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UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

THE RELATIONSHIP BETWEEN GENDER ROLE CONFLICT, HOMOPHOBIA, AND MALE RAPE MYTH ACCEPTANCE IN ADULT MEN

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirement for the

degree of

Doctor of Philosophy

By

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Norman, Oklahoma
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THE RELATIONSHIP BETWEEN GENDER ROLE CONFLICT, HOMOPHOBIA, AND MALE RAPE MYTH ACCEPTANCE IN ADULT MEN

A Dissertation APPROVED FOR THE DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

BY

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Abstract

The relationship of homophobia and gender role conflict to male rape myth acceptance was investigated using a sample of 201 adult men from a Midwestern community. A hierarchical multiple regression analysis was conducted to determine the predictive ability of homophobia, attitudes toward gay men, restrictive affectionate behavior between men, restrictive emotionality, success, power, and competition attitudes, age, and level of education completed on adherence to male rape myths. Results indicated that greater adherence to rape myths was related to more negative attitudes toward gay men, more restrictive affectionate behavior between men, more restrictive emotionality, and more success, power, and competition attitudes. Additionally, older participants were more likely to endorse greater adherence to rape myths and more educated participants were less likely to endorse rape myths. Implications of this research include the necessity for more research on male rape myth acceptance, implementation of educational programs and changes to socialization process to help dispel these myths, and the necessity of counselors to provide unbiased and gender sensitive treatment modalities to male victims who seek help.

CHAPTER I

INTRODUCTION

Prevalence of sexual assault against males perpetrated by males in the community is unknown. Studies estimate that between 3% and 16% of all sexual assault victims in the United States are male (Struckman-Johnson, 1988; U.S. Department of Justice, 1997). One of the proposed reasons for the variation of these estimates is underreporting. Male victims are hesitant or even fail to report a sexual assault due to their belief that they will likely face criticism, scrutiny, and disbelief from influential people such as police officers and treatment personnel. Research does suggest that some of these people harbor negative attitudes and misconceptions toward male victims (Donnelly & Kenyon, 1996). Common misconceptions, otherwise known as myths, about male sexual assault include believing that male rape cannot happen (McMullen, 1990; Mezey & King, 1987; Scarce, 1997a) or cannot happen outside of prison (Scarce, 1997a; Struckman-Johnson & Struckman-Johnson, 1992), perceiving men to be too big or too strong to be overpowered and forced into sex (Coxell & King, 1996; Empey, 1995; Struckman-Johnson & Struckman-Johnson, 1992), and believing that men initiate and control sexual activity and are not targets of sexual assault (Muehlenhard & Cook, 1988).

Although well-developed theories about etiologies of male rape myth acceptance do not exist, there appears to be widespread belief throughout the literature that endorsement of male rape myths is associated with adherence to traditional male roles (Donnelly & Kenyon, 1996; Perrott & Webber, 1996; Smith, Pine, & Hawley, 1988; Whatley & Riggio, 1993). Male roles are defined as attitudes, values, and behaviors that are socially accepted as appropriate for males, and are learned during childhood.

Typologies defining traditional male role include physical toughness and emotional stoicism, aggression and forcefulness, competition, achievement, success, and the avoidance of anything feminine (David & Brannon, 1976). There is a significant amount of pressure to adhere to these prescribed male roles, because failure to adhere could result in disrespect and emasculation (O'Neil, 1981).

Being a victim of male rape contradicts the traditional ideologies of masculinity and rape myths (e.g., males should be able to protect themselves) by suggesting that males are not always able to protect themselves or are now, somehow, feminine because they could not protect themselves. To make matters worse, prescribing to traditional masculine qualities as expected has recently been shown to have detrimental effects such as depression and relationship difficulties for males and others. The psychological state in which gender roles have negative consequences is referred to as gender role conflict (O'Neil, Good, & Holmes, 1995). Thus, males can experience negative consequences if they do prescribe to traditional male roles in the form of gender role conflict and as victims of rape, and males can experience negative consequences if they do not prescribe to traditional male roles in the form of disrespect and emasculation. Therefore, the expectation to behave in traditionally masculine ways is linked to both gender role conflict and male rape myths.

Statement of the Problem

Male rape myths and traditional male role attitudes significantly negatively affect male rape victims in several different ways, and ultimately, have an impact upon society. First, men are taught early in life that they should subscribe to certain roles including 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, because being a victim violates the male role expectation of being able to defend oneself against sexual assault (Coxell & King, 1996; Empey, 1995; Struckman-Johnson & Struckman-Johnson, 1992). Second, based on misconceptions held by treatment personnel and police officers, men are hesitant and often times fail to report sexual assault (Donnelly & Kenyon, 1996; Keane, Young, Boyle, & Curry, 1995; Washington, 1999). Subsequently, as a result of harboring blaming attitudes toward themselves for their victimization coupled with the belief that both treatment personnel and law enforcement are likely to criticize and/or fail to believe them, male rape victims are less likely to seek treatment and are left to cope with their victimization in silence. Society is left with inaccurate crime data and an underestimated rate of occurrence. Ultimately, these factors assist in perpetuating the myths and hinder the dissemination of the facts about male sexual assault (Struckman-Johnson & Struckman-Johnson, 1992).

Purpose of the Study

The purpose of this study is to determine the relationship among several factors thought to be related to adhering to the traditional male role. Specifically, this study will investigate how acceptance of male rape myths is affected by gender role conflict and homophobia. Determining this relationship might aid in dispelling myths associated with male rape.

Significance of the Study

Currently, the literature suggests that the occurrence of male rape is underreported. The underestimation of occurrence of male sexual assault leads to a lack of available treatment facilities for male victims, and the lack of treatment facilities leads

male victims to deal with their victimization in the absence of professional help (Waliski, 2002). The addition of information used to help dispel myths and disseminate facts about male rape, however, may indirectly assist male victims. Police officers and medical personnel who are equipped with knowledge about male sexual assault might be more likely to believe it can occur, be less critical of the victim, assess for aftereffects of the assault, and provide needed treatment or referral for the victim. This information might aid mental health professionals in understanding the stigma associated with male rape, the possibility of the perceived loss of manhood, and the stereotypical male responses of rape that hinder victims from seeking professional treatment. Further, the dissemination of the facts about male sexual assault might aid the victim in his own recovery regardless of his decision to report the assault or seek treatment.

CHAPTER II

REVIEW OF LITERATURE

Introduction

For the most part, women and children have been the primary focus of research and societal intervention in the area of sexual assault (Anderson, 1999; Larimer, Lydum, Anderson, & Turner, 1999; Mitchell, Hirschman, & Hall, 1999; Washington, 1999). However, the crime of sexual assault is not limited to just women. There is increasing evidence that men are also victims of sexual assault (Anderson, 1999; Isely & Gehrenbeck-Shim, 1997; Larimer et al., 1999; Mitchell, et al., 1999; Washington, 1999), but society rarely hears about men as victims. Much of the empirical literature base available on male sexual assault has focused on assaults occurring in institutional settings (Isely, 1991; King, 1992b) and assaults on male children and teens (Donnelly & Kenyon, 1996; King & Woollett, 1997; Richey-Suttles & Remer, 1997). However, it appears that assaults against adult males occurring outside of institutions are much more prevalent than previously believed (Anderson, 1999; Mitchell et al., 1999; Sorenson, Stein, Siegel, Golding, & Burnam, 1987).

Sexual assaults against males have been likely overlooked for several reasons. For example, cultural beliefs suggest that men are to be the initiators of sexual activity and, therefore, are not typically assumed to be victims of assaults. As a result, the public, social scientists, law enforcement personnel, and helping professionals have failed to identify and meet the needs of men who have been sexually assaulted (Parrot & Bechhofer, 1991; Washington, 1999). In addition, male sexual assault is rarely reported to police, medical personnel, family, or friends (Anderson, 1982). The underreporting

results in inaccurate crime data and inaccurate estimates of the extent of the problem (Pino & Meier, 1999).

The following discussion provides an overview of male sexual assault, examining the current literature, the prevalence of the problem, characteristics of victims and perpetrators, characteristics of assaults, reporting issues, and attitudes and myths associated with male sexual assault. This review will be limited to sexual assaults of males by other males occurring in the community. Furthermore, since even less empirical data exists on the occurrence of male sexual assault perpetrated by women, these particular assaults will not be a major focus in this review.

Limitations of the Literature

Before proceeding with a review of the available literature on male sexual assault, several important limitations of this body of literature should be acknowledged. First, many of the studies looking at male sexual assault have based their findings on small sample sizes (Frazier, 1993). The number of subjects used in the following studies regarding male rape are examples of small sample sizes ranging from 3 to 31 (Doan & Levy, 1983; Forman, 1983; Goyer & Eddleman, 1984; Groth & Burgess, 1980; Hillman, O'Mara, Taylor-Robinson, & Harris, 1990; Hillman, O'Mara, Tomlinson, & Harris, 1991; Hillman, Tomlinson, McMillan, French, & Harris, 1990; Huckle, 1995; Hutchings & Dutton, 1993; Kaufman, Divasto, Jackson, Voorhees, & Christy, 1980; Keane, Young, Boyle, & Curry, 1995; Lacey & Roberts, 1991; Masters, 1986; Mezey and King, 1989; Myers, 1989; Sarrel & Masters, 1982; Schultz & Desavage, 1975; Stermac, Sheridan, Davidson, & Dunn, 1996). Due to the small sample sizes, the data rendered from these studies is not generalizable, and therefore, will not be interpreted in this paper. Second,

the data on the frequency of rape in adult males has been very limited, partly because the majority of the studies are based on incident rates, an occurrence or event happening under some circumstance such as during college on campus, and not prevalence rates, widespread or lifetime occurrence (Frazier, 1993). Third, general characteristics of victims, perpetrators, and nature of the assault have proven difficult to summarize because only a handful of the generalizable studies have included some descriptive, albeit limited, information (Frazier, 1993). Fourth, reported post rape reactions to the assaults are of concern, because the majority of the data on the post rape reactions are based on anecdotal reports (Frazier, 1993). This type of reporting could introduce errors due to the victims' lack of understanding of the responses following sexual assault, forgetfulness, and tendency to provide socially desirable responses. A final limitation stems from the differences across studies in the types of victims and perpetrators sampled. For example, some studies used subjects exclusively from clinical populations such as from hospitals, emergency rooms, or clinics, some studies sampled college students, and other information came from self-reports, police reports, and treatment personnel. Use of samples seeking medical attention risks overrepresenting the most severe cases of male rape because typically only male victims who suffer a significant amount of physical trauma or emotional distress are likely to show up at a clinical setting after the assault. Also, at this stage of male sexual assault research, it is unclear whether male sexual assaults occurring under different circumstances as mentioned above are comparable. These limitations require that caution be used in interpreting the literature regarding male sexual assault and will be acknowledged throughout the review as appropriate.

Prevalence and Incidence of Male Sexual Assault

Isely and Gehrenbeck-Shim (1997) defined adult male sexual assault as "any nonconsensual sexual act perpetrated against a man, 16 years old or older, by a male or female" (p. 160). For the purposes of this study, male rape and male sexual assault will be used interchangeably, and will be defined as proposed by Isely and Gehrenbeck-Shim.

Accurate estimates of the number of males sexually assaulted are difficult to obtain for several reasons. First, only a handful of studies reporting the prevalence rate currently exist. Second, most studies report incident rates, which is not helpful in determining the widespread rate of occurrence. Last, many experts agree that estimates currently available are probably too conservative because most cases of male sexual assault are not reported to authorities (Anderson, 1999; Calderwood, 1987; Mitchell, Hirschman, & Hall, 1999).

The current literature base contains four prevalence studies on male sexual assault. These studies, as cited below, estimate that between 3% and 16% of all men will become a victim of sexual assault in their lifetime. On the lower end, the United States Department of Justice estimated that 3% of men were victims of rape in 1995. The second prevalence study and the largest sample of male victims of sexual assault obtained came from a National Institute of Mental Health-funded Los Angeles Epidemiologic Catchment Area Study. Sorenson and colleagues (1987) collected data on lifetime experiences of sexual assault from over 3000 adult residents of Los Angeles between June 1983 and 1984 and found 7% or 107 men out of 1480 reported coerced or forced sexual contact during adulthood (Sorenson et al., 1987). The data from the third prevalence study was obtained from 927 questionnaires returned from a stratified random

sample of students, staff, and faculty at an eastern college about their experiences with nonconsensual sexual contact through the use of force, threatened force, or a weapon. Results indicated that 29 of 377 (8%) male respondents reported unwanted contact, and two men (.5%) reported an act of forced penetration (Lott, Reilly, & Howard, 1982). The last prevalence study was also administered to a college sample. Struckman-Johnson (1988) surveyed 623 students, 355 women and 268 men, about personal lifetime experiences of sexual assault. Results indicated that 43 of the 268 (16%) men reported at least one forced sex episode in their lifetime. The majority (52%) of these men were forced by psychological pressure, 28% were pressured by a combination of verbal and physical restraint, 10% were too intoxicated to consent, and 10% were physically coerced.

Other available estimates of male sexual assault have been recorded from incident rates from nine studies of male sexual assault occurring on college campuses. These studies, as cited below, estimate that males were victims of sexual assault between 12% and 83% of the time during college. These estimates include incidents of acquaintance or date rape and coerced sexual touching. On the lower end, Murphy's study (as cited in Struckman-Johnson, 1988) found that 12% of 230 male college students at a small midwestern university had sexual intercourse with a female date who used psychological or physical force (less than 1%) to gain their compliance. Second, Struckman-Johnson and Struckman-Johnson (1994) found that 69 of 204 (34%) male university students from a small midwestern liberal arts college had experienced at least one coercive episode since age 16. Contact involved only sexual touching for 12% and intercourse for 22%. Additionally, 12% of these incidents involved physical restraint, physical intimidation,

harm, or threat of harm, while 88% involved persuasion, intoxication, threat of love withdrawal, and bribery. Twenty-four percent of this sample experienced coercive sexual contact with females only, 4% reported coercive sexual contact with males only, and about 6% had coercive sexual contact with both females and males. Third, Struckman-Johnson's survey (as cited in Struckman-Johnson & Struckman-Johnson, 1998) found that 134 of 314 (43%) male university students from the University of South Dakota reported having had at least one coercive sexual experience with a woman since the age of 16. Contact involved only sexual touching for 36% and intercourse for 27%. Ninety percent of all incidents involved only pressure tactics (i.e., persuasion, bribe, love withdrawal, and intoxication), and the other 10% involved force tactics (i.e., fear, threatened harm, physical restraint, physical harm, and a weapon). Fourth, Poppen and Segal (1988) found that out of 77 men, 44% reported having at least one type of coercive experience, and physical violence was used in 14% of these cases. Fifth, Sandberg, Jackson, and Petretic-Jackson's (1987) study surveyed 408 psychology students and found that 48% of 141 male respondents had felt verbally pressured, and 6% had been physically forced by a dating partner to have intercourse. Sixth, Muehlenhard and Long (as cited in Parrot & Bechhofer, 1991) found that 49% of 426 male college students had engaged in unwanted sex due to pressure from a partner. Participants engaged in unwanted sex as a result of enticement (81%), altruism (58%), peer pressure (31%), intoxication (34%), and physical coercion (1.5%). Seventh, Muehlenhard and Cook (1988) found that 63% of 507 undergraduate male college students reported having experienced unwanted intercourse as a result of internal, situational, and partner-related pressures. Of these men, 2% had experienced unwanted sexual activity, and 1.4%

experienced unwanted intercourse as a result of violent physical coercion. Eighth, Waldner-Haugrud and Magruder (1995) sampled 202 male college students enrolled in an undergraduate family course at a large midwestern university and found that 73% of the males experienced some level of sexual coercion while on a date with a female. Physical force was used in 3.5% of the cases, and use of a weapon was present in 4.5% of the cases. Last, Struckman-Johnson and Struckman-Johnson's study (as cited in Parrot & Bechhofer, 1991) found that 83% of 72 male students had been pressured into unwanted sexual intercourse by female dates. Fifty-two percent of this sample yielded at least one time to verbal pressure, 38% had unwanted sex while too intoxicated to give consent, 29% had been seduced by a woman who used playful force or bondage, and only one man reported being physically forced to engage in intercourse.

Other estimates of the rate of occurrence of male sexual assault are available through incident reports from exclusively gay and lesbian populations. Three studies have focused exclusively on this population. In the first study, results indicated that 10% of 166 gay men who responded to the national survey reported having been raped because of their sexuality (Comstock, 1989). Second, Waterman, Dawson, and Bologna (1989) investigated the rate and correlates of coercive sex in gay male and lesbian relationships and found that 12% of 34 gay men reported being victims of forced sex by their current or most recent partner. Last, Hickson, Davies, Hunt, Weatherburn, McManus, and Coxon (1994) interviewed 930 homosexually active men in the United Kingdom about personal incidents of nonconsensual sexual activity, and results suggested that of the 930 homosexual men interviewed, 257 (28%) had been sexually assaulted or had been made to have sex against their will at some point in their lives, and

one-third of the respondents had been forced into sexual activity (usually anal intercourse) by men with whom they had previously had, or were currently having, consensual sexual activity.

Several observations should be noted regarding the above cited studies and estimates of the occurrence of male sexual assault. First, differences in the way information was gathered and the different types of information gathered in each study make it difficult to summarize trends. For instance, some studies report the occurrence of coerced sexual intercourse only and others report a combination of coerced sexual contact and intercourse. Therefore, the rates of occurrence are not directly comparable. Second, some studies report unwanted sexual contact or intercourse perpetrated by a female date, some specify sexual coercion perpetrated by a partner, and others do not specify a perpetrator. Subsequently, these identified estimates include some combination of the occurrence of male sexual assault in heterosexual dating relationships, homosexual dating relationships, and sexual assault outside of a dating relationship. Variation also exists among specified perpetrators of homosexual male sexual assaults. The three studies cited include perpetrators designated as partners to the homosexual male participants, perpetrators of homosexuals based solely on their sexual orientation, and no specified perpetrator. At this stage of male sexual assault research, it is unclear whether male sexual assaults perpetrated by females, partners, acquaintances, and strangers are similar in nature and should be analyzed together. Third, a few of these studies involve sexual assaults on college campuses. College campus samples are likely to be convenience samples, and sexual assaults occurring on campus might be different from sexual assaults occurring outside of a college campus. For instance, it is possible that sexual assaults

might be a more common occurrence on campus due to factors including close living quarters of young adults who have a tendency to socialize together and to sometimes use mind-altering substances. Additionally, estimates based upon college student samples are not representative of the United States population because the sample excludes individuals who either cannot attend college or have no desire to attend college. Fourth, information from one study was obtained in the United Kingdom. It is unknown whether male sexual assault in the United Kingdom is similar to male sexual assault in the United States. Last, since most experts have noted that male sexual assault is underreported, it is unclear whether the males who are forth-coming about their victimization are different in some aspect to those males who keep their victimization a secret from authorities, friends, family, and treatment personnel.

In culmination, the differences noted in these studies makes it difficult to identify trends by direct comparison. In the future, it might be important for researchers to collect data regarding male sexual assault in a more uniform fashion in order to identify trends and make more confident conclusions about the rate of occurrence. The data does provide some important information, however. It suggests that like women, men can be and are victims of sexual assault in the community, and it is much more prevalent than previously believed. In addition, perpetrators of male sexual assault include men and women who are classified either as strangers, dating partners, family, or acquaintances.

Characteristics of the Victims, Perpetrators, and Assaults

There is other valuable information to be gained from the literature regarding male sexual assault such as the characteristics of the victims, perpetrators, and the assaults. Unfortunately, only five of the above-cited studies provide this type of

information. The data from these five studies comes from five different types of sources: 1) comparison of self-reports and police reports; 2) reports from a hospital crisis program; 3) National Crime Victimization Survey; 4) reports from treatment personnel from 336 agencies; and 5) self-reports. Similarities among the studies will be acknowledged. However, because this information is based on a few studies and because it is unclear whether the nature of sexual assaults identified in these five studies is similar and comparable, the similarities should not be misinterpreted as accurate trends of male sexual assault. With these caveats in mind, the characteristics of the victims, perpetrators and the assault of male sexual assault from these articles will be presented.

Four studies indicated that the age of male sexual assault victims ranged from 16-39 (Frazier, 1993; Hodge & Canter, 1998; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999; Sorenson et al., 1987) with two studies reporting three mean ages of 24, 26, and 30 (Frazier, 1993; Hodge & Canter, 1998). The ethnicity of the majority of the victims reported from three studies was Caucasian with the frequency ranging from 78%-86% (Frazier, 1993; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999). Similarly, the ethnicity of the majority of the perpetrators from three studies was Caucasian with the frequency ranging from 52%-78% (Frazier, 1993; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999). Five studies indicated that the perpetrator was an acquaintance about half of the time with frequencies ranging from 46%-69% (Frazier, 1993; Hodge & Canter, 1998; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999; Sorenson et al., 1987). Only one perpetrator was involved in the assault more than half of the time as indicated by frequencies ranging from 59%-73% (Frazier, 1993; Hodge & Canter, 1998; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999), and a weapon was used in less

than half of the assaults (36%-49%; Frazier, 1993; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999). Sodomy or attempted sodomy was most likely to happen during the assault (Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999; Sorenson et al., 1987), and the assault was most likely to occur either in the victim's residence, the perpetrator's residence, or in a public place (Hodge & Canter, 1998; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999).

Other studies have been designed to identify possible characteristics that might render male victims more vulnerable to a sexual assault. Tewksbury and Mustaine (2001) identified variables associated with an increased risk of becoming a male victim of sexual assault. Demographic and lifestyle factors associated with an increased risk was gathered from a sample of 1215 college students from 12 southern postsecondary institutions and included: unmarried, minority men who had a greater number of siblings, whose fathers were unemployed or sporadically employed while growing up, who used drugs at parties, and who frequently spent their leisure time at bars where they were regulars. Each one of these variables taken separately was found to increase the risk of victimization of men. Variables associated with becoming a victim of a serious sexual assault, an assault involving threats and/or force, included nonwhite men with a greater number of siblings, who used drugs frequently during the week, and were college athletes. Interestingly, the ethnic status (i.e., minority or nonwhite) identified in this study is contrary to the results of the studies presented earlier suggesting that the majority of victims were identified as Caucasian. It is unclear as to the reasons for the different findings. Perhaps, minority men are much less likely to report their victimization or to present for medical and psychological help, which is a reason surmised by Sorenson et al.

(1987) as a result of their findings that Hispanics reported fewer sexual assaults than non-Hispanic whites and that more highly acculturated Hispanics reported rates of sexual assault closer to those of non-Hispanic whites than did Hispanics of low acculturation. Sorenson and colleagues' (1987) results also suggested that non-Hispanic Whites were more than twice as likely as Hispanics to speak with a psychotherapist.

Anderson (1982) also suggested that male victims are not selected entirely at random and identified some trends regarding the types of victims selected. These trends suggested that gay men, men who engage in homosexual behavior but who are not identified as gay, and predominantly or exclusively heterosexual men who are perceived by their attackers as gay are more likely to be victims of sexual assault (Anderson, 1982; McMullen, 1990). McMullen (1990) suggested that this is true partly because some men who assault other men have, themselves, been victims of sexual assault, assume that their assailants were gay, and actively seek gay men for revenge. Furthermore, gay men might be perceived as easier targets and less likely to report an assault, because even if a gay man does report an assault to the police, it is often assumed that the report will not be taken seriously (McMullen, 1990; Washington, 1999). Hickson et al. (1994) also proposed that it is the lifestyle of gay men that might render them more vulnerable due to the frequency of being in circumstances of possible sexual assault such as cruising or places where they are seeking casual sexual encounters.

Motives for Male Sexual Assault

As with female sexual assault, the literature suggests that male sexual assault does not appear to be motivated by the need for sexual gratification. The motivation comes from the need for power or control, degradation, the discharge of anger, and the

erotization of aggression (McMullen, 1990). McMullen (1990) stated that the vast majority of men who sexually assault other men have a heterosexual identity, coupled with a strong desire to overpower and dominate men. The fact that the act is sexualized is a means to an end, not the motivation for the attack. In the words of one rapist- "I didn't have an erection. I wasn't really interested in sex. I felt powerful, and hurting him excited me. Making him suck me was more to degrade him than for my physical satisfaction" (Groth & Burgess, 1980, p. 808).

Discharging anger or retaliation might be considered the motivation used against homosexuals for their sexual orientation. Scarce (1997a) suggested that traditional forms of masculinity portray gay men as weak, feminine, and deserving of punishment and humiliation for their sexual orientation. Hodge and Canter (1998) found that 17% of the gang assaults in their study were identified as gay-bashing incidents, and Comstock (1989) found that out of 166 men recruited from numerous lesbian/gay organizations, 6% reported being raped as a result of their sexual orientation (Comstock, 1989). Furthermore, because most of the violence occurred in public places identified as lesbian/gay areas it might be suggested that the incidents of violence in Comstock's (1989) study were premeditated and involved pursuing, preying upon, and targeting male victims, which might be suggestive of active retaliation.

Sexual Assault of Men by Women

Despite a common misconception suggesting that men cannot be sexually assaulted by women, sexual assault of men perpetrated by women does occur. Unfortunately, the literature base is scant, and subsequently, not much is known about the nature of the assaults. Sorenson et al.'s (1987) Los Angeles study is the best-known

available source of information on male sexual assaults perpetrated by women. 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 have reported being pressured or forced to have unwanted sexual contact with female acquaintances in their lifetime, and that more men were assaulted by women (67%) than by men (32%) or by both men and women (2.5%; Parrot & Bechhofer, 1991). Additionally, men assaulted by women were more likely to know their assailant (over 90%) than were men assaulted by other men (about 60%), a greater percentage of men assaulted by females were pressured by verbal tactics (about 70%) than were male-assaulted men (about 50%), and assaults by women, were more likely to involve some type of intercourse (48%) than assaults by men (20%).

