Effects of Gender and Sexual Orientation on Perceptions towards Victims of Child Sex Abuse

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ABSTRACT---- This study investigated whether victim gender, perpetrator gender, and victim sexual orientation (homosexual or bisexual) influenced perceptions of responsibility, severity, and reporting behaviors in a hypothetical case of child sexual abuse. One hundred and twenty-two university students read one of eight vignettes and completed a questionnaire. The results showed no significant main effects for perpetrator gender or victim sexual orientation on perceptions of responsibility, severity, and reporting behaviors. Victim gender had a moderate effect on attributions of severity and victim sexual orientation had a moderate effect on the endorsement of rape myths. Implications for future research and for victims of child sexual abuse are discussed.

Keywords---- child sexual abuse, sexual orientation, perceptions, rape myths

1. INTRODUCTION

Child sexual abuse (CSA) is an international problem and arguably one of the most investigated forms of child abuse today. Although awareness and knowledge of CSA have been observed to increase over the past few decades,¹ it is concerning that there are notable inconsistencies in matters such as sentencing and societal perceptions of CSA cases coming before the courts. A large volume of research has determined that factors such as gender, age, and nature of the abuse influence how acts of CSA are perceived.² Although there is considerable disagreement in the matter of defining CSA,^{3,4} it seems that there may be common patterns in perceptions and attitudes towards CSA which are shaped by social and personal factors. Public attitudes and perceptions towards CSA are relevant because they appear to be influential in determining critical outcomes including reporting behaviors, prosecution of perpetrators, quality of treatment of victims, and ultimately the prevention of future abuse.⁵ Moreover, it appears that myths about rape may play a role in influencing perceptions of sexual assault victims. It follows that identification of factors which influence community perceptions is a necessary precondition for development of programs and interventions seeking to educate and to increase awareness about the actual nature and consequences of CSA. One of the most overlooked yet seemingly highly influential of these factors is sexual orientation.

Although there is a large volume of literature reporting the incidence and nature of CSA, there is limited information regarding victims who identify as lesbian, gay or bisexual (LGB). Child victims of sexual abuse might not be perceived as capable of identifying as LGB, however research indicates that sexual orientation is often determined in early adolescence and well before the age of consent.⁶ Recent research indicates that LGB youth tend to become aware of their sexual orientation around 10 years of age and disclose their sexual orientation at 14 years of age.⁷ With the majority of CSA cases in Australia occurring between the ages of 10 and 14⁸ it is likely that a considerable number of child victims of sexual abuse identify as LGB at the time of their abuse. Further information regarding LGB victims is provided by studies such as Stanleym, Batholomew, and Oram's⁹ investigation of the prevalence of CSA in a group of 192 gay and bisexual men. Twenty-six percent of participants reported having sexual experiences before the age of 17, with the majority of sexual partners being at least five years older than them at the time. On average, the participants were 10.10 years of age at the onset of the abuse with the mean age of the perpetrator being 24.61 years old. Ninety-two percent of the perpetrators were male with only 8% being female. Furthermore, a similar study of a group of 1,001 adult homosexual and bisexual men by Doll et al.¹⁰ found that 37% of participants reported sexual contact before the age of 19

with the mean age of onset being 10 years and the median age difference between partners being 11 years. Ninety-four percent of the perpetrators were men and 6% were women.

It is likely that these statistics under-represent the incidence of sexual abuse of child victims who ultimately identify as LGB but may have identified as LGB at the time of the abuse taking place. This notion is supported by the results of research into the incidence of sexual assault of LGB adult victims which paints an even bleaker picture of prevalence. For example, Duncan¹¹ found that a significantly higher lifetime rate of sexual victimization is reported by LGB university students compared to their heterosexual peers. In Australia, a study of medical students revealed that gay students were two to three times more likely to be sexually victimized than their heterosexual colleagues.¹² Hence, it is evident that children who identify as LGB may make up a significant percentage of CSA victims. Unfortunately victim sexual orientation has been shown to influence public perceptions towards cases of CSA.¹³

Recent research on perceptions and attitudes towards LGB sexual assault victims has primarily focused on adult victims and has consistently shown that they are judged to be significantly more at fault¹³ and the assault more pleasurable and less traumatic¹⁴⁻¹⁵ than the assault of a heterosexual victim. Moreover, a recent study by Davies, Rogers, and Whitelegg¹⁶ examined the effects of victim gender, victim sexual orientation, victim response, and respondent gender on attributions of blame in a depicted sexual assault of a 15 year old adolescent. Results derived from 164 questionnaires showed that respondents attributed the highest level of blame to a victim who was male, gay and who failed to resist the attacker. Male respondents attributed the least amount of blame to a heterosexual orientation bias also applies to adolescent lesbian victims and cases involving female perpetrators. It is important to understand public perceptions and attitudes such as these in order to be able to identify the factors which influence them and to address these biases by educating people about the actual nature and consequences of CSA.

