

**RESEARCH**

---

---

**Gender Role Conflict, Homophobia, Age, and  
Education as Predictors of Male Rape Myth  
Acceptance**

**Leslee R. Kassing  
Denise Beesley  
Lisa L. Frey**

*The relationship of homophobia and gender role conflict to male rape myth acceptance was investigated using a sample of 210 adult men from a Midwestern community. A hierarchical multiple regression analysis was conducted to determine the ability of certain variables to predict adherence to male rape myths. Those variables were homophobia; success, power, and competition attitudes; restrictive affectionate behavior between men; restrictive emotionality; and conflicts between work and family relationships. Results indicated that greater adherence to rape myths was related to homophobia and more success, power, and competitive attitudes. Additionally, older participants and participants with lower levels of education were more likely to endorse greater adherence to rape myths. Implications of this research include the necessity for more research on male rape myth acceptance, for implementation of educational programs and changes in the socialization process to help dispel these myths, and for mental health counselors to provide unbiased and gender-responsive treatment modalities to male victims who seek help.*

Women and children have been the primary focus of research and societal intervention in the area of sexual assault (Anderson, 1999; Larimer,

---

*Leslee R. Kassing, Ph.D., is affiliated with Portia Bell Hume Behavioral Health and Training Center, Concord, CA. Denise Beesley, Ph.D., and Lisa L. Frey, Ph.D., are assistant professors in the Educational Psychology Program at the University of Oklahoma, Norman. E-mail: dbeesley@ou.edu*

Lydum, Anderson, & Turner, 1999; Mitchell, Hirschman, & Hall, 1999; Washington, 1999). However, the crime of sexual assault is not limited to victimization of women and children. Increasingly, there is evidence that men are victims of sexual assault (Anderson; Isely & Gehrenbeck-Shim, 1997; Larimer et al.; Mitchell et al.; Washington), although there has been less professional attention directed toward male victims. Much of that literature has focused on assaults occurring in institutional settings (Isely, 1991; King, 1992) and assaults on male children and teens (Donnelly & Kenyon, 1996; King & Woollett, 1997; Richey-Suttles & Remer, 1997). Nonetheless, it appears that assaults against adult males, occurring outside of institutions, are much more prevalent than previously believed (Anderson; Mitchell et al.; Sorenson, Stein, Siegel, Golding, & Burnam, 1987).

Accurate estimates of the number of males who have been sexually assaulted are difficult to obtain for several reasons. First, only a few studies report the prevalence rate (i.e., overall rate of sexual assaults that have occurred in a population). Second, most studies report incidence rates (i.e., the number of new sexual assaults that have occurred in a specific time period), but these are not helpful in determining the frequency of occurrence. Although existing estimates indicate that 3% to 16% of all men will become a victim of sexual assault in their lifetime (Struckman-Johnson, 1988; U.S. Department of Justice, 2002), only 1 in 10 male rapes is likely to be reported to the police (Calderwood, 1987). Based on the U.S. Department of Justice crime estimates for 2001, approximately 22,930 males above the age of 12 were reported victims of rape or attempted rape. In interpreting these estimates, it is important to remember that the majority of male rapes go unreported (Anderson, 1999; Mitchell et al., 1999). Indeed, sexual assaults on men are believed to be more underreported than assaults on women (Calderwood).

There are several reasons, some of which are perpetuated by false, stereotypical beliefs about male sexual assault (male rape myths), for why males choose not to report their victimization to authorities or to hospital or treatment facilities. First, men may anticipate that law enforcement personnel will not believe that a crime occurred, will believe that the male victim asked for the rape, or will question the victim's sexuality (Scarce, 1997; Washington, 1999). Second, socioculturally influenced gender stereotypes impact males' reporting of sexual assaults. For example, reporting requires that the male victim deal with the male role expectation of being able to defend against sexual assault (Anderson, 1982; McMullen, 1990; Perrott & Webber, 1996; Struckman-Johnson & Struckman-Johnson, 1992). Finally, the reality is that many rape crisis

centers are geared primarily toward the needs of women (Waliski, 2002). Even though no well-developed theories exist regarding male rape myths, sociocultural messages regarding gender roles are likely associated with these myths, which result from "the developmental constraints of gender role socialization" (Rando, Rogers, & Brittan-Powell, 1998, p. 359). Thus, gender role beliefs, laid in early childhood (David & Brannon, 1976), may lead to gender role conflict and misperceptions about male sexual assault. For example, men are taught certain gender role behaviors such as the importance of being physically strong, able to protect themselves, and emotionally stoic. Male victims of sexual assault who adhere to these prescribed beliefs are likely to blame themselves for being victimized (Coxell & King, 1996; Empey, 1995; Struckman-Johnson & Struckman-Johnson, 1992).

To the extent that men believe being sexually assaulted reflects personal blame or weakness, they are unlikely to report the incident. To the extent that police, medical, mental health, and legal authorities accept male rape myths, they will either fail to ask male victims about an occurrence of sexual assault or will respond inappropriately when it is clear that an assault has occurred (Struckman-Johnson & Struckman-Johnson, 1992). Subsequently, men are less likely to report the incident, are less likely to seek treatment, and are left to cope with their victimization in silence (Donnelly & Kenyon, 1996; Keane, Young, Boyle, & Curry, 1995; Washington, 1999). The public is left with inaccurate crime data and an underestimated rate of occurrence. Together, these factors help to perpetuate rape myths and hinder the dissemination of facts about male sexual assault (Struckman-Johnson & Struckman-Johnson).