Sarrel and Masters (1982) and Masters (1986) have published findings based only on 11 and 3 female-assaulted men, respectively. In Sarrel and Masters' (1982) study, six of the 11 men sought help from the Yale Human Sexuality program, a function of the Yale University Health Service for students, between 1973 and 1980 for a wide variety of problems. The other five men were patients at the Masters and Johnson Institute who requested treatment for sexual dysfunction. The three men in Masters' (1986) study also presented for treatment of sexual dysfunction. Both studies concluded that men can be seriously harmed by assaults perpetrated by females, and several post assault trauma symptoms and difficulties that were identified by their sample were listed. Since the authors based their findings on very small sample sizes and because the samples might represent men who suffer from more serious after effects that require professional attention, the results are not generalizable. The studies do, however, exemplify the fact

that females can and do sexually assault men, and the assault can have post rape effects on male victims.

Consequences of Sexual Assault Perpetrated on Males

The consequences of sexual assault perpetrated on males by both males and females are numerous and are believed to parallel the consequences of sexual assault perpetrated on females by males (Burgess & Holmstrom, 1974; Isely, 1991, King, 1992a; Washington, 1999). The consequences can be divided into physical, emotional, psychological, and sexual/social categories.

The physical symptoms/consequences that can occur after an assault include, but are not limited to, tension headaches, ulcers, colitis, upset stomach, extremes of sleep or appetite (Anderson, 1982), and contraction of sexually transmitted diseases (Coxell, King, Mezey, & Kell, 2000). The emotional symptoms as a result of sexual assault against males consist of anger (Frazier, 1993; Janoff-Bulman & Frieze, 1987; Struckman-Johnson & Struckman-Johnson, 1994), resentment, fear (Struckman-Johnson & Struckman-Johnson, 1994), feeling stupid, dirty, and used (Struckman-Johnson & Struckman-Johnson, 1994), hostility (Frazier, 1993), guilt, self-blame, shame (Larimer et al., 1999; Smith et al., 1988), anxiety (Isely & Gehrenbeck-Shim, 1997), suicidal ideations, attempted and completed suicide (Isely & Gehrenbeck-Shim, 1997), fantasies of retribution, and homicidal ideations (Scarce, 1997b). Another commonly reported feeling is disgust mixed with confusion as a result of ejaculating during the assault. Ejaculation is a psychological weapon used by many offenders, because it serves several purposes. First, victims might become confused by this response and discouraged from reporting because the victim's sexuality might become suspect. Second, to the offender,

ejaculation symbolizes ultimate and complete sexual control over the victim and confirms the offender's fantasy that the victim really wanted and enjoyed the assault (Groth & Burgess, 1980).

Some common psychological problems experienced after the assault are feeling shocked (Struckman-Johnson & Struckman-Johnson, 1994), experiencing Posttraumatic Stress Disorder, rape-related phobias (Empey, 1995; Isely & Gehrenbeck-Shim, 1997; Rogers, 1997), depression (Frazier, 1993; Larimer et al., 1999), and loss of self-respect and damaged self-image (Struckman-Johnson & Struckman-Johnson, 1994). The sexual/social problems as a result of an assault can include increased alcohol consumption (Larimer et al., 1999), difficulty forming relationships with women (Struckman-Johnson & Struckman-Johnson, 1994), feeling less physically affectionate around other men (Struckman-Johnson & Struckman-Johnson, 1994), wondering if something is wrong with them (Struckman-Johnson & Struckman-Johnson, 1994), fear of being questioned about one's sexuality (Empey, 1995; Struckman-Johnson & Struckman-Johnson, 1994), and feeling confused about one's sexuality and masculinity (Calderwood, 1987; Empey, 1995; Isely, 1991; Struckman-Johnson & Struckman-Johnson, 1994). The perceived loss of masculinity can be devastating as one heterosexual man explained: "Something dirty has happened to you that nobody believes can happen – If you let it happen you must be queer, if you're not a queer it can't have happened" (Mezey & King, 1989, p. 208). The implication is that a man cannot be overpowered and penetrated and if he is, it makes him less of a man.

Reporting of Male Rape

It has been estimated that approximately 1 in 10 (10%) male rapes are reported to the police (Calderwood, 1987). Based on the 1995 crime estimates, approximately 19,390 males above the age of 12 were the victims of rape or attempted rate (U.S. Department of Justice, 1997), which indicates that over 17,000 male rapes in 1995 were not reported. Regardless of exact estimates, it is believed that the vast majority of male rapes go unreported and are believed to be even more under-reported than rape involving a female victim (Calderwood, 1987). In a study comparing male and female rape reporting behavior by using data from the National Crime and Victimization Survey for the years 1979-1987, results indicated that factors influencing rape-reporting decisions differ by sex (Pino & Meier, 1999). Females in this study were nearly twice as likely to report rape if the offender was a stranger, more than four times as likely to report if something was stolen, and three times as likely to report if the victim required medical attention. Males in this study were five times more likely to report sexual assault if the assault caused physical bodily harm and eight times more likely if the victim required medical attention. Thus, Pino and Meier (1999) concluded that the odds of men reporting rape were less than those for women, which is a conclusion supported by other authors (Mitchell et al., 1999; Washington, 1999). Furthermore, the 1998 United States Department of Justice statistics indicated that women report 90% and men 10% of all rapes that are handled by law enforcement agencies (U.S. Department of Justice, 2000). Violent crimes as a whole are reported to the police by females in significantly higher percentages than victimizations of males (U.S. Department of Justice, 2001).

There are several reasons documented in the literature as to why males choose not to report their victimization to authorities, hospital personnel, and/or treatment facilities. First, many rape crisis centers are geared primarily toward the needs of women. In a study completed in a large metropolitan area, out of 30 rape crisis service providers that were interviewed over the phone over one third (37%) of the agencies contacted would not provide services to men (Donnelly & Kenyon, 1996). Some of the responses from these agencies included the belief that sexual assault against men was not really a problem, and therefore, there was not a need for services provided to men. Other responses consisted of beliefs that men can't be raped (Donnelly & Kenyon, 1996; Isely, 1991), or are raped only because they "want to be" (Donnelly & Kenyon, 1996, p. 444). Another survey of sexual assault agencies nationwide found that most of the titles of the agencies providing sexual assault services included the words "women" or "YWCA," which was proposed to be another factor preventing male victims from calling or seeking help (Waliski, 2002). The misconception that male sexual assault does not occur or is not a problem undoubtedly influences the availability of services provided. Furthermore, if treatment is unavailable for male victims, then the perceived necessity of reporting the incident is likely to diminish.

Second, common male norms or stereotypes are other reasons given for men not reporting sexual assaults. Reporting violates the male role expectation of being able to defend oneself against sexual assault (Anderson, 1982; McMullen, 1990; Perrott & Webber, 1996; Struckman-Johnson & Struckman-Johnson, 1992). Other male role norms suggest that men should be able to tough it out and handle (not express) their emotions even while under a great deal of stress (Miller, 1983). Furthermore, rape is believed by

some to be humiliating, can generate confusion (Anderson, 1982), and can put the victim's manhood in jeopardy (Pino & Meier, 1999). These beliefs, feelings, and expectations of the male gender make reporting the incident embarrassing (Anderson, 1982) at the very least and, at the same time, may imply that the victim was not a real man (Donnelly & Kenyon, 1996).

A third and very common reason men give for not reporting sexual assault is due to the anticipated reactions of law enforcement to the crime. Anticipated responses include fear that law enforcement officers may not believe that a crime occurred, may believe that the victim asked for it, or may question the victim's sexuality or assume that the victim is homosexual (Scarce, 1997a; Washington, 1999). Credibility intensifies for the victims who ejaculate during the assault, because it erroneously implies that the victim enjoyed or consented to the attack (Krueger, 1985; Miller, 1983). Many of these reasons given by men for failing to report a sexual assault are very similar to reasons given by women. For instance, women are reluctant to report sexual assault due to women's perceived critical and unsympathetic attitude of the police, failure on the women's part to identify the crime, the stigma associated with the label of rape victim, a desire to forget the assault, misplaced sense of guilt and responsibility, and fear of the legal prosecution (Mezey & Taylor, 1988).

As mentioned above, males are five times more likely to report the crime to the police if the rape caused bodily harm. These odds are increased eight times if there is a necessity to seek medical attention (Pino & Meier, 1999). This might suggest that men are more likely to report a rape when they have physical evidence proving that they could not have protected themselves. In other words, physical harm and the need to seek

medical attention may be thought of by the victim as justification to report an assault, because the injuries provide evidence that the victim was overpowered. In addition, victims may believe that authorities might be less likely to question the victims' sexual preference or courage (Pino & Meier, 1999). Another justification found for reporting sexual assault occurs when the victim is heterosexual, and the perpetrator is believed to be homosexual. This is based on one of the stereotypes suggesting that homosexuals are predatory, which subsequently, aids in the victim's believability to the police (Hodge & Canter, 1998).

Myths in the Literature

Burt (1980) describes rape myths as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p. 217). Many examples of male rape myths can be found in the literature and classified into several distinct categories. One category involves the stereotypical views about men and rape. These myths consist of the beliefs that males are too big or too strong to be overpowered and forced into sex (Coxell & King, 1996; Struckman-Johnson & Struckman-Johnson, 1992), men initiate and control sexual activity and are not the targets of sexual assault (Muehlenhard & Cook, 1988), men cannot be raped by female aggressors (Calderwood, 1987; McMullen, 1990; Smith et al., 1988; Struckman-Johnson, 1991), men cannot be rape victims (McMullen, 1990; Scarce, 1997a), men are to blame for their attack because they should be able to protect themselves (McMullen, 1990; Perrott & Webber, 1996; Struckman-Johnson & Struckman-Johnson, 1992; Struckman-Johnson & Struckman-Johnson, 1994), real men would not let themselves be raped (McMullen, 1990), men who are raped lose their manhood (Pino & Meier, 1999), men are responsible for the assault (Hickson et al.,

1994), men are more likely to encourage or initiate an attack by female aggressors (Smith et al., 1988), male sexual assault is rare (Anderson 1999; Scarce, 1997a), male rape victims are typically weak adults (Scarce, 1997a), male victims should be able to tough it out and cope with the experience (Krueger, 1985; Miller, 1983), and male rape cannot happen outside of prison (Struckman-Johnson & Struckman-Johnson, 1992).

Some myths encompass false beliefs about the attack and the actions of the male victim. These myths include believing the presence of an erection or ejaculation implies consent on behalf of the victim (Krueger, 1985; Miller, 1983) and the belief that men cannot achieve or even maintain an erection when a female perpetrates the assault (Anderson, 1999). Some myths focus on the sexual orientation of the victim. These false beliefs suggest that male victims, especially gay male victims, ask for the rape by their own indiscreet or risky behaviors (Krueger, 1985), and a male who is sexually assaulted must be gay or have been acting in a gay manner. The misconception that a male victim of sexual assault must be gay suggests that the motivation for the attack must be sexual and that the perpetrator is a homosexual male seeking sexual satisfaction (Coxell & King, 1996). Another male rape myth focuses on the perpetrator and includes the belief that males who sexually assault other males must be gay (Anderson, 1982; Coxell & King, 1996; McMullen, 1990; Struckman-Johnson, 1991).

Myths about the after effects of assault also have been identified and include common stereotypical beliefs. These myths include believing that being raped does not really upset men (Anderson, 1982), that male sexual assault is not really a serious matter (Anderson, 1982), males are not seriously upset by female sexual assault (Smith et al., 1988), male rape is less severe if the victim is homosexual (McMullen, 1990), and that

male victims of female multistranger rape experience more pleasure and less stress than a victim of male multistranger rape (Smith et al., 1988). This last myth is exemplified by a response from a male subject to a survey examining the mythology of male rape victims of female sexual assault. At the bottom of his survey and as a response to a hypothetical male rape scenario perpetrated by females read: "Some guys have all the luck" (Smith, et al., 1988, p. 110).

There are a few empirical studies on acceptance of male rape myths. Only one of four studies, Perrott and Webber's (1996), failed to report some level of acceptance to male rape myths. However, considering the sample, which was composed of 85% women who were described as being more progressive towards social justice issues than most traditional samples, the generalizability of these results may be limited.

Second, Davis and Lee (1996) studied 244 adolescents about their acceptance of rape myths and found that males were significantly more likely to endorse sexual assault myths, to agree that forced sex was acceptable in some situations, and to hold false stereotypes about sexual assault. The adolescents also demonstrated more traditional attitudes towards women's roles and more traditional views about heterosexual relationships. Based on these results, the authors concluded that societal attitudes that perpetuate sexual assault and gender role stereotypes are well developed in adolescence. Third, Struckman-Johnson and Struckman-Johnson (1992) surveyed 157 men and 158 females at a midwestern undergraduate university regarding their agreement to six rape myths. The rape myths reflected the myths that male rape cannot happen, men are to blame for their rape, and men are not upset by being raped. Contrary to expectations, they found that the majority of participants disagreed with all of the rape myths, and the

students were strongest in their disagreement with the trauma statements stating that male rape victims are not upset or do not need counseling. The authors suggested that these findings might have resulted from the prevailing social receptivity and understanding for female victims as evidenced by other findings indicating less acceptance of female rape myths. Furthermore, the authors suggested that a possible demand characteristic could have resulted in less extreme responses. The demand characteristic was thought to be education about male rape from the definition provided in the instructions. Despite overall disagreement with rape myths in this study, several significant differences were found in the level of acceptance depending upon the gender of the participants and the gender of the perpetrator in the myth statements. Overall, women were significantly less accepting of the rape myths than were the men. The authors related this finding to the possibility that men were less aware of, or less emotionally involved with rape and, as a result, responded less extremely to statements made about a rape. Furthermore, participants were more likely to agree with the myths suggesting that rape of a man by a woman is less likely to happen to a strong man, involves more victim blame, and is less traumatic than is rape by another man. For example, the percentage of men who agreed that a man raped by another man was to blame for being careless or for not escaping was 20%, but the percentage rose to 44% when the perpetrator was a woman. In sum, even though the majority of participants disagreed with the myths, an alarming number of the participants believed that male rape victims are at fault for not avoiding a female assailant, that male sexual assault is less likely if the assault is perpetrated by a female, and that rape of a man by a woman is not traumatic (Struckman-Johnson & Struckman-Johnson, 1992).

Last, Donnelly and Kenyon (1996) interviewed 30 agencies in a large metropolitan area that were identified as rape crisis service providers. These agencies included 4 law enforcement agencies, 10 hospital or medical facilities, 8 mental health agencies specializing in sexual assault, and 8 community crisis or rape crisis centers. Of these agencies, 11 did not provide services to males. Nineteen agencies were amenable to providing services to males, but only 4 of these 19 had dealt with a male victim in the last year, 5 had dealt with at least one male some time in the past, and the remaining 10 would provide the needed services but had never had a male victim call for help. The responses of the workers at the agencies who had never seen a male rape victim were described as believing male rape was not really a problem. These workers based this belief on the fact that they had never seen a male victim. Other attitudes were consistent with common myths such as "Men could not be raped" or "Men are only raped because they want to be." One law enforcement agency was noted as saying, "Honey, we don't do men...men can't be raped" (p. 444). Another law enforcement agent stated, "Most males that are fondled or sodomized are males that want to be sodomized. We don't have too many that are unwontedly sodomized. If they are, they don't come to us to report it...We just don't see that many adult males, so that leads me to believe that there is just not a problem" (p. 445). The agencies in this study that were least likely to acknowledge and deal with the sexual assault of men were male law enforcement personnel and feminist-based rape crisis center or hotline workers. Overall, Donnelly and Kenyon (1996) found that the agencies that did not treat male victims responded with more stereotypical attitudes toward male victims than those agencies that did treat male victims.

Attitudes Toward Male Rape Victims

Blame toward the male victim, for one reason or another, is the current predominant attitude in the male sexual assault literature. Some male victims are blamed because they did not display traditional role behaviors such as not fighting back or failing to escape. Some males victims, especially homosexual male victims, are seen as experiencing more pleasure and experiencing less trauma from the assault. Other male victims are seen as encouraging and initiating the assault.

The first two studies presented focus on associations between victim blame and traditional role attitudes. White and Robinson Kurpius (2002) obtained a sample of 168 male and 220 female undergraduate students at a large southwestern university who read a scenario depicting rape of either a heterosexual male or female, a gay male, or a lesbian. Results indicated that men assigned more blame to male versus female victims, which was concluded to be a factor of holding the male victim accountable for not fighting back. Traditional gender role attitudes were positively related to victim blame, particularly attitudes toward women; women's roles in society; beliefs that men need status and respect; negative attitudes toward gay men and lesbians; and more blame assigned to homosexual rape victims. Thus, the more negative participants' attitudes toward homosexual individuals, the more blame was assigned to homosexual rape victims. Howard (1984) studied the influence of gender role attitudes on attributions of blame with 160 undergraduate students (80 female and 80 male) from the University of Wisconsin-Madison. Results indicated that participants with more traditional gender-role attitudes attributed more blame to the behavior of the male than the female victim. Explanations were contributed to attributional patterns consistent with societal

stereotypes about men. Specifically, men were blamed for not trying to escape, failing to fight back, or looking scared.

Sexual orientation of the victim is another factor associated with victim-blaming attitudes. Mitchell et al. (1999) collected a sample of 396 undergraduates from a large midwestern university who read a scenario in which either a heterosexual or homosexual man was sexually assaulted by another man. Results indicated that as compared to female participants, male participants held the victim more responsible for being assaulted and rated the assault as more pleasurable for the victim. Also, participants held the homosexual male rape victim more responsible for being assaulted than the heterosexual victim, rated the homosexual victim as experiencing more pleasure from the assault, and rated the sexual assault as being less traumatic for the homosexual victim. Ford, Liwag-McLamb, and Foley (1998) found similar results, more blame assigned to homosexual versus heterosexual male victims, in their study of perceptions of acquaintance rape based on sex and sexual orientation of the victim.

Two other studies focused their research on the sex of the perpetrator. Four hundred fifteen female and 279 male community college students in northern California read one of four vignettes depicting date rape with either a female or male aggressor and a female or male victim and rated their degree of approval of the aggressor's behavior. Results indicated that disapproval ratings were significantly lower (but not by a large magnitude) for the female aggressor/male victim vignette, and the percentage of participants who indicated that the vignette depicted a rape was less than half that for the other vignettes. The authors concluded that these results suggest that male victims of sexual assault by females were seen as encouraging the act and as being less stressed by it

than female victims, and subsequently, participants were much less likely to label the aggression as rape (Hannon, Hall, Nash, Formati, & Hopson, 2000). Smith and colleagues (1988) compared social judgments made by undergraduate students from the University of Washington about female and male victims of both female and male perpetrated rape. Results indicated that male victims of female sexual assault were judged by the participants more likely to have encouraged or initiated the episode and to have experienced more pleasure and less stress from the assault.

Other studies conclude that the behavior of the male victim is associated with the blame attributed to them. First, Whatley and Riggio (1993) investigated whether gender differences were present in the blaming of a male rape victim. One hundred-sixty undergraduates read a scenario about a man with or without an arrest record who was raped by an inmate in jail. Results indicated that male students were more likely to blame the male victim of sexual assault than the female students. Also, males as compared to females assigned more blame to the male victim who was considered bad as defined by having a prior arrest record as opposed to a victim who had no arrest record. The authors speculated that these results were a factor of justice, suggesting that because the victim might have been able to prevent the assault from occurring, the male victim is seen as somewhat responsible for the attack. Second, similar results suggesting that male participants found male victims as being more responsible were found in Whatley and Riggio's earlier study (1992). Third, Perrott and Webber (1996) surveyed 180 undergraduate students (152 women and 28 men) enrolled in an introductory psychology class about their attitudes toward male and female victims of stranger and acquaintance rape. Results indicated that females were likely to blame a male victim based on his

behaviors, suggesting that the male victims should have been able to fend off their attacker. Last, Anderson's (1999) qualitative study investigated the spontaneous occurrence of characterological and behavioral blame in talk about rape. Sixty male/female student dyads were sampled from two universities in the United Kingdom. Results indicated that in discussions of male rape, male and female participants attributed an equal amount of behavioral and characterological attributions to the male rape survivor, and the attributions of behavioral blame predominated over characterological blame by approximately 3:1. Overall, this and the subsequent studies suggest that participants have a tendency to view male victims accountable for their victimization.

Etiology of Male Rape Myths

Well-established theories on the etiology of male rape myths do not exist. However, there appears to be a widespread belief throughout the literature that male rape myths are associated with gender role stereotypes or gender socialization (Donnelly & Kenyon, 1996; Perrott & Webber, 1996; Smith et al., 1988; Whatley & Riggio, 1993). In many of the above-cited studies on the attitudes and myths of male rape, the authors suggested that myths and gender role stereotypes influence attitudes about male rape victims. Donnelly and Kenyon (1996) found male sexual assault myths to come directly from the mouths of rape crisis providers. For instance, feminist-based crisis workers refused to believe that men were victims of sexual assault. The crisis workers would only entertain the idea that women were victims and men were perpetrators. Furthermore, one worker stated that if male rape became acknowledged as a problem, the male victims would, subsequently, take funding away from the female victims. The small number of male victims, in this worker's belief, did not justify taking away resources from women

victims (Donnelly & Kenyon, 1996). Male law enforcement officers also held myths about male victims of sexual assault. According to Donnelly and Kenyon (1996), acknowledging that males could be victims would mean that the officers would have to accept the fact that they could also potentially be victimized. In order to deal with the reality of male vulnerability, the law enforcement officers either refused to acknowledge that males could be victims or stereotyped the male victims as "queens" or "two fairies having a lover's quarrel" (Donnelly & Kenyon, 1996, p. 447). Both the feminist crisis workers and male law enforcement officers' views are based on stereotypical roles, and fail to realize that humans are multifaceted. Instead both try to force men and women into narrow roles (Donnelly & Kenyon, 1996). Feminist crisis workers saw women as different from men and stated that women are victims and men are perpetrators, and male law enforcement officers viewed male victims as "like women" or not "real men" (Donnelly & Kenyon, 1996, p. 447).

Some gender role-related myths about male sexual assault are based on the male victim's behavior during the assault. Whatley and Riggio (1992, 1993) and Perrott and Webber (1996) found victim-blaming attitudes among undergraduate college students. In Whatley and Riggio's (1992, 1993) studies, male participants rated the victim as more responsible than did females, and both female and male participants assigned more blame to male victims based on the victim's behavior in Perrott and Webber's (1996) study. All of these results are likely based on gender role-related stereotypes suggesting that men are strong and are always able to protect themselves from violence. In other words, because males are stereotypically viewed as able to protect themselves, male victims are blamed for not protecting themselves.

Men are also expected to behave in stereotypical ways after a sexual assault. A myth pertaining to the effects on men after a sexual assault suggests that men do not really get upset. This myth also comes from societal beliefs that male sexual assault is not really a serious matter because men are emotionally strong and stoic and should be able to tough it out and cope (Krueger, 1985; Miller, 1983). Regardless of men's strength, studies suggest that the consequences of male sexual assault can be numerous and severe (Washington, 1999).

Another source of stereotypical beliefs comes from the perceived motivation of the male victim. In a study of undergraduates from the University of Washington designed to compare social judgments about male and female victims of rape, Smith and colleagues (1988) found that male participants believed that male victims of sexual assault perpetrated by females were more likely to have encouraged the assault and experienced pleasure from it. This finding suggests that the male subjects did not interpret the assault as traumatic, but viewed the assault in sexual terms. According to the authors, it is not surprising that men viewed being assaulted by a female as incompatible with male expectations due to commonly held myths and gender role expectations. Viewing rape as a sexual interaction and believing men to be the initiators and controllers of sexual activity are commonly held myths based on gender role expectations (Groth & Burgess, 1980; Smith et al., 1988). Men are also expected to be strong and protect themselves. Thus, according to these expectations, men have a difficult time understanding how a female could sexually assault a male (Smith et al., 1988).

Even though no well-developed theories exist regarding belief in male rape myths, it appears that societal views regarding gender roles might be associated with the beliefs of these myths. These stereotypical beliefs negatively affect beliefs about the likelihood of the occurrence of sexual assault. 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, and legal authorities accept male rape, they will either fail to ask male victims about an occurrence of sexual assault or will respond inappropriately if it is clear that an assault has occurred (Struckman-Johnson & Struckman-Johnson, 1992). Subsequently, men are less likely to report the incident, less likely to seek treatment, and are left to cope with their victimization in silence. The public is left with inaccurate crime data and an underestimated rate of occurrence. Together, these factors help to perpetuate the myths and hinder the dissemination of facts about male sexual assault.

Summary

In summary, the data on sexual assault of males is limited, which makes assessing the rate of occurrence and accurate trends regarding characteristics of victims, perpetrators, and the nature of the assaults nearly impossible. A conclusion that can be made with some level of confidence as a result of available data are that sexual assault against males perpetrated by both males and females does exist. Also evident are the motives and consequences of male sexual assault. Motives appear to include the need for power or control, degradation, discharge of anger, and erotization of aggression. Consequences appear to parallel the consequences of sexual assault against females and

range from a number of physical, emotional, psychological, social, and sexual symptoms/problems.

