than more egalitarian cultures, cultures that prioritise parity for all people and promote equal rights (Larsen & Ellersgaard, 2018). Considering that males are more accepting of stereotypical gender roles than women (Davies et al., 2012), their cultural acceptance of conservative sex roles regarding women may exaggerate their level of RMA. However, this view fails to account for male victims of rape, disregarding a significant proportion of rapes and thus this perspective is limited in the extent that it can clarify.

Male Rape

Similarly, a crucial limitation of most previous approaches to RMA is that much of the literature focuses solely on female rape victims (Angelone, Mitchell & Smith, 2018; Hill & Marshall, 2018), which does not encapsulate the full scope of sexual violence. While most sexual assaults involve female victims, it has become evident in recent years that males fall victim to sexual assault frequently, with an estimate of between 5-10% of rape victims being male (Turchik & Edwards, 2012). Male victims experience severe psychological and physical disturbances alongside fear of being blamed, alike to female victims (Davies et al., 2012; Sleath & Bull, 2010). Men are also far less likely to report being victim of a sexual assault than women due to worries of being judged negatively as a result of unfavourable societal outlooks on male rape (Javaid, 2015b; Maxwell & Scott, 2014; Weiss, 2010). Male victims often seek assistance from rape crisis care facilities but are turned away due to adverse

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reactions and male RMA (views such as “it is impossible to rape a man”; Struckman-Johnson & Struckman-Johnson, 1992), leaving victims unable to receive support (Cohen, 2014; Javaid, 2016). Furthermore, male RMA has been associated with a decrease in the probability that bystanders would intervene in a rape, regardless of the involved person’s gender (Rosenstein & Carroll, 2015).

Despite the evident personal and societal effects of harmful outlooks on male rape, there is a lack of comprehensive theory approaching the topic of male rape, leaving stereotypes of male rape and RMA unchallenged (Javaid, 2015a). Though, in recent years academics have emphasised empirical investigations surrounding male RMA and male RVE, beliefs that are often prejudiced by traditional concepts of gender roles and masculinity. Cultural constructs place expectations upon men that they must attain to particular standards and norms of masculinity, such as engaging in physical violence and sexual risk-taking behaviour (Javaid, 2016). Such studies report that male victims are perceived more negatively (Davies et al., 2012; Maxwell & Scott, 2014; Osman, 2011; Voller et al., 2015; Walfield, 2018) and receive less sympathy than female victims (Ayala et al., 2018).

Although, contrary findings exist that report no such difference, such as in Stromwall et al.’s (2013) investigation in which they observed no gender difference between male and female victim blame attribution among a Swedish sample, in which they emphasise that the equal culture of Sweden may contribute to the explanation of findings. Similar to female RMA, it has been reported that those higher in male RMA are less likely to assign blame to the perpetrator (Davies et al., 2012; Sleath & Bull, 2010), although the association between these variables is understudied compared to female victims. Comprehensively, the topic of male victim RMA has yet to be as extensively researched as female victim RMA has,

alongside the lack of insight into attitudes toward male victims in an Irish population which needs to be addressed.

Rape Perpetrators

Furthermore, a central drawback to previous approaches on rape myths is they acknowledge only perceptions of the victim, disregarding participants' feelings towards the perpetrator. Existing accounts of perceptions of rape perpetrators have not been investigated in much detail, yet those that have maintain that individuals, more often men than women, who report as being higher in RMA also have greater rape perpetrator empathy (RPE; Ayala et al., 2018; Judson, Johnson & Perez, 2013; Osman, 2011; Seibold-Simpson et al., 2018). This is possibly explained by RMA putting blame on the victim and excusing the offender (Suarez & Gadalla, 2010), as evident in inquiries that have found a positive relationship between RMA and victim blame attribution (Russell & Hand, 2017).

Conversely, additional inquiries have found no significant gender difference in RPE (Bongiorno, McKimmie & Masser, 2016; Qi, Starfelt & White, 2016). Stromwall et al.'s (2013) study report men as holding less favourable attitudes towards perpetrators than women, such studies employed the use of a brief vignette method resulting in the omission of information which may have been crucial in determining empathy. These contrary findings leave several aspects of attitudes towards rape perpetrators about which relatively little is known. While it appears that those low in RMA and victim empathy hold perpetrators in higher regard, it is unclear whether the gender difference evident in RMA carries across to attitudes towards perpetrators. Furthermore, the topic in general is severely understudied in comparison to RMA, and no such investigation on an Irish population exists.

Irish Research

There are relatively few empirical investigations on Irish attitudes toward sexual violence. The SAVI report described nearly half of Irish participants as thinking that “accusations of rape are false” (McGee et al., 2002, p. xl), and declared men as being significantly higher in victim blaming attitudes than women. Although, the report did not specifically investigate RMA and so the data on the topic is severely limited. A recent study by Andersen & O’Connell (2018) involving an Irish sample declared men as more likely to accept female rape myths, which is in line with previous research, however no observable difference was found between genders in relation to attitudes on male defendant responsibility. Yet, there is still a significant lack of insight into Irish attitudes towards sexual assault, particularly attitudes towards male rape victims and rape offenders, with investigations into such topics appearing non-existent on an Irish population.

Present Research

Due to findings which posit that identifying with perpetrators has a significant effect on one’s likelihood to convict defendants in sexual assault cases (Dinos et al., 2015), alongside the increased occurrence of presuming derogatory attitudes towards victims (Osman, 2011), it is essential to identify what factors influence one’s likelihood of relating to offenders. Further, given the wide impact that RMA has on victims’ recovery (Grubb & Turner, 2012), legal proceedings (Dinos et al., 2015) and the strengthening of a societal tolerance of sexual assault (Suarez & Gadalla, 2010), populations with a predisposition of accepting such beliefs need to be first acknowledged in order to identify the most efficient way to resolve rape myths. Examinations among an Irish population are scarce, and so it is uncertain if these issues are prevalent in Irish society and legal system. Recognising those that

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identify more with perpetrators and are higher in RMA may better allow for focused interventions that aim to diffuse false beliefs surrounding rape victims, and provide for a fairer justice system in which victims are not faced with juries with a susceptibility to not provide a conviction in their court cases due to internal biases.