### **MALE RAPE MYTHS AND ATTITUDES**

Burt (1980) described rape myths as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p. 217). A variety of male rape myths can be found in the literature and classified into several distinct categories: (a) Males are too big or too strong to be overpowered and forced into sex (Coxell & King, 1996; Struckman-Johnson & Struckman-Johnson, 1992); (b) men initiate and control sexual activity and are not the targets of sexual assault (Muehlenhard & Cook, 1988); (c) men who are raped lose their manhood (Pino & Meier, 1999); (d) male sexual assault is rare (Anderson, 1999; Scarce, 1997); (e) male victims should be able to tough it out and cope with the experience (Krueger, 1985; Miller, 1983); and (f) male rape cannot happen outside of prison (Struckman-Johnson & Struckman-Johnson).

Another erroneous belief that parallels the above-mentioned rape

myths is that women do not sexually assault (Calderwood, 1987; McMullen, 1990; Smith, Pine, & Hawley, 1988; Struckman-Johnson, 1991). Despite a common misconception suggesting that men cannot be sexually assaulted by women, sexual assault of men perpetrated by women does occur. For example, Sorenson et al.'s (1987) study indicated that as many as 16% of college men and 4% to 5% of adult men in the Los Angeles community reported being pressured or forced to have unwanted sexual contact with female acquaintances. That study and others (Mezey & King, 1989; Rogers, 1997) also concluded that men can indeed be seriously harmed by assaults perpetrated by females and males; and that, like women, they too suffer similar post-assault trauma symptoms.

Some myths encompass false beliefs about the attack and the aftereffects of the assault and often are based on stereotyped beliefs about gender roles. These myths include the beliefs that (a) the presence of an erection or ejaculation implies consent on behalf of the victim (Krueger, 1985; Miller, 1983); (b) men cannot maintain or even achieve an erection when a female perpetrates the assault (Anderson, 1999); and (c) being raped does not really upset men (Anderson, 1982). Scarce (1997) observed that men do not take male violence directed toward males seriously:

If men feel pain, we aren't supposed to acknowledge it, and certainly not ask for help, for this would reinforce the feeling of a "lack of masculinity"—a feeling that "men" aren't supposed to be victims in the first place. (p. 225)

Other myths focus on the sexual orientation of the victim. These myths include the assumption that all male victims of male perpetrators are gay or somehow present themselves as gay and thus "ask for" the rape by behaving in an indiscreet or risky manner (Krueger, 1985). A related male rape myth focuses on the belief that male perpetrators who sexually assault other males must be gay (Anderson, 1982; Coxell & King, 1996; McMullen, 1990; Struckman-Johnson, 1991). Often sexual orientation of the victim is associated with other victim-blaming attitudes. Mitchell et al.'s (1999) study of 396 undergraduates indicated that participants held the gay male rape victim more responsible for being assaulted than the heterosexual male victim, rated the gay victim as experiencing more pleasure from the assault, and rated the sexual assault as being less traumatic for the gay victim.

### **GENDER ROLE CONFLICT THEORY AND HOMOPHOBIA**

The constructs of gender role and gender role conflict are helpful in conceptualizing the negative impact of male rape myth acceptance. Pleck

(1981) defined male gender role as behaviors and characteristics widely viewed as typical of men (i.e., stereotypes) and desirable for men (i.e., norms). Gender role conflict is a psychological state that occurs when gender roles have a negative impact on an individual experiencing the conflict or on significant others (O'Neil, 1981). The result of male gender role conflict is the restriction of the person's ability to actualize his human potential or the person's restriction of someone else's potential.

To address this issue, O'Neil and colleagues (O'Neil, Good, & Holmes, 1995) proposed theoretical patterns of gender role conflict based on the limited literature and their clinical experiences with men. Among the major patterns identified as emerging from sociocultural influences on males were success, power, and competition; restrictive emotionality; restrictive affectionate behavior between men; conflict between work and family relationships; and homophobia.

*Success* was defined as worry about personal achievement, competence, status, upward mobility, and career; *power* as obtaining authority, dominance, influence, or ascendancy over others; and *competition* as striving against others to gain something or the comparison of self with others in order to establish one's superiority. *Restrictive emotionality*, the second pattern, was defined as difficulty with expressing feelings openly, giving up emotional control, and being vulnerable to self and others (O'Neil, 1981). The third pattern of *restrictive affectionate behavior* between men was conceptualized as the consequence of restrictive emotionality and included behavior that limits male self-disclosure, companionship, and touching (O'Neil). *Conflicts between work and family relations*, the fourth pattern, was defined as difficulty in balancing work or school and family relations. The last pattern of gender role conflict identified by O'Neil was homophobia. Morin and Garfinkle (1978) defined *homophobia* as any belief that supports negative myths and stereotypes about gay, lesbian, bisexual, and transgendered (GLBT) individuals. Homophobic behaviors can include discrimination on the basis of sexual orientation and the use of language that is offensive to GLBT individuals, as well as beliefs suggesting that GLBT lifestyles are not as equally valued as heterosexual lifestyles. Homophobia is believed to negatively affect men and inhibit their relationships with each other (O'Neil).