One of the reasons why so little is known about male sexual assault is because male sexual assault is underreported. Studies suggest that it is underreported because treatment is geared primarily toward female victims, the perception that police officers and treatment personnel hold negative or blaming attitudes, and the belief that reporting violates many male role expectations of being able to defend oneself against sexual assault and being able to handle the after effects. Some studies found that males are more likely to report sexual assault if physical injuries are sustained or medical attention is needed, and if the victim is a heterosexual victim perpetrated by a homosexual male. Under these circumstances, it is believed by some males that police officers and treatment personnel will be less critical of the victim. Several studies have found that these perceived attitudes are indeed true to some extent. The male victim of sexual assault, if believed, is blamed for one reason or another. He is blamed for not protecting himself, initiating and enjoying an assault perpetrated by a female, and becoming a victim only because he wanted to be. Homosexual victims are believed to be more responsible for the assault, to be less traumatized by the assault, and to have experienced more pleasure from the assault than heterosexual victims. These attitudes are misconceptions or myths about male sexual assault. Myths about male sexual assault are abundant in the literature and focus on stereotypical beliefs about men, after effects of the assault, and sexual orientation of the victim and perpetrator. Well-developed theories regarding belief in male rape myths do not exist. However, views about traditional male roles are widely believed to be associated with the belief in male rape myths. How adherence to

traditional roles begins, why it continues, and other links associated to adherence of these roles will be presented as part of the masculine gender role literature.

Masculine Gender Role

Review of the masculine gender role literature will begin with a brief history of the development of gender constructs. A review of the gender role conflict literature and its associated factors, which include concerns with success, power, and competition, restrictive emotionality, restrictive affectionate behavior between men, conflicts in work and family relations, and homophobia will follow. The discussion will conclude with a summary tying gender role conflict, homophobia, and male rape myth acceptance together.

History of Gender Constructs

Gender constructs began to appear in the scholarly literature in 1936 with the development of the first instrument designed to measure masculinity and femininity (M-F), the Attitude-Interest Analysis Survey (AIAS) by Terman and Miles. At this time, masculinity and femininity were suggested to be a central trait of temperament around which the rest of personality was formed, and were measured as a unidimensional construct on a bipolar scale. In the 1940s and 1950s, masculinity and femininity constructs appeared as M-F scales on the Multiphasic Personality Inventory (MMPI) and California Personality Inventory (CPI). These instruments, similar to the Terman and Miles conceptualization, utilized empirical item selection such that the criterion for item inclusion was the capacity of an item to distinguish between men and women as groups. Instruments developed in the 1970s dismissed the conceptualizations of masculinity and femininity as bipolar constructs on a single continuum and began to identify masculinity

and femininity as independent dimensions. The revision of the theory allowed for the formulation of another category, androgyny, describing individuals falling in the middle of the continuum who exhibited high levels of both masculine and feminine traits. Instruments designed to measure the independent M-F construct and incorporate androgyny as a category include the Bem Sex Role Inventory (BSRI; Bem, 1974) and Personal Attributes Questionnaire (PAQ; Hoffman, 2001; Spence, Helmreich, & Strapp, 1974). The study of women and the study of men in psychology took two very different directions around the time of the development of the BSRI and PAQ. Feminist scholars began to challenge the traditional viewpoint that suggested men were representative of humanity as a whole and argued for a gender-specific approach. As a result, in the past thirty years, feminist scholars have produced a new division of research and information labeled the psychology of women (Levant, 1996). The empirical research addressing men's problems, however, has lagged behind theory and, as a result, much less is known about male gender roles. Just in the last 20 years, men's studies scholars have begun to examine masculinity as a complex and problematic construct, and subsequently, to develop a framework addressing a psychological approach to men and masculinity. Topics addressed in this research consist of the questioning of traditional norms of the male role, viewing certain male problems as unfortunate but predictable results of the male role socialization process, and conceptualizing new definitions of masculinity that support the development of men, women, and children (Levant, 1996). The remainder of the discussion will focus exclusively on the development of current masculinity constructs.

The definitions of some common terms used throughout the review of masculinity constructs are provided. Masculine gender role stereotypes are widely shared descriptive beliefs about what males actually are. Masculine gender role norms are widely shared descriptive beliefs about what males should do. Male gender roles are a combination of gender role stereotypes and norms. They are defined as behaviors and characteristics widely viewed as typical of men (stereotypes) and desirable for men (norms; Pleck, 1981). Masculinity ideology, which is the core concept in the research on male roles, is defined as beliefs about the importance of men adhering to culturally defined standards for male behavior (Pleck, 1995). It is different from masculine gender orientation and other gender-related beliefs in that it comes from research on attitudes toward masculinity as opposed to actual differences between men and women. Specifically, it expresses one's endorsement and internalization of cultural belief systems about masculinity and male gender. The concept of masculinity ideology, commonly referred to as traditional masculinity ideology, assumes that there is not one universal standard for masculinity, but many. In other words, because masculinity ideology is a social construction, the ideas of being a man may differ for men of different social classes, races, ethnic groups, etc. (Levant, 1996). Gender role socialization is the process where by children and adults acquire and internalize the values, attitudes, and behaviors associated with femininity, masculinity, or both. Gender role conflict is a psychological state in which gender roles have negative consequences or impact on the person experiencing the conflict or on others. The ultimate outcome of this conflict is the restriction of the person's ability to actualize their human potential or the restriction of someone else's potential (O'Neil, 1981).

One of the first published pieces describing the male role was David and Brannon's (1976) book, The Forty-Nine Percent Majority: The Male Sex Role. The central idea presented in their book was that gender roles have shaped the social structure of society more than any other influence, and the most demanding and all-involving role that individuals will learn to play is that of male or female. The authors proposed that starting immediately at birth, a child is cast into the role of male or female. This assignment into the gender role will affect virtually everything the individual will do. The first twenty years of the individual's life will be spent learning and perfecting the role he/she was assigned. The individual will learn what young boys and girls should and should not do (David & Brannon, 1976). Mistakes regarding their role assignment will occur during childhood, but by adulthood they will come to learn the appropriate rules or expectations of their role, suggesting that the groundwork for proper gender role behavior is mostly laid during childhood years (David & Brannon, 1976). David and Brannon (1976) proposed that more stringent demands are typically placed on males to conform to gender role expectations at an earlier age. For instance, several studies found that preschool boys were aware of what was expected of them as early as kindergarten and, thus, restricted their interests and activities to fit the masculine idea. Preschool girls, on the other hand, gradually developed feminine patterns within the next five years (Brown, 1956; Cava & Raush, 1952).

The most often cited typologies defining the traditional male role in patriarchal cultures also came from David and Brannon (1976). Four elements of the male role as described by the authors are identified as: No Sissy Stuff (avoidance of anything feminine), The Sturdy Oak (physical toughness and emotional stoicism), Give 'em Hell

(aggressive and forceful), and the Big Wheel (competition, achievement, and success). Other descriptors of the male role came later and include restrictive emotionality; health care problems; obsession with achievement and success (Doyle, 1989; O'Neil, 1982); restricted sexual and affectionate behavior; concerns with power, control, competition, and homophobia (O'Neil, 1982); toughness, fearlessness, and denial of vulnerability (Lisak, 2001); and an anti-feminine, aggressive, self-reliant, and sexual element (Doyle, 1989).

In the early 1980's, Joseph Pleck who is considered the "forerunner of modern critical thinking about masculinity" (Levant, 1996, p. 2) was the first to propose the gender role strain model for masculinity as a theory to replace the old dominant perspective of gender role identity originating in the 1930's. The old perspective suggested that people have an inner need to have a gender role identity and that their personality development hinges on its formation (Levant, 1996). Furthermore, the theory suggested that the degree to which people accept or embrace their traditional gender role determines the extent to which their needs are met. This idea of the development of gender role identity is based on a failure-prone process. In other words, failing to achieve masculine gender role identity results in homosexuality, negative attitudes toward women, or hypermasculinity. Pleck proposed the concept of a gender role strain paradigm because he found that the gender role identity failed to account for the observed data and promoted a patriarchal bifurcation of society based on stereotyped gender roles (Levant, 1996).

Pleck took his ideas for the gender role strain paradigm from Turner's (1970) and Komarovsky's (1976) ideas of role strain and from Hartley's (1959) and Hacker's (1957)

dynamics of masculinity. Pleck's ideas resulted in ten propositions: 1) gender roles are operationally defined by gender role stereotypes and norms; 2) gender role norms are contradictory and inconsistent; 3) the proportion of individuals who violate gender role norms is high; 4) violating gender role norms leads to social condemnation; 5) violating gender role norms leads to negative psychological consequences; 6) actual or imagined violation of gender role norms leads individuals to overconform to them; 7) violating gender role norms has more severe consequences for males than females; 8) certain characteristics prescribed by gender role norms are psychologically dysfunctional; 9) each gender experiences gender role strain in its paid work and family roles; 10) historical change causes gender role strain (Pleck, 1981).

From these propositions, Pleck (1995) formulated three ideas that explain how the standards of masculinity, which come from gender socialization, may have possible negative side effects for individual males. First, a significant percentage of males fail to fulfill these expectations. Second, even if these expectations are fulfilled, the socialization process by which this fulfillment occurs is traumatic, or the fulfillment itself is traumatic, and results in long-term negative side effects. Third, the successful fulfillment of these expectations can have negative side effects because several of the characteristics viewed as acceptable characteristics for men have negative side effects for themselves or for others. For instance, being high in masculinity was correlated with psychological violence toward dating partners (Thompson, 1990). In sum, this new gender role strain model proposed and empirically analyzed by Pleck suggested that gender roles are defined by gender role ideology (stereotypes and norms), are imposed on

children by parents, teachers, and peers who subscribe to the ideology (Levant, 1996), and may have possible negative side effects on males.

Occurring in the late 1980's as a continuation of research on traditional masculinity and how it relates to men's psychological functioning was the formulation of gender role stress theory (Eisler & Skidmore, 1987). Eisler and Skidmore's stress theory suggested that excess commitment to the adherence of culturally approved masculine ways, and fear that one is not following these masculine ways as deemed necessary by society can result in stress for men. Additionally, it was posited that men experience more stress than women during some situations where they might be required to display attitudes and behaviors that are not typical of the approved masculine schemas. Eisler and Skidmore (1987) developed a 40-item Masculine Gender Role Stress Scale (MGRS) to measure the way individuals appraise five types of situations that are common in men's lives and are thought to be more stressful for men than for women. The MGRS scale has been correlated with many different factors including men's endorsement of a traditional masculinity ideology, adverse health habits, cardiovascular reactivity, and situation stress (Eisler, 1995; Eisler & Skidmore, 1987; Thompson & Pleck, 1995), and exemplifies the possible negative side effects for men associated with traditional masculinity.

Development of Gender Role Conflict Theory

Conceptualization of gender role strain in the early 1980s led O'Neil and colleagues to search the literature for patterns of gender role conflict (initially referred to sex role conflict) in hopes of operationally defining the concept as a way to validate the existence of the theory (O'Neil, Good, & Holmes, 1995). However, the search concluded

that operationally defined patterns of gender role conflict did not exist at that time for either men or women, and the literature base explaining men's socialization and the effects of socialization on their personal lives and work was almost nonexistent (O'Neil et al., 1995). As a result of the gap in the literature, O'Neil and colleagues decided to conceptualize theoretical models of gender role conflict using the scant literature base and their own clinical experiences with men (O'Neil et al., 1995). Gender role conflict was eventually reduced to 6 major patterns (O'Neil et al., 1995), and these findings became the theoretical foundation for men's gender role conflicts.

Next, the authors theorized that men's socialization of masculine mystique and value system resulted in what they called the fear of femininity in men (O'Neil, 1981). O'Neil (1981) described the masculine mystique and value system as a complex set of values and beliefs that help to define masculinity. Based on rigid gender role stereotypes of masculinity, these values and beliefs were learned at a young age as a result of socialization. Assumptions, expectations, and attitudes about how men in the United States should behave arose from these stereotypes. Historically, masculinity had been perceived as consisting of positive aspects. However, these same values had come under scrutiny because of the negative effects they have on men, women, and children (O'Neil, 1981). The degree to which men have been negatively affected may vary, but O'Neil (1981) suggested that most men have been affected in some way by these values and beliefs. The assumptions of masculine mystique and value system are as follows: 1) men are biologically superior to women, and therefore men have greater human potential than women; 2) masculinity, rather than femininity, is the superior, dominant, more valued form of gender identity; 3) masculine power, dominance, competition, and control are

essential to proving one's masculinity; 4) vulnerabilities, feelings, and emotions in men are signs of femininity and to be avoided; 5) interpersonal communication that emphasizes human emotions, feelings, intuitions, and physical contact are considered feminine and to be avoided, and rational-logical thought is the superior form of communication; 6) sex is a primary means to prove one's masculinity, and affectionate, sensual, and intimate behavior are considered feminine and less valued; 7) vulnerability and intimacy with other men are to be avoided because a man cannot be vulnerable and intimate with a male competitor due to the risk of being taken advantage of, and intimacy with other men may imply homosexuality or effeminacy; 8) men's work and career success are measures of their masculinity; and 9) men are vastly different and superior to women in career abilities, which suggests that men's primary role is that of breadwinner or economic provider and women's primary role is that of caretaker of home and children (O'Neil, 1981). In sum, the attitudes purported by the masculine mystique and value system are believed to be one of the reasons why masculine and feminine stereotypes are commonly accepted within the United States. The masculine mystique is also important to the understanding of how sexism violates men and women. For instance, the masculine mystique violates women by devaluing and restricting feminine attitudes, values, and behaviors. The masculine mystique violates men by prohibiting the expression of femininity in men, which might be perceived as an important characteristic of some men.

Fear of femininity, which is a result of masculine mystique, is defined as a strong, negative emotion regarding feminine values, attitudes, and behaviors. These negative emotions can be learned in early childhood during the formation of gender identity

(O'Neil, 1981) or they can be developed during a process of trying to prove one's superiority as purported in the masculine mystique/value system. Therefore, an outcome of male socialization might be the devaluation of values, attitudes, and behaviors associated with females, which includes considering feminine values, attitudes, and behaviors as inferior, inappropriate, and immature, and believing that women, men, and children who behave in feminine ways are inferior, inappropriate, and immature (O'Neil, 1981). Additionally, the authors proposed that the fear of femininity produces six patterns of gender role conflict. These patterns include restrictive emotionality; socialized control, power, and competition; homophobia; restrictive sexual and affectionate behavior; obsession with achievement and success; and health care problems (O'Neil et al., 1995).

The fear of femininity and other male role norms were empirically analyzed. Thompson, Grisanti, and Pleck (1985) designed a study to determine the views of a sample of college men toward traditional male sex-role norms and to examine if men's endorsement of the norms were related to theoretically defined concomitants of the male role (i.e., homophobia, Type A behavior pattern, self disclosure to closest male friend, self-disclosure to closest female friend, and men's attitudes toward decision-making power in intimate relationships). Data was obtained from 400 men attending two small liberal arts colleges in a New England metropolitan area, and results suggested that the extent of men's agreement with the traditional role was significantly related to homophobic feelings, approval of the Type A behavior pattern, the attitude that self-disclosure to a female friend is unmanly, and approval of the maintenance of asymmetrical decision-making power in intimate relationships. The finding most

significant to the present research is the positive correlations between male-role norms and homophobia and Type A behavior pattern. The authors concluded that these results suggested that the antifemininity norm may be an underlying dynamic to other male characteristics, affecting not only men's gender-role attitudes but also their intimacy skills, interpersonal relationships, and work roles. Furthermore, they believed the antifemininity norm within the traditional male role to be the most pervasive and prominent norm, and endorsing traditional male roles might be guided by the antifemininity norm in conjunction with other situationally specific norms (Thompson et al., 1985).

Construct development of gender role conflict continued with the examination of how men experience conflict and how the conflict operates. It was proposed that men can experience gender role conflict either directly or indirectly in six different contexts: 1) deviating from or violating gender role norms; 2) trying to meet or failing to meet gender role norms of masculinity; 3) experiencing discrepancies between real self-concept and ideal self-concept that is based on gender stereotypes; 4) personally devaluing, restricting, or violating themselves; 5) experiencing personal devaluations, restriction, or violations from others; and 6) personally devaluing, restricting, or violating others because of gender role stereotypes (O'Neil et al., 1995). These six contexts suggest that gender role conflict can occur within oneself, as a result of others, and can be expressed toward others. Additionally, gender role conflict operates at four overlapping levels: Cognitive, emotional, unconscious, and behavioral (O'Neil, 1981). Gender role conflict experienced on a cognitive level originates from rigid ways individuals think about gender roles, which is how stereotypes can be formed. Gender role conflict on an

affective level comes from emotional confusion about gender roles. Gender role conflict on a behavioral level originates from conflict about gender roles actually experienced while acting, reacting, or interacting with oneself and others. On an unconscious level, gender role conflict originates from intrapsychic and repressed conflicts with gender roles that are beyond our conscious awareness (O'Neil, 1981).

These six contexts and four levels of gender role conflict provide a foundation for individual experiences of conflict. When an individual is devalued, restricted, or violated as a result of gender role conflict, psychological and physical health complications could result. For example, men who subscribe to the inexpressiveness male norm might be at a greater risk for health and psychological problems. On the other hand, men who choose to express themselves freely might experience devaluation by others because expressiveness is stereotypically a feminine trait. Thus, gender role conflict can affect each individual in a different way. Some of the possible negative outcomes that might occur as a result of gender role conflict include anxiety, depression, low self-esteem, and stress. Interpersonal problems that may also occur as a result of gender role conflict include limited intimacy, unhappiness in relationships, work conflicts, power and control issues in relationships, and physical and sexual assault (O'Neil et al., 1995).

O'Neil and others began the process of developing an instrument to measure the gender role conflict construct, men's reactions to frequently faced gender expectations. Two different scales were constructed. Gender Role Conflict Scale-I (GRCS-I) was constructed to measure men's personal gender role attitudes, behaviors, and conflicts, and Gender Role Conflict Scale-II (GRCS-II) was developed to assess men's degree of comfort or conflict in specific gender role conflict situations (O'Neil et al., 1995).

GRCS-I consists of 37 items each measuring one of four factors: success, power, and competition; restrictive emotionality; restrictive and affectionate behavior between men; and conflict between work and family relations (O'Neil et al., 1995). The original GRCS-II contained 51 items designed to measure one of the patterns of gender role conflict. Due to low internal consistency reliabilities on two of the factors, the GRCS-II is currently being refined and is not available for use.

Factors of Gender Role Conflict and Homophobia

The four factors of gender role conflict include success, power, and competition; restrictive emotionality; restrictive affectionate behavior between men; and conflicts between work and family relations. Definitions and empirical studies of these factors of gender role conflict will be presented. Success is defined as worries about personal achievement, competence, failure, status, upward mobility and wealth, and career success. Power is defined as obtaining authority, dominance, influence, or ascendancy over others. Competition is striving against others to gain something, or the comparison of self with others in order to establish one's superiority (O'Neil et al., 1995). Masculinity is often associated with competition, success, and power, and conversely, femininity is often associated with the opposites, unassertiveness, lack of achievement, and lack of power. 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 of men to be successful, powerful, and competitive (Bird, 1996; O'Neil, 1981).

Restrictive emotionality, the second factor of gender role conflict, is defined as the difficulty of expressing feelings openly, giving up emotional control, and being

vulnerable to self and others (O'Neil, 1981). Because expressing emotions is associated with femininity, men are likely to restrict their emotions due to the fear that they will appear feminine. As a result of restricting their emotions, some men might experience difficulties with self-disclosure, recognizing feelings, and understanding aspects of their interpersonal life. Additionally, unexpressed feelings might result in a build up of anger, hostility, and rage (O'Neil, 1981).

Several researchers concluded from their results that stereotypical norms were partly to blame for the lack of emotions expressed by men. First, Balswick and Avertt (1977) collected data on 523 undergraduate students from three different southeastern universities and found that females expressed all three emotions, love, happiness, and sadness more than males. The authors considered this finding a factor of gender-role stereotypes, suggesting that the masculine stereotype discourages the open display of affection. Second, Notarius and Johnson (1982) investigated the emotional expression and physiological reactivity of six married couples during a discussion of a prominent relationship issue. Results indicated that consistent with gender-role stereotypes, the wives' speech was characterized by more negative and less neutral behavior and a greater tendency to reciprocate their spouses' speech. On the other hand, husbands showed greater physiological reactivity to their wives' negative speeches. The authors suggested that a social learning history of punishment for emotional displays might explain the husbands' lack of emotion and heightened physiological reactivity. Last, Allen and Haccoun's study (1976) designed to assess sex differences in three dimensions of emotion (covert responding, interpersonal expression, and attitudes toward responses and expressions) sampled 122 undergraduate psychology students. Results indicated that,

where differences occurred, females reported greater emotionality, a larger proportion of interpersonal situations as stimulating emotion, and were more expressive than males. The authors suggested that the results were likely a result of socialization because male socialization encourages discrimination in emotional expression.

Restrictive affectionate behavior between men, the third factor of gender role conflict, is based on similar fears associated with expressing one's emotions, which is the fear that men will appear feminine. Homophobia, also considered taboo because it is equated with femininity, has been assumed to be a barrier to male self-disclosure, companionship, and touching (O'Neil, 1981). Fehr (1996) concluded in her review of research concerned with gender differences in same-sex friendship that men's friendships are less intimate than women's because they choose to be, even though they may not particularly like it. Men make this choice based on accepted male role norms. Similarly, Bank and Hansford (2000) tested six possible explanations for the finding that men's same-sex friendships are less supportive than women's. The explanations included the lack of parental models for friendship, emotional restraint, homophobia, masculine self-identity, competitive strivings, and role conflicts. A sample of 565 students from a large midwestern state university was used and findings indicated that of the six explanations, emotional restraint and homophobia toward gay men provided the most explanatory power for gender effects on both intimacy and support in best friendships.

Conflict in work and family relations, the last factor of gender role conflict, consists of experiencing difficulties balancing work or school and family relations. Health problems, feeling overworked and stressed, and being unable to relax and spend time in leisure activities are all possible consequences of experiencing conflict in work

and family relations (O'Neil et al., 1995). In a study designed to investigate the relationship between male gender role conflict, family environment, and marital satisfaction, Campbell and Snow (1992) found from a sample of 70 participants from a community in southern central United States that for married men, higher levels of marital satisfaction were related to lower levels of restricted emotionality, lower levels of conflict between work or school and family relations, and higher levels of cohesion within the family. In addition, a significant relationship among gender role conflict, family environment, and marital satisfaction was found. These results indicate that when men experience problems between their work or school and other roles in their lives, when they are reluctant to express emotions or have difficulty doing so, and when they report less cohesion within the family, they are likely to experience less marital satisfaction (Campbell & Snow, 1992).

Another part of gender role conflict as described by O'Neil (1981), but not a factor of the Gender Role Conflict Scale is homophobia. Homophobia is defined as any belief that supports negative myths and stereotypes about homosexual people (Morin & Garfinkle, 1978). Homophobia consists of discrimination on the basis of sexual orientation, the use of language that is offensive to gay people, and beliefs suggesting that homosexual lifestyles are not equally valued as heterosexual lifestyles. Homophobia is believed to negatively affect men and their relationships with each other (O'Neil, 1981). The fear of femininity is central to the understanding of homophobia (O'Neil, 1981). David and Brannon (1976) suggest that men's fears about femininity come from their fears about homosexuality. A man who is homosexual or befriends a homosexual might be thought of as feminine. Therefore, homosexuality is erroneously equated with

femininity (Bird, 1996; O'Neil, 1981). Eight men who participated in an interview about the development of masculinity and their relationship between self-conceptualizations and masculinity believed that being masculine meant being not feminine (Bird, 1996). Thus, being labeled as homosexual (or feminine) is a threat to a man's masculinity because men fear that they will be disrespected and emasculated if found to possess stereotypical feminine qualities (O'Neil, 1981).

In sum, gender role conflict is a psychological state in which gender roles have negative consequences on the person or on others. Gender role conflict can ultimately lead to the restriction of the person's ability to actualize their human potential or the restrictions of another's potential. Four factors that are associated with gender role conflict or which can have negative consequences on males consist of success, power, and competition; restrictive emotionality; restrictive affectionate behavior toward men; and conflicts between work and family relations. Homophobia is also related to gender role conflict and can have negative consequences to men and others. Gender role conflict and its associated factors are believed to emerge from rigid gender role socialization. Thus, because traditional male gender role socialization in the United States places unrealistic expectations on men, men, subsequently, might experience the following: difficulty expressing emotions; conflicts associated with balancing work and home demands; issues related to success, power, and competition; an inability to express affection toward other men; and homophobia (Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996).

Summary

In conclusion, the recent acknowledgement of men's issues and associated problems have led to the study of gender role conflict within males. The origins of gender role conflict can be traced back to the socialization process where male children learn attitudes, values, and behaviors that are both appropriate and inappropriate for them to express and display. They learn that they are expected to adhere to values, attitudes, and behaviors that are stereotypically male, and they should reject values, attitudes, and behaviors associated with femininity because individuals who behave in feminine ways are inferior, inappropriate, and immature. Research has also suggested that males who adhere to and those who fail to adhere to learned stereotypes and norms can experience negative consequences. Thus, socialization of male roles can lead to gender role conflict. Characteristics associated with gender role conflict and those that are considered stereotypically masculine include success, power, and competition, restricting emotions, restricting affectionate behavior between men, conflicts resulting between work and family relations, and homophobia.

Similar to gender role conflict, myths about sexual assault against males are believed to be a function of gender role socialization. For example, the traditional male role equates masculinity with strength, power, and the ability to protect self against an attacker. Becoming a victim of sexual assault violates these expectations. Male sexual assault myths focus on these expectations suggesting that male rape cannot happen to men because they are too strong and able to protect themselves against attackers and men are initiators of sex not victims of assaults. Other myths equate victimization with femininity in belittling and devaluing ways such as suggesting that male victims are

queens or fairies. Therefore, it appears that both gender role conflict and male rape myths share a relationship with gender role socialization. Both are believed to have at least partly originated from rigid adherence to traditional male roles taught through socialization during childhood. The purpose of this research study is to determine the relationship between these factors related to the traditional male role: gender role conflict (success, power, and competition; restrictive emotionality; restrictive affectionate behavior between men; conflicts in work and family relationships), homophobia, and rape myth acceptance.