Some researchers maintain that homonegative attitudes contribute significantly to the blaming of homosexual rape victims.¹⁷ Gender role stereotypes also have been explored in connection with attributions of blame towards victims. These stereotypes suggest that victims who are raped in line with (for want of a better expression) their own identified sexual orientation will receive more blame than those who are raped against their sexuality. If this theory is credible it then follows that where a perpetrator is male, gay men and heterosexual women will be judged similarly and attributed more blame than heterosexual men and lesbian victims. The results of a study by Ford, Liwag-McLamb, and Foley¹⁸ support this sexual attraction theory. Gay male victims and heterosexual female victims were found to receive more blame than were male heterosexual or lesbian victims. On the other hand, the feminine gender role hypothesis¹⁹ proposes that gay men, lesbians and heterosexual women all adopt the feminine gender role and therefore would be judged consistent with the prevailing rape myths and expectations that are applied to women. Thus, if the feminine gender role leads to increased attributions of blame, then gay men, lesbians and heterosexual female rape victims should all receive similar blame attributions and these attributions should be significantly greater than those assigned to heterosexual male victims. The feminine gender role hypothesis, however, has not received a great deal of support. For example, Wakelin and Long¹⁹ reported that gay male victims receive blame attributions similar to heterosexual female victims, whereas lesbians generally receive less blame than heterosexual women.

Although researchers have begun to investigate perceptions towards LGB victims of sexual assault, adolescent LGB victims continue to be largely overlooked. As previously indicated it is reasonable to assume that a large proportion of these victims identify as LGB. Moreover, research in this field has failed to investigate attributions of blame for LGB victims of female perpetrators. The current study builds on previous research by investigating whether perceptions of responsibility and severity of abuse, as well as reporting behaviors, are influenced by the effects of victim gender, perpetrator gender, and victim sexual orientation depicted in a hypothetical CSA case involving a 14 year old adolescent. By manipulating the effects of perpetrator gender, this study investigates whether a sexual orientation bias also applies when the perpetrator is female, particularly in the case of a lesbian victim. It also examines the sexual attraction hypothesis by proposing that abuse of a victim assaulted in line with their own sexuality would be perceived to be less severe, would be less likely to be reported, and the victim more responsibile for the abuse than in the case of a victim assaulted against their sexuality. Additionally, it was hypothesised that the abuse of a homosexual male victim by a male perpetrator would be attributed the highest levels of responsibility, the lowest ratings of severity and the lowest likelihood of reporting than any other victim-perpetrator combination. This hypothesis was based on previous research indicating that community attitudes tend to be more negative toward gay men than lesbians.^{19,20} Hence, it was expected that gay male rape victims would receive more blame than lesbian victims.

2. METHOD

2.1 Participants

The studied group consisted of 122 Criminology and Psychology undergraduate students enrolled at James Cook University, Australia. Thirty-six (29.5%) were male and 86 (70.5%) were female. The age of participants ranged from 17 to 48 years (M = 22.38, SD = 6.94). Disclosure by participants indicated that 106 (86.9%) were heterosexual, one (0.8%)

was gay, four (3.3%) were lesbian, eight (6.6%) were bisexual and three (2.5%) were unsure of their sexual orientation. Fourteen participants (11.5% of the total sample) reported a history of CSA. Most respondents took part in the study in return for participation credits. As the study was a 2x victim gender (*male vs female*) x2 perpetrator gender (*male vs female*) x2 victim sexual orientation (*homosexual vs heterosexual*) between subjects design it required at least 120 participants.²¹

2.2 Materials

The materials for this study included eight short vignettes, each portraying a single incidence of CSA. Vignettes and questionnaires have been used in a number of research studies to investigate the influence of gender and sexual orientation on perceptions of sexual assault cases.^{19,22,23} The prototype vignette used in this study was primarily based on those reported by Wakelin and Long¹⁹ and Davies and McCartney.¹⁷ Each vignette was 94 words in length and identical in wording except for implied perpetrator gender (*Michael vs Michelle*), victim gender (*Toby vs Tina*) and victim sexual orientation (*gay/lesbian vs heterosexual*).