Some researchers have indicated that gender role conflict and myths about rape emerge from traditional beliefs about masculinity, thereby establishing a relationship between gender role conflict and rape myth acceptance (Davis & Liddell, 2002; O'Neil, 1981). For example, Thompson, Pleck, and Ferrara (1992) suggested that gender role conflict represents "an important link between societal norms scripting traditional masculinities and individuals' adaptation" (p. 598). Because it

appears that gender role conflict and male rape myths both originate, in part, from rigid adherence to traditional male roles taught through childhood socialization, it makes sense to use the construct of gender role conflict as a means to assess this aspect of gender role socialization (Davis & Liddell; Rando et al., 1998).

Only two studies to date have attempted to examine how age and education impact rape myths. Burt (1980) and Hudson and Ricketts (1980) found that younger, better-educated people endorsed fewer female rape myths. It seems logical that a similar pattern may exist for male rape myth acceptance as well. Thus, the purpose of this study was to investigate the relationships among several factors thought to be related to the acceptance of male rape myths. Specifically, it was hypothesized that significant predictors of male rape myth acceptance would be age; level of education; homophobia; success, power, and competition; restrictive emotionality; restrictive affective behavior between men; and conflicts between work and family relations.

## METHOD

### Participants

The convenience sample of participants were 210 adult males from a major metropolitan area in the Midwest who were employed as teachers/faculty, city workers, policemen, or firemen or were members of various organizations (e.g., Rotary Club, Optimist Club, American Legion, VFW). Participants ranged in age from 19 to 78 years ( $M = 48.89$ ,  $Mdn = 50$ ). The ethnic composition of the participants was 95.2% Caucasian, 1.9% American Indian, .5% African American, .5% Asian American, .5% Hispanic/Mexican/Chicano, and 1.4% "Other." The educational level of the participants ranged from "some high school" to "master's degree or more" with 10% reporting 12th grade or less, 28% reporting a vocational-technical certificate or some college, 31% reporting an undergraduate degree, and 31% reporting a graduate degree or more. The majority (74.3%) of the participants were married and had children (80%). The average family income was \$60,000–\$70,000.

### Instruments

**Gender Role Conflict Scale (GRCS-I).** O'Neil, Helms, Gable, David, and Wrightsman (1986) developed this 37-item questionnaire to operationalize their theory of male gender role conflict. The instrument consists of four gender role conflict factors, which were defined previously: (a) success, power, and competition (SPC, 13 items, range 13–78); (b) restric-

tive emotionality (RE, 10 items, range 10–60); (c) restrictive affectionate behavior between men (RABBM, 8 items, range 8–48); and (d) conflicts between work and family relations (CBWFR, 6 items, range 6–36). O'Neil et al. did not include a homophobia factor in the scale, despite identifying homophobia as a pattern of gender role conflict. The GRCS-I requires respondents to make self-ratings on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree), with higher scores reflecting gender role conflict in that area. Sample items from this instrument include "moving up the career ladder is important" (SPC), "strong emotions are difficult for me to understand" (RE), "expressing my emotions to other men is risky" (RABBM), and "finding time to relax is difficult for me" (CBWFR).

O'Neil et al. (1986) reported test-retest reliabilities over 4 weeks ranging from .72 to .86 for each factor. Previous Cronbach alphas for the subscales ranged from .73 to .91 with an average of .88 (O'Neil et al., 1995). For this study, Cronbach alphas for the subscales ranged from .75 to .89. In the original exploratory factor analysis, the four factors accounted for 36% of the variance (O'Neil et al., 1986). Several other studies have confirmed the factor structure using more rigorous confirmatory analyses (Good et al., 1995; Moradi, Tokar, Schaub, Jome, & Serna, 2000; Rogers, Abbey-Hines, & Rando, 1997). The GRCS-I has demonstrated convergent validity with other masculinity measures including the Brannon Masculinity Scale and the Masculine Gender Role Stress Scale (O'Neil et al., 1995). Construct validity for the GRCS-I has been demonstrated by correlations in expected directions with depression (Cournoyer & Mahalik, 1995), help-seeking attitudes (Blazina & Watkins, 1996), and traditional role norms (Good et al.).

**Attitudes Toward Gay Men Scale (ATG-S).** The Attitudes Toward Gay Men Scale (Herek, 1984) consists of five items and was used as a measure of homophobia. The ATG-S is a short version of the Attitudes Toward Lesbians and Gay Men Scale (ATLG) developed by Herek (1984, 1988). The ATG-S assesses heterosexuals' attitudes toward gay men. The ATG-S requires respondents to rate their attitudes on a 5-point Likert-type scale. Total scores range from 5 (extremely positive attitudes) to 25 (extremely negative attitudes), with higher scores indicating greater homophobia. A sample item from this measure is "I think male homosexuals are disgusting."

Internal consistencies ranging from .80 to .90 have been found for the ATG-S (Herek, 1994; Herek & Glunt, 1991). In addition, scores from the ATG-S correlated highly with scores from its longer counterpart, the ATLG ( $r = .96$ ). Thus, the ATG-S was utilized in this research based on its commensurate psychometric properties. Cronbach's alpha for the ATG-S

in this study was .88. Construct validity for the ATG-S was supported by significant correlations with other measures including more traditional sex role attitudes, adherence to a traditional family ideology, higher levels of authoritarianism, and adherence to fundamentalist religious beliefs (Herek).