CHAPTER III

METHODOLOGY

Participants

The research participants consisted of 201 adult males from the St. Louis metropolitan area who were employed as teachers and staff members within the Unit 10 school district; city workers; policemen; firemen; Belleville Area College Faculty; or were members of various organizations including Unit 10 Credit Union; Kiwanis Club; Knights of Columbus; Lions Club; American Legion; Chamber of Commerce; VFW; Rotary Club; and Optimist Club. Participants ranged in age from 19 to 78 years, with a mean age of 48.89 years and a median age of 50 years. 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 education level of the participants ranged from "some high school" to "Masters Degree or more" with .5% endorsing "some high school," 10.1% endorsing "12th grade," 3.9% endorsing "voc tech/certificate," 10.6% endorsing "some college," 13% endorsing "two years of college," 23.2% endorsing "four year college degree," 7.7% endorsing "some graduate work," and 30.9% endorsing Masters Degree or more. The majority (74.3%) of the participants was married and had children (80%). The mean family income of the participants fell between $60,000 and $70, 000. Participation in the study was strictly voluntary.

Instruments

Demographic Questionnaire. The 7-item demographic questionnaire was utilized to collect demographic information including age, race, marital status, level of education completed, number of children, type of occupation, and annual family income.

Gender-Role Conflict Scale (GRCS-I). This 37-item questionnaire was used to assess men's reactions to gender expectations (O'Neil, Helms, Gable, David, & Wrightsman, 1986). This instrument consists of four factors: 1) success, power, and competition; 2) restrictive emotionality; 3) restrictive affectionate behavior between men and; 4) conflicts in work and family relations. The GRCS-I requires respondents to make self-ratings on a 6-point Likert scale ranging from (1) strongly disagree to (6) strongly agree. Higher scores reflect an expression of gender role conflict and fear about femininity.

Internal consistency estimates using alpha coefficients ranged from .75 to .85. Using Cronbach's alpha, test-retest reliabilities over four weeks ranged from .72 to .86 for each factor (O'Neil, et al., 1986). O'Neil and Owen (as cited in O'Neil et al., 1995) summarized 11 studies that computed internal consistencies on the GRCS-I. The authors used z transformations to calculate the average reliabilities. Alphas for the success, power, and competition factor ranged from .83 to .89 with an average of .86. For the restrictive emotionality factor, alphas ranged from .81 to .91 with an average of .84. The restrictive affectionate behavior between men factor showed alphas ranging from .82 to .88 with an average of .84. For the conflict between work and family relations factor, the alphas ranged from .73 to .87, with an average of .80. The alphas for the total scores (only seven studies calculated the total score) ranged from .75 to .90 with an average of

.88 (O'Neil et al., 1995). The four factors explained 36% of the variance in the original factor analysis (O'Neil et al., 1986). Six other factor analyses or validity studies have been completed since the original study (Braverman, 1990; Chamberlin, 1994; Chartier, Graff, & Arnold, 1986; Good et al., 1995; Mendleson, 1988; Moradi, Tokar, Schaub, Jome, & Serna, 2000), and all studies found a similar factor structure to the original factor analysis. The most recent results of factor analyses indicated a structure similar to the original analysis even when using more rigorous confirmatory analyses (Moradi et al., 2000). Two of these studies were conducted with adult men suggesting that gender role conflict has some validity in a sample of older men as well as college-aged men (O'Neil et al., 1995). The GRCS-I has also demonstrated convergent validity with some of the 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 relationships in expected directions with depression (Cournoyer & Mahalik, 1995; Good & Mintz, 1990), help-seeking attitudes (Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989), traditional role norms, and psychological distress (Good et al., 1995; Moradi et al., 2000). Additionally, the total scale and subscales of the GRCS-I have demonstrated freedom from socially desirable responses (Good et al., 1995).

Attitudes Toward Gay Men (ATG-S) Scale. The Attitudes Toward Gay Men Scale consists of 5 items and is a short version of the Attitudes Toward Lesbians and Gay Men Scale (ATLG) both 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 ranging from (1) strongly disagree to (5) strongly

agree. Total scores range from 5 (extremely positive attitudes) to 25 (extremely negative attitudes).

Herek (1987a; 1987b; 1988) consistently found high levels of internal consistency for both the ATLG and its subscales. Alpha levels typically exceeded .85 for the subscales and .90 for the full scale with college student samples, and alpha values exceeded .80 with nonstudent adults (Herek, 1994; Herek & Glunt, 1991). With regard to validity, the ATLG and its subscales have been consistently correlated with constructs believed to be theoretically-relevant. For instance, more negative attitudes have been shown to correlate with high religiosity, lack of contact with gay men and lesbians, adherence to traditional sex-role attitudes, belief in a traditional family ideology, and high levels of dogmatism (Herek, 1987a, 1987b, 1988, 1994; Herek & Glunt, 1993b; Herek & Capitanio, 1995, 1996). Additionally, more negative attitudes toward gay men have been correlated with AIDS-related stigma (Herek & Glunt, 1991). Discriminant validity was established through the administration of the ATLG to members of lesbian and gay organizations resulting in scores at the positive end of the range (Herek, 1988). High levels of internal consistencies were also found for the ATG-S, the scale used in this research. Coefficient alphas of .83 were found with an adult focus group, .85 with adults from a national telephone survey, .87 from a multicampus sample, and .91 with members of the community (Herek, 1994; Herek & Glunt, 1991, 1993a, 1993b). This short version of the ATG correlated highly with its longer counterpart (ATG with ATG-S, $r = .96$). 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, frequent attendance at religious services,

membership in a conservative religious denomination, and adherence to fundamentalist religious beliefs. Discriminant validity was supported by significantly lower scores on the ATLG-S from respondents supporting an ordinance protecting residents from discrimination on the basis of sexual orientation than those against the ordinance (Herek, 1994).

The Male Rape Myth Scale (MRMS). This 22-item questionnaire was utilized to measure false, stereotypical or prejudicial beliefs about male rape (Kerr Melanson, 1999). Respondents self-rate their beliefs on a 6-point Likert scale ranging from (1) strongly disagree to (6) strongly agree. Higher scores are suggestive of greater adherence to male rape myths. Kerr Melanson (1999) found an internal consistency reliability of .90 and four-week test-retest reliability of .89. Convergent validity was demonstrated by a strong relationship between MRMS scores to criterion measure scores, and by MRMS showing expected gender differences.

Procedures

Participants were solicited on a voluntary basis. After obtaining written consent from the Superintendent of the Unit 10 School District, the President of the Board of the Unit 10 Credit Union, City Manager, City Mayor, and City Police and Fire Chiefs and verbal consent from the various clubs' secretaries, research packets containing the four instruments, an introduction page, and informed consent arranged in random order were either placed in participants' mailbox at their place of employment or were personally distributed during their club meeting. For the purpose of confidentiality, all respondents mailed their survey back to the researcher using a self-addressed, stamped envelope enclosed in the packet. A total of 600 research packets were distributed. Two hundred

fifty-eight research packets were returned, which resulted in a 43% return rate. Two hundred-one of the research packets had usable data. All participants were treated in accordance with the ethical standards of the American Psychological Association (American Psychological Association, 1992).

Data Analysis

Initially, a multiple regression analysis predicting male rape myth acceptance from attitudes toward gay men and four factors of gender role conflict was the analysis to be conducted. However, after examining the correlations between the independent variables and the dependent variable, conflict between work and family relations (one of the four factors from the Gender Role Conflict Scale) was not significantly correlated with the dependent variable and, therefore, was excluded from the analysis. Also, in examining the correlations between the demographics and the dependent variable, age and level of education completed were found to be significantly correlated with the dependent variable. Due to their significant correlations, age and level of education completed were included in the analysis as additional independent variables. Therefore, the final model included the Male Rape Myths Scale as the dependent variable and the Attitudes Toward Gay Men Scale; success, power, and competition factor; restrictive emotionality factor, restrictive affectionate behavior between men factor; age of the participant, and education level of the participant as six independent variables.

CHAPTER IV

RESULTS

Multiple Regression Analysis

A hierarchical multiple regression was conducted to examine the relationship between male rape myths and six independent variables: 1) age; 2) education; 3) attitudes toward gay men; 4) success, power, and competition; 5) restrictive emotions; and 6) restrictive affectionate behavior toward men. Analysis was performed using SPSS REGRESSION; SPSS FREQUENCIES was used to evaluate the assumptions. Data screening found no univariate or multivariate outliers. The latter were evaluated using Mahalanobis distance, with the criterion of $p < .001$. All the variables were normally distributed. A review of the standardized scatter plots of residuals compared to predicted values suggested that the additional assumptions of linearity, and homoscedasticity were also met (Tabachnick & Fidell, 1989). Table 1 presents the means and standard deviations of all the variables and Table 2 presents the intercorrelations between the predictor variables. Significant correlations were found between male rape myths and the six independent variables. Results indicate that greater adherence to rape myths was related to more negative attitudes toward gay men, more restrictive affectionate behavior between men, more restrictive emotionality, and more success, power, and competition attitudes. Additionally, older participants were more likely to endorse greater adherence to rape myths and more educated participants were less likely to endorse rape myths.

The demographic variables, age and level of education were entered into block one (model 1) and accounted for 19% of the variance in the dependent variable, which was significant at the $p < .001$ level, $F(2, 198) = 23.17$. The remaining variables,

restrictive emotionality, attitudes toward gay men, restrictive affectionate behavior between men, and success, power, competition, were entered into block 2. Results of the regression analysis with all six independent variables were significant, $F(6, 194) = 19.31$, $p < .001$, and accounted for 37% of the variance in male rape myths.

An analysis of R change between model 1 and the combined model was significant ($p < .001$) suggesting that the combined model improved upon model 1. Examination of the standardized regression beta weights of the six independent variables for the combined model suggests that age, education level, attitudes toward gay men, and success, power, competition each added significantly to the prediction of male rape myths. Restrictive affectionate behavior toward men and restrictive emotionality did not significantly improve R^2. The correlations between the predictor variables and the dependent variable and the standardized regression beta weights from the multiple regression analysis can be found in Table 3. This table demonstrates that all of the predictor variables except restrictive affectionate behavior between men and restrictive emotionality significantly added unique prediction to model 2. The semipartial squared correlations showing the unique contribution of each independent variable predicting the dependent variable with the other predictors taken out of the equation can be found in Table 4. This table demonstrates that attitudes toward gay men, level of education, and age, respectively, contributed the most unique prediction to the dependent variable.

CHAPTER V

DISCUSSION

The findings of this study provide information for a relatively unexplored topic, male rape myths. This sample of adult males revealed that age, level of education, restrictive emotionality, restrictive affectionate behavior between men, attitudes toward gay men, and success, power, and competition attitudes significantly predict adherence to male rape myths. Specifically, older men with less education, more negative attitudes toward gay men, and those who endorse more attitudes of success, power, and competition adhere to male rape myths. Restrictive emotionality and restrictive affectionate behavior toward men helped to predict adherence to male rape myths in the combined regression model, but did not add enough unique prediction to the model. Perhaps these two variables did not add anything unique because they are highly intercorrelated with negative attitudes toward gay men/homophobia. Correlations shown in Table 2 suggest that both restrictive emotionality and restrictive affectionate behavior between men are significantly correlated with the homophobia scale. In addition, O'Neil (1981) and Bird (1996) suggested that homosexuality and expressing emotions and affectionate behavior toward other men have all been erroneously equated with femininity. Thompson and colleagues (1985) also suggested that the antifemininity norm might be the underlying dynamic to other male characteristics, affecting not only their gender role attitudes, but also their intimacy skills and interpersonal relationships. The authors surmised the antifemininity norm to be the most pervasive and prominent norm and that endorsing traditional male roles might be guided by the antifemininity norm in conjunction with other situationally specific norms. Furthermore, with respect to

interpersonal relationships, Bank and Hansford (2000) found that homophobia and emotional restraint best explained why men's same-sex friendships are less supportive than women's same-sex friendships, which also exemplifies a close relationship between homophobia, restrictive emotions, and restrictive affectionate behavior between men. Therefore, it might be possible that the unique predictability of restrictive emotionality and restrictive affectionate behavior between men was accounted for by homophobia considering the research demonstrates a close association between the three variables, and considering both restrictive emotionality and affectionate behavior between men were significantly correlated empirically with the homophobia scale.

Since male rape is a newly researched topic, a paucity of information regarding factors contributing to acceptance of rape myths exists. This study suggests that older men and men with less education are more likely to endorse male rape myths. No known studies examining the relationship between age or education and male rape myths exist. Burt (1980) examined factors predicting acceptance of female rape myths and found similar results: Younger and better educated people reveal less stereotypic attitudes and less rape myth acceptance. However, it is unclear why age and education level are predictors of rape myth acceptance. Could age be a function of historical, cultural, and/or geographical factors? In other words, do men adhere to more rape myth acceptance as they get older, are the men in this study less likely to be exposed to sexual assaults as a function of their culture, or is the Midwest geographically more accepting of rape myths? With respect to historical factors, is it possible that older men simply become more conservative in their attitudes toward traditional roles and sexual assault as they get older? The means and standard deviations of the gender role conflict subscales (i.e.,

restrictive affectionate behavior between men; restrictive emotionality; and success, power, and competition) from the current study and the means and standard deviations of Moradi and colleagues' (2000) study of the structural validity of the Gender Role Conflict Scales are almost identical and are presented in Table 5. Participants in Moradi and colleagues' (2000) study were primarily Caucasian undergraduate and graduate students at an eastern-central university with a mean age of 22.4 years. These results suggest that younger and older, primarily Caucasian men from these two studies are endorsing similar levels of restrictive affectionate behavior between men, restrictive emotionality, and success, power, and competition attitudes. It could also suggest that at least some of the beliefs about traditional roles appear to be similar for both younger and older participants. Since these studies contradict the theory that traditional attitudes become more conservative with age, is it possible that just attitudes about sexual assault become more conservative or traditional with age, possibly as a factor of socialization during more sexually conservative periods of history? Comparison of the Male Rape Myth Acceptance Scale means from the current study (67.13) to Kerr Melanson's (1999) study (53.0) of 303 undergraduate students (153 men; 150 women) with a mean age of 19.2 years does suggest that older men from the current study are endorsing greater acceptance of rape myths. However, it is unclear if age is the variable accounting for the differences in rape myth acceptance, and there are no other existing studies to either confirm or disconfirm this supposition.

With respect to cultural factors affecting age, is it possible that primarily middle-class, older, married, Caucasian men with children in the Midwest are more likely to endorse rape myths because they lack experience with and knowledge of violent crimes

to disconfirm rape myths? Research does suggest that the public is left with inaccurate data about the occurrence of sexual assault because men fail to report their victimization. Also, the four studies presented in the literature review reported ages of male victims ranging from 16 to 39 years, thus possibly supporting the idea that older men are less likely to become victims of sexual assault and, therefore, less likely to have experience or information about these violent assaults. With respect to geographical factors, could it also be that age as a predictor is a function of geographical location? For instance, would older men in San Francisco, California, an area commonly known as liberal in political and social attitudes, endorse the same level of acceptance of rape myths as men in the St. Louis, Missouri Metropolitan area, an area known to be politically and socially conservative? Intuitively, it would seem reasonable that men from the St. Louis area would be much more likely to accept rape myths than men from the San Francisco area. Unfortunately, however, without empirical validation all these questions will simply remain conjecture until future research suggests otherwise.

Education level is the other demographic variable found as a significant predictor of male rape myths and, unlike age, hypotheses have been proposed and empirically studied to help explain its effect. Similar to Burt's (1980) finding that better educated people are less likely to endorse female rape myths, both Hudson and Ricketts (1980) and Herek and Glunt (1991, 1993a, 1993b) found that better educated people are more tolerant of alternate lifestyles and are less homophobic, and express less hostile attitudes toward gay men, respectively. Based on these findings, it might be reasonable to suggest that more educated people are exposed to more diverse experiences, more general knowledge, and more alternative and open-minded thinking, which might contribute to

less adherence to traditional beliefs, less homophobia, and, subsequently, less adherence to male rape myths.

The remaining predictors of male rape myths found in this study include endorsement of more negative attitudes toward homosexuals and endorsement of more success, power, and competition attitudes. In the literature, more negative attitudes toward homosexuals have been shown to correlate with adherence to traditional sex-role attitudes (Herek, 1987a, 1987b, 1988, 1994; Herek & Glunt, 1993b; Herek & Capitanio, 1995, 1996) and traditional male role norms (Thompson, Grisanti, and Pleck, 1985). Similarly, with respect to success, power, and competition attitudes, studies examining gender roles suggest that success, power, and competition are often associated with masculinity (O'Neil, 1981; O'Neil et al., 1995). Since the literature suggests that adherence to male rape myths is associated with adherence to traditional roles in general, and since negative attitudes toward homosexuals and success, power, and competition attitudes are all linked to traditional masculine roles, it seems reasonable that the present study found that both of these factors are significant predictors of adherence to male rape myths.

Implications

One of the important findings of this study, which comes as little surprise, is that myths about male sexual assault exist. Male sexual assault victims are likely to experience detrimental effects as a result of the existence of these myths. Whether it comes from the disbelieving medical personnel who interview the victim before providing treatment, or the blaming words coming from law enforcement when collecting facts about the incident, or from the psychologist who fails to include questions about

sexual assault during therapy, the victim is likely to experience some sort of recurrence of the trauma. Unfortunately, these are the types of behaviors exhibited from individuals who harbor myths about sexual assault. As a result, the victim 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 the myths and hinder the dissemination of the facts about male sexual assault. Failing to seek treatment leads the victim to cope with his victimization in silence.

Unfortunately, the remedy to dispel these myths (i.e., education to enhance awareness) is not as simple as it may at first appear. The second major implication of this study is that male rape myths are embedded in other deep-seeded attitudes and beliefs. For example, this study found that harboring negative attitudes toward homosexual men and belief in traditionally-based masculine behaviors such as success, power, and competition helped to predict adherence to rape myths. Therefore, simply educating the public about the prevalence of male rape will unlikely alter existing beliefs about homosexuality and traditional male attitudes. Additionally, this study found certain demographic characteristics, age and education level, that also helped to predict adherence to rape myths. At this early stage of the study of male rape myths and without additional findings, it would only be an assumption as to how all these variables fit together to predict rape myths. However, it might be reasonable to recommend changing the way men are socialized. Traditional socialization typically ridicules men who publicly express an extreme amount of any emotion. For instance, often times boys are taught at an early age to tolerate and avoid exhibiting pain, because these emotional displays appear feminine. However, becoming a victim of sexual assault is traumatic and

evokes a variety of uncomfortable and painful emotions. Socialization hinders male victims from seeking emotional support for their trauma and encourages victims to continue "being a man" by dealing with their pain in silence. Boys are also taught that "being a man" means being physically strong and powerful. Contrary to socialization, becoming a victim of male sexual assault implies that a man was overpowered and not able to physically protect himself. Harboring this belief could lead a male victim to assume he is now less than a man, and subsequently, evoke self-blame for the victimization. Again, socialization discourages male victims from seeking relief in the form of emotional support or treatment and, at the same time, implies that male victims are at fault. Furthermore, traditional masculinity purports that homosexual men are feminine-like, and feminine-like traits are to be avoided at all costs if a male is to be viewed as masculine. It might be reasonable, therefore, to suggest incorporating into socialization the acceptance of alternative lifestyles and attitudes such as homosexuality and nontraditional masculine behaviors/attitudes/feelings. Based on findings from this study, without attempting to alter some of these deep-seeded beliefs that currently exist in males, it might be unlikely to expect an accompanied change in adherence to rape myths.

The last implication of this study pertains to counseling victims of sexual assault. Considering the existence of male rape myths, coupled with the significant amount of discouragement that socialization purports regarding men seeking help for their problems, it would be of the utmost importance for mental health professionals to be equipped with the appropriate information and level of understanding in order to provide, and continue to provide, unbiased and effective treatment. For instance, failing to include questions pertaining to sexual assault while interviewing a male patient might imply

disbelief of occurrence. Also, if a history of sexual assault is acknowledged, it would be important to be cautious about wording questions pertaining to the patient's behavior or personality as not to imply fault. It is likely that 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 including believing that they are no longer masculine, because this will likely be a major topic to be addressed in therapy. In sum, it is important for all mental health providers regardless of the issue and their own beliefs to be educated and informed and to provide the most appropriate and unbiased treatment available.

Limitations

There are several limitations of the present study that temper the findings, conclusions, and implications for practice. First, the nature of the population sampled consisted primarily of relatively well-educated, married, Caucasian men with children living in the Midwest, which limits the extent to which the current findings generalize to other populations. It will be important to replicate the current study in other communities consisting of individuals with varying demographic characteristics, particularly ethnicity.

The second limitation of the current research is the nature of participant self-selection. It is unclear whether the adult men who received the research study, but did not respond to the survey, differ from those who chose to participate. There are many variables that might have influenced the decision to participate in the study including: gender of the researcher; gender and possible influential nature of the accompanied assistant; degree of honesty endorsed and/or belief in male-related issues; sensitivity of the topic being studied; lack of incentive and motivation; demographic characteristics;

and participants' own experiences with sexual assault. In the case of this study, a female researcher collected all of the data, however, she was often times accompanied by an older male assistant actively involved in many local social and political organizations. It is unclear what emotional reactions were evoked by a relatively young female researcher soliciting participation in a study about sensitive male issues from mostly middle-aged and older men. Furthermore, it is unclear if these emotional reactions influenced the decision to participate. Also, despite reassurance of the participants' anonymity, it is possible that some participants completed the survey to appease the male assistant and/or some participants preferred not to reveal their attitudes about a sensitive topic to someone familiar to them. These factors could have also affected the participants' degree of honesty in response to the survey items. For instance, did some participants complete the survey, but reveal less negative attitudes, or did the participants who completed the survey feel confident enough to reveal their true beliefs? Did the participants who chose not to return the survey have more negative attitudes about these male issues than those who returned the survey? It is unclear to what extent these variables affected the survey. Second, less convoluted and possibly influential factors affecting participation could have been as simple as refusing to spend 20 minutes to complete the survey, lacking incentive to complete the survey, and differing demographic characteristics. Finally, participants' own experience with sexual assault or homosexuals might have affected participation and responses to the survey. Herek and Glunt (1991) found that participants who indicated contact with homosexuals held more favorable attitudes than those without contact. If the participants in the present study lacked personal experience with sexual assault, including hearing about sexual assaults occurring in the neighborhood or to a friend, or did not have

any prior contact with known homosexuals, they might have also had trouble confirming the beliefs purported in the survey. Since the male sexual assault literature suggests that most men do not reveal their victimization, it might be reasonable to assume that most participants are likely unaware of male sexual assault unless they have experienced it themselves. Thus, it is possible that the extent of experience with either sexual assault or homosexuals influenced the degree of the attitudes endorsed in the survey. Indeed, there are many factors that could have possibly affected the decision to complete the survey and the degree to which items were endorsed. Unfortunately, these variables were not measured in this research and are only speculative at this point.

Last, the design of this study prevents drawing causal relationships and renders the findings as suggestive rather than definitive. In other words, the design allows for concluding that links exist between the significant independent variables and the dependent variable without implying causality.

Directions for Future Research

The study of male rape myths and its concomitants is a relatively newly studied topic of research and numerous directions for future research are available. Continued study of attitudes in various populations, but most importantly within groups of people that will have contact with male victims of sexual assault including medical and mental health treatment personnel, law enforcement, and lawyers, would be an important direction to pursue. As mentioned in the literature review, very little information exists on the prevalence of male sexual assault, 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 the 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 might also aid in the dissolution of rape myths. Once more facts are available, development of educational programs designed to teach individuals, particularly treatment personnel and law enforcement, nonjudgmental and unbiased ways to interact with male victims might prove beneficial. Last, programs designed to disseminate the facts to the public in the form of television announcements, mandatory job or college training, and/or in the print media might also aid in this endeavor.

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TABLE 1

Descriptive Statistics for Research Variables

Variables	Mean	Standard Deviation
Age	48.9	13.5
Atgstotl	16.5	4.2
Educnum	6.8*	2.0
Mrmstotl	67.1	18.4
Rabbmttl	29.9	8.6
Retotal	32.7	10.5
Spctotal	47.2	11.3

Note: * Educnum mean of 6.8 is representative of between two and four years of college (6.0 = two years of college completed; 7.0 = four years of college completed). Atgstotl = Attitudes Toward Gay Men Scale total score; Educnum = education level completed; Mrmstotl = Male Rape Myth Scale total score; Rabbmttl = restrictive affectionate behavior between men total score; Retotal = restrictive emotionality total score; Spctotal = success, power, competition total score.

TABLE 2

Pearson Product-Moment Correlation Coefficients Between the Predictor Variables

Variables	Age	Atgstotl	Educnum	Rabbmttl	Retotal	Cbwfrttl	Spctotal
Age	--	.17*	.11	.13	-.01	-.13	-.19**
Atgstotl		--	-.18**	.32***	.21**	-.00	.11
Educnum			--	-.19**	-.17*	.05	.02
Rabbmttl				--	.61***	.32***	.37***
Retotal					--	.41***	.38***
Cbwfrttl						--	.49***
Spctotal							--

Note: *$p < .05$. **$p < .01$. ***$p < .001$. Atgstotl = Attitudes Toward Gay Men Scale total score; Educnum = education level completed; Rabbmttl = restrictive affectionate behavior between men total score; Retotal = restrictive emotionality total score; Cbwfrttl = conflict between work and family relations total score; Spctotal = success, power, competition total score.