The present study attempts to confront such issues by examining the factors that influence a person's perceptions of rape victims and offenders. The current research aims to investigate whether a gender difference exists among the Irish population's self-reported attitudes on rape myths and rape empathy levels toward victims and offenders. Furthermore, the intention of the current study is to examine whether there is a difference between how male rape victims and female rape victims are perceived, and if a relationship exists between perceptions of rape victims and offenders.

To attend to these queries, several hypotheses have been formulated;

- 1) Males will hold more negative attitudes towards both female and male victims of rape than females.
- 2) Male rape victims will be perceived more negatively than female rape victims.
- 3a) Males will report lower empathy levels for victims than females
- 3b) Males will report higher empathy levels for offenders than females. .
- 4) Individuals who hold negative attitudes toward rape victims will report lower empathy for victims and higher empathy for offenders.

Methods

Participants

The total number of respondents to the questionnaires was initially $N = 170$. Two participants indicated their gender as non-binary. Due to the low number of respondents within this category, their data could not be analysed, and thus their responses were removed. This left a remainder of $N = 168$ participants. The sample was predominantly female ($n = 137$, 81.5%), with $n = 31$ males (18.5%). Participants had a mean age of 23.74 years ($SD = 6.82$) with a range of 18-60 years. Within the male victim Attitudes toward Rape Victims Scale (ARVS) group ($n = 82$), males comprised of 19.51% of respondents ($n = 16$) and females 80.49% ($n = 66$). In the female victim ARVS group ($n = 86$), males included 17.44% of participants ($n = 15$) and females 82.56% ($n = 71$). Exclusion criteria for participants included being under the age of 18 due to the sensitive nature of the topic examined and being a medical student, as medical students have been previously reported as holding less favourable attitudes toward rape victims than other populations and so inclusion of this population may have influenced results (Anderson & Quinn, 2009; Williams, Forster & Petrak, 1999). Participants were recruited through a form of non-probability sampling, convenience sampling, as the sample were recruited through an online link shared via the researchers' social media sites. No reimbursement was provided for participation sites.

Materials

The current research utilised three measures; the modified Attitudes towards Rape Victims Scales (ARVS; Ward, 1988; Anderson & Quinn, 2009; see Appendices 3 and 4) the Rape Victim Empathy Scale (REMV; Smith & Frieze, 2003; see Appendix 2) and the Rape Perpetrator Empathy Scale (REMP; Smith & Frieze, 2003; see Appendix 3).

ARVS (modified) male/female.

The original ARVS scale draws influence from other rape myth scales by Feild (1978) and Burt (1980) and has been widely used to measure favourable and unfavourable attitudes toward rape victims (McMahon, 2010; Anderson & Quinn, 2009). However, the scale addresses only female rape victims, and so authors have amended this scale to produce a male victim equivalent (Anderson & Quinn, 2009). Items were amended to be suitable for both genders (e.g. “women” changes to “men”). Although the exact scales have since been destroyed, through contact with the author (Irina Anderson) the scales have been reconstructed to the best possible ability. The modified 23 item ARVS scale has previously reported high internal reliability ($\alpha = .81$; Anderson & Quinn, 2009). A current analysis of the internal reliability boasts a Cronbach’s alpha of $\alpha = .80$, further demonstrating its high reliability. The modified ARVS has also shown high validity and has been validated in examining gender differences towards rape victims (Anderson & Quinn, 2009). Items include statements such as “A raped woman/man is less desirable” and “Most women/men secretly desire to be raped”. Statements are scored on a Likert style 1-5 point scale including strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5), with 6 of the items reverse scored (statements 3, 5, 7, 10, 17 and 21). Scores are then totalled and can lie between 23-115, with higher scores reflecting more negative attitudes toward rape victims.

REMV/REMP.

These scales formed by Smith and Frieze (2003) measure empathy towards both the victim and the offender during and after a rape and examine both cognitive and emotional aspects of the scenario (Ferrao, Goncalves, Parreira & Giger, 2013). The scales contain 18 items each, 15 positively phrased statements and 3 negatively phrased statements. Statements

on each of the measures are highly similar, however the subject of the statement is dependent on whether it is assessing empathy towards victims or perpetrators (“a rape victim” in the REMV or “a rapist” in the REMP). Both the REMV and REMP are gender neutral and contain items such as “I find it easy to take the perspective of a rape victim/a person who rapes” and “I don’t understand how a person who is raped/who rapes might feel upset”. Both scales have previously reported high internal reliability, with the REMV described as having a Cronbach’s alpha of $\alpha = .92$ and the REMP $\alpha = .81$ (Smith & Frieze, 2003). Current analyses of the reliability of the scales denotes an alpha of $\alpha = .90$ for the REMV and $\alpha = .85$ for the REMP, confirming a satisfactory reliability for both. The two scales have been specified as being highly valid and have been validated against other general empathy measures (Smith & Frieze, 2003). Participants score their level of agreement for a statement on a Likert type scale that ranges from 1 to 5, in which 1 is strongly disagree, 2 is disagree, 3 is neutral, 4 is agree and 5 is strongly agree, totalling scores of 18-90 for each scale. Higher scores reflect higher empathy, after several of the questions are reverse scored (statements 14, 15 and 16 in each).

Questionnaires were distributed through Google Forms, an internet-based application by Google that enables users to design online surveys and questionnaires that are user-friendly (Chaiyo & Nokham, 2017). A random redirector tool (mathstatic.co.nz/auto) was utilised to direct participants to either A) the REMV, male victim ARVS and REMP or B) the REMV, female victim ARVS and REMP. Participants provided information and consent via an information sheet (see Appendix 1), which also required them to report their age and gender and were debriefed through a debrief sheet (see Appendix 6). IBM SPSS Statistics version 25 was employed for statistical analyses.

Design

A between groups design was employed for hypotheses 1-3 and a within subjects design utilised for hypothesis 4. All scales used were quantitative measures, and so analyses were run quantitatively. The predictor variables were gender (male/female), ARVS (high/low) and ARVS victim version (male/female). Participants were grouped into high or low ARVS groups dependent on their score. Those that scored above the mean value of ARVS scores were considered 'high', and those that scored below this were considered 'low'. The criterion variables were ARVS total, REMV total and REMP total.