**Male Rape Myth Scale (MRMS).** This 22-item questionnaire was utilized to measure false, stereotypical, or prejudicial beliefs about male rape (Melanson, 1999). Respondents self-rate their beliefs on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Total scores for the Likert format scale range from 22 to 132, with higher scores reflecting a greater acceptance of male rape myths. Sample items include “male rape is usually committed by homosexuals” and “a man who has been raped has lost his manhood.”

Melanson (1999) reported a Cronbach alpha of .90 and a 4-week test-retest reliability of .89 for the MRMS. Cronbach’s alpha for this study was .91. Convergent validity for the MRMS also was supported by a strong relationship to criterion measure scores (male rape vignettes),  $r = .71$ ,  $p < .0001$ , and the demonstration of expected gender differences, with men reporting significantly greater myth acceptance than women.

## Procedure

Research packets containing an introduction page, an informed consent, and the instruments arranged in random order either were placed in participants’ mailboxes at their place of employment or were distributed during their organization’s meetings. For the purpose of confidentiality, all respondents returned their surveys using a self-addressed, stamped envelope. A total of 600 research packets were distributed. Two hundred fifty-eight research packets were returned for a 43% response rate. However, 48 of the packets were eliminated from analysis due to substantial missing data, resulting in a 35% usable return rate.

## RESULTS

### Preliminary Analyses

Initial analyses examined descriptive data for the sample. Overall mean scores on the ATG-S, the subscales of the GRCS-I (SPC, RE, RABBM, and CBWFR), and the MRMS ranged from 2.5, disagree slightly, to 4.7, moderate agreement (see Table 1). On the ATG-S, from 59% to 67% of the participants endorsed some agreement on four of the five items. Most of the items on the GRCS-I that were endorsed with some agreement by the majority of the participants (59%–85%) came from the SPC subscale. Finally, the majority of participants (53%–71%) reported slight to

Table 1

## Item Means and Frequencies for Variable Items Endorsed with Some Agreement

| ATG-S Items  | <i>M</i> | Frequency |
|--|----------|-----------|
| 1. I think male homosexuals are disgusting.  | 3.5      | 59%       |
| 2. Male homosexuality is a perversion.   | 3.6      | 63%       |
| 4. Homosexual behavior between two men is just plain wrong.  | 3.7      | 64%       |
| 5. Male homosexuality is merely a different kind of lifestyle that should not be condemned.*                   | 4.7      | 67%       |
| <b>SPC Items</b>   |          |           |
| 1. Moving up the career ladder is important to me.   | 4.6      | 85%       |
| 5. Making money is part of my idea of being a successful man.  | 4.3      | 79%       |
| 8. I sometimes define my personal value by my career.  | 3.6      | 63%       |
| 14. I worry about failing and how it affects my doing well as a man.   | 3.5      | 59%       |
| 18. Doing well all the time is important to me.  | 4.4      | 80%       |
| 28. I strive to be more successful than others.  | 3.9      | 67%       |
| 32. I am often concerned about how others evaluate my performance at work or school.                           | 4.5      | 80%       |
| <b>MRMS Items</b>  |          |           |
| 2. The extent of a man's resistance should be a major factor in determining if he was raped.                   | 4.2      | 71%       |
| 3. Any healthy man can successfully resist a rapist if he really wants to.                                     | 3.8      | 60%       |
| 4. If a man obtained an erection while being raped it probably means that he started to enjoy it.              | 3.7      | 57%       |
| 7. Many men claim rape if they have consented to homosexual relations but have changed their minds afterwards. | 3.8      | 60%       |
| 8. Most men who are raped by a woman are somewhat to blame for not escaping or fighting off the woman.         | 3.8      | 59%       |
| 10. Male rape is usually committed by homosexuals.   | 3.9      | 61%       |
| 11. Most men who are raped by a man are somewhat to blame for not escaping or fighting off the man.            | 3.8      | 59%       |
| 12. A man who has been raped has lost his manhood.   | 3.6      | 53%       |
| 13. Most men who are raped by a woman are somewhat to blame for not being more careful.                        | 3.7      | 56%       |
| 17. Women who rape are sexually frustrated individuals.  | 3.9      | 62%       |
| 22. I would have a hard time believing a man who told me that he was raped by a woman.                         | 4.1      | 70%       |

\* Denotes reverse scoring

moderate agreement with 11 of the 22 rape myth items. To summarize, the descriptive findings of this study suggest that the majority of the participants (53%–85%) endorsed some adherence to negative attitudes toward gay men; to attitudes of success, power, and competition; and to male rape myths.

Table 2 presents the means, standard deviations, and intercorrelations of all variables in the model. Preliminary results indicated that greater adherence to rape myths was related to homophobia (i.e., more negative attitudes toward gay men), more restrictive affectionate behavior between men, restrictive emotionality, and increased success, power, and competition attitudes. Also, as age increased and as years of education decreased, acceptance of male rape myths increased. Thus, small to moderate correlations were found between the predictor variables and the criterion variable, male rape myth acceptance; and the predictor variables were not highly correlated. Because these correlations were exploratory and not hypothesis testing in nature, they were not subjected to Bonferonni correction.