TABLE 3

Correlations Between the Predictor Variables and the Criterion Variable, Adherence to Male Rape Myths, and Standardized Regression Beta Weights from a Multiple Regression Analysis Predicting Adherence to Male Rape Myths

Predictor Variables	Correlation with Adherence to Male Rape Myths	Beta Weights
Attitudes Toward Gay Men	.47***	.35***
Restrictive Affectionate Behavior Between Men	.34***	.13
Conflict Between Work and Family Relations	.02	---
Restrictive Emotionality	.22**	-.06
Success, Power, Competition	.17*	.14*
Age	.23**	.21***
Education Level	-.33***	-.29***

Note: *$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 4

Semipartial Squared Correlations for Research Variables

Variables	Semipartial Squared Correlations
Age	.039
Atgstotl	.106
Educnum	.077
Rabbmttl	.010
Retotal	.002
Spctotal	.015

Atgstotl = Attitudes Toward Gay Men Scale total score; Educnum = education level completed; Rabbmttl = restrictive affectionate behavior between men total score; Retotal = restrictive emotionality total score; Spctotal = success, power, competition total score.

TABLE 5

Means and Standard Deviations for the Gender Role Conflict Subscale Scores from the Present Study Compared to Moradi and Colleagues' (2000) Study

Subscales	Mean	Standard Deviation
Success, Power, Competition	47.18	11.34
*M Success, Power, Competition	51.57	11.33
Restrictive Emotionality	32.69	10.50
*M Restrictive Emotionality	32.23	9.78
Restrictive Affectionate Behavior	29.88	8.63
*M Restrictive Affectionate Behavior	29.59	8.73

Note: *M is representative of subscale from Moradi and colleagues' (2000) study. Restrictive Affectionate Behavior = restrictive affectionate behavior between men subscale.

APPENDIX A

PROSPECTUS

CHAPTER I

INTRODUCTION

Prevalence of sexual assault against males perpetrated by males in the community is unknown. Studies estimate that between 3% and 16% of all sexual assault victims in the United States are male (Struckman-Johnson, 1988; U.S. Department of Justice, 1997). One of the proposed reasons for the variation of these estimates is underreporting. Male victims are hesitant or even fail to report a sexual assault due to their belief that they will likely face criticism, scrutiny, and disbelief from influential people such as police officers and treatment personnel. Research suggests that some of these people harbor negative attitudes and misconceptions toward male victims (Donnelly & Kenyon, 1996). Common misconceptions, otherwise known as myths, about male sexual assault include believing that male rape cannot happen (McMullen, 1990; Mezey & King, 1987; Scarce, 1997) or cannot happen outside of prison (Scarce, 1997; Struckman-Johnson & Struckman-Johnson, 1992), perceiving men to be too big or too strong to be overpowered and forced into sex (Coxell & King, 1996; Struckman-Johnson & Struckman-Johnson, 1992), and believing that men initiate and control sexual activity and are not targets of sexual assault (Muehlenhard & Cook, 1988).

Although well-developed theories about etiologies of male rape myth acceptance do not exist, there appears to be widespread belief throughout the literature that endorsement of male rape myths is associated with adherence to traditional male roles (Donnelly & Kenyon, 1996; Perrott & Webber, 1996; Smith, Pine, & Hawley, 1988;

Whatley & Riggio, 1993). Male roles are defined as attitudes, values, and behaviors that are socially accepted as appropriate for males, and are learned during childhood. Typologies defining traditional male role include physical toughness and emotional stoicism, aggression and forcefulness, competition, achievement, success, and the avoidance of anything feminine (David & Brannon, 1976). There is a significant amount of pressure to adhere to these prescribed male roles, because failure to adhere could result in disrespect and emasculation (O'Neil, 1981). Thus, males learn during childhood to believe, think, and act like traditional males, and if males do not behave in these prescribed ways they run the risk of being disrespected or emasculated. Being a victim of male rape contradicts the traditional ideologies of masculinity and rape myths (e.g., males should be able to protect themselves) by suggesting that males are not always able to protect themselves or are now, somehow, feminine because they could not protect themselves. The inability to behave as expected in this instance can ultimately result in self-induced blame (Coxell & King, 1996; Struckman-Johnson & Struckman-Johnson, 1992).

To make matters worse, prescribing to traditional masculine qualities as expected has recently been shown to have detrimental effects such as depression and relationship difficulties on males and others. The psychological state in which gender roles have negative consequences is referred to as gender role conflict (O'Neil et al., 1995). Thus, males can experience negative consequences if they do prescribe to traditional male roles in the form of gender role conflict and as victims of rape, and males can experience negative consequences if they do not prescribe to traditional male roles in the form of

disrespect and emasculation. Therefore, the expectation to behave in traditionally masculine ways is a part of both gender role conflict and male rape myths.

Background of the Problem

There are many myths about male rape and male rape victims in the scholarly literature. One category of myths involves stereotypical views about men and rape. These myths include the beliefs that males are too big or too strong to be overpowered and forced into sex (Coxell & King, 1996; Struckman-Johnson & Struckman-Johnson, 1992), men initiate and control sexual activity and are not targets of sexual assault (Muehlenhard & Cook, 1988), men cannot be rape victims (McMullen, 1990; Mezey & King, 1987; Scarce, 1997), men are to blame for their attack because they should be able to protect themselves (McMullen, 1990; Perrott & Webber, 1996; Struckman-Johnson & Struckman-Johnson, 1992), and men who are raped lose their manhood (Myers, 1989). Other myths about male sexual assault focus on the sexual orientation of the victim. These false beliefs suggest that male victims ask for the rape by their own indiscreet or risky behaviors (Krueger, 1985), homosexual men are willing victims of rape (Mezey & King, 1987), and men who are sexually assaulted must be gay or have been acting in a gay manner (Coxell & King, 1996). Other myths found in the literature focus on the actions of the male victim, the beliefs about the perpetrator, and beliefs about after effects of the assault.

No well-developed theories exist regarding the etiology of belief in male rape myths. However, most researchers suggest that male rape myths originate from societal views regarding traditional male roles (Donnelly & Kenyon, 1996; Perrott & Webber, 1996; Smith et al., 1988; Whatley & Riggio, 1993). For instance, society is taught to

view men as tough, able to protect themselves in any situation, emotionally stoic, opposite of feminine, and initiators of sexual activity. Becoming a male victim of sexual assault, however, violates traditional male role expectations such as the ones suggesting that men should be able to protect themselves and are the initiators and not the targets of sexual assault. Thus, accepting the fact that men can be victims of sexual assault is incongruent with the traditional male role beliefs taught in childhood.

Traditional male roles taught in childhood do not allow for individuality and dictate how one should always behave (O'Neil, 1981), and refusing to behave in prescribed ways can result in severe consequences such as social condemnation and/or ostracism (Pleck, 1995). Thus, men are expected to adhere to such traditional gender roles. However, as a result of adhering to these roles men are susceptible to negative consequences. Endorsement of traditional male roles that subsequently result in negative consequences is called gender role conflict (O'Neil, 1981).

Gender role conflict and male rape myth acceptance are connected by their underlying strict adherence to the traditional male role. Males who believe in and behave as expected might be susceptible to experiencing gender role conflict. Additionally, males who subscribe to traditional male roles and beliefs might find it difficult to believe male sexual assault in the community occurs or find it difficult to believe in the occurrence without blaming the male victim. Identifying and subsequently understanding a relationship between these factors might aid in the dissemination of the facts about male sexual assault.

Statement of the Problem

Despite current research findings indicating the occurrence and nature of male sexual assault, many police officers and treatment personnel continue to hold prejudicial, stereotypical, or false beliefs about male rape and male rape victims (Donnelly & Kenyon, 1996; Isely, 1991). These attitudes significantly negatively affect male rape victims in several different ways. First, men are taught early in life that they should subscribe to certain roles including 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, because being a victim violates the male role expectation of being able to defend oneself against sexual assault (Coxell & King, 1996; Struckman-Johnson & Struckman-Johnson, 1992). Second, based on misconceptions held by treatment personnel and police officers, men are hesitant and often times fail to report sexual assault (Donnelly & Kenyon, 1996; Keane, Young, Boyle, & Curry, 1995; Washington, 1999). Subsequently, as a result of harboring blaming attitudes toward themselves for their victimization coupled with the belief that both treatment personnel and law enforcement are likely to criticize and/or fail to believe them, male rape victims are less likely to seek treatment and are left to cope with their victimization in silence. Society is left with inaccurate crime data and an underestimated rate of occurrence. Ultimately, these factors assist in perpetuating the myths and hinder the dissemination of the facts about male sexual assault (Struckman-Johnson & Struckman-Johnson, 1992). The purpose of this study is to determine the relationship among several factors thought to be related to adhering to the traditional male role. Specifically, this study will investigate how acceptance of male rape myths is affected by

gender role conflict and homophobia. Participants will complete the Gender Role Conflict scale, the Attitudes Toward Gay Men–Short Form, and the Male Rape Myth scale, and a multiple regression analysis will be conducted to examine the effects of gender role conflict and homophobia (independent variables) on male rape myth acceptance (dependent variable).

Significance of the Study

Due in part to strict adherence to male roles, belief of male rape myths are prominent among individuals who are likely to interact in a legal and medical way with male victims (Donnelly & Kenyon, 1997; Groth & Burgess, 1980). Because male rape myths are widely accepted, male rape victims are hesitant and often times fail to report their victimization or personally blame themselves for not being able to protect themselves. Failing to report their victimization results in an underestimation of the rate of occurrence of male sexual assault. The underestimation of occurrence of male sexual assault leads to a lack of available treatment facilities for male victims, and the lack of treatment facilities leads male victims to deal with their victimization in the absence of professional help. This study is hypothesized to assist in the understanding of the shared relationship among factors linked to strict adherence to male roles, which include male rape myths, gender role conflict, and homophobia. The understanding of this relationship will add information about how subscribing to the traditional male role is related to acceptance of male rape myths. Ultimately, the addition of this information might aid in the dissemination of the facts about male rape. Police officers and medical personnel who are equipped with knowledge about male sexual assault might be more likely to believe it can occur, be less critical of the victim, assess for aftereffects of the assault, and

provide needed treatment or referral for the victim. This information might aid mental health professionals in the understanding of the stigma associated with male rape, the possibility of the perceived loss of manhood among many other reactions associated with male rape victims, and the stereotypical male responses of rape that hinder victims from seeking professional treatment. Further, the dissemination of the facts about male sexual assault might aid the victim in his own recovery regardless of his decision to report the assault or seek treatment.

CHAPTER II

REVIEW OF LITERATURE

Introduction

For the most part, women and children have been the primary focus of research and societal intervention in the area of sexual assault (Anderson, 1999; Larimer, Lydum, Anderson, & Turner, 1999; Mitchell, Hirschman, & Hall, 1999; Washington, 1999). However, the crime of sexual assault is not limited to just women. There is increasing evidence that men are also victims of sexual assault (Anderson, 1999; Isely & Gehrenbeck-Shim, 1997; Larimer et al., 1999; Mitchell, et al., 1999; Washington, 1999), but society rarely hears about men as victims. Much of the empirical literature base available on male sexual assault has focused on assaults occurring in institutional settings (Isely, 1991; King, 1992b) and assaults on male children and teens (Donnelly & Kenyon, 1996; King & Woollett, 1997; Richey-Suttles & Remer, 1997). However, it appears that assaults against adult males occurring outside of institutions are much more prevalent than previously believed (Anderson, 1999; Mitchell et al., 1999; Sorenson, Stein, Siegel, Golding, & Burnam, 1987).

Sexual assaults against males have been likely overlooked for several reasons. For example, cultural beliefs suggest that men are to be the initiators of sexual activity and, therefore, are not typically assumed to be victims of assaults. As a result, the public, social scientists, law enforcement personnel, and helping professionals have failed to identify and meet the needs of men who have been sexually assaulted (Parrot & Bechhofer, 1991; Washington, 1999). In addition, male sexual assault is rarely reported to police, medical personnel, family, or friends (Anderson, 1982). The underreporting

results in inaccurate crime data and inaccurate estimates of the extent of the problem (Pino & Meier, 1999).

The following discussion provides an overview of male sexual assault, examining the current literature, the prevalence of the problem, characteristics of victims and perpetrators, characteristics of assaults, reporting issues, and attitudes and myths associated with male sexual assault. This review will be limited to sexual assaults of males by other males occurring in the community. Sexual assault against children and women are important in their own right, but are beyond the scope of this review. Furthermore, although male sexual assault perpetrated by women does occur (Masters, 1986; Sarrel & Masters, 1982), it is a rare occurrence (Calderwood, 1987) and will not be a major focus in this review.

Limitations of the Literature

Before proceeding with a review of the available literature on male sexual assault, several important limitations of this body of literature should be acknowledged. First, many of the studies looking at male sexual assault have based their findings on small sample sizes (Frazier, 1993). The number of subjects used in the following studies regarding male rape are examples of small sample sizes ranging from 3 to 31 (Doan & Levy, 1983; Forman, 1983; Goyer & Eddleman, 1984; Groth & Burgess, 1980; Hillman, O'Mara, Taylor-Robinson, & Harris, 1990; Hillman, O'Mara, Tomlinson, & Harris, 1991; Hillman, Tomlinson, McMillan, French, & Harris, 1990; Huckle, 1995; Hutchings & Dutton, 1993; Kaufman, Divasto, Jackson, Voorhees, & Christy, 1980; Keane, Young, Boyle, & Curry, 1995; Lacey & Roberts, 1991; Lott, Reilly, & Howard,

1982; Masters, 1986; Mezey and King, 1989; Myers, 1989; Sarrel & Masters, 1982; Schultz & Desavage, 1975; Stermac, Sheridan, Davidson, & Dunn, 1996). Due to the small sample sizes, the data rendered from these studies is not generalizable, and therefore, will not be interpreted in this paper. Second, the data on the frequency of rape in adult males has been very limited, partly because the majority of the studies are based on incident rates, an occurrence or event happening under some circumstance such as during college on campus, and not prevalence rates, widespread or lifetime occurrence (Frazier, 1993). Third, general characteristics of victims, perpetrators, and nature of the assault have proven difficult to summarize because only a handful of the generalizable studies have included some descriptive, albeit limited, information (Frazier, 1993). Fourth, reported post rape reactions to the assaults are of concern, because the majority of the data on the post rape reactions are based on anecdotal reports (Frazier, 1993). This type of reporting could introduce errors due to the victims' lack of understanding of the symptoms following sexual assault, forgetfulness, and tendency to provide socially desirable responses. A final limitation stems from the differences across studies in the types of victims and perpetrators sampled. For example, some studies used subjects exclusively from clinical populations such as from hospitals, emergency rooms, or clinics, some studies sampled college students, and other information came from self-reports, police reports, and treatment personnel. Use of samples seeking medical attention risks overrepresenting the most severe cases of male rape because typically only male victims who suffer a significant amount of physical trauma or emotional distress are likely to show up at a clinical setting after the assault. Also, at this stage of male sexual assault research, it is unclear whether male sexual assaults occurring under different

circumstances as mentioned above are comparable. These limitations require that caution be used in interpreting the literature regarding male sexual assault and will be acknowledged throughout the review as appropriate.

Prevalence and Incidence of Male Sexual Assault

Isely and Gehrenbeck-Shim (1997) defined adult male sexual assault as "any nonconsensual sexual act perpetrated against a man, 16 years old or older, by a male or female" (p. 160). For the purposes of this study, male rape and male sexual assault will be used interchangeably, and will be defined as proposed by Isely and Gehrenbeck-Shim.

Accurate estimates of the number of males sexually assaulted are difficult to obtain for several reasons. First, only a handful of studies reporting the prevalence rate currently exist. Second, most studies report incident rates, which is not helpful in determining the widespread rate of occurrence. Last, many experts agree that estimates currently available are probably too conservative because most cases of male sexual assault are not reported to authorities (Anderson, 1999; Calderwood, 1987; Mitchell, Hirschman, & Hall, 1999).

The current literature base contains four prevalence studies on male sexual assault. These studies, as cited below, estimate that between 3% and 16% of all men will become a victim of sexual assault in their lifetime. On the lower end, the United States Department of Justice publishes estimates of the number of people victimized by personal crime each year. The 1995 statistics estimate that 3% of men will be victims of rape at least once in their lifetime. More recent statistics from the Department of Justice, unfortunately, are based on extremely small sample sizes, and thus, are not generalizable. The second prevalence study and the largest sample of male victims of male sexual

assault obtained came from a National Institute of Mental Health-funded Los Angeles Epidemiologic Catchment Area Study. Sorenson and colleagues (1987) collected data on lifetime experiences of sexual assault from over 3000 adult residents of Los Angeles between June 1983 and 1984. After stratifying by catchment area, participants were selected using a two-stage probability sampling technique with census blocks as primary sampling units and households as secondary sampling units. One adult from each household was randomly selected for inclusion. Results indicated that 7% or 107 men out of 1480 reported coerced or forced sexual contact during adulthood (Sorenson et al., 1987). The data from the third prevalence study was obtained from 927 questionnaires returned from a stratified random sample of students, staff, and faculty at an eastern college about their experiences with nonconsensual sexual contact through the use of force, threatened force, or a weapon. Combining university and lifetime incidents, Lott, Reilly, and Howard (1982) found that 29 of 377 (8%) male respondents reported unwanted contact, and two men (.5%) reported an act of forced penetration. The last prevalence study was also administered to a college sample. Struckman-Johnson (1988) surveyed 623 students, 355 women and 268 men, who were either enrolled in psychology classes or from university residence halls, fraternities, or sororities at a midwestern university. Surveys included questions about personal lifetime experiences of sexual assault. Results indicated that 43 of the 268 (16%) men reported at least one forced sex episode in their lifetime. The majority (52%) of these men were forced by psychological pressure, 28% were pressured by a combination of verbal and physical restraint, 10% were too intoxicated to consent, and 10% were physically coerced.

Other available estimates of male sexual assault have been recorded from incident rates from eight studies of male sexual assault occurring on college campuses. These studies, as cited below, estimate that males were victims of sexual assault between 12% and 83% of the time during college. These estimates include incidents of acquaintance or date rape and coerced sexual touching. On the lower end, Murphy's study (as cited in Struckman-Johnson, 1988) found that 12% of 230 male college students at a small midwestern university had sexual intercourse with a female date who used psychological or physical force (less than 1%) to gain their compliance. Second, Struckman-Johnson and Struckman-Johnson (1994) found that 69 of 204 (34%) male university students from a small midwestern liberal arts college who volunteered to participate for extra credit in a study about personal coercive sexual experiences had experienced at least one coercive episode since age 16. Contact involved only sexual touching for 12% and intercourse for 22%. Additionally, 12% of these incidents involved physical restraint, physical intimidation, harm, or threat of harm, while 88% involved persuasion, intoxication, threat of love withdrawal, and bribery. Twenty-four percent of this sample experienced coercive sexual contact with females only, 4% reported coercive sexual contact with males only, and about 6% had coercive sexual contact with both females and males. Third, Poppen and Segal (1988) used a two-stage cluster sample design to select college participants enrolled in a private Eastern college who were living in dorms. Participants were asked if they had ever been coerced by their partners into kissing, touching, or intercourse, and, of 77 men, 44% reported having at least one type of coercive experience. Physical violence was used in 14% of these cases. Fourth, Sandberg, Jackson, and Petretic-Jackson's study surveyed 408 psychology students and found that

48% of 141 male respondents had felt verbally pressured, and 6% had been physically forced by a dating partner to have intercourse. Fifth, Muehlenhard and Long (as cited in Parrot & Bechhofer, 1991) found that 49% of 426 male college students had engaged in unwanted sex due to pressure from a partner. Participants engaged in unwanted sex as a result of enticement (81%), altruism (58%), peer pressure (31%), intoxication (34%), and physical coercion (1.5%). Sixth, Muehlenhard and Cook (1988) found that 63% of 507 undergraduate male college students from an introductory psychology class who volunteered to participate for course credit reported having experienced unwanted intercourse as a result of internal, situational, and partner-related pressures. Of these men, 2% had experienced unwanted sexual activity, and 1.4% experienced unwanted intercourse as a result of violent physical coercion. Seventh, Waldner-Haugrud and Magruder (1995) sampled 202 male college students enrolled in an undergraduate family course at a large midwestern university about unwanted sexual activity. Results indicated that 73% of the males experienced some level of sexual coercion while on a date with a female. Physical force was used in 3.5% of the cases, and use of a weapon was present in 4.5% of the cases. Last, Struckman-Johnson and Struckman-Johnson's study (as cited in Parrot & Bechhofer, 1991) found that 83% of 72 male students had been pressured into unwanted sexual intercourse by female dates. Fifty-two percent of this sample yielded at least one time to verbal pressure, 38% had unwanted sex while too intoxicated to give consent, 29% had been seduced by a woman who used playful force or bondage, and only one man reported being physically forced to engage in intercourse.

Other estimates of the rate of occurrence of male sexual assault are available through incident reports from exclusively gay and lesbian populations. Three studies

have focused exclusively on this population. In the first study, Comstock (1989) contacted 120 social and political lesbian/gay organizations throughout the United States and requested each organization to distribute questionnaires to its members. Participants were asked to report experiences in which they were assaulted because of their sexual orientation. Results indicated that 10% of 166 gay men who responded to the national survey reported having been raped because of their sexuality. Second, Waterman, Dawson, and Bologna (1989) investigated the rate and correlates of coercive sex in gay male and lesbian relationships. A small sample of gay and lesbian students from a state university, a state college, a private university, and a gay student activist conference at a state university were surveyed. Results indicated that 12% of 34 gay men reported being victims of forced sex by their current or most recent partner. Last, Hickson, Davies, Hunt, Weatherburn, McManus, and Coxon (1994) interviewed 930 homosexually active men in the United Kingdom about personal incidents of nonconsensual sexual activity. Participants were recruited from a postal questionnaire in the gay press, gay pubs, clubs, social and political organizations, and from contacts from all of the above. Results suggested that of the 930 homosexual men interviewed, 257 (28%) had been sexually assaulted or had been made to have sex against their will at some point in their lives, and one-third of the respondents had been forced into sexual activity (usually anal intercourse) by men with whom they had previously had, or were currently having, consensual sexual activity.

Several observations should be noted regarding the above cited studies and estimates of the occurrence of male sexual assault. First, differences in the way information was gathered and the different types of information gathered in each study

make it difficult to summarize trends. For instance, some studies report the occurrence of coerced sexual intercourse only and others report a combination of coerced sexual contact and intercourse. Therefore, the rates of occurrence are not directly comparable. Second, some studies report unwanted sexual contact or intercourse perpetrated by a female date, some specify sexual coercion perpetrated by a partner, and others do not specify a perpetrator. Subsequently, these identified estimates include some combination of the occurrence of male sexual assault in heterosexual dating relationships, homosexual dating relationships, and sexual assault outside of a dating relationship. Variation also exists among specified perpetrators of homosexual male sexual assaults. The three studies cited include perpetrators designated as partners to the homosexual male participants, perpetrators of homosexuals based solely on their sexual orientation, and no specified perpetrator. At this stage of male sexual assault research, it is unclear whether male sexual assaults perpetrated by females, partners, acquaintances, and strangers are similar in nature and should be analyzed together. Third, a few of these studies involve sexual assaults on college campuses. College campus samples are likely to be convenience samples, and sexual assaults occurring on campus might be different from sexual assaults occurring outside of a college campus. For instance, it is possible that sexual assaults might be a more common occurrence on campus due to factors including close living quarters of young adults who have a tendency to socialize together and to sometimes use mind-altering substances. Additionally, estimates based upon college student samples are not representative of the United States population because the sample excludes individuals who either cannot attend college or have no desire to attend college. Fourth, information from one study was obtained in the United Kingdom. It is unknown whether

male sexual assault in the United Kingdom is similar to male sexual assault in the United States. Last, since most experts have noted that male sexual assault is underreported, it is unclear whether the males who are forth-coming about their victimization are different in some aspect to those males who keep their victimization a secret from authorities, friends, family, and treatment personnel.

In culmination, the differences noted in these studies makes it difficult to identify trends by direct comparison. In the future, it might be important for researchers to collect data regarding male sexual assault in a more uniform fashion in order to identify trends and make more confident conclusions about the rate of occurrence. The data does provide some important information, however. It suggests that like women, men can be and are victims of sexual assault in the community, and it is much more prevalent than previously believed. In addition, perpetrators of male sexual assault include men and women who are classified either as strangers, dating partners, family, or acquaintances.

Characteristics of the Victims, Perpetrators, and Assaults

There is other valuable information to be gained from the literature regarding male sexual assault such as the characteristics of the victims, perpetrators, and the assaults. Unfortunately, only five of the above-cited studies provide this type of information. The data from these five studies comes from five different types of sources: 1) comparison of self-reports and police reports; 2) reports from a hospital crisis program; 3) National Crime Victimization Survey; 4) reports from treatment personnel from 336 agencies; and 5) self-reports. Similarities among the studies will be acknowledged. However, because this information is based on a few studies and because it is unclear whether the nature of sexual assaults identified in these five studies is similar

and comparable, the similarities should not be misinterpreted as accurate trends of male sexual assault. With these caveats in mind, the characteristics of the victims, perpetrators and the assault of male sexual assault from these articles will be presented.

Four studies indicated that the age of male sexual assault victims ranged from 16-39 (Frazier, 1993; Hodge and Canter, 1998; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999; Sorenson et al., 1987) with two studies reporting three mean ages of 24, 26, and 30 (Frazier, 1993; Hodge & Canter, 1998). The ethnicity of the majority of the victims reported from three studies was Caucasian with the frequency ranging from 78%-86% (Frazier, 1998; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999). Similarly, the ethnicity of the majority of the perpetrators from three studies was Caucasian with the frequency ranging from 52%-78% (Frazier, 1993; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999). Five studies indicated that the perpetrator was an acquaintance about half of the time with frequencies ranging from 46%-69% (Frazier, 1993; Hodge and Canter, 1998; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999; Sorenson et al., 1987). Only one perpetrator was involved in the assault more than half of the time as indicated by frequencies ranging from 59%-73% (Frazier, 1993; Hodge and Canter, 1998; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999), and a weapon was used in less than half of the assaults (36%-49%; Frazier, 1993; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999). Sodomy or attempted sodomy was most likely to happen during the assault (Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999; Sorenson et al., 1987), and the assault was most likely to occur either in the victim's residence, the perpetrator's residence, or in a public place (Hodge and Canter, 1998; Isely & Gehrenbeck-Shim, 1997; Pino & Meier, 1999).