Procedure

Participants were invited to partake in the research through a link that was posted on the researcher's Instagram and Facebook accounts. A description was posted with these links that encouraged participants to read the information sheet prior to deciding whether to partake. The link posted was a random redirector tool that directed participants to either the male victim ARVS or the female victim ARVS, alongside the REMV and REMP.

Preceding the commencement of the questionnaires, participants were presented with the information sheet. Due to the sensitive nature of the subject of the research, the sensitivity warning on the sheet described how the topics within the study are highly sensitive and may cause distress to some participants. At this point, participants were instructed that if they feel partaking in the study will cause distress for them, it is recommended they do not participate.. To ensure informed consent was given, participants were required to check a box to state that they have read the information sheet and agree with the guidelines set out in the information sheet, including confirming they understanding the sensitive nature of the topic of the research, confirming they are over the age of 18 and confirming they are not a medicinal

student. Participants were then asked to indicate their gender and their age. It was not possible to progress with the study until consent, gender and age were obtained. Following this, participants clicked 'next' and were presented with the REMV scale.

At the beginning of the page, instructions were given that explained the REMV scale in that participants will be presented with 18 statements and are required to report how they feel regarding each statement on a scale from strongly disagree (1) to strongly agree (5). Participants needed to respond to every statement prior to clicking 'next' to move onto the following scale, the ARVS. Individuals who were directed to the male version were presented with the male ARVS, and those directed to the female version were presented with the female ARVS. Similar instructions to the previous scale were detailed at the beginning of the page, that participants were required to read each of the 23 statements and respond with their attitudes on a scale from strongly disagree (1) to strongly agree (5). A response for each statement was necessary before participants could click 'next' to respond to the final scale, the REMP. Again, alike instructions were presented at the beginning of the page that instructed participants to read each of the 18 statements and indicate how they feel about each on a scale from strongly disagree (1) to strongly agree (5). It was also stated that following submitting their answers at the end of this page by clicking 'submit', responses were no longer withdrawable. Participants were required to provide an answer before each statement before they submitted their results at the end of the page.

Following final submission of responses, participants were presented with a debrief sheet. This thanked individuals for partaking in the research and again ensured them that responses are anonymous, and data will be kept confidentially. Support helplines were again provided for anyone that may have experienced distress from partaking in the research.

Finally, the researcher and supervisor's contact email addresses were noted for any participant that may have questions or seek further information.

Results

Descriptive Statistics

Frequencies and descriptive statistics for the sample are presented below (see Table 1 and 2). The sample was predominantly female ($n = 137$), which was reflected within both the male victim ARVS (80.49% females) and female victim ARVS (82.56% females).

Participants as a whole in the sample were young ($M = 23.74$, $SD = 6.82$). Victim empathy scores as measured by the REMV were high, indicating that the sample reported favourable empathy levels for rape victims ($M = 74.21$, $SD = 10.38$). Similarly, participants' average ARVS scores specified that they generally held more favourable attitudes toward rape victims ($M = 40.45$, $SD = 8.83$). The REMP scores reported by the sample were much lower than the REMV scores, demonstrating participants felt more empathy for victims than offenders ($M = 42.74$, $SD = 10.26$).

An inspection of the 5% trimmed mean in comparison with the mean values for the ARVS, REMV and REMP signified outliers were not an issue. Skewness values for the scales were close to 0, indicating the distribution of scores was relatively symmetrical. Kurtosis for each of the measures also revealed positive values, and thus confirmed significant outliers were not present. Furthermore, an inspection of the histograms for each measure signified they were relatively normally distributed.

Normality of the scales was measured by the Kolmogorov-Smirnov test of normality. The REMV reported a significance level of $p = .000$, the ARVS $p = .006$ and the REMP $p = .007$, thus indicating data in each of the measures was not normally distributed. Due to this, non-parametric analyses were chosen to examine the hypotheses. Parametric measures were chosen for two of the hypotheses that utilised a two-way between-groups analysis of variance

(ANOVA) and a multivariate analysis of variance (MANOVA). These parametric measures were chosen not only due to there not being a non-parametric equivalent, but also owing to the robustness of ANOVAs and MANOVAs regarding violations of the assumptions of normality, as they are considered durable enough to withstand deviations from the assumption that variables are normally distributed (Schmider, Ziegler, Danay, Beyer & Buhner, 2010).

Table 1.

Frequencies for the current sample on each demographic variable ($N = 168$)

Variable	Frequency	Valid Percentage
Gender		
Male	31	18.50
Female	137	81.50
Gender – Male Victim		
ARVS		
Male	16	19.51
Female	66	80.49
Gender – Female Victim		
ARVS		
Male	15	17.44
Female	71	82.56

Table 2.

Descriptive statistics of all continuous variables ($N = 168$)

	Mean (95% Confidence Intervals)	Std. Error Mean	Median	SD	Range
Age	23.74 (22.70-24.78)	.53	22	6.82	18-60
ARVS total	40.45 (39.11-41.80)	.68	39	8.83	23-61
REMV total	74.21 (72.63-75.79)	.80	76	10.38	32-90
REMP total	42.74 (41.18-44.30)	.79	43	10.26	18-65

Inferential Statistics

Hypothesis 1.

A two-way between-groups ANOVA was conducted to explore the impact of participant gender and victim gender on attitudes towards rape victim as measured by the ARVS (see Appendix 7). Participants were randomly directed to one of two groups, the male victim ARVS or female victim version ARVS. The interaction effect between gender and victim version was not statistically significant, $F(1, 164) = .70, p = .08$. There was a statistically significant main effect for victim version, $F(1, 164) = 5.44, p = .02$, however, the effect size was small (partial eta squared = .03). The main effect for gender, $F(1, 164) = 3.06, p = .08$, did not reach statistical significance. These results indicate that there was a significant difference in ARVS scores dependent on whether participants received the male or female victim version, but there was no significant difference between male and female participants, and no significant interaction between participant gender and victim version.

Hypothesis 2.