Table 2

Means, Standard Deviations, and Intercorrelations of Predictor and Criterion Variables

| Variable | <i>M</i> | <i>SD</i> | 1   | 2   | 3      | 4      | 5      | 6      | 7      | 8       |
|----------|----------|-----------|-----|-----|--------|--------|--------|--------|--------|---------|
| Age      | 48.9     | 13.5      | --- | .11 | .17*   | -.19** | .13    | -.01   | -.13   | .23***  |
| Educ     | 6.8      | 2.0       |     | --- | -.18** | .02    | -.19** | -.17*  | .05    | -.33*** |
| ATG      | 16.5     | 4.2       |     |     | ---    | .11    | .32*** | .21**  | -.00   | .47***  |
| SPC      | 47.2     | 11.3      |     |     |        | ---    | .37*** | .38*** | .49*** | .17*    |
| RABBM    | 29.9     | 8.6       |     |     |        |        | ---    | .61*** | .32*** | .34***  |
| RE       | 32.7     | 10.5      |     |     |        |        |        | ---    | .41*** | .22**   |
| CBWFR    | 22.2     | 6.7       |     |     |        |        |        |        | ---    | .02     |
| MRMS     | 67.1     | 18.4      |     |     |        |        |        |        |        | ---     |

Note. Educ = education (mean of 6.8 is representative of between 2 and 4 years of college, i.e., 6 = 2 years, 7 = 4 years). ATG-S = attitudes toward gay men. SPC = success, power, and competition. RABBM = restrictive affectionate behavior between men. RE = restrictive emotionality. CBWFR = conflicts between work and family relations. MRMS = Male Rape Myth Scale.

\*  $p \leq .05$ . \*\*  $p \leq .01$ . \*\*\*  $p \leq .001$ .

### Primary Analysis

A hierarchical regression model was used to explore the relationship of predictor variables to the criterion variable, male rape myth acceptance. The model included seven predictor variables: age and education entered simultaneously in the first step, the ATG-S entered in the second step, and the four subscales of the GRCS-I (SPC, RABBM, RE, CBWFR) entered simultaneously in the final step. Age and education were entered first to partial out their effects before accounting for the variance explained by the ATG-S and the GRCS-I variables. Next, ATG-S scores were entered to study the contribution of homophobia to rape myth acceptance above the amount of variance that was explained by age and education. Last, the four GRCS-I subscales were entered to account for any variance explained by these factors.

As shown in Table 3, the variance in the criterion variable explained by the full model was .38 ( $F = 16.82$ ,  $p < .001$ ), which is considered a large effect size (Cohen, 1988). The contribution of age and education was significant,  $R^2 = .19$ , adjusted  $R^2 = .18$ ,  $p < .001$ . ATG-S explained significant additional variance, 14%, in the second step,  $R^2 = .33$ , adjusted  $R^2 = .32$ ,  $p < .001$ . In the final step, the block of GRCS-I variables accounted for 4% of additional variance ( $R^2 = .38$ , adjusted  $R^2 = .35$ ,  $p < .01$ ). The significance at the last step, however, was attributable to SPC subscale scores. In

Table 3

Hierarchical Multiple Regression Analyses for Variables Predicting Male Rape Myths

| Criterion Variable | Step Entered | $R^2$ | $R^2$ Change | $F$ Change | $df$    | $B$   | $SE B$ | $\beta$ |
|--------------------|--------------|-------|--------------|------------|---------|-------|--------|---------|
| Age                | 1            | .19   | .19          | 23.885**   | (2,201) | .29   | .08    | .21**   |
| Educ               | 1            |       |              |            |         | -2.80 | .56    | -.30**  |
| ATG                | 2            | .33   | .14          | 42.204**   | (3,200) | 1.48  | .27    | .33**   |
| SPC                | 3            | .38   | .04          | 3.331*     | (7,196) | .29   | .11    | .18*    |
| RABBM              | 3            |       |              |            |         | .29   | .17    | .13     |
| RE                 | 3            |       |              |            |         | -.07  | .13    | -.04    |
| CBWFR              | 3            |       |              |            |         | -.21  | .19    | -.08    |

Note. Educ = education. ATG-S = attitudes toward gay men. SPC = success, power, and competition. RABBM = restrictive affectionate behavior between men. RE = restrictive emotionality. CBWFR = conflicts between work and family relations.

\*  $p \leq .01$ . \*\*  $p \leq .001$ .

summary, examination of the standardized regression beta weights of the criterion variables for the combined model suggests that increased age, decreased education, more negative attitudes toward gay men, and higher levels of success, power, and competition each added significantly to the acceptance of male rape myths. Restrictive affectionate behavior toward men, restrictive emotionality, and conflicts between work and family added no unique contribution to the model.

### DISCUSSION

The findings of this study support the hypothesis, generally, and contribute to an increased understanding of a relatively unexplored topic, male rape myths. Results from this sample of adult males from diverse employment settings and community organizations revealed that the older, less educated men in this sample reported more negative attitudes toward gay men; higher success, power, and competition attitudes; and more adherence to male rape myths.

Although no studies to date have examined the relationship between age or education and male rape myths, Burt (1980) examined factors predicting acceptance of female rape myths and found similar results: Younger and better educated people revealed less stereotypic attitudes and less rape myth acceptance. Hudson and Ricketts (1980) also found that better educated people were more tolerant of alternate lifestyles. Perhaps this is due to the increased opportunities for exposure to alternative lifestyles in college and in the workplace.