Other studies have been designed to identify possible characteristics that might render male victims more vulnerable to a sexual assault. Tewksbury and Mustaine (2001) identified variables associated with an increased risk of becoming a male victim of sexual assault. One thousand two hundred fifteen college students from 12 southern postsecondary institutions volunteered to complete a self-administered survey designed to measure demographic and lifestyle factors that are associated with sexual victimization. Results indicated that unmarried, minority men who had a greater number of siblings, whose fathers were unemployed or sporadically employed while growing up, who used drugs at parties, and who frequently spent their leisure time at bars where they were regulars had an increased risk of becoming victims of sexual assault. Each one of these variables taken separately was found to increase the risk of victimization of men. The risk of becoming a victim of a serious sexual assault, an assault involving threats and/or force, was also assessed. Results indicated that nonwhite men with a greater number of siblings, who used drugs frequently during the week, and were college athletes had an increased risk of becoming a victim of a serious sexual assault. Interestingly, the ethnic status (i.e., minority or nonwhite) identified in this study is contrary to the results of the studies presented earlier suggesting that the majority of victims were identified as Caucasian. It is unclear as to the reasons for the different findings. Perhaps, minority men are much less likely to report their victimization or to present for medical and psychological help. Sorenson et al. (1987) surmised that ethnic differences might account for the significant difference found in their study, which found that Hispanics reported fewer sexual assaults than non-Hispanic whites and that more highly acculturated Hispanics reported rates of sexual assault closer to those of non-Hispanic

whites than did Hispanics of low acculturation. Results also suggested that non-Hispanic Whites were more than twice as likely as Hispanics to speak with a psychotherapist.

Anderson (1982) also suggested that male victims are not selected entirely at random, and identified some trends regarding the types of victims selected. These trends suggested that gay men, men who engage in homosexual behavior but who are not identified as gay, and predominantly or exclusively heterosexual men who are perceived by their attackers as gay are more likely to be victims of sexual assault (Anderson, 1982; McMullen, 1990). McMullen (1990) suggested that this is true partly because some men who assault other men have, themselves, been victims of sexual assault, assume that their assailants were gay, and actively seek gay men for revenge. Furthermore, gay men might be perceived as easier targets and less likely to report an assault, because even if a gay man does report an assault to the police, it is often assumed that the report will not be taken seriously (McMullen, 1990; Washington, 1999). Hickson et al. (1994) proposed that it is the lifestyle of gay men that might render them more vulnerable due to the frequency of being in circumstances of possible sexual assault such as cruising or places where they are seeking casual sexual encounters.

Motives for Male Sexual Assault

As with female sexual assault, the literature suggests that male sexual assault does not appear to be motivated by the need for sexual gratification. The motivation comes from the need for power or control, degradation, the discharge of anger, and the erotization of aggression (McMullen, 1990). McMullen (1990) stated that the vast majority of men who sexually assault other men have a heterosexual identity, coupled with a strong desire to overpower and dominate men. The fact that the act is sexualized

is a means to an end, not the motivation for the attack. In the words of one rapist- "I didn't have an erection. I wasn't really interested in sex. I felt powerful, and hurting him excited me. Making him suck me was more to degrade him than for my physical satisfaction" (Groth & Burgess, 1980, p. 808).

Discharging anger or retaliation might be considered the motivation used against homosexuals for their sexual orientation. Scarce (1997) suggested that traditional forms of masculinity portray gay men as weak, feminine, and deserving of punishment and humiliation for their sexual orientation. Hodge and Canter (1998) found that 17% of the gang assaults in their study were identified as gay-bashing incidents, and Comstock (1989) found that out of 166 men recruited from numerous lesbian/gay organizations, 6% reported being raped as a result of their sexual orientation (Comstock, 1989). Furthermore, because most of the violence occurred in public places identified as lesbian/gay areas it might be suggested that the incidents of violence in Comstock's (1989) study were premeditated and involved pursuing, preying upon, and targeting male victims, which might be suggestive of active retaliation.

Sexual Assault of Men by Women

Despite the common misconception suggesting that men cannot be sexually assaulted by women, sexual assault of men perpetrated by women does occur, but is a rare occurrence (Calderwood, 1987). Unfortunately, the literature base is scant, and subsequently, not much is known about the nature of the assaults. Sorenson et al.'s (1987) Los Angeles study is the best-known available source of information on male sexual assaults perpetrated by women. 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

have reported being pressured or forced to have unwanted sexual contact with female acquaintances in their lifetime, and that more men were assaulted by women (67%) than by men (32%) or by both men and women (2.5%; Parrot & Bechhofer, 1991). Additionally, men assaulted by women were more likely to know their assailant (over 90%) than were men assaulted by other men (about 60%), a greater percentage of men assaulted by females were pressured by verbal tactics (about 70%) than were male-assaulted men (about 50%), and assaults by women, were more likely to involve some type of intercourse (48%) than assaults by men (20%).

Sarrel and Masters (1982) and Masters (1986) have published findings based only on 11 and 3 female-assaulted men, respectively. In Sarrel and Masters' (1982) study, six of the 11 men sought help from the Yale Human Sexuality program, a function of the Yale University Health Service for students, between 1973 and 1980 for a wide variety of problems. The other five men were patients at the Masters and Johnson Institute who requested treatment for sexual dysfunction. The three men in Masters' (1986) study also presented for treatment of sexual dysfunction. Both studies concluded that men can be seriously harmed by assaults perpetrated by females, and several post assault trauma symptoms and difficulties that were identified by their sample were listed. Since the authors based their findings on very small sample sizes and because the samples might represent men who suffer from more serious after effects that require professional attention, the results are not generalizable. The studies do, however, exemplify the fact that females can and do sexually assault men, and the assault can have post rape effects on male victims.

Consequences of Sexual Assault Perpetrated on Males

The consequences of sexual assault perpetrated on males by both males and females are numerous and are believed to parallel the consequences of sexual assault perpetrated on females by males (Burgess & Holmstrom, 1974; Isely, 1991, King, 1992a; Washington, 1999). The consequences can be divided into physical, emotional, psychological, and sexual/social categories.

The physical symptoms/consequences that can occur after an assault include, but are not limited to, tension headaches, ulcers, colitis, upset stomach, and extremes of sleep or appetite (Anderson, 1982). The emotional symptoms as a result of sexual assault against males consist of anger (Frazier, 1993; Janoff-Bulman & Frieze, 1987; Struckman-Johnson & Struckman-Johnson, 1994), resentment, fear (Struckman-Johnson & Struckman-Johnson, 1994), feeling stupid, dirty, and used (Struckman-Johnson & Struckman-Johnson, 1994), hostility (Frazier, 1993), guilt, self-blame, shame (Larimer et al., 1999; Smith et al., 1988), anxiety (Isely & Gehrenbeck-Shim, 1997), suicidal ideations, and attempted and completed suicide (Isely & Gehrenbeck-Shim, 1997). Another commonly reported feeling is disgust mixed with confusion as a result of ejaculating during the assault. Ejaculation is a psychological weapon used by many offenders, because it serves several purposes. First, victims might become confused by this response and discouraged from reporting because the victim's sexuality might become suspect. Second, to the offender, ejaculation symbolizes ultimate and complete sexual control over the victim and confirms the offender's fantasy that the victim really wanted and enjoyed the assault (Groth & Burgess, 1980).

Some common psychological problems experienced after the assault are feeling shocked (Struckman-Johnson & Struckman-Johnson, 1994), experiencing Posttraumatic Stress Disorder, rape-related phobias (Isely & Gehrenbeck-Shim, 1997), depression (Frazier, 1993; Larimer et al., 1999), and loss of self-respect and damaged self-image (Struckman-Johnson & Struckman-Johnson, 1994). The sexual/social problems as a result of an assault can include increased alcohol consumption (Larimer et al., 1999), difficulty forming relationships with women (Struckman-Johnson & Struckman-Johnson, 1994), feeling less physically affectionate around other men (Struckman-Johnson & Struckman-Johnson, 1994), wondering if something is wrong with them, fear of being questioned about one's sexuality (Struckman-Johnson & Struckman-Johnson, 1994), and feeling confused about one's sexuality and masculinity (Calderwood, 1987; Isely, 1991; Struckman-Johnson & Struckman-Johnson, 1994). The perceived loss of masculinity can be devastating as one heterosexual man explained. "Something dirty has happened to you that nobody believes can happen – If you let it happen you must be queer, if you're not a queer it can't have happened" (Mezey & King, 1989, p. 208). The implication is that a man cannot be overpowered and penetrated and if he is, it makes him less of a man.

Reporting of Male Rape

It has been estimated that approximately 1 in 10 (10%) male rapes are reported to the police (Calderwood, 1987). Based on the 1995 crime estimates, approximately 19,390 males above the age of 12 were the victims of rape or attempted rate (U.S. Department of Justice, 1997). If the reporting estimate is still accurate, over 17,000 male rapes in 1995 were not reported. Regardless of exact estimates, it is believed that the vast majority of male rapes go unreported and are believed to be even more under-reported

than rape involving a female victim (Calderwood, 1987). In a study comparing male and female rape reporting behavior by using data from the National Crime and Victimization Survey for the years 1979-1987, results indicated that factors influencing rape-reporting decisions differ by sex (Pino & Meier, 1999). Females in this study were nearly twice as likely to report rape if the offender was a stranger, more than four times as likely to report if something was stolen, and three times as likely to report if the victim required medical attention. Males in this study were five times more likely to report sexual assault if the assault caused physical bodily harm and eight times more likely if the victim required medical attention. Thus, Pino and Meier (1999) concluded that the odds of men reporting rape were less than those for women, which is a conclusion supported by other authors (Mitchell et al., 1999; Washington, 1999). Furthermore, the 1998 United States Department of Justice statistics indicated that women report 90% and men 10% of all rapes that are handled by law enforcement agencies (U.S. Department of Justice, 2000). Violent crimes as a whole are reported to the police by females in significantly higher percentages than victimizations of males. The police were notified about 55% of all violence experienced by females and 43% of all violence experienced by males during 2000 (U.S. Department of Justice, 2001).

There are several reasons documented in the literature as to why males choose not to report their victimization to authorities, hospital personnel, and/or treatment facilities. First, many rape crisis centers are geared primarily toward the needs of women. In a study completed in a large metropolitan area, out of 30 rape crisis service providers that were interviewed over the phone over one third (37%) of the agencies contacted would not provide services to men (Donnelly & Kenyon, 1996). Some of the responses from

these agencies included the belief that sexual assault against men was not really a problem, and therefore, there was not a need for services provided to men. Other responses consisted of beliefs that men can't be raped (Donnelly & Kenyon, 1996; Isely, 1991), or are raped only because they "want to be" (Donnelly & Kenyon, 1996, p. 444). The misconception that male sexual assault does not occur or is not a problem undoubtedly influences the availability of services provided. Furthermore, if treatment is unavailable for male victims, then the perceived necessity of reporting the incident is likely to diminish.

Second, common male norms or stereotypes are other reasons given for men not reporting sexual assaults. Reporting violates the male role expectation of being able to defend oneself against sexual assault (Anderson, 1982; McMullen, 1990; Perrott & Webber, 1996; Struckman-Johnson & Struckman-Johnson, 1992). Other male role norms suggest that men should be able to tough it out and handle (not express) their emotions even while under a great deal of stress (Miller, 1983). Furthermore, rape is believed by some to be humiliating, can generate confusion (Anderson, 1982), and can put the victim's manhood in jeopardy (Pino & Meier, 1999). These beliefs, feelings, and expectations of the male gender make reporting the incident embarrassing (Anderson, 1982) at the very least and, at the same time may imply that the victim was not a real man (Donnelly & Kenyon, 1996).

A third and very common reason men give for not reporting sexual assault is due to the anticipated reactions of law enforcement to the crime. Anticipated responses include fear that law enforcement officers may not believe that a crime occurred, may believe that the victim asked for it, or may question the victim's sexuality or assume that

the victim is homosexual (Washington, 1999). Credibility intensifies for the victims who ejaculate during the assault, because it erroneously implies that the victim enjoyed or consented to the attack (Krueger, 1985; Miller, 1983). Many of these reasons given by men for failing to report a sexual assault are very similar to reasons given by women. For instance, women are reluctant to report sexual assault due to women's perceived critical and unsympathetic attitude of the police, failure on the women's part to identify the crime, the stigma associated with the label of rape victim, a desire to forget the assault, misplaced sense of guilt and responsibility, and fear of the legal prosecution (Mezey & Taylor, 1988).

As mentioned above, males are five times more likely to report the crime to the police if the rape caused bodily harm. These odds are increased eight times if there is a necessity to seek medical attention (Pino & Meier, 1999). This might suggest that men are more likely to report a rape when they have physical evidence proving that they could not have protected themselves. In other words, physical harm and the need to seek medical attention may be thought of by the victim as justification to report an assault, because the injuries provide evidence that the victim was overpowered. In addition, victims may believe that authorities might be less likely to question the victims' sexual preference or courage (Pino & Meier, 1999). Another justification found for reporting sexual assault occurs when the victim is heterosexual, and the perpetrator is believed to be homosexual. This is based on one of the stereotypes suggesting that homosexuals are predatory, which will aid in the victim's believability to the police (Hodge & Canter, 1998).

Myths in the Literature

Burt (1980) describes rape myths as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p. 217). Many examples of male rape myths can be found in the literature and classified into several distinct categories. One category involves the stereotypical views about men and rape. These myths consist of the beliefs that males are too big or too strong to be overpowered and forced into sex (Coxell & King, 1996; Struckman-Johnson & Struckman-Johnson, 1992), men initiate and control sexual activity and are not the targets of sexual assault (Muehlenhard & Cook, 1988), men cannot be raped by female aggressors (Calderwood, 1987; McMullen, 1990; Smith et al., 1988; Struckman-Johnson, 1991), men cannot be rape victims (McMullen, 1990; Scarce, 1997), men are to blame for their attack because they should be able to protect themselves (McMullen, 1990; Perrott & Webber, 1996; Struckman-Johnson & Struckman-Johnson, 1992), real men would not let themselves be raped (McMullen, 1990), men should feel guilty if they do not resist the attack (Struckman-Johnson & Struckman-Johnson, 1994), men who are raped lose their manhood (Pino & Meier, 1999), men are responsible for the assault (Hickson et al., 1994), men are more likely to encourage or initiate an attack by female aggressors (Smith et al., 1988), male sexual assault is rare (Anderson 1999; Scarce, 1997), male rape victims are typically weak adults (Scarce, 1997), male victims should be able to tough it out and cope with the experience (Krueger, 1985; Miller, 1983), and male rape cannot happen outside of prison (Struckman-Johnson & Struckman-Johnson, 1992).

Some myths encompass false beliefs about the attack and the actions of the male victim. These myths include believing the presence of an erection or ejaculation implies

consent on behalf of the victim (Krueger, 1985; Miller, 1983) and the belief that men cannot achieve or even maintain an erection when a female perpetrates the assault (Anderson, 1999). Some myths focus on the sexual orientation of the victim. These false beliefs suggest that male victims, especially gay male victims, ask for the rape by their own indiscreet or risky behaviors (Krueger, 1985), and a male who is sexually assaulted must be gay or have been acting in a gay manner. The misconception that a male victim of sexual assault must be gay suggests that the motivation for the attack must be sexual and that the perpetrator is a homosexual male seeking sexual satisfaction (Coxell & King, 1996). Another male rape myth focuses on beliefs about the perpetrator and include the belief that males who sexually assault other males must be gay (Anderson, 1982; Coxell & King, 1996; McMullen, 1990; Struckman-Johnson, 1991).

Myths about the after effects of assault also have been identified and include common stereotypical beliefs. These myths include believing that being raped does not really upset men (Anderson, 1982), that male sexual assault is not really a serious matter (Anderson, 1982), males are not seriously upset by female sexual assault (Smith et al., 1988), male rape is less severe if the victim is homosexual (McMullen, 1990), and that male victims of female multistranger rape experience more pleasure and less stress than a victim of male multistranger rape (Smith et al., 1988). This last myth is exemplified by a response from a male subject to a survey examining the mythology of male rape victims of female sexual assault. At the bottom of his survey and as a response to a hypothetical male rape scenario perpetrated by females read: "Some guys have all the luck" (Smith, et al., 1988, p. 110).

There are a few empirical studies on acceptance of male rape myths. Only one of three studies, Perrott and Webber's (1996) study, failed to report some level of acceptance to male rape myths. However, considering the sample, which was composed primarily of women from a university composed of 85% women who were described as being more progressive towards social justice issues than most traditional samples, the generalizability of these results may be limited. The other two studies sampled adolescent males and college students, and both endorsed some degree of sexual assault myths. Davis and Lee (1996) studied 244 adolescents about their acceptance of rape myths and found that males were significantly more likely to endorse sexual assault myths, to agree that forced sex was acceptable in some situations, and to hold false stereotypes about sexual assault. They also demonstrated more traditional attitudes towards women's roles and more traditional views about heterosexual relationships. Based on these results, the authors concluded that societal attitudes that perpetuate sexual assault and gender role stereotypes are well developed in adolescence.

Struckman-Johnson and Struckman-Johnson (1992) also studied students' acceptance of male rape myths. They surveyed 157 men and 158 females at a midwestern undergraduate university regarding their agreement to six rape myths. The rape myths reflected the myths that male rape cannot happen, men are to blame for their rape, and men are not upset by being raped. Contrary to expectations, they found that the majority of participants disagreed with all of the rape myths, and the students were strongest in their disagreement with the trauma statements stating that male rape victims are not upset or do not need counseling. The authors suggested that these findings might have resulted from the prevailing social receptivity and understanding for female victims

as evidenced by other findings indicating less acceptance of female rape myths. Furthermore, the authors suggested that a possible demand characteristic could have resulted in less extreme responses. The demand characteristic was thought to be education about male rape from the definition provided in the instructions. Despite overall disagreement with rape myths in this study, several significant differences were found in the level of acceptance depending upon the gender of the participants and the gender of the perpetrator in the myth statements. Overall, women were significantly less accepting of the rape myths than were the men. The authors related this finding to the possibility that men were less aware of, or less emotionally involved with rape and, as a result, responded less extremely to statements made about a rape. Furthermore, participants were more likely to agree with the myths suggesting that rape of a man by a woman is less likely to happen to a strong man, involves more victim blame, and is less traumatic than is rape by another man. For example, the percentage of men who agreed that a man raped by another man was to blame for being careless or for not escaping was 20%, but the percentage rose to 44% when the perpetrator was a woman. In sum, even though the majority of participants disagreed with the myths, an alarming number of the participants' believed that male rape victims are at fault for not avoiding a female assailant, that male sexual assault cannot happen especially if the assault is perpetrated by a female, and that rape of man by a woman is not traumatic (Struckman-Johnson & Struckman-Johnson, 1992).

Attitudes Toward Male Rape Victims

There are only a few studies that depict attitudes toward male rape victims. Some of the studies reflect the disbelief that men are victims of sexual assault, some reflect

behavioral and characterological blame directed towards male victims, and others judge the amount of distress felt by male victims. Donnelly and Kenyon (1996) interviewed 30 agencies in a large metropolitan area that were identified as rape crisis service providers. These agencies included 4 law enforcement agencies, 10 hospital or medical facilities, 8 mental health agencies specializing in sexual assault, and 8 community crisis or rape crisis centers. Of these agencies, 11 did not provide services to males. Nineteen agencies were amenable to providing services to males, but only 4 of these 19 had dealt with a male victim in the last year, 5 had dealt with at least one male some time in the past, and the remaining 10 would provide the needed services but had never had a male victim call for help. The responses of the workers at the agencies who had never seen a male rape victim were described as believing male rape was not really a problem. These workers based this belief on the fact that they had never seen a male victim. Other attitudes were consistent with common myths such as "men could not be raped" or "men are only raped because they want to be." One law enforcement agency was noted as saying "Honey, we don't do men...men can't be raped" (p. 444). Another law enforcement agent stated that "Most males that are fondled or sodomized are males that want to be sodomized. We don't have too many that are unwontedly sodomized. If they are, they don't come to us to report it...We just don't see that many adult males, so that leads me to believe that there is just not a problem" (p. 445). The agencies in this study that were least likely to acknowledge and deal with the sexual assault of men were male law enforcement personnel and feminist-based rape crisis center or hotline workers. One feminist-based worker felt that the small percentage of men who were victims did not justify taking away the resources that could be used to assist women. Overall, Donnelly and Kenyon

(1996) found that the agencies that did not treat male victims responded with more stereotypical attitudes toward male victims than those agencies that did treat male victims.

Another study conducted by Whatley and Riggio (1993) investigated whether gender differences were present in the blaming of a male rape victim. One hundred-sixty undergraduate participants read a scenario about a man who was arrested outside of a bar where a fight had occurred. The man was taken to jail and raped by another inmate in the holding cell. The arrest record of the victim was manipulated (record, no record), and the subjects assessed the amount of victim blame. Results indicated that male students were more likely to blame the male victim of sexual assault than the female students. Also, males as compared to females assigned more blame to the male victim who was considered bad as defined by having a prior arrest record as opposed to a victim who had no arrest record. The authors speculated that these results were a factor of justice, suggesting that because the victim might have been able to prevent the assault from occurring, the male victim is seen as somewhat responsible for the attack. Whatley and Riggio conducted an earlier study (1992) that used a scenario and manipulation similar to their 1993 study. They surveyed 548 undergraduate students and found the same results; males rated the male victim as being more responsible for the assault than the females. Furthermore, Perrott and Webber (1996) surveyed 180 undergraduate students (152 women and 28 men) enrolled in an introductory psychology class about their attitudes toward male and female victims of sexual assault. Participants read a sexual assault vignette which manipulated victim gender and victim-perpetrator relationship (stranger versus acquaintance) and rated their agreement with questions related to appropriate

victim self-attributions, disposition, behavioral responses, and need for counseling. Results indicated that females were likely to blame a male victim based on his behaviors, which suggested that the male victims should have been able to fend off their attacker.

Anderson's (1999) qualitative study investigated the spontaneous occurrence of characterological and behavioral blame in talk about rape. Anderson (1999) sampled 60 male/female student dyads from two universities in the United Kingdom. The participants were asked to read a vignette description of a rape incident, discuss the incident, and were to reach a conclusion. The exact nature of the conclusion was not specified. Results indicated that in discussions of male rape, male and female participants attributed an equal amount of behavioral and characterological attributions to the male rape survivor, and the attributions of behavioral blame predominated over characterological blame by approximately 3:1.

Other attitudes found in the literature consist of judgments regarding the level of the victim's distress about the sexual assault. For instance, Smith and colleagues (1988) compared social judgments made by volunteer undergraduate students from the University of Washington about female and male victims of heterosexual and homosexual rape. The participants were given a booklet containing two court case descriptions, and were asked to complete questions designed to measure degree of responsibility and affective responses attributed to the victim and assailants, as well as judgment of guilt and punitiveness toward the assailants. Results indicated that male victims of female sexual assault were judged by the participants more likely to have encouraged or initiated the episode, and to have experienced more pleasure and less stress from the assault. Another study examined attributions of the victim's degree of

responsibility, pleasure, and trauma associated with the assault (Mitchell et al., 1999). Three hundred ninety-six volunteer undergraduates from a large midwestern university read a scenario in which either a heterosexual or homosexual man was sexually assaulted by another man and rated their perception of the victim's responsibility for the assault, amount of pleasure the victim received from the assault, and the amount of trauma the victim experienced. Results indicated that as compared to female participants, male participants held the victim more responsible for being assaulted and rated the assault as more pleasurable for the victim. Also, participants held the homosexual male rape victim more responsible for being assaulted than the heterosexual victim, rated the homosexual victim as experiencing more pleasure from the assault, and rated the sexual assault as being less traumatic for the homosexual victim.

Based on the limited data regarding attitudes toward male victims of sexual assault, there appears to be a trend in which the male victim, if believed, is blamed for one reason or another. For instance, some rape crisis providers thought that male victims are only raped because they want to be. Some undergraduate participants blamed male victims assaulted by males because they were unable to prevent the attack from occurring or protect themselves from the perpetrator, and thought male victims assaulted by females initiated the attack and found the assault somewhat pleasurable. Undergraduate students also perceived homosexual victims as more responsible for the assault, less traumatized by the assault, and experiencing more pleasure from the assault than heterosexual victims.

Etiology of Male Rape Myths

Well-established theories on the etiology of male rape myths do not exist. However, there appears to be a widespread belief throughout the literature that male rape myths are associated with gender role stereotypes or gender socialization (Donnelly & Kenyon, 1996; Perrott & Webber, 1996; Smith et al., 1988; Whatley & Riggio, 1993). In all of the above-cited studies on the attitudes of male rape, the authors suggested that myths and gender role stereotypes influence attitudes about male rape victims. Donnelly and Kenyon (1996) found male sexual assault myths to come directly from the mouths of rape crisis providers. For instance, feminist-based crisis workers refused to believe that men were victims of sexual assault. The crisis workers would only entertain the idea that women were victims and men were perpetrators. Furthermore, one worker stated that if male rape became acknowledged as a problem, the male victims would, subsequently, take funding away from the female victims. The small number of male victims, in this worker's belief, did not justify taking away resources from women victims (Donnelly & Kenyon, 1996). Male law enforcement officers also held myths about male victims of sexual assault. According to Donnelly and Kenyon (1996), acknowledging that males could be victims would mean that the officers would have to accept the fact that they could also potentially be victimized. In order to deal with the reality of male vulnerability, the law enforcement officers either refused to acknowledge that males could be victims or stereotyped the male victims as "queens" or "two fairies having a lover's quarrel" (Donnelly & Kenyon, 1996, p. 447). Both the feminist crisis workers and male law enforcement officer's views are based on stereotypical roles, and fail to realize that humans are multifaceted. Instead both try to force men and women into

narrow roles (Donnelly & Kenyon, 1996). Feminist crisis workers saw women as different from men and stated that women are victims and men are perpetrators, and male law enforcement officers viewed male victims as "like women" or not "real men" (Donnelly & Kenyon, 1996, p. 447).