A Mann-Whitney U test was undertaken to inspect if male rape victims were perceived more negatively than female victims as measured by the ARVS (see Appendix 8). The analysis revealed a significant difference between attitudes towards male victims ($Md = 41, n = 82$) and attitudes towards female victims ($Md = 35, n = 86$), $U = 2321, z = -3.83, p = .000, r = -.30$. This indicates that male victims were perceived more negatively than female victims.

Hypotheses 3a and 3b.

A one-way between-groups MANOVA was performed to investigate gender differences in empathy levels for victims and offenders (see Appendix 9). The two criterion variables used were empathy towards victims as measured by the REMV and empathy towards perpetrators as measured by the REMP. Gender was the predictor variable. Preliminary analyses were conducted to check the assumptions of normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices and multicollinearity, with no serious violations noted. There was a statistically significant difference between males and females on the combined criterion variables, $F(2, 165) = 4.73, p = .01$; Wilks' Lambda = .95; partial eta squared = .05. When the results for the criterion variables were considered separately, the only difference to reach statistical significance was the REMV total, $F(1, 166) = 2.20, p = .003$, partial eta squared = .01. An inspection of the mean scores indicated that males reported lower empathy for victims ($M = 69.29, SD = 11.34$) than females ($M = 75.32, SD = 9.85$). This signifies that there was a significant difference between males and females on RVE, with males describing themselves as having lower empathy levels for victims than females did, but there was no significant difference in RPE.

Hypothesis 4.

Prior to inspecting hypothesis four, individuals who scored higher on the ARVS were extracted into a new dataset to examine their empathy levels for victims and offenders. This was done by extracting those that scored above the mean score on the ARVS ($M = 40.45$) into a separate dataset to inspect differences. A Wilcoxon Signed Rank Test revealed a statistically significant increase in empathy from empathy towards perpetrators to empathy towards victims as measured by the REMV and REMP among those that held more negative attitudes towards victims as measured by the ARVS, $z = -6.84$, $p = .000$, with a large effect size ($r = .59$; see Appendix 10). The median score on the empathy scales increased from the REMP scale ($Md = 41$) to the REMV scale ($Md = 65$). This indicates that those who held more negative attitudes towards victims reported lower RPE than RVE.

Discussion

Overview

The primary goal for this research was to investigate if differences exist in attitudes and empathy levels toward rape victims and offenders among an Irish population. Accordingly, several hypotheses were proposed for the current research in hopes of elucidating and expanding on previous findings within an Irish context. The first hypothesis this study sought to determine was if males hold more negative attitudes than females towards both female and male victims of rape, which was not supported by the data and thus rejected. With respect to the second hypothesis, male rape victims will be perceived more negatively than female rape victims, the results indicated a significant difference and so hypothesis 2 was accepted. A significant difference was found between genders for REMV scores, and therefore hypothesis 3a, males will report lower empathy levels for victims than females, was accepted. Hypothesis 3b detailed that males will report higher empathy levels for offenders. The current study did not find a significant gender difference for REMP scores, thus failing to find support for hypothesis 3b and so this hypothesis was rejected. Finally, hypothesis 4 inspected if individuals who hold negative attitudes toward rape victims will report lower RVE and higher RPE. This hypothesis was rejected as a significant difference was found in the opposite direction, in that participants who held negative attitudes towards victims reported higher empathy for victims than they did offenders.

Hypothesis 1

Contrary to much of the previous research utilising various standard measures which have demonstrated that men hold more negative attitudes toward rape victims than women (Bannon et al., 2013; Bendixen & Kennair, 2017; Davies et al., 2012; Ferrao & Goncalves,

2015; Hine & Murphy, 2017; McMahon, 2010; Rollero & Tartaglia, 2019), this study did not find a statistical difference between males and females on attitudes. This conflicts the DAT that states men perceive rape victims more negatively than women due to their dissimilarity with women (Grubb & Harrower, 2009). In the first Irish study of the impact of gender on RMA utilising rape scenario vignettes, Andersen and O'Connell's (2018) results revealed a significant role of gender on the likelihood to blame the victim for the crime, with males reporting higher victim blaming attitudes. Although, the short breadth of the vignettes participants were presented with meant that some information that may be perceived as crucial in a real-life decision on assigning blame was omitted.

Nonetheless, several inquiries have also failed to find a gender difference in attitudes towards victims (DeLisle et al., 2019; Hill & Marshall, 2018; Sims, Noel & Maisto, 2007). It is possible that cultural customs within a population may predispose them to respond in ways that systematically differ from another population's response, as evident in Fakunmoju, Abrega-Gyan and Maphosa's (2018) study in which they reported no gender difference among RMA levels. The sample comprised of a Nigerian population and the authors acknowledged that the findings may be due to oppressive beliefs that Nigerian women frequently internalise. However, owing to the cultural specificities of Nigeria, these findings may not be generalisable across other nations.

In recent years, Ireland has evolved as a more egalitarian country, as seen in the passing of laws permitting same sex marriage and terminations of pregnancy. This promotion of equality may have contributed to the findings of no gender difference on attitude levels towards victims, as apparent in studies that have found similar results among egalitarian cultures (Stromwall et al., 2013) and indicated cultural differences in RMA between open and more traditional societies (Hill & Marshall, 2018). Gender egalitarianism incorporates a

diversity of cultural influences including women engaging in further education and non-familial commitments, with societies that promote these values reporting a predisposition to adopting feminist attitudes in which men and women are seen as equal (Pampel, 2011). This impartiality may explain the non-significant finding of the current study as males perceive women as equal in status to them, and so victim blaming diminishes due to men holding women in the same regard as they do themselves. Although, the impact of residing in such cultures on blame attribution is understudied and thus speculative.

Hypothesis 2

Consistent with the literature, this research found that male rape victims were perceived more negatively than female victims. These results match those observed in earlier studies (Anderson & Quinn, 2009; Davies et al., 2012; Javaid, 2015a; Sleath & Bull, 2010), such as in Ayala et al.'s (2018) study in which they not only found that people are higher in RMA for male victims, but that perpetrators are blamed the least when victims are male. However, the authors measured attitudes toward male and female victim across two distinct scales and so participants' responses may have been dependent on the content of each scale.