Also, this research revealed that more negative attitudes toward gay men were significantly correlated with greater endorsement of male rape myths. This is consistent with previous literature that suggested that adherence to male rape myths is associated with adherence to traditional roles in general and that traditional male role norms often include negative attitudes toward gay men (Donnelly & Kenyon, 1996; Perrot & Webber, 1996). Such negative attitudes, however, are harmful to all male victims of sexual assault, including heterosexual victims (Scarce, 1997). Homophobia fosters attitudes of suspiciousness and blaming directed toward all male victims, whether gay or heterosexual. Victims are left doubting their own gender identity and sexuality and believing that they somehow colluded in their own abuse. Scarce observed, "Men, in general, do not want to identify men as being victimized by sexual crimes because there is no way to see men as 'victims' and still as men" (p. 230).

Last, endorsement of attitudes consistent with male success, power, and competition significantly predicted endorsement of male rape myths, albeit with a small effect size. Studies examining gender role socialization

suggest that traditional male gender role norms often are associated with competition, success, and power; conversely, feminine gender role norms often are associated with unassertiveness, lack of achievement, and lack of power (O'Neil, 1981). Furthermore, male gender role norms often are associated with the devaluation of values, attitudes, and behaviors associated with femininity. As is the underlying motivation behind all factors of gender role conflict, avoiding the feminine label by appearing stereotypically masculine helps to explain the need for men to be successful, powerful, and competitive (Bird, 1996; O'Neil). To the extent that success, power, and competition are related to "power over" behavior (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991), acceptance of male rape myths allows men to believe they are not vulnerable to sexual assault.

Restrictive emotionality and restrictive affectionate behavior between men added no unique prediction to the final model. These subscales have been shown to predict fear of intimacy among college samples (e.g., Good et al., 1995). It is possible that fear of intimacy may be mediated in older men with more experience in long-term relationships. Conflict between work and family also was not predictive of adherence to male rape myths. This subscale was included in the study to assess its potential impact with an older sample; however, some researchers (Good et al.) have suggested that this scale may actually measure a construct unrelated to gender role conflict (i.e., more general perceptions of stress).

### **Limitations**

There are some limitations of the present study that temper the findings, conclusions, and implications for practice. First, the response rate was limited, and the population sampled consisted primarily of relatively well-educated, Caucasian men living in the Midwest, which limits the extent to which the current findings may generalize to other populations. It will be important to replicate the current study in other communities with various demographic characteristics, particularly diverse ethnicities. However, it is also important to note that a strength of the study is its examination of a nonstudent, adult, community population. Last, the design of this study prevents drawing causal relationships and renders the findings as suggestive rather than definitive.

### **Implications for Mental Health Counselors**

One of the important findings of this study, which comes as no surprise, is that negative attitudes toward male sexual assault exist. Male sexual assault victims are likely to experience detrimental effects as a result of the existence of these myths. When negative effects come from disbelief or blaming attitudes from medical or law enforcement personnel or men-

tal health counselors, these victims are likely to experience a recurrence of the trauma. As a result, they might be less likely to report the incident and/or seek medical or emotional treatment. Failing to report the sexual assault only serves to perpetuate myths and hinder the dissemination of facts about male sexual assault and leaves victims to cope with their victimization in silence. Therefore, mental health counselors need to critically examine their own beliefs about male sexual assault and to be alert to potential signs of male victimization.

Unfortunately, the remedy to dispel these myths is not as simple as it appears. The second major implication of this study is that male rape myths are embedded in other deep-seated, sociocultural attitudes and beliefs. Thus, simply educating the public about the prevalence of male rape and the existence of myths associated with male sexual assault may not be sufficient to alter existing beliefs. Concerted efforts to change the way men and women are socialized and to challenge traditional stereotypes and beliefs about masculinity and gender role expectations are essential to eliminate male rape myths. This would include incorporating into the process exposure to and promotion of attitudes of acceptance toward alternative lifestyles and nontraditional masculine behaviors, attitudes, and feelings.

The last implication of this study relates to counseling victims of sexual assault. Mental health counseling training programs must begin by providing relevant coursework and clinical training focused on understanding the unique issues involved in working with male victims of sexual assault. Clinical supervisors and mental health counselor educators should proactively promote empathy toward victims by challenging personal biases and adherence to stereotypic gender role expectations (Kassing & Prieto, 2003). In addition, it is imperative for practicing mental health counselors to receive continuing education and training in this area to increase their understanding of clients' experiences and to help them provide more unbiased and effective treatment. For instance, if a history of sexual assault is acknowledged, it would be important to be cautious about wording questions pertaining to the client's behavior or personality so as not to imply fault. Many male victims are already harboring a significant amount of shame and self-blame. Furthermore, it would be important to be aware of the stigma attached to male victims, as this will likely be a major topic to be addressed in therapy. Finally, mental health counselors should focus on accurate assessment of gender role conflict and its associated negative impact and on modeling more adaptive gender role behaviors. Helping clients to process, either individually or in groups, the effects of sociocultural influences and to reevaluate the ensuing role pressures may contribute significantly to clients' improved

mental, physical, and emotional health and improve therapeutic outcomes.