Some gender role-related myths about male sexual assault are based on the male victim's behavior during the assault. Whatley and Riggio (1992, 1993) and Perrott and Webber (1996) found victim-blaming attitudes among undergraduate college students. In Whatley and Riggio's (1992, 1993) studies, male participants rated the victim as more responsible than did females, and both female and male participants assigned more blame to male victims based on the victim's behavior in Perrott and Webber's (1996) study. Both of these results are likely based on gender role-related stereotypes suggesting that men are strong and are always able to protect themselves from violence. In other words, because males are stereotypically viewed as able to protect themselves, male victims are blamed for not protecting themselves.

Men are also expected to behave in stereotypical ways after a sexual assault. A myth pertaining to the effects on men after a sexual assault suggests that men do not really get upset. This myth also comes from societal beliefs that male sexual assault is not really a serious matter because men are emotionally strong and stoic and should be able to tough it out and cope (Krueger, 1985; Miller, 1983). Regardless of men's strength, studies suggest that the consequences of male sexual assault can be numerous and severe (Washington, 1999).

Another source of stereotypical beliefs comes from the perceived motivation of the male victim. In a study of undergraduates from the University of Washington

designed to compare social judgments about male and female victims of rape, Smith and colleagues (1988) found that male participants believed that male victims of sexual assault perpetrated by females were more likely to have encouraged the assault and experience pleasure from it. This finding suggests that the male subjects did not interpret the assault as traumatic, but viewed the assault in sexual terms. According to the authors, it is not surprising that men viewed being assaulted by a female as incompatible with male expectations due to commonly held myths and gender role expectations. Viewing rape as a sexual interaction and believing men to be the initiators and controllers of sexual activity are commonly held myths based on gender role expectations (Groth & Burgess, 1980; Smith et al., 1988). Men are also expected to be strong and protect themselves. Thus, according to these expectations, men have a difficult time understanding how a female could sexually assault a male (Smith et al., 1988).

Even though no well-developed theories exist regarding belief in male rape myths, it appears that societal views regarding gender roles might be associated with the beliefs of these myths. Society is taught to view men as tough, able to protect themselves in any situation, emotionally stoic, and initiators of sexual activity. These stereotypical beliefs negatively affect beliefs about the likelihood of the occurrence of sexual assault. 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, and legal authorities accept male rape, they will either fail to ask male victims about an occurrence of sexual assault or will respond inappropriately if it is clear that an assault has occurred (Struckman-Johnson & Struckman-Johnson, 1992). Subsequently, men are less likely to report the incident, less likely to seek treatment, and are left to cope with

their victimization in silence. The public is left with inaccurate crime data and an underestimated rate of occurrence. Together, these factors help to perpetuate the myths and hinder the dissemination of facts about male sexual assault.

Summary

In summary, the data on sexual assault of males is limited, which makes assessing the rate of occurrence and accurate trends regarding characteristics of victims, perpetrators, and the nature of the assaults nearly impossible. Conclusions that can be made with some level of confidence as a result of available data are that sexual assault against males perpetrated by males does exist and sexual assault against males perpetrated by females also exists, but is rare. Also evident are the motives and consequences of male sexual assault. Motives appear to include the need for power or control, degradation, the discharge of anger, and erotization of aggression. Consequences appear to parallel the consequences of sexual assault against females and range from a number of physical, emotional, psychological, social, and sexual symptoms/problems.

One of the reasons why so little is known about male sexual assault is because male sexual assault is underreported. Studies suggest that it is underreported because treatment is geared primarily toward female victims, the perception that police officers and treatment personnel hold negative or blaming attitudes, and the belief that reporting violates many male role expectations of being able to defend oneself against sexual assault and being able to handle the after effects. Some studies found that males are more likely to report sexual assault if physical injuries are sustained or medical attention is needed, and if the victim is a heterosexual victim perpetrated by a homosexual male. Under these circumstances, it is believed by some males that police officers and treatment

personnel will be less critical of the victim. Several studies have found that these perceived attitudes are indeed true to some extent. The male victim of sexual assault, if believed, is blamed for one reason or another. He is blamed for not protecting himself, initiating and enjoying an assault perpetrated by a female, and becoming a victim only because he wanted to be. Homosexual victims are believed to be more responsible for the assault, to be less traumatized by the assault, and to have experienced more pleasure from the assault than heterosexual victims. These attitudes are misconceptions or myths about male sexual assault. Myths about male sexual assault are abundant in the literature. Some myths pertain to the belief that males are too big and too strong to be raped and that men should be able to defend and protect themselves from their attackers. Other myths deny that men can be victims of sexual assault at all, and suggest that men are the initiators and controllers of sexual activity and not the targets of sexual assault. Some myths focus on the sexual orientation of the victim and suggest that male rape only occurs in homosexual communities, gay male victims ask for the rape by their own indiscreet or risky behaviors, homosexual men are willing victims of rape, and men who are sexually assaulted must be gay or have been acting in a gay manner. Myths about the after effects of assault have also been identified and include common stereotypical beliefs such as being raped does not really upset men, male sexual assault is not really a serious matter, males are not seriously upset by female sexual assault, and male rape is less severe if the victim is homosexual.

Well-developed theories regarding belief in male rape myths do not exist. However, views about traditional male roles are widely believed to be associated with the belief in male rape myths. How adherence to traditional roles begins, why it continues,

and other links associated to adherence of these roles will be presented as part of the masculine gender role literature.

Masculine Gender Role

Review of the masculine gender role literature will begin with a brief history of the development of gender constructs. A review of the gender role conflict literature and its associated factors, which include concerns with success, power, and competition, restrictive emotionality, restrictive affectionate behavior between men, conflicts in work and family relations, and homophobia will follow. The discussion will conclude with a summary tying gender role conflict, homophobia, and male rape myth acceptance together.

History of Gender Constructs

Gender constructs began to appear in the scholarly literature in 1936 with the development of the first instrument designed to measure masculinity and femininity (M-F), Attitude-Interest Analysis Survey (AIAS) by Terman and Miles. At this time, masculinity and femininity were suggested to be a central trait of temperament around which the rest of personality was formed, and were measured as a unidimensional construct on a bipolar scale. In the 1940s and 1950s, masculinity and femininity constructs appeared as M-F scales on the Multiphasic Personality Inventory (MMPI) and California Personality Inventory (CPI). These instruments, similar to the Terman and Miles conceptualization, utilized empirical item selection such that the criterion for item inclusion was the capacity of an item to distinguish between men and women as groups. Instruments developed in the 1970s dismissed the conceptualizations of masculinity and femininity as bipolar constructs on a single continuum and began to identify masculinity

and femininity as independent dimensions. The revision of the theory allowed for the formulation of another category, androgyny, describing individuals falling in the middle of the continuum who exhibited high levels of both masculine and feminine traits. Instruments designed to measure the independent M-F construct and incorporate androgyny as a category include the Bem Sex Role Inventory (BSRI; Bem, 1974) and Personal Attributes Questionnaire (PAQ; Hoffman, 2001; Spence, Helmreich, & Strapp, 1974). The study of women and the study of men in psychology took two very different directions around the time of the development of the BSRI and PAQ. Feminist scholars began to challenge the traditional viewpoint that suggested men were representative of humanity as a whole and argued for a gender-specific approach. As a result, in the past thirty years, feminist scholars have produced a new division of research and information labeled the psychology of women (Levant, 1996). The empirical research addressing men's problems, however, has lagged behind theory and, as a result, much less is known about male gender roles. Just in the last 20 years, men's studies scholars have begun to examine masculinity as a complex and problematic construct, and subsequently, to develop a framework addressing a psychological approach to men and masculinity. Topics addressed in this research consist of the questioning of traditional norms of the male role, viewing certain male problems as unfortunate but predictable results of the male role socialization process, and conceptualizing new definitions of masculinity that support the development of men, women, and children (Levant, 1996). The remainder of the discussion will focus exclusively on the development of current masculinity constructs.

The definitions of some common terms used throughout the review of masculinity constructs are provided. Masculine gender role stereotypes are widely shared descriptive beliefs about what males actually are. Masculine gender role norms are widely shared descriptive beliefs about what males should do. Male gender roles are a combination of gender role stereotypes and norms. They are defined as behaviors and characteristics widely viewed as typical of men (stereotypes) and desirable for men (norms; Pleck, 1981). Masculinity ideology, which is the core concept in the research on male roles, is defined as beliefs about the importance of men adhering to culturally defined standards for male behavior (Pleck, 1995). It is different from masculine gender orientation and other gender-related beliefs in that it comes from research on attitudes toward masculinity as opposed to actual differences between men and women. Specifically, it expresses one's endorsement and internalization of cultural belief systems about masculinity and male gender. The concept of masculinity ideology, commonly referred to as traditional masculinity ideology, assumes that there is not one universal standard for masculinity, but many. In other words, because masculinity ideology is a social construction, the ideas of being a man may differ for men of different social classes, races, ethnic groups, etc. (Levant, 1996). Gender role socialization is the process where by children and adults acquire and internalize the values, attitudes, and behaviors associated with femininity, masculinity, or both. Gender role conflict is a psychological state in which gender roles have negative consequences or impact on the person experiencing the conflict or on others. The ultimate outcome of this conflict is the restriction of the person's ability to actualize their human potential or the restriction of someone else's potential. Gender role strain is excessive mental or physical tension caused by gender role conflict and the

effects of masculine, feminine, or androgynous roles. Sexism is any attitude, action, or institutional structure which devalues, restricts, or discriminates against a person (O'Neil, 1981).

One of the first published pieces describing the male role was David and Brannon's (1976) book, The Forty-Nine Percent Majority: The Male Sex Role. The central idea presented in their book was that gender roles have shaped the social structure of society more than any other influence, and the most demanding and all-involving role that individuals will learn to play is that of male or female. The authors proposed that starting immediately at birth, a child is cast into the role of male or female. This assignment into the gender role will affect virtually everything the individual will do. The first twenty years of the individual's life will be spent learning and perfecting the role he/she was assigned. The individual will learn what young boys and girls should and should not do (David & Brannon, 1976). Mistakes regarding their role assignment will occur during childhood, but by adulthood they will come to learn the appropriate rules or expectations of their role, suggesting that the groundwork for proper gender role behavior is mostly laid during childhood years (David & Brannon, 1976). David and Brannon (1976) proposed that more stringent demands are typically placed on males to conform to gender role expectations at an earlier age. For instance, several studies found that preschool boys were aware of what was expected of them as early as kindergarten and, thus, restricted their interests and activities to fit the masculine idea. Preschool girls, on the other hand, gradually developed feminine patterns within the next five years (Brown, 1956; Cava & Raush, 1952).

The most often cited typologies defining the traditional male role in patriarchal cultures also came from David and Brannon (1976). Four elements of the male role as described by the authors are identified as: No Sissy Stuff (avoidance of anything feminine), The Sturdy Oak (physical toughness and emotional stoicism), Give 'em Hell (aggressive and forceful), and the Big Wheel (competition, achievement, and success). Other descriptors of the male role came later and include restrictive emotionality, health care problems, obsession with achievement and success (Doyle, 1989; O'Neil, 1982); restricted sexual and affectionate behavior, concerns with power, control, competition, and homophobia (O'Neil, 1982); and an anti-feminine, aggressive, self-reliant, and sexual element (Doyle, 1989).

In the early 1980's, Joseph Pleck who is considered the "forerunner of modern critical thinking about masculinity" (Levant, 1996, p. 2) was the first to propose the gender role strain model for masculinity as a theory to replace the old dominant perspective of gender role identity originating in the 1930's. The old perspective suggested that people have an inner need to have a gender role identity and that their personality development hinges on its formation (Levant, 1996). Furthermore, the theory suggested that the degree to which people accept or embrace their traditional gender role determines the extent to which their needs are met. This idea of the development of gender role identity is based on a failure-prone process. In other words, failing to achieve masculine gender role identity results in homosexuality, negative attitudes toward women, or hypermasculinity. Pleck proposed the concept of a gender role strain paradigm because he found that the gender role identity failed to account for the observed

data and promoted a patriarchal bifurcation of society based on stereotyped gender roles (Levant, 1996).

Pleck took his ideas for the gender role strain paradigm from Turner's (1970) and Komarovsky's (1976) ideas of role strain and from Hartley's (1959) and Hacker's (1957) dynamics of masculinity. Pleck's ideas resulted in ten propositions: 1) gender roles are operationally defined by gender role stereotypes and norms; 2) gender role norms are contradictory and inconsistent; 3) the proportion of individuals who violate gender role norms is high; 4) violating gender role norms leads to social condemnation; 5) violating gender role norms leads to negative psychological consequences; 6) actual or imagined violation of gender role norms leads individuals to overconform to them; 7) violating gender role norms has more severe consequences for males than females; 8) certain characteristics prescribed by gender role norms are psychologically dysfunctional; 9) each gender experiences gender role strain in its paid work and family roles; 10) historical change causes gender role strain (Pleck, 1981).

From these propositions, Pleck (1995) formulated three ideas that explain how the standards of masculinity, which come from gender socialization, may have possible negative side effects for individual males. First, a significant percentage of males fail to fulfill these expectations. Second, even if these expectations are fulfilled, the socialization process by which this fulfillment occurs is traumatic, or the fulfillment itself is traumatic, and results in long-term negative side effects. Third, the successful fulfillment of these expectations can have negative side effects because several of the characteristics viewed as acceptable characteristics for men have negative side effects for

themselves or for others. For instance, being high in masculinity was shown to be correlated with psychological violence toward dating partners (Thompson, 1990).

Failing to fulfill expectations as proposed in Pleck's first idea of the gender role strain paradigm leads to low self-esteem and other negative consequences due to negative social feedback, as well as internalized negative self-judgments. Failure to fulfill expectations may also illicit social condemnation. Pleck refers to this dynamic as the gender role discrepancy or incongruity (Pleck, 1995). Thus, males strive to reach the ideal male role because that is what is taught through socialization and because they fear the consequences of not fulfilling the role.

Male gender role discrepancy has been empirically analyzed by two different approaches. The first approach involved assessing gender role standards and individuals' own characteristics and then relating the discrepancies between the two to various outcomes. For instance, using descriptive adjectives, female participants described their view of an "ideal woman" and male participants described their view of an "ideal man." Both females and males then used the adjectives to describe themselves. Gender role strain was measured as the discrepancy between the two ratings and then analyzed as an influence on self-esteem (Pleck, 1995). Unfortunately, as a result of various proposed reasons, only one study produced confirming results (Deutsch & Gilbert, 1976; Levant, 1996; Pleck, 1995). A second approach to research on male role discrepancy has involved asking individuals to report the extent to which they would find the experience of gender role discrepancy stressful. Eisler and Skidmore (1987) developed a scale assessing this perceived stress, and O'Neil, Helms, Gable, David, and Wrightsman (1986) developed the Gender Role Conflict Scale-II. Results using both instruments revealed

that this perceived stress was related to measures of self-reported stress such as anger, anxiety, and homophobia. These findings suggest that male role discrepancy or the failure to fulfill male role expectations can have negative consequences for males (Levant, 1996; Pleck, 1995).

The second implication of Pleck's (1981) propositions is that even if these expectations are fulfilled, the socialization process by which this fulfillment occurs is traumatic, or the fulfillment itself is traumatic, and results in long-term negative side effects. This dynamic is called gender role trauma (Pleck, 1995). An example of how this concept has been implicit in studies comes from Best's (1983) ethnography of an elementary school. Best describes that the avoidance of feminine behavior becomes consolidated in boys during the second grade. She found that it was usual for boys to come home crying because their peers had called them names such as "fags," "queers," or "gay." Thus, exemplifying that the socialization process can be traumatic. Fulfillment of the male role expectations can also be traumatic. Levant (1992) has hypothesized that an overreliance on aggression and difficulties with emotions, stems from a universal socialization of males to be alexithymic, which means an inability to put emotions into words. Thus, Pleck's (1981) proposition implies, the socialization process of males is traumatic as described by Best's study, and the fulfillment of the process is also traumatic resulting in aggressive behaviors and difficulties expressing emotions. Therefore, masculinity ideology can cause trauma in male socialization (Pleck, 1995).

Pleck's last implication from the propositions suggests that successful fulfillment of these expectations can have negative side effects because several of the characteristics traditionally viewed as acceptable characteristics for men (e.g., spending more time at

work and less time with family) have negative side effects for the males themselves or for others. This dynamic is called gender role dysfunction (Pleck, 1995). Empirical support for the concept of gender role dysfunction comes from several studies documenting the socially negative male personality styles that can be problematic for males and for others. First, the Gender Role Conflict Scale-I, which consists of self-reported negative male characteristics was found in a few studies to predict low self-esteem, anxiety, and depression (Davis, 1987; Pleck, 1995; Sharpe & Heppner, 1991). Second, another study using the Hypermasculinity Inventory has shown this instrument to be correlated with self-reported drug use, aggressiveness, driving after drinking, and delinquent behavior (Mosher & Sirkin, 1984). Third, masculinity has been documented to have negative health effects. Cleary (1987) found that men between the ages of 15 and 24 die at a much higher rate than women, mostly because of the higher rates of violent deaths among this population. The higher rates of violent deaths among youths can be attributed, at least partly, to their gender-related lifestyles (Pleck, 1995). Last, men's involvement in social roles such as family roles has also provided empirical support for male gender role dysfunction (Pleck, 1995). For instance, Snarey and Pleck (1993) demonstrated that fathers who were less involved in their children's development were judged to have lower levels of marital success and societal generativity (capacity for establishing, guiding, or caring for the next generation through leadership of younger adults or society) as well as lower occupational mobility. Additionally, Snarey (1993) demonstrated that children who reported having little father involvement in their lives were less educated and had less occupational mobility as adults. Pleck (1985) demonstrated that those fathers who spent less time doing housework and providing child-care reported having

lower levels of well-being. Together these studies help demonstrate that adhering to traditional male role expectations such as spending more time working and less time with family might result in negative outcomes for men and their families. In sum, this new gender role strain model proposed by Pleck (1981) suggested that gender roles are defined by gender role ideology (stereotypes and norms), are imposed on children by parents, teachers, and peers who subscribe to the ideology (Levant, 1996), and may have possible negative side effects on males.

Another dominant perspective in the literature on gender studies that appeared in the late 1980s is social constructionism. Social constructionism was applied to men's studies and masculinity by Kimmel and Messner (Kimmel & Messner, 1989; Pleck, 1995). The social constructionist perspective argued that the meaning of masculinity varies from culture to culture and within any one culture over time. In other words, the male experience in the United States in the twentieth century is vastly different from the male experience in Asia or Sri Lanka, and African American masculinity differs from Caucasian masculinity within the United States. Also, masculinity experienced today in the United States is very different from the experience 150 years ago (Kimmel, 1987), implying that the meaning of masculinity does not remain constant over the course of any man's life but rather changes as he grows older. Kimmel (1987) suggested that the social construction perspective emphasizes the social construction of gender, and therefore, is both historical and comparative. This perspective allows the exploration of the ways the meanings of gender vary between cultures, and how they change within one culture over time. Kimmel and Messner (1989) also suggested that the biological aspect of men is not the most important factor affecting men's lives. The important factor is that men become

men. In other words, the male identity is developed through an interaction with the culture where appropriate gender scripts are learned and modified.

According to Pleck (1995), the central ideas of social constructionism parallel the ideas of his gender role strain model. For instance, social constructionism's proposal that gender scripts are learned and modified is essentially the same as the gender role strain's concept of gender role socialization. Pleck (1995) suggested that his gender role strain model is a social constructionist perspective for masculinity that simply came before the social constructionist term (Pleck, 1995).

Also occurring in the late 1980's as a continuation of research on traditional masculinity and how it relates to men's psychological functioning was the formulation of gender role stress theory (Eisler & Skidmore, 1987). Gender role stress theory borrows from several other theories including Bem's (1981) gender role schema, Pleck's (1981) gender role strain theory, and Lazarus and Folkman's (1984) views about cognitive appraisal and commitment in understanding stress. Eisler and Skidmore's stress theory suggested that excess commitment to the adherence of culturally approved masculine ways, and fear that one is not following these masculine ways as deemed necessary by society can result in stress for men. Additionally, it was posited that men experience more stress than women during some situations where they might be required to display attitudes and behaviors that are not typical of the approved masculine schemas.

Eisler and Skidmore (1987) developed a 40-item Masculine Gender Role Stress Scale (MGRS) to measure the way individuals appraise five types of situations that are common in men's lives and are thought to be more stressful for men than for women. These situations include those that demonstrate physical inadequacy (e.g., feeling that

you are not in good physical condition), expressing tender emotions (e.g., telling your spouse that you love her), placing men in subordination to women (e.g., being out performed at work by a woman), threatening a male's intellectual control (e.g., having to ask for directions when you are lost), and revealing performance failures in work and sex (e.g., being unemployed; Thompson & Pleck, 1995). The MGRS scale has been correlated with many different factors including men's endorsement of a traditional masculinity ideology, adverse health habits, cardiovascular reactivity, and situation stress (Eisler, 1995; Eisler & Skidmore, 1987; Thompson & Pleck, 1995).

Development of Gender Role Conflict Theory

Conceptualization of gender role strain in the early 1980s led O'Neil and colleagues to search the literature for patterns of gender role conflict (initially referred to sex role conflict) in hopes of operationally defining the concept as a way to validate the existence of the theory (O'Neil, Good, & Holmes, 1995). However, the search concluded that operationally defined patterns of gender role conflict did not exist at that time for either men or women, and the literature base explaining men's socialization and the effects of socialization on their personal lives and work was almost nonexistent (O'Neil et al., 1995). As a result of the gap in the literature, O'Neil and colleagues decided to conceptualize theoretical models of gender role conflict using the scant literature base and their own clinical experiences with men (O'Neil et al., 1995). The researchers began this task by reviewing the factors associated with men's socialization. Initially, 17 patterns to men's gender role conflicts and 24 psychological effects were identified (O'Neil, 1981, 1982). The patterns of gender role conflict were eventually reduced to 6

major patterns (O'Neil et al., 1995), and these findings became the theoretical foundation for men's gender role conflicts.

Next, the authors theorized that men's socialization of masculine mystique and value system resulted in what they called the fear of femininity in men (O'Neil, 1981). O'Neil (1981) described the masculine mystique and value system as a complex set of values and beliefs that help to define masculinity. Based on rigid gender role stereotypes of masculinity, these values and beliefs were learned at a young age as a result of socialization. Assumptions, expectations, and attitudes about how men in the United States should behave arose from these stereotypes. Historically, masculinity had been perceived as consisting of positive aspects. However, these same values had come under scrutiny because of the negative effects they have on men, women, and children (O'Neil, 1981). The degree to which men have been negatively affected may vary, but O'Neil (1981) suggested that most men have been affected in some way by these values and beliefs. The assumptions of masculine mystique and value system are as follows: 1) men are biologically superior to women, and therefore men have greater human potential than women; 2) masculinity, rather than femininity, is the superior, dominant, more valued form of gender identity; 3) masculine power, dominance, competition, and control are essential to proving one's masculinity; 4) vulnerabilities, feelings, and emotions in men are signs of femininity and to be avoided; 5) interpersonal communication that emphasizes human emotions, feelings, intuitions, and physical contact are considered feminine and to be avoided, and rational-logical thought is the superior form of communication; 6) sex is a primary means to prove one's masculinity, and affectionate, sensual, and intimate behavior are considered feminine and less valued; 7) vulnerability

and intimacy with other men are to be avoided because a man cannot be vulnerable and intimate with a male competitor due to the risk of being taken advantage of, and intimacy with other men may imply homosexuality or effeminacy; 8) men's work and career success are measures of their masculinity; and 9) men are vastly different and superior to women in career abilities, which suggests that men's primary role is that of breadwinner or economic provider and women's primary role is that of caretaker of home and children (O'Neil, 1981). In sum, the attitudes purported by the masculine mystique and value system are believed to be one of the reasons why masculine and feminine stereotypes are commonly accepted within the United States. The masculine mystique is also important to the understanding of how sexism violates men and women. For instance, the masculine mystique violates women by devaluing and restricting feminine attitudes, values, and behaviors. The masculine mystique violates men by prohibiting the expression of femininity in men, which might be an important characteristic of some men.

Fear of femininity, which is a result of masculine mystique, is defined as a strong, negative emotion regarding feminine values, attitudes, and behaviors. These negative emotions can be learned in early childhood during the formation of gender identity (O'Neil, 1981) or they can be developed during a process of trying to prove one's superiority as purported in the masculine mystique/value system. Therefore, an outcome of male socialization might be the devaluation of values, attitudes, and behaviors associated with females, which includes considering feminine values, attitudes, and behaviors as inferior, inappropriate, and immature, and believing that women, men, and children who behave in feminine ways are inferior, inappropriate, and immature (O'Neil,

1981). Additionally, the authors proposed that the fear of femininity produces six patterns of gender role conflict. These patterns include restrictive emotionality; socialized control, power, and competition; homophobia; restrictive sexual and affectionate behavior; obsession with achievement and success; and health care problems (O'Neil et al., 1995).