Using the same scale adapted for both genders of victims, as utilised in the current study, Anderson & Quinn's (2009) findings corroborate with the present data, in that male victims were viewed more negatively than female victims. As previously stated, theoretical explanations of why male victims are perceived more negatively compared to female victims are infrequent and lacking empirical support (Javaid, 2015a). A possible account for this finding is that socially constructed views of rape victims place victims as feminine and weak, thus encouraging the viewpoint that 'real men' cannot be raped as male victims undermine the superior social ideology of masculinity (Javaid, 2016; Turchik & Edwards, 2012). Although,

Chapleau et al. (2008) reported no variance between how male and female rape victims are perceived, however their measures used, including the Male Rape Myth Scale (Struckman-Johnson & Struckman-Johnson, 1992) have not been employed broadly cross culturally and may benefit from further psychometric investigation (Javaid, 2015a).

Hypothesis 3a

In accordance with the present results, previous studies have demonstrated that males report lower RVE than females (Diamond-Welch et al., 2017; Osman, 2011; Smith & Frieze, 2003). Comparatively, Osman (2014) measured RVE and participant sexual victimisation history, in which no gender difference was found among those who had no victimisation experience yet females who had been victimised detailed greater RVE than male victims. It is possible that without sexual victimisation history women may not be able to empathise more with rape victims than men, and so findings of women having greater empathy than men may be powered by a history of victimisation. Given that prior victimisation history was not accounted for in the current study, it is uncertain if this experience accounts for the variance between genders in RVE.

Conversely, some inquiries have failed to find a significant gender difference on RVE scores (Ferraio et al., 2013). Although, this study utilised modified versions of the REMV and REMP which excluded several statements, and so it is unclear if a significant finding would be discovered using the original scales. A further possible explanation for the results found in the current study may be that females are generally more empathic than men due to empathy being a part of traditional gender roles for females (Smith & Frieze, 2003), although it is ambiguous if this finding carries over to rape empathy.

Hypothesis 3b

The current study failed to find evidence that males are higher in RPE than females. Previous studies evaluating RPE have observed inconsistent results on whether males report higher empathy than females. Some inquiries have maintained a significant relationship between male participants and high perpetrator empathy (Diamond-Welch et al., 2017; Seibold-Simpson et al., 2018). Though, Seibold-Simpson et al.'s (2018) inquiry involved a sample from a single university, and so caution is advised when generalising results to other academic settings or populations. Utilising modified versions of the REMV and REMP to include victim and perpetrator genders, Osman (2011) discovered that males were only higher in RPE for male offenders, not female offenders, in line with the DAT. An implication of this is the possibility that perpetrator gender plays a role in empathy assigned to the offender. Yet, it is probable that participants in this research presumed the victim was female and offender was male due to cultural and biological roles that expose individuals to female victims and male offenders (Ferrao et al., 2013), although this was not measured and so confirmation of this is abstract.

However, some findings within the literature have also reported no gender difference in perpetrator empathy (Bongiorno et al., 2016; Grubb & Harrower, 2009; Qi et al., 2016; Stromwall et al., 2013). Though, Qi et al.'s (2016) research involved scenarios depicting rape involving marijuana intoxication, which may have caused participants to attribute more leniency to the perpetrator's actions. In an Irish inquiry, Andersen and O'Connell (2018) failed to find a significant effect of participant gender on perpetrator responsibility, which has been found to be positively related to rape empathy for offenders (Grubb & Harrower, 2009). Although, the authors did find an effect of gender on likelihood to convict the perpetrator, with males being less likely to return a guilty verdict. Given that this is the only other Irish

investigation of its kind, conclusive relationships cannot be determined however it appears that gender differences in perpetrator empathy are not evident within an Irish population, although further research will be needed to confirm this.

Conservative gender role attitudes may have mediated the effect of participant gender on perpetrator responsibility, as traditional attitudes toward gender roles has been associated with lower perpetrator responsibility (Black & McCloskey, 2013). Although, the sample were relatively young in age, and conservative beliefs are generally found most in older populations (Stanley & Blanchard-Fields, 2011). Still, conventional sex role attitudes were not controlled for in the current study and thus it is speculative to say that they did not play a part in the non-significant result of gender differences toward perpetrator empathy.

Hypothesis 4

Regarding the final hypothesis, the results of this study did not show that individuals who held more negative attitudes towards rape victims were lower in RVE and higher in RPE. This finding is contrary to previous studies which have suggested that those higher in RMA report lower RVE and greater RPE (Ayala et al., 2018; Osman, 2011; Seibold-Simpson et al., 2018), possibly due to RMA placing blame on the victim and excusing the offender (Russell & Hand, 2017). Judson et al.'s (2013) examination uncovered that participants who reported less favourable attitudes toward victims also reported greater leniency towards the perpetrator, though this inquiry utilised a scenario with a male victim and female perpetrator which may have influenced results, as female perpetrators have been found to receive greater empathy in general (Embry & Lyons, 2012).

In line with results from the current study, Diamond-Welch, Hellwege & Mann's (2018) inquiry reported no significant effect of RMA on victim or perpetrator empathy levels.

King and Hanrahan (2015) also failed to find a significant relationship between RMA and empathy, however, this research was based on sexual violence in prisons which may have impacted results, as prison rape is often seen as deserved by prisoners due to the crimes they are incarcerated for (Javaid, 2015a). Further, the authors utilised a general empathy measure, not a rape empathy measure, and so it is unclear if rape empathy would be significant for this sample. It is important to note, though, when considering the results from the current study that no participant scored in the upper 50% of high scores on the ARVS. Instead, high scores were denoted by scoring in the upper half based on the mean score. Considering that participants were on average low in RMA, this may have attributed to the non-significant result that was discovered.

Future Research

This research has given rise to many questions in need of further investigation. Firstly, due to the lack of preceding research into RMA with an Irish sample, this study should be replicated using a larger sample to confirm the findings of the present study. Given the possible mediating role of traditional sex role beliefs, it is advised to include a measure of gender role attitudes in future studies. Similarly, the role of egalitarian compared to conservative cultures in determining RMA, RVE and RPE is indefinite. Further studies could introduce a standard measure of egalitarianism to fully understand the role of culture on attitudes and empathy levels. Considering that the majority of previous research into RMA and empathy levels has been analysed quantitatively, a greater focus on qualitative research could produce interesting findings that account for people's decision-making processes and allow more meaningful interpretation of results that is beyond the scope of quantitative research. The current viewpoint that traditional expectations of masculinity contributes to why male victims are perceived more negatively than female victims is speculative and lacks

empirical support. Further research is required to validate that the discrepancy between how male and female victims are viewed is due to cultural norms of masculinity. Finally, given the contrary results of low RVE being associated with higher RPE, further investigation and experimentation into the relationship between these constructs is strongly recommended. Future studies examining the role of perpetrator gender on empathy levels would also be worthwhile.