### CONCLUSION

The investigation of male rape myths and its concomitants is a relatively newly studied topic and suggests numerous directions for future research. It is important to pursue continued study of attitudes in various populations, but most importantly within groups of people who will have contact with male victims of sexual assault, including medical personnel, mental health counselors, law enforcement, and lawyers. To date, very little information exists on the prevalence of male sexual assault, the characteristics of the victims and perpetrators, and the nature of assaults. These are also important areas to include in future studies. Without information pertaining to all the above-mentioned areas, it will be difficult to begin disseminating facts in an attempt to dispel the myths about male sexual assault.

A clear and accurate understanding surrounding male rape is also necessary to implement social change, which also might aid in the dissolution of rape myths. Once more facts are available, it might prove beneficial to develop programs designed to train and reeducate professionals, particularly mental health counselors and law enforcement and medical personnel, regarding nonjudgmental and unbiased ways to interact with male victims. Last, programs designed to disseminate the facts to the public in the form of television announcements, information in the print media, and/or mandatory job or college training might aid in this endeavor.

### REFERENCES

- Anderson, C. L. (1982). Males as sexual assault victims: Multiple levels of trauma. *Journal of Homosexuality Special Issue: Homosexuality and Psychotherapy*, 7, 145-162.
- Anderson, I. (1999). Characterological and behavioral blame in conversations about female and male rape. *Journal of Language and Social Psychology*, 18, 377-394.
- Bird, S. R. (1996). Welcome to the men's club: Homosociality and the maintenance of hegemonic masculinity. *Gender and Society*, 10, 120-132.
- Blazina, C., & Watkins, C. E., Jr. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes toward help seeking. *Journal of Counseling Psychology*, 43, 461-465.
- Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, 38, 217-230.
- Calderwood, D. (1987). The male rape victim. *Medical Aspects of Human Sexuality*, 21, 53-55.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

- Cournoyer, R. J., & Mahalik, J. R. (1995). Cross-sectional study of gender role conflict examining college-aged and middle aged men. *Journal of Counseling Psychology, 42*, 11-19.
- Coxell, A. W., & King, M. B. (1996). Male victims of rape and sexual abuse. *Sexual and Marital Therapy, 11*, 297-308.
- David, D., & Brannon, R. (Eds.). (1976). *The forty-nine percent majority: The male sex role*. Reading, MA: Addison-Wesley.
- Davis, T. L., & Liddell, D. L. (2002). Getting inside the house: The effectiveness of a rape prevention program for college fraternity men. *Journal of College Student Development, 43*, 35-49.
- Donnelly, D. A., & Kenyon, S. (1996). "Honey, we don't do men": Gender stereotypes and the provision of services to sexually assaulted males. *Journal of Interpersonal Violence, 11*, 441-448.
- Empey, D. (1995). Sexual assaults on men: Assessment and management. *British Journal of Hospital Medicine, 53*, 245-246.
- Good, G. E., Robertson, J. M., O'Neil, J. M., Fitzgerald, L. F., Stevens, M., DeBord, K.A., et al. (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. *Journal of Counseling Psychology, 42*, 3-10.
- Herek, G. M. (1984). Attitudes toward lesbians and gay men: A factor analytic study. *Journal of Homosexuality, 10*, 39-51.
- Herek, G. M. (1988). Heterosexuals' attitudes toward lesbians and gay men: Correlates and gender differences. *Journal of Sex Research, 25*, 451-477.
- Herek, G. M. (1994). Assessing attitudes toward lesbians and gay men: A review of the empirical research with the ATLG scale. In B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory, research, and clinical applications* (pp. 206-228). Thousand Oaks, CA: Sage Publications.
- Herek, G. M., & Glunt, E. K. (1991). AIDS-related attitudes in the United States: A preliminary conceptualization. *Journal of Sex Research, 28*, 99-123.
- Hudson, W. W., & Ricketts, W. A. (1980). A strategy for the measurement of homophobia. *Journal of Homosexuality, 5*, 357-372.
- Isely, P. J. (1991). Adult male sexual assault in the community: A literature review and group treatment model. In A. W. Burgess (Ed.), *Rape and sexual assault 111: A research handbook* (pp. 161-178). New York: Garland.
- Isely, P. J., & Gehrenbeck-Shim, D. (1997). Sexual assault of men in the community. *Journal of Community Psychology, 25*, 159-166.
- Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). *Women's growth in connection: Writings from the Stone Center*. New York: Guilford.
- Kassing, L. R., & Prieto, L. R. (2003). The rape myth and blame-based beliefs of counselors-in-training toward male victims of rape. *The Journal of Counseling and Development, 81*, 455-461.
- Keane, F. E. A., Young, S. M., Boyle, H. M., & Curry, K. M. (1995). Prior sexual assault reported by male attenders at a department of genitourinary medicine. *International Journal of STD and AIDS, 6*, 95-100.
- King, M. B. (1992). Male rape in institutional settings. In G. C. Mezey & M. B. King (Eds.), *Male victims of sexual assault* (pp. 67-74). New York: Oxford University Press.
- King, M., & Woollett, E. (1997). Sexually assaulted males: 115 men consulting a counseling service. *Archives of Sexual Behavior, 26*, 579-588.
- Krueger, F. (1985, May). Violated. *Boston Magazine, 138*, 140-142.
- Larimer, M. E., Lydum, A. R., Anderson, B. K., & Turner, A. P. (1999). Male and female recipients of unwanted sexual contact in a college student sample: Prevalence rates, alcohol use, and depression symptoms. *Sex Roles, 40*, 295-307.