The perpetrator in each case was depicted as a neighbour. This proximal association was based on the findings of previous research identifying that the majority of CSA victims share a relationship with their abuser.²⁴ The scenario failed to indicate whether the victims showed any physical or verbal resistance because it was considered that the likelihood of influence of respondent perceptions regarding responsibility would be high were this factor included. The victim age of 14 was chosen as vulnerability for sexual abuse in Australia for both males and females is highest between the ages of 10 and 14.⁸ As previously indicated, recent research has also established that LGB youth tend to become aware of their sexual orientation at around 10 years of age and many disclose their sexual orientation at 14 years of age.⁷ Perpetrator gender was manipulated because it has been established that this factor has a significant influence on perceptions of guilt and severity of abuse, regardless of sexual orientation.^{2,25} The perpetrator names used in the scenarios were *Michael* and *Michelle*, being similar in appearance and character length. Likewise, the manipulated victim names were *Toby* and *Tina*.

Additional material included a short questionnaire relating to the vignettes. This was adapted from questionnaires used in previous studies to determine attributions of responsibility and severity of abuse.^{17,19,23} The questionnaire comprised 16 questions assessing attitudes and perceptions using a five point likert type scale. The questionnaire also included five demographic questions regarding gender, age, sexual orientation, history of sexual abuse as a child and whether the respondent believed that children are aware of their sexual orientation at 14 years of age. Four questions measured attributions of responsibility to the victim or perpetrator, four questions measured perceptions of severity of the abuse, and four questions measured reporting behaviors. Each question was worded either negatively or positively (counterbalanced) in order to inhibit acquiescent responding. Additionally, four questions assessed rape myth endorsements. Questions also assessed assumptions about sexual orientation of the perpetrator based on the victim's gender and sexual orientation of the victim by enquiring whether the victim could have done something to prevent the sexual contact, such as verbally or physically resisting the assault. Overall, our questionnaire demonstrated acceptable internal consistency (Cronbach's alpha = .81).

2.3 Procedure

Prior to participation, students were informed about the aims and nature of the study. After providing written consent, participants read one of eight randomly distributed vignettes portraying a hypothetical case of CSA, and completed the brief questionnaire. To ensure confidentiality, participants were instructed to separately return the completed questionnaire and consent form to two collection boxes. The conduct of the study was approved by the James Cook University Human Research Ethics Committee.

3. RESULTS

3.1 Questionnaire Items

The reliability of each dependent variable was calculated in order to explore the internal consistency of the questionnaire. The construct of reporting behaviors demonstrated good internal consistency (Cronbach's alpha = .799). All items were strongly correlated with the overall score. The responsibility variable appeared to have relatively low internal consistency (Cronbach's alpha = .491). The data indicated that Item 5 and Item 2 may not have measured the same construct as their correlations with the total score are low. Cronbach's alpha values, however, are sensitive to the number of items measured in the scale, and with four items only this scale is considered to be very brief. In this situation, Briggs and Cheek²⁶ recommend that a more appropriate measure may be the mean inter-item correlation for the items, with the optimal range being between .2 and .4. The inter-item correlations between items 3 and 9 and items 5 and 12 are the only values that lie within this optimal range (see Table 1). The construct of severity also fell short of being strongly internally consistent (Cronbach's alpha = .671) although the data indicate that all items of the scale appeared to measure the same construct. The inter-item correlations between all items are within the optimal range and the construct measure

was deemed reliable. The rape myths variable also fell short of demonstrating good internal consistency with a Cronbach's alpha coefficient of .177. Only one item, Question 13, appeared to be measuring the overall construct with the remaining items poorly correlated with the total score. The inter-item correlation of questions 7 and 13 lies within the optimal range (Table 1).

Responsibility items	3	5	9	Severity items	1	4	10	Rape Myths items	6	7	13
3				1				6			
5	.044			4	.363			7	.178		
9	.462	.137		10	.323	.275		13	.396	.206	
12	023	.404	.137	11	.465	.475	.217	15	184	165	147

Table 1: Inter-item Correlations for Responsibility, Severity and Rape Myths

3.2 Influence of Participant Demographics on Variables

Independent samples *t*-tests were used to examine the influence of salient respondent demographics on severity, responsibility and reporting behaviors. There were no significant difference in scores for males (M = 17.20, SD = 2.36) and females [M = 17.95, SD = 2.53; t(119) = -1.41, p = .16] for reporting behaviors. Similarly there were no significant difference in scores for males (M = 13.54, SD = 2.21) and females [M = 14.18, SD = 1.99; t(120) = -1.68, p = .10] for rape myths. There were, however, significant differences in scores for males (M = 18.33, SD = 2.30) and females (M = 19.23, SD = 1.15), [t(86.18) = -2.702, p = .008] for perceptions of severity and perceptions of responsibility (males (M = 18.07, SD = 2.69) and females (M = 18.87, SD = 1.71), [t(101.63) = -1.97, p = .05]. There were no significant differences in scores for participants with or without a history of sexual abuse for reporting behaviors, perceptions of responsibility, perceptions of severity, or rape myths.