Implications

The practical implications of RMA and how victims and perpetrators are perceived are notable. Primarily is the potential impact that RMA, RVE and RPE have on legal proceedings. Those high in RMA and RPE and low in RVE are more likely to return a ‘not guilty’ verdict for the defendant in rape trials (Dinos et al., 2015). Jury selection processes by both the prosecution and defence will seek to employ the most people that have a predisposition to agree with their case. Based on the present research, males are lower in victim empathy than females, which has been shown to influence the likelihood of convicting a defendant (Hildebrand & Najdowski, 2015). Thus, the defence will seek to appoint more males on the jury as they hold less empathy for the victim, and the prosecution will aim to pursue a female majority on the jury. Due to this imbalance, a fair juror panel should consist of an equal number of males and females to counteract the inequity that having a male dominant panel may introduce. Furthermore, it is recommended to introduce a screening process to determine potential jurors’ level of RMA, particularly for male victims, to ensure a fairer trial by ensuring a bias concerning rape myths is not present on the panel.

Secondly, the results of this study can be used to develop targeted interventions aimed at combatting male RMA. It is proposed to include male rape myths alongside female rape

myths within prevention programmes, with the aim being to expose the truth surrounding these myths. Furthermore, it is suggested that adherence to male rape myths causes a decrease in the likelihood that bystanders of a sexual assault would intervene (Rosenstein & Carroll, 2015). To reduce the occurrence of this, it is recommended to include information within rape prevention programmes on how to intervene if one is a bystander of sexual assault in order to prevent the assault occurring. Such prevention programmes have been previously cited as effective in one's willingness to intervene and in improving RVE (Salazar, Vivolo-Kantor, Hardin & Berkowitz, 2014). Although, no programme targeting male and female victims has been implemented in Ireland and thus, greater efforts are needed to ensure the population is informed on how to address both male and female RMA and how to intervene an attempted sexual assault safely and effectively.

Strengths and Limitations

The current study has a number of strengths with regard to its contribution to the field of knowledge. The present study provides the first comprehensive assessment of attitudes toward male rape victims and perpetrators involving an Irish population. Unlike much of the previous research into RMA, RVE and RPE that has been based solely on college samples, the present study included a wider, non-academic sample, providing more generalisable findings to a larger population. Finally, the current research was ethically adequate and sensitive to a potentially distressing topic, as done through a design that was holistic in considering perceptions of rape victims and offenders. Confidentiality, anonymity and appropriate supports were ensured for each participant, upholding ethical considerations throughout the research.

Notwithstanding its strengths, the current research harbours limitations. Firstly, as the present study required participants to self-report their responses, it is possible the research was objected to social desirability bias. Social desirability bias refers to the inclination of research participants to present responses that are socially desirable instead of more truthful responses, with sensitive topics, such as the topic examined, amplifying the risk of bias (Krumpal, 2013). However, efforts to contest this bias were employed, such as ensuring confidentiality and anonymity of responses. Furthermore, it has been argued that administering self-report measures via a computer, as done in the present study, buffers the effect of social desirability bias (Gnambs & Kaspar, 2015). Nonetheless, social desirability bias cannot be eliminated with self-report measures. A potential way of contesting this is to utilise objective measures in future research, such as employing brain imaging procedures to measure individuals' implicit reactions to RMA related stimuli.

Secondly, a further source of weakness in the current study is the phrasing of the REMP. Within the scale, the terminology used in the statements changes from 'a rapist' to 'someone accused of rape'. While the authors acknowledge that this is what differentiates between during and after a rape (Smith & Frieze, 2003), it is possible that participants' responses were affected by whether they perceived the rapist as guilty or not yet proven guilty. To control for this potential misunderstanding of the statements, it is suggested that future research utilises a measure with consistent terminology. As no other scale measuring RPE has been developed and validated in the literature, going forward it is recommended to modify the REMP so that the language used is constant.

A final limitation to the current work is the small number of male participants in comparison to female participants. This minority could have contributed to the possibility of a type two error, in that analyses lacked the statistical power to detect a significant difference. It

is suggested for future research that it is aimed to recruit a larger number of male participants to increase the power of tests and thus decrease the likelihood of a type two error.

Conclusion

The present study was designed to examine the effect of gender on attitudes toward rape victims and empathy for rape victims and perpetrators. Gender made no significant difference in determining RMA and RPE totals, yet was consequential for RVE, with males reporting lower victim empathy than females. Furthermore, this research has also indicated that male rape victims are perceived more negatively than female rape victims. Lastly, this study detected no significant result concerning individuals that reported more negative attitudes toward rape victims would report higher RVE and lower RPE. This research contributes to the literature concerning rape by providing a novel perspective of male rape victims and rape offenders in Ireland and has extended our knowledge of attitudes toward female victims.

The scope of this study was limited in terms of the small number of male participants, alongside methodological issues concerning self-desirability bias and the terminology within the measures. Notwithstanding its limitations, the study certainly adds to our understanding of insights of rape in modern day Ireland. A natural progression of this work is to analyse the role of traditional gender role attitudes and egalitarianism of cultures on RMA, RVE and RPE. More broadly, research is also needed to determine the validity of the theoretical viewpoint that norms of masculinity are a determining factor in why male rape victims are viewed more negatively than female victims. Considering the evidence of the impact of RMA and empathy levels on one's likelihood to convict a defendant in sexual assault cases, ensuring an unbiased and equal gendered juror panel should be a priority for legal systems

within Ireland. Moreover, this research can also be used to develop targeted interventions aimed at confronting male RMA as well as female RMA, in addition to addressing how to effectively intervene in attempted sexual assaults.