- McMullen, R. J. (1990). *Male rape: Breaking the silence on the last taboo*. London: Gay Men's Press.
- Melanson, P. K. (1999). Belief in male rape myths: A test of two competing theories (Doctoral dissertation, Queen's University, 1999). *Dissertation Abstracts International*, 59, 5620.
- Mezey, G., & King, M. (1989). The effects of sexual assault on men: A survey of 22 victims. *Psychological Medicine*, 19, 205-209.
- Miller, N. (1983, November 22). Male rape: When men are victims. *Boston Phoenix*, pp. 1, 12-14.
- Mitchell, D., Hirschman, R., & Hall, C. N. (1999). Attributions of victim responsibility, pleasure, and trauma in male rape. *The Journal of Sex Research*, 36, 369-373.
- Moradi, B., Tokar, D. M., Schaub, M., Jome, L. M., & Serna, G. S. (2000). Revisiting the structural validity of the Gender Role Conflict Scale. *Psychology of Men and Masculinity*, 1, 62-69.
- Morin, S. F., & Garfinkle, E. M. (1978). Male homophobia. *Journal of Social Issues*, 34, 29-47.
- Muehlenhard, C. L., & Cook, S. W. (1988). Men's self-reports of unwanted sexual activity. *The Journal of Sex Research*, 24, 58-72.
- O'Neil, J. M. (1981). Patterns of gender role conflict and strain: Sexism and fear of femininity in men's lives. *Personnel and Guidance Journal*, 60, 203-210.
- O'Neil, J. M., Good, G. E., & Holmes, S. (1995). Fifteen years of theory and research on men's gender role conflict: New paradigms for empirical research. In R. F. Levant & W. S. Pollack (Eds.), *The new psychology of men* (pp. 164-206). New York: Basicbooks, Inc.
- O'Neil, J. M., Helms, B. J., Gable, R. K., David, L., & Wrightsman, L. S. (1986). Gender Role Conflict Scale: College men's fear of femininity. *Sex Roles*, 14, 335-350.
- Perrott, S. B., & Webber, N. (1996). Attitudes toward male and female victims of sexual assault: Implications for services to the male victim. *Journal of Psychology and Human Sexuality*, 8, 19-38.
- Pino, N. W., & Meier, R. F. (1999). Gender differences in rape reporting. *Sex Roles*, 40, 979-990.
- Pleck, J. H. (1981). *The myth of masculinity*. Cambridge, MA: MIT Press.
- Rando, R. A., Rogers, J. R., & Brittan-Powell, C. S. (1998). Gender role conflict and college men's sexually aggressive attitudes and behavior. *Journal of Mental Health Counseling*, 20, 359-369.
- Richey-Suttles, S., & Remer, R. (1997). Psychologists' attitudes toward adult male survivors of sexual abuse. *Journal of Child Sexual Abuse*, 6, 43-61.
- Rogers, J. R. (1997). Post traumatic stress disorder following male rape. *Journal of Mental Health*, 6, 5-9.
- Rogers, J. R., Abbey-Hines, J., & Rando, R. A. (1997). Confirmatory factor analysis of the Gender Role Conflict Scale: A cross validation of Good et al., 1995. *Measurement and Evaluation in Counseling and Development*, 30, 137-145.
- Scarce, M. (1997). *Male on male rape: The hidden toll of stigma and shame*. New York: Insight Books.
- Smith, R. E., Pine, C. J., & Hawley, M. E. (1988). Social cognitions about adult male victims of female sexual assault. *The Journal of Sex Research*, 24, 101-112.
- Sorenson, S. B., Stein, J. A., Siegel, J. M., Golding, J. M., & Burnam, M. A. (1987). The prevalence of adult sexual assault: The Los Angeles epidemiologic catchment area project. *American Journal of Epidemiology*, 126, 1154-1164.
- Struckman-Johnson, C. (1988). Forced sex on dates: It happens to men too. *The Journal of Sex Research*, 24, 234-241.
- Struckman-Johnson, C. (1991). Male victims of acquaintance rape. In A. Parrot & L. Bechhofer (Eds.), *Acquaintance rape: The hidden crime* (pp. 192-213). New York: Wiley.
- Struckman-Johnson, C., & Struckman-Johnson, D. (1992). Acceptance of male rape myths among college men and women. *Sex Roles*, 27, 85-100.
- Thompson, E. H., Pleck, J. H., & Ferrera, D. L. (1992). Men and masculinities: Scales for masculinity ideology and masculinity-related constructs. *Sex Roles*, 27, 573-607.

- U.S. Department of Justice, Bureau of Justice Statistics. (2002). *Criminal victimization 2001: Changes 2000-2001 with trends 1993-2001*. Washington, DC: U.S. Government Printing Office.
- Waliski, A. D. (2002). An examination of sexual assault agencies and the services available to male victims (Doctoral dissertation, University of Arkansas, 2002). *Dissertation Abstracts International*, 62, 4241.
- Washington, P. A. (1999). Second assault of male survivors of sexual violence. *Journal of Interpersonal Violence*, 14, 713-730.

Copyright of Journal of Mental Health Counseling is the property of American Mental Health Counselors Association. The copyright in an individual article may be maintained by the author in certain cases. Content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.