3.3 Main Effects of Victim Gender, Perpetrator Gender, and Victim Sexual Orientation on Perceptions of Responsibility, Severity, and Reporting Behaviors

Negatively worded questions were recoded such that lower scores for each scale indicated increased attribution of responsibility to the victim, lower ratings of severity, and less likelihood of reporting. As the rape myths covariate was deemed unreliable, analysis of covariance was not possible. Accordingly, ANOVAs were conducted with each dependent variable, including the impact of victim sexual orientation on reporting behaviors, perceptions of severity, and perceptions of responsibility. There was no significant difference in reporting scores [F(2, 118) = 2.107, p = .126] for victim sexual orientation. As the ANOVAs for perceptions of severity and responsibility both violated the assumption of equality of variance, the Brown-Forsythe test was used. There were no significant differences in severity [F(2, 56.99) = 2.53, p = .089] or responsibility scores [F(2, 62.79) = 2.14, p = .127] for victim sexual orientation.

One way between groups ANOVAs were used to explore the impact of victim gender on reporting behaviors, perceptions of severity, and perceptions of responsibility. There was no significant difference in reporting scores [F(1, 119) = 1.996, p = .160] for victim gender. The ANOVAs for perceptions of responsibility and severity violated the assumption of variance and the Brown-Forsythe test was applied. There was no significant difference in responsibility scores [F(1, 101.63) = 3.88, p = .052] for victim gender. However, there was a significant difference for severity scores [F(1, 86.17) = 7.29, p = .008] for victim gender. Although post-hoc comparisons were not possible, the effect size (eta squared) was moderate at .06. The mean scores indicate that female victims received higher scores of severity (M = 19.23, SD = 1.15) than male victims (M = 18.33, SD = 2.30).

A one way between groups ANOVA was conducted to explore the impact of perpetrator gender on reporting behaviors, perceptions of severity, and perceptions of responsibility. There was no significant difference in either reporting scores [F(1, 119) = .020, p = .888], severity scores [F(1, 119) = .479, p = .490], or responsibility scores [F(1, 120) = 1.33, p = .251].

Finally, a one way between groups ANOVA was used to examine the rape myths covariate. There was no significant difference in rape myth scores for victim gender [F(1, 120) = 2.82, p = .096], or perpetrator gender [F(1, 120) = 2.01, p = .159]. There was, however, a significant difference in rape myth scores for victim sexual orientation [F(2, 119) = 3.17, p = .046]. Despite reaching statistical significance, the actual difference in mean scores between victim sexual orientation was only moderate. The effect size, calculated using eta squared, was .05. Post-hoc comparisons using the Tukey HSD

test indicated that the mean scores for victim sexual orientation did not differ significantly. These mean scores indicate that gay victims received more attributions of rape myths (M = 13.03, SD = 2.17) than heterosexual victims (M = 14.10, SD = 2.02) or lesbian victims (M = 14.20, SD = 2.11).

4. DISCUSSION

We hypothesized that abuse of a victim assaulted in line with their sexuality would be perceived as less severe, less likely to be reported, and the victim more responsible for the abuse than a victim assaulted against their sexuality. Additionally, it was expected that the abuse of a homosexual male victim by a male perpetrator would be attributed the highest levels of responsibility, the lowest ratings of severity and the lowest likelihood of reporting than any other victim-perpetrator combination. The results did not support these hypotheses as there were no significant main effects for perpetrator gender or victim sexual orientation on perceptions of responsibility, severity, and reporting behaviors. These results are not consistent with previous research regarding perceptions towards adult LGB sexual assault victims. Such research has consistently shown that adult LGB victims are perceived to be more at fault¹³ and the assault more pleasurable and less traumatic^{14,15} than assault of a heterosexual victim. Our results suggest that perpetrator gender and victim sexual orientation may exert less influence on community perceptions of sexual assault victims when the victim is an adolescent.

Whilst perpetrator gender and victim sexual orientation failed to influence participants' reporting behaviors and perceptions in our study, victim gender was found to have a significant effect on attributions of severity. That is to say, female victims received higher scores of severity than male victims. This is consistent with Bornstein, Kaplan, and Perry's²⁵ finding that victimisation of females is generally believed to be more severe and traumatic than that of males.