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Appendix

Appendix 1

Attitudes toward rape victims and offenders: Information & consent

You are being invited to partake in a research study on attitudes toward rape victims and perpetrators. This project is being conducted as part of thesis preparation by a final year psychology student attending National College of Ireland. I am interested in researching if the Irish population hold negative or positive attitudes toward victims and offenders, and if gender differences exist within these attitudes. This research is being supervised by Dr Conor Nolan and has been approved by the National College of Ireland ethics committee.

WHAT WILL HAPPEN

In this study, you will be asked to firstly answer some demographic questions (age and gender). Following this you will be asked to complete three scales (the Attitudes towards Rape Victims Scale (ARVS, Ward, 1988), the Rape Victim Empathy Scale (REMV) and the Rape Perpetrator Empathy Scale (REMP; Smith & Frieze, 2003)). Each scale consists of a set of statements regarding rape victim and offenders. You will be asked to rate how you feel about each statement on a 1-5 scale, from strongly disagree (1) to strongly agree (5). Following completion of the questionnaire, you are asked to submit your final responses. The study typically takes 15-20 minutes across one session. Your participation in this study is voluntary. No reimbursement will be provided. It is asked that individuals studying medicine do not partake in this study, as previous research has suggested medical students hold

significantly different attitudes towards rape victims than other populations (Anderson & Quinn, 2009).

PARTICIPANTS' RIGHTS/RIGHT TO WITHDRAW

You may decide to withdraw from the study only up until the point that the final set of statements is submitted. Once data is finally submitted, it is anonymised, and therefore data cannot be withdrawn past this point. Prior to this, participants are free to withdraw at any point by exiting their browser. You may decide to stop being a part of the research study at any time before final submission without explanation.

You have the right to have your questions about the procedures answered (unless answering these questions would interfere with the study's outcome). If you have any questions as a result of reading this information sheet, you should ask the researcher/supervisor before the study begins.

CONFIDENTIALITY/ANONYMITY

The data that will be collected does not contain any personal information about you except for some demographic information. However, there is a low risk of any one participant being identified. Once your data is submitted after completion of the scale, your data will be anonymised. From that time, there will be no record that links the data collected from you with any personal data from which you could be identified (e.g., your name). Data will be kept for 5 years in accordance with the National College of Ireland policy however it will not be accessible by anyone other than the researcher.

SENSITIVITY WARNING

The nature of the topics discussed in this study are highly sensitive and may cause distress to some participants. Issues of attitudes towards victims of rape and perpetrators of rape will be examined. If any individual feels they may become upset through the duration of or as a result of this study, it is not recommended that they partake. Please find below contact details supports for if any upset occurs.

Additionally, the researcher and supervisor are available to answer any questions or address issues that may arise as a result of participating in the study.

Samaritans (24-hour freephone helpline): 116 123

Dublin Rape Crisis Centre (24-hour freephone helpline): 1800 77 8888

FOR FURTHER INFORMATION

The researcher may be contacted at any point with questions/if assistance is needed at:

x16440134@student.ncirl.ie

Alternatively, the supervisor of the research Dr Conor Nolan will be glad to answer your questions about this study at any time. You may contact him at:

conor.nolan@ncirl.ie

If you would like to find out about the final results of this study, you should contact the researcher at the email address above in April 2019 when a full copy of the finalised research project will be made available to any participants.

By ticking this box, I confirm that : 1) I understand this study concerns sensitive issues around rape and sexual assault. 2) I understand I am free to withdraw from this

study any time prior to final submission by closing the browser. 3) I am partaking in this study voluntarily and without coercion. 4) I consent to my results, once finally submitted, to be used for the purpose of data analysis in this study. 5) I am not studying medicine and I am over 18 years old

Appendix 2

Rape Victim Empathy Scale

1. I find it easy to take the perspective of a rape victim.
2. I can imagine how a victim feels during an actual rape.
3. I get really involved with the feelings of a rape victim in a movie.
4. I can understand how helpless a rape victim might feel.
5. I can feel a person's humiliation at being forced to have sex against their will.
6. Hearing about someone who has been raped makes me feel that person's upset.
7. It's not hard to understand the feelings of someone who is forced to have sex.
8. I can empathise with the shame and humiliation a rape victim feels during a trial to prove rape.
9. I know if I talked to someone who was raped I'd become upset.
10. I imagine the emotional trauma a rape victim might feel if the rape trial were publicised in the press.
11. I imagine the courage it takes to accuse a person in a court of rape.
12. I can understand why a rape victim feels bad for a long time.
13. I imagine the anger a person would feel after being raped.
14. I find it difficult to know what goes on in the mind of a rape victim.
15. I don't understand how a person who is raped would be upset.
16. I can't understand how someone who has been raped can blame their partner and not take some of the responsibility.
17. I can see how someone who has been raped would get upset at their rape trial.
18. I can feel the emotional torment a rape victim suffers when dealing with the police.

Appendix 3

Attitudes Towards Rape Victims Scale – Female victim

1. A raped woman is less desirable.
2. The extent of the woman's resistance should be the major factor in determining if a rape has occurred.
3. A raped woman is usually an innocent victim.
4. Women often claim rape to protect their reputation.
5. "Good" girls are as likely to be raped as "bad" girls.
6. Women who have had prior sexual relationships should not complain about rape.
7. Women do not provoke rape by their appearance or behaviour.
8. Intoxicated women are usually willing to have sexual relations.
9. It would do some women good to be raped.
10. Even women who feel guilty about engaging in premarital sex are not likely to falsely claim rape.
11. Most women secretly desire to be raped.
12. Any female may be raped.
13. Women who are raped while accepting rides from strangers get what they deserve.
14. A woman who goes out alone at night puts herself in a position to be raped.
15. Many women claim rape if they have consented to sexual relations but have changed their minds after.
16. Accusations of rape by bar girls, dance hostesses and prostitutes should be viewed with suspicion.
17. A woman should not blame herself for rape.
18. A healthy woman can successfully resist a rapist if she really tries.
19. Many women who report rape are lying because they are angry or want revenge on the accused.
20. Women who wear short skirts or tight blouses are not inviting rape.
21. Women put themselves in situations in which they are likely to be sexually assaulted because they have an unconscious wish to be raped.
22. Sexually experienced women are not really damaged by rape.
23. In most cases when a woman was raped, she deserved it.

Appendix 4

Attitudes Towards Rape Victims Scale – Male victim

1. A raped man is less desirable.
2. The extent of the man's resistance should be the major factor in determining if a rape has occurred.
3. A raped man is usually an innocent victim.
4. Men often claim rape to protect their reputation.
5. "Good" boys are as likely to be raped as "bad" boys.
6. Men who have had prior sexual relationships should not complain about rape.
7. Men do not provoke rape by their appearance or behaviour.
8. Intoxicated men are usually willing to have sexual relations.
9. It would do some men good to be raped.
10. Even men who feel guilty about engaging in premarital sex are not likely to falsely claim rape.
11. Most men secretly desire to be raped.
12. Any male may be raped.
13. Men who are raped while accepting rides from strangers get what they deserve.
14. A man who goes out alone at night puts himself in a position to be raped.
15. Many men claim rape if they have consented to sexual relations but have changed their minds after.
16. Accusations of rape by male strippers and prostitutes should be viewed with suspicion.
17. A man should not blame himself for rape.
18. A healthy man can successfully resist a rapist if he really tries.
19. Many men who report rape are lying because they are angry or want revenge on the accused.
20. Men who go shirtless or wear tight gym gear are not inviting rape.
21. Men put themselves in situations in which they are likely to be sexually assaulted because they have an unconscious wish to be raped.
22. Sexually experienced men are not really damaged by rape.
23. In most cases when a man was raped, he deserved it.

Appendix 5

Rape Perpetrator Empathy Scale

1. I find it easy to take the perspective of a person who rapes.
2. I can imagine how a person who rapes might feel during an actual rape.
3. I get really involved with the feelings of a rapist in a movie.
4. I can understand how powerful a rapist might feel.
5. Hearing about a rape, I can imagine the feelings the rapist felt.
6. It's not hard to understand the feelings that would drive someone to force sex on another person.
7. I know if I talked to someone accused of rape I'd become upset at their upset.
8. I can feel a person's humiliation at being accused of rape.
9. I can empathise with the shame and humiliation an accused rapist feels during a trial to prove rape.
10. I imagine the anger a person would feel at being accused of rape.
11. I can feel the emotional trauma that a person accused of rape might feel if the rape trial were publicised in the press.
12. I imagine the courage it takes to defend oneself in a court against the charge of rape.
13. I can understand a rapist's feelings after a rape.
14. I find it difficult to know what goes on in the mind of a rapist.
15. I don't see how a person accused of rape could be upset.
16. I can't understand how someone accused of rape can blame their victim.
17. I can see how someone accused of rape would become upset at their rape trial.
18. I can feel the emotional torment a person accused of rape suffers in dealing with the police.

Appendix 6

Thank you & Debrief

Thank you for your time and participation in the present study.

This experiment is designed to examine gender differences among the Irish population's attitudes towards male and female rape victims and offenders. Here, it is aimed to explore whether a gender difference exists, whether attitudes are positive or negative and if attitudes towards victims are associated with attitudes towards offenders.

Data will be kept anonymised and securely. Participants' privacy and confidentiality will be treated with the utmost importance. After clicking 'submit' below, data is not withdrawable.

The results of this research will be used in the analysis and publication of mandatory coursework. Following final submission, the findings will be presented at the NCI research conference in April 2019. Findings may also be presented at the PSI Student Congress in April 2019. If you would like to view a final version of the current research, please keep the researcher's contact information and enquire in April/May 2019.

If you have experienced any distress or difficulty as a result of this study, the following supports may be useful:

The Dublin Rape Crisis Centre - 1800 778 888 - www.drcc.ie

The Samaritans – 116 123 – www.samaritans.org

The researcher may be contacted at any point with questions/if assistance is needed at:

x16440134@student.ncirl.ie

Alternatively, the supervisor of the research Dr Conor Nolan will be glad to answer your questions about this study at any time. You may contact him at:

conor.nolan@ncirl.ie

Appendix 7

Table 3.

ANOVA results using ARVS total as the criterion variable

Predictor	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	<i>p</i>	Partial η^2
(Intercept)	173575.30	1	173575.30	2420.21	.000	.94
Gender	219.22	1	219.22	219.22	.082	.02
Victim version	390.26	1	390.26	390.26	.021	.03
Gender x Victim version	50.23	1	50.23	50.23	.404	.40
Error	11761.94	164	71.72			.

Note. ARVS = Attitudes Towards Rape Victims Scale

Appendix 8

Table 4.

Group differences from the Mann-Whitney U test between male and female victims as measured by the ARVS

Variable	N	Mean Rank	Sum of Ranks	U	P
Female victim	86	70.49	8134.00	2321.00	.000
Male victim	82	99.20	6062.00		

Note. ARVS = Attitudes Towards Rape Victims scale

Appendix 9

Table 5.

MANOVA results using REMV total and REMP total as the criterion variables

Predictor	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	<i>p</i>	Partial η^2
(Intercept)						
REMV Total	528662.60	1	528662.60	5142.19	.000	.97
REMP Total	193000.13	1	193000.13	1847.93	.000	.92
Gender						
REMV Total	919.45	1	919.45	8.94	.003	.05
REMP Total	229.20	1	229.20	2.20	.140	.01
Error						
REMV Total	17066.26	166	102.81			
REMP Total	17337.28	166	104.44			
Total						
REMV Total	943141.00	168				
REMP Total	324426.00	168				
Corrected Total						
REMV Total	17985.71	167				
REMP Total	17566.48	167				

Note. REMV = Rape Victim Empathy Scale; REMP = Rape Perpetrator Empathy Scale

Appendix 10

Table 6.

Group differences between REMV and REMP scores among those who scored higher on the ARVS using a Wilcoxon Signed-Rank test

Variable	N	Mean Rank	Sum of Ranks	Z	P
REMV – REMP				-6.84	.000
Negative Ranks	62	34.18	2119.00		
Positive Rank	3	8.67	26.00		

Note. REMV = Rape Victim Empathy Scale; REMP = Rape Perpetrator Empathy Scale; ARVS = Attitudes Towards Rape Victims Scale