Finally, our results also show that victim sexual orientation has a moderate effect on endorsement of rape myths with gay victims receiving higher rape myth attributions than either heterosexual or lesbian victims. This finding is consistent with those of previous research identifying the significant role that rape myths can play in influencing perceptions of sexual assault victims (e.g., ^{16,27}). However, the result stands in contrast to previous findings indicating that gay male victims receive blame attributions similar to heterosexual female victims, and lesbian victims receive less blame than either heterosexual or gay male victims. ^{18,19} The results of the current study show that lesbian and heterosexual victims generally receive the similar levels of rape myth endorsement.

Overall, the current results failed to support the study's hypotheses which were based largely on a sexual attraction hypothesis and sexual orientation bias. However, the findings do reinforce the important influence of victim sexual orientation on community endorsement of rape myths. It appears that sex role stereotypes continue to shape community perceptions, with assault of female victims considered to be more severe than that of male victims. Shaver's defensive attribution hypothesis was unable to be tested as there were insufficient respondents within sexual orientation and gender categories.

Arguably, previous findings regarding perceptions towards adult LGB sexual assault victims may not have been supported by the outcomes of the current study due to the possibly unique characteristics of our student sample. As university students are believed to be relatively liberal in their views,²⁸ it is conceivable that their perceptions in these matters are not typical of communities in general. Conversely, some researchers argue that the similarities between students and the general population are greater than the differences between them, thus student and nonstudent samples may be equally useful sources of information about the processes underlying particular phenomena (e.g.,²⁹⁻³¹). Regarding generalizability, Oakes³² has pointed out that any research population is atypical and no particular sample can ensure that the results of a study are generalizable. However, a reasonable and plausible explanation for the results of the current study may be that recent awareness and education about CSA has stimulated the modification of community perceptions and responsive behaviors towards these issues.

The results of this study suggest directions for future research and for outcomes for victims of CSA. Although the available evidence suggests that social attitudes towards the factors of gender and sexual orientation in cases of CSA may be modifying, rape myths continue to be widely endorsed and in turn influence perceptions and, indeed, reporting behaviors. Arguably, the impact of rape myths is manifest, for example, in the devastating long term consequences for both treatment and recovery of victims of sexual abuse, particularly where presenting issues such as self blame, guilt, sexuality, and depression are commonplace.³³ Additionally, myths can have serious consequences for those children most vulnerable to becoming victims of sexual abuse. A worthwhile focus of future research may be those factors which appear to influence attributions towards victims of CSA and the specific nature of those attributions. Our results suggest that perpetrator gender, victim gender, and victim sexual orientation may not be strongly associated with community perceptions of sexual associated causative factors may change, requires additional investigation. Additionally, it is noted that further investigation of the associations between participant sexual orientation and attributions towards victims of CSA in studies such as this may be warranted. It is clear that a rigorous evidence base of

how CSA perceptions are shaped may ultimately contribute to reform of public policy, particularly with regard to the development, enforcement and prosecution of CSA laws..

The present study is not without limitations. Perhaps the most significant of these is the relatively small number of participants. A larger sample is needed to strengthen the outcomes and to increase the generalizability of findings. Additionally, the methodology of the study, namely the use of vignettes which can be perceived as unrealistic, may be considered problematic. On the other hand, vignettes, as opposed to actual cases or mock trials, provide an opportunity to better understand those factors which appear to influence perceptions of CSA because they allow for variations in presentation of sexual abuse situations. It is possible that characteristics of our vignette may have reduced its effectiveness. Additionally, it seems that future research would benefit from the development of a standardised questionnaire with established psychometric properties, particularly if relations between social beliefs and perceptions about CSA are to be the focus of rigorous examination.

5. CONCLUSION

Child sexual abuse, although widely investigated, remains a social problem of significant proportions. Whereas community perceptions towards adult LGB victims of sexual abuse have been the focus of recent investigations, there has been limited research into perceptions of child sexual abuse victims who may identify as LGB. Our findings suggest that perpetrator gender, victim gender, and victim sexual orientation may not be the powerful influences on perceptions of adolescent sexual assault victims that might be expected. Moreover, while our respondents were generally pro-victim, it was evident that the influence of victim sexual orientation on reporting behaviors depended on perpetrator gender. These results also suggest that rape myths may continue to have a large impact on community perceptions and reporting behaviors, especially in instances where the victims of sexual abuse are gay males. Encouragingly, the available evidence suggests that many communities are becoming more aware of the nature of child sexual abuse and the potent influence of homonegative attitudes on perceptions towards victims. It remains likely, however, that the need for continuing social education about the influence of rape myths on community perceptions, and the associated disastrous consequences for victims of CSA, remains high.

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