The fear of femininity and other male role norms were empirically analyzed. Thompson, Grisanti, and Pleck (1985) designed a study to determine the views of a sample of college men toward traditional male sex-role norms and to examine if men's endorsement of the norms were related to theoretically defined concomitants of the male role (i.e., homophobia, Type A behavior pattern, self disclosure to closest male friend, self-disclosure to closest female friend, and men's attitudes toward decision-making power in intimate relationships). Data were obtained from 400 men attending two small liberal arts colleges in a New England metropolitan area. Participants completed a questionnaire containing the short form of the Brannon Masculinity Scale (BMS), the Smith Homophobia Scale, Type A Behavior Scale, and one part of the Boston Couples' Study questionnaire (to assess power and control). Results of the correlations indicated that the participants' endorsement of the traditional male role (total BMS score) was correlated with all measures except disclosure to a male friend. Thus, the extent of men's agreement with the role was significantly related to homophobic feelings, approval of the Type A behavior pattern, the attitude that self-disclosure to a female friend is unmanly, and approval of the maintenance of asymmetrical decision-making power in intimate relationships. The finding most significant to the present research is the consistent positive correlations between male-role norms and homophobia and Type A behavior

pattern. The authors concluded that these results suggested that the antifemininity norm may be an underlying dynamic to other male characteristics, affecting not only men's gender-role attitudes but also their intimacy skills, interpersonal relationships, and work roles. Furthermore, they believed the antifemininity norm within the traditional male role to be the most pervasive and prominent norm, and endorsing traditional male roles might be guided by the antifemininity norm in conjunction with other situationally specific norms (Thompson et al., 1985).

Construct development of gender role conflict continued with the examination of how men experience conflict and how the conflict operates. It was proposed that men can experience gender role conflict either directly or indirectly in six different contexts: 1) deviating from or violating gender role norms; 2) trying to meet or failing to meet gender role norms of masculinity; 3) experiencing discrepancies between real self-concept and ideal self-concept that is based on gender stereotypes; 4) personally devaluing, restricting, or violating themselves; 5) experiencing personal devaluations, restriction, or violations from others; and 6) personally devaluing, restricting, or violating others because of gender role stereotypes (O'Neil et al., 1995). These six contexts suggest that gender role conflict can occur within oneself, as a result of others, and can be expressed toward others. Additionally, gender role conflict operates at four overlapping levels: Cognitive, emotional, unconscious, and behavioral (O'Neil, 1981). Gender role conflict experienced on a cognitive level originates from rigid ways individuals think about gender roles, which is how stereotypes can be formed. Gender role conflict on an affective level comes from emotional confusion about gender roles. Gender role conflict on a behavioral level originates from conflict about gender roles actually experienced

while acting, reacting, or interacting with oneself and others. On an unconscious level, gender role conflict originates from intrapsychic and repressed conflicts with gender roles that are beyond our conscious awareness (O'Neil, 1981).

These six contexts and four levels of gender role conflict provide a foundation for individual experiences of conflict. When an individual is devalued, restricted, or violated as a result of gender role conflict, psychological and physical health complications could result. For example, men who subscribe to the inexpressiveness male norm might be at a greater risk for health and psychological problems. On the other hand, men who choose to express themselves freely might experience devaluation by others because expressiveness is stereotypically a feminine trait. Thus, gender role conflict can affect each individual in a different way. Some of the possible negative outcomes that might occur as a result of gender role conflict include anxiety, depression, low self-esteem, and stress. Interpersonal problems that may also occur as a result of gender role conflict include limited intimacy, unhappiness in relationships, work conflicts, power and control issues in relationships, and physical and sexual assault (O'Neil et al., 1995).

O'Neil and others began the process of developing an instrument to measure the gender role conflict construct, men's reactions to frequently faced gender expectations. Two different scales were constructed. Gender Role Conflict Scale-I (GRCS-I) was constructed to measure men's personal gender role attitudes, behaviors, and conflicts, and Gender Role Conflict Scale-II (GRCS-II) was developed to assess men's degree of comfort or conflict in specific gender role conflict situations (O'Neil et al., 1995). Originally, the GRCS-I consisted of 85 items and 36% of the total variance was accounted for by four factors. These factors were labeled success, power, and

competition; restrictive emotionality; restrictive and affectionate behavior between men; and conflict between work and family relations. After meeting certain requirements such as a .30 or greater factor loading, no cross-load on other factors, and a standard deviation of at least 1.00 on a six-point scale, only 37 items were retained. Each of these 37 items measures one of the four gender role conflict factors (O'Neil et al., 1995). The original GRCS-II contained 51 items designed to measure one of the patterns of gender role conflict. After using the above-mentioned procedures, 16 items and four factors (competition, homophobia, lack of emotional response, and public embarrassment from gender role deviance) accounting for 48% of the variance were retained. Due to low internal consistency reliabilities on the lack of emotional response (.51) and public embarrassment from gender role deviance (.59) factors, the GRCS-II is currently being refined and is not available for use.

Factors of Gender Role Conflict and Homophobia

The four factors of gender role conflict include success, power, and competition; restrictive emotionality; restrictive affectionate behavior between men; and conflicts between work and family relations. Definitions and empirical studies of these factors of gender role conflict will be presented. Success is defined as worries about personal achievement, competence, failure, status, upward mobility and wealth, and career success. Power is defined as obtaining authority, dominance, influence, or ascendancy over others. Competition is striving against others to gain something, or the comparison of self with others in order to establish one's superiority (O'Neil et al., 1995). Masculinity is often associated with competition, success, and power, and conversely, femininity is often associated with the opposites, unassertiveness, lack of achievement,

and lack of power. 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 of men to be successful, powerful, and competitive (Bird, 1996; O'Neil, 1981).

Restrictive emotionality, the second factor of gender role conflict, is defined as the difficulty of expressing feelings openly, giving up emotional control, and being vulnerable to self and others (O'Neil, 1981). Because expressing emotions is associated with femininity, men are likely to restrict their emotions due to the fear that they will appear feminine. As a result of restricting their emotions, some men might experience difficulties with self-disclosure, recognizing feelings, and understanding aspects of their interpersonal life. Additionally, unexpressed feelings might result in a build up of anger, hostility, and rage (O'Neil, 1981).

Several researchers concluded from their results that stereotypical norms were partly to blame for the lack of emotions expressed by men. First, Balswick and Avertt (1977) collected data on 523 undergraduate students from three different southeastern universities enrolled in social science classes. The undergraduate participants completed a questionnaire measuring emotional expressiveness of three dimensions: Love, sadness, and happiness on a Likert-type scale. Results from nonparametric statistical techniques indicated that females expressed all three emotions, love, happiness, and sadness more than males. The authors considered this finding a factor of gender-role stereotypes, suggesting that the masculine stereotype discourages the open display of affection. Second, Notarius and Johnson (1982) investigated the emotional expression and physiological reactivity of six married couples during a discussion of a prominent

relationship issue. The discussions were videotaped, transcribed, and coded. Physiological reactivity was measured by electrodes on two fingertips. Results indicated that consistent with gender-role stereotypes, the wives' speech was characterized by more negative and less neutral behavior and a greater tendency to reciprocate their spouses' speech. On the other hand, husbands showed greater physiological reactivity to their wives' negative speeches. The authors suggested that a social learning history of punishment for emotional displays might explain the husbands' lack of emotion and heightened physiological reactivity. Last, Allen and Haccoun's study (1976) was designed to assess sex differences in three dimensions of emotion (covert responding, interpersonal expression, and attitudes toward responses and expressions) with an emotionality survey. One hundred twenty-two undergraduate psychology students were asked to rate their emotionality on a 9-point scale. The emotionality instrument was divided into four 16-item subsections labeled responsiveness, expressiveness, attitudes, and situations. The results of a 2 X 4 ANOVA indicated that, where differences occurred, females reported greater emotionality, a larger proportion of interpersonal situations as stimulating emotion, and were more expressive than males. The authors suggested that the results were likely a result of socialization because male socialization encourages discrimination in emotional expression.

Restrictive affectionate behavior between men, the third factor of gender role conflict, is based on similar fears associated with expressing one's emotions, which is the fear that men will appear feminine. Homophobia, also considered taboo because it is equated with femininity, has been assumed to be a barrier to male self-disclosure, companionship, and touching (O'Neil, 1981). Fehr (1996) concluded in her review of

research concerned with gender differences in same-sex friendship that men's friendships are less intimate than women's because they choose to be, even though they may not particularly like it. Men make this choice based on accepted male role norms. Similarly, Bank and Hansford (2000) tested six possible explanations for the finding that men's same-sex friendships are less supportive than women's. The explanations included the lack of parental models for friendship, emotional restraint, homophobia, masculine self-identity, competitive strivings, and role conflicts. The authors surveyed 565 students from a large midwestern state university who were enrolled in sociology classes or who had signed up for research credit for a psychology class during the 1994-1995 school year. Results indicated that of the six explanations, emotional restraint and homophobia toward gay men provided the most explanatory power for gender effects on both intimacy and support in best friendships.

Conflict in work or school and family relations, the last factor of gender role conflict, consists of experiencing difficulties balancing work or school and family relations. Health problems, feeling overworked and stressed, and being unable to relax and spend time in leisure activities are all possible consequences of experiencing conflict in work and family relations (O'Neil et al., 1995). In a study designed to investigate the relationship between male gender role conflict, family environment, and marital satisfaction, Campbell and Snow (1992) randomly selected 309 potential participants from a community with a large state university located in the southern central United States. Of the 309 potential participants only 70 participants returned usable data. The questionnaire consisted of three instruments, GRCS-I, Family Adaptability and Cohesion Evaluation Scale III, and the Dyadic Adjustment Scale. Correlation matrix and multiple

regression procedures were conducted. Results indicated that for married men, higher levels of marital satisfaction were related to lower levels of restricted emotionality, lower levels of conflict between work or school and family relations, and higher levels of cohesion within the family. In addition, a significant relationship among gender role conflict, family environment, and marital satisfaction was found. These results indicate that when men experience problems between their work or school and other roles in their lives, when they are reluctant to express emotions or have difficulty doing so, and when they report less cohesion within the family, they are likely to experience less marital satisfaction (Campbell & Snow, 1992).

Another part of gender role conflict as described by O'Neil (1981), but not a factor of the Gender Role Conflict Scale is homophobia. Homophobia is defined as any belief that supports negative myths and stereotypes about homosexual people (Morin & Garfinkle, 1978). Homophobia consists of discrimination on the basis of sexual orientation, the use of language that is offensive to gay people, and beliefs suggesting that homosexual lifestyles are not equally valued as heterosexual lifestyles. Homophobia is believed to negatively affect men and their relationships with each other (O'Neil, 1981). The fear of femininity is central to the understanding of homophobia (O'Neil, 1981). David and Brannon (1976) suggest that men's fears about femininity come from their fears about homosexuality. A man who is homosexual or befriends a homosexual might be thought of as feminine. Therefore, homosexuality is erroneously equated with femininity (Bird, 1996; O'Neil, 1981). Eight men who participated in an interview about the development of masculinity and their relationship between self-conceptualizations and masculinity believed that being masculine meant being not feminine (Bird, 1996).

Thus, being labeled as homosexual (or feminine) is a threat to a man's masculinity because men fear that they will be disrespected and emasculated if found to possess stereotypical feminine qualities (O'Neil, 1981).

To summarize, gender role conflict is a psychological state in which gender roles have negative consequences on the person or on others. Gender role conflict can ultimately lead to the restriction of the person's ability to actualize their human potential or the restrictions of another's potential. Four factors that are associated with gender role conflict or which can have negative consequences on males consist of success, power, and competition, restrictive emotionality, restrictive affectionate behavior toward men, and conflicts between work or school and family relations. Homophobia is also related to gender role conflict and can have negative consequences to men and others. Gender role conflict and its associated factors are believed to emerge from rigid gender role socialization, the process where children and adults acquire and internalize values, attitudes, and behaviors associated with femininity, masculinity, or both. Thus, because traditional male gender role socialization in the United States places unrealistic expectations on men, men, subsequently, might experience the following: difficulty expressing emotions; conflicts associated with balancing work and home demands; issues related to success, power, and competition; an inability to express affection toward other men; and homophobia (Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996).

Summary

In conclusion, the recent acknowledgement of men's issues and associated problems have led to the study of gender role conflict within males. The origins of gender role conflict can be traced back to the socialization process where male children

learn attitudes, values, and behaviors that are both appropriate and inappropriate for them to express and display. They learn that they are expected to adhere to values, attitudes, and behaviors that are stereotypically male, and they should reject values, attitudes, and behaviors associated with femininity because individuals who behave in feminine ways are inferior, inappropriate, and immature. Research has also suggested that males who adhere to and those who fail to adhere to learned stereotypes and norms can experience negative consequences. Thus, socialization of male roles can lead to gender role conflict. Characteristics associated with gender role conflict and those that are considered stereotypically masculine include success, power, and competition, restricting emotions, restricting affectionate behavior between men, conflicts resulting between work and family relations, and homophobia.

Similar to gender role conflict, myths about sexual assault against males are believed to be a function of gender role socialization. For example, the traditional male role equates masculinity with strength, power, and the ability to protect self against an attacker. Becoming a victim of sexual assault violates these expectations. Male sexual assault myths focus on these expectations suggesting that male rape cannot happen to men because they are too strong and able to protect themselves against attackers and men are initiators of sex not victims of assaults. Other myths equate victimization with femininity in belittling and devaluing ways such as suggesting that male victims are queens or fairies. Therefore, it appears that both gender role conflict and male rape myths share a relationship with gender role socialization. Both are believed to have at least partly originated from rigid adherence to traditional male roles taught through socialization during childhood. The purpose of this research study is to determine the

relationship among these factors related to the traditional male role: gender role conflict (success, power, and competition; restrictive emotionality; restrictive behavior affectionate behavior between men; work or school and family conflicts), homophobia, and rape myth acceptance. Participants will complete the Gender Role Conflict Scale-I, the Attitudes Toward Gay Men-Short Form, and the Male Rape Myth Scale. A multiple regression analysis will be conducted to examine the effects of gender role conflict and homophobia (independent variables) on male rape myth acceptance (dependent variable).

CHAPTER III

METHODOLOGY

Participants

The research participants will consist of 100 adult males from the St. Louis metropolitan area employed as teachers and staff members within the Unit 10 school district; Unit 10 Credit Union members; city workers; policemen; firemen; and members of various organizations such as Kiwanis, Chamber of Commerce, and Lions Club. Informed consent will be obtained and participation in the study will be strictly voluntary.

Measures

Gender-Role Conflict Scale (GRCS-I) O'Neil and his colleagues (1986) developed a 37-item questionnaire to assess men's reactions to gender expectations frequently faced. This instrument consists of four factors: 1) success, power, and competition; 2) restrictive emotionality; 3) restrictive affectionate behavior between men and; 4) conflicts in work and family relations. Subjects will respond to the items using a 6-point Likert scale ranging from (1) strongly disagree to (6) strongly agree. Higher scores reflect an expression of gender role conflict and fear about femininity. Internal consistency estimates using alpha coefficients ranged from .75 to .85. Using Cronbach's alpha, test-retest reliabilities over four weeks ranged from .72 to .86 for each factor. O'Neil and Owen (as cited in O'Neil et al., 1995) summarized 11 studies that computed internal consistencies on the GRCS-I. The authors used z transformations to calculate the average reliabilities. Alphas for the success, power, and competition factor ranged from .83 to .89 with an average of .86. For the restrictive emotionality factor, alphas ranged from .81 to .91 with an average of .84. The restrictive affectionate behavior between men

factor showed alphas ranging from .82 to .88 with an average of .84. For the conflict between work and family relations factor, the alphas ranged from .73 to .87, with an average of .80. The alphas for the total scores (only seven studies calculated the total score) ranged from .75 to .90 with an average of .88 (O'Neil et al., 1995). The four factors explained 36% of the variance in the original factor analysis (O'Neil et al., 1986). Six other factor analyses or validity studies have been completed since the original study (Braverman, 1990; Chamberlin, 1994; Chartier, Graff, & Arnold, 1986; Good et al., 1995; Mendleson, 1988; Moradi, Tokar, Schaub, Jome, & Serna, 2000), and all studies found a similar factor structure to the original factor analysis. The most recent results of factor analyses indicated a structure similar to the original analysis even when using more rigorous confirmatory analyses (Moradi et al., 2000). Two of these studies were conducted with adult men suggesting that gender role conflict has some validity in a sample of older men as well as college-aged men (O'Neil et al., 1995). The GRCS-I has also demonstrated convergent validity with some of the 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 relations in expected directions with depression (Cournoyer & Mahalik, 1995; Good & Mintz, 1990), help-seeking attitudes (Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989), traditional role norms, and psychological distress (Good et al., 1995; Moradi et al., 2000). Additionally, the total scale and subscales of the GRCS-I have demonstrated freedom from socially desirable responses (Good et al., 1995).

Attitudes Toward Gay Men (ATG-S) Scale This 5-item questionnaire is a short version of the Attitudes Toward Lesbians and Gay Men Scale (ATLG) both developed by

Herek (1984; 1988). The Attitudes Toward Lesbian and Gay Men Scale is a brief 20-item measure of heterosexuals' attitudes toward gay men and women with two subscales, one consisting of 10 items about gay men and the other consisting of 10 items about lesbians. The scale as a whole presents statements that tap heterosexuals' affective responses to homosexuality and to gay men and lesbians. Participants will respond to items on the short version, ATG-S, using a 5-point Likert-type scale ranging from (1) strongly disagree to (5) strongly agree. Total scores range from 5 (extremely positive attitudes) to 25 (extremely negative attitudes). Herek (1987a; 1987b; 1988) consistently found high levels of internal consistency for both the ATLG and its subscales. Alpha levels typically exceeded .85 for the subscales and .90 for the full scale with college student samples, and alpha values exceeded .80 with nonstudent adults (Herek, 1994; Herek & Glunt, 1991). With regard to validity, the ATLG and its subscales have been consistently correlated with constructs believed to be theoretically-relevant. For instance, more negative attitudes have been shown to correlate with high religiosity, lack of contact with gay men and lesbians, adherence to traditional sex-role attitudes, belief in a traditional family ideology, and high levels of dogmatism (Herek, 1987a, 1987b, 1988, 1994; Herek & Glunt, 1993b; Herek & Capitanio, 1995, 1996). Additionally, more negative attitudes toward gay men have been correlated with AIDS-related stigma (Herek & Glunt, 1991). Discriminant validity was established through the administration of the ATLG to members of lesbian and gay organization resulting in scores at the positive end of the range (Herek, 1988). High levels of internal consistencies were also found for the ATG-S, the scale used in this research. Coefficients alpha of .83 was found with an adult focus group, .85 with adults from a national telephone survey, .87 from a multicampus

sample, and .91 with members of the community (Herek, 1994; Herek & Glunt, 1991, 1993a, 1993b). This short version of the ATG correlated highly with its longer counterpart (ATG with ATG-S, r= .96). 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, frequent attendance at religious services, membership in a conservative religious denomination, and adherence to fundamentalist religious beliefs. Discriminant validity was supported by significantly lower scores on the ATLG-S from respondents supporting an ordinance protecting residents from discrimination on the basis of sexual orientation than those against the ordinance (Herek, 1994).

The Male Rape Myth Scale (MRMS) This 22-item questionnaire was designed by Kerr Melanson (1999) to measure false, stereotypical or prejudicial beliefs about male rape. Participants will respond to items using a 6-point Likert scale ranging from (1) strongly disagree to (6) strongly agree. Higher scores are suggestive of greater adherence to male rape myths. Kerr Melanson (1999) found an internal consistency reliability of .90 and four-week test-retest reliability of .89. Convergent validity was demonstrated by a strong relationship between MRMS scores to criterion measure scores, and by MRMS showing expected gender differences.

Demographic Questionnaire The 7 items on this questionnaire pertain to the participant's age, race, marital status, level of education, number of children, occupation, and annual family income. The demographic information will be used to describe the individuals participating in this research.

Procedures

Pending IRB approval, written approval will be obtained from the Superintendent of the Unit 10 School District, the President of the Board of the Unit 10 Credit Union, Collinsville City Manager, Caseyville Mayor, and both Collinsville and Caseyville Police and Fire Chiefs to distribute research packets to respective employees/members either by asking for volunteers in person or placing a packet in mailboxes at their place of employment. Research packets will consist of an introduction page, informed consent, demographic questionnaire, MRMS, GRCS-I, ATG-S, and a self-addressed, stamped return envelope. The four instruments will be arranged in random order. The introduction page will identify the primary investigator, identify the packet of research materials, and will request participation. Verbal consent will be obtained from the president of all of the organizations (e.g., Kiwanis Club) asked to participate in the research project. After obtaining consent from the clubs' president, participants of these organizations will be asked to volunteer during their monthly meeting. Following a brief verbal description about the voluntary nature of the study, participants will be asked to complete the four instruments, which will be placed in random order. All participants will be treated in accordance with the ethical standards of the American Psychological Association (American Psychological Association, 1992).

Data Analysis

A multiple regression analysis will be conducted to examine the effects of a linear combination of four gender role conflict variables and one homophobic variable on male rape myth acceptance.

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APPENDIX B

Individual Consent for Participation in Research Study being Conducted under the auspices of the University of Oklahoma, Norman Campus

We are asking you to participate in a research study titled "The Relationship Among Gender Role Conflict, Homophobia, and Male Rape Myth Acceptance in Adult Men" being conducted by Leslee R. Kassing, M.A., doctoral candidate in the OU Counseling Psychology Program, and being sponsored by Dr. Denise Beesley. This study is designed to provide information to treatment personnel who have personal contact with male victims of sexual assault. If you decide to participate in this study, your involvement will require no more than 15-25 minutes of your time. We will ask you to complete four questionnaires regarding demographic information and your attitudes and beliefs about career, emotions, male sexual assault, and homosexuality. No personal information about male sexual assault will be asked.

Your participation is completely voluntary. **The information that you supply will be completely anonymous, and there will be no way for the researcher to identify your responses. Thus, no names or identifying information will be asked.** Only aggregate, group results will be reported.

There is a possibility that some adults might experience mild emotional discomfort responding to items concerning male sexual assault. If you experience any discomfort, please feel free to contact a local counseling center such as Alternatives Counseling Inc (618) 656-5104; Belleville Clinical Associates Limited (618) 397-4466; or Family Life Consultants (618) 345-9536. If you have any questions, please feel free to contact Leslee R. Kassing at (415) 272-3108 or Dr. Denise Beesley at (405) 325-5974. If you have any questions about your rights as a research participant, please call the Office of Research Administration at (405) 325-4757. You must be 18 years or older to participate.

By returning the survey to the principal investigator, you signify your understanding of the purpose and procedures of this study, and hereby agree to participate. You understand that your participation is voluntary and that you are free to refuse to participate or stop participating at any time without penalty. Since no identifying information is collected with the survey, once the survey is submitted, it cannot be withdrawn.

APPENDIX C

Dear Sir:

I am a doctoral candidate in the Counseling Psychology Program at the University of Oklahoma. For my dissertation, I am studying attitudes and beliefs about various aspects associated with career, emotions, male sexual assault, and homosexuality. I would greatly appreciate your assistance with this research by completing the enclosed survey. Your participation in this study is voluntary. The survey information is obtained in an anonymous manner, therefore, no identifying information will be asked and all findings will be reported as group data. Although there is no direct benefit to you in participating in this research, you will, however, be contributing to a greater understanding of issues currently affecting adult males. The survey takes approximately 15-25 minutes at the most to complete, and a self-addressed, stamped envelope has been provided for you to return the survey. A return date of **December 17th** would be greatly appreciated!

Thanks for you participation and time!

Sincerely,

Leslee R. Kassing, M.A.
Doctoral Candidate
The University of Oklahoma

APPENDIX D

Demographic Questionnaire

Please fill in the following information about yourself. Responses are anonymous. Please do not place any identifiers such as names on this page.

1. Age _____

2. Race (Mark All that apply)
   - African American _____
   - Asian American _____
   - Hispanic/Mexican/ Chicano/Latino _____
   - Caucasian (White) _____
   - American Indian _____
   - Other (Specify) _____

3. Marital Status
   - Single (never married) _____
   - Married _____
   - Divorced _____
   - Widowed _____
   - Cohabitating/ Committed Relationship _____

4. Level of Education Completed
   - 8th Grade or less _____
   - Some High School _____
   - 12th Grade _____
   - Voc Tech/Certificate _____
   - Some College _____
   - Two Years of College _____
   - 4 Year College Degree _____
   - Some Graduate Work _____
   - Masters Degree or more _____
   - Other (Specify) _____

5. Number of Children
   - None _____
   - One _____
   - Two _____
   - Three _____
   - Four _____
   - Five or More _____

6. Occupation (Specify)

   _____

7. Annual Family Income
   - 0-10,000 _____
   - 10,001-20,000 _____
   - 20,001-30,000 _____
   - 30,001-40,000 _____
   - 40,001-50,000 _____
   - 50,001-60,000 _____
   - 60,001-70,000 _____
   - 70,001-80,000 _____
   - 80,001-90,000 _____
   - 90,001-100,000 _____
   - 100,000 or more _____

APPENDIX E

MRMS

For each of the items on this page, you will be indicating your answer on the blank provided next to each question. Your response should be based on the sorts of things that you believe. Use the following scale to indicate your degree of agreement/disagreement with each item. Your responses are anonymous, so please answer the questions honestly.

1	2	3	4	5	6
Strongly Disagree	**Moderately Disagree**	**Slightly Disagree**	**Slightly Agree**	**Moderately Agree**	**Strongly Agree**

1. It is a terrible experience for a man to be raped by a woman. ____
2. The extent of a man's resistance should be a major factor in determining if he was raped. ____
3. Any healthy man can successfully resist a rapist if he really wants to. ____
4. If a man obtained an erection while being raped it probably means that he started to enjoy it. ____
5. A man can enjoy sex even if it is being forced upon him. ____
6. Most men who are raped by a woman are very upset by the incident. ____
7. Many men claim rape if they have consented to homosexual relations but have changed their minds afterwards. ____
8. Most men who are raped by a woman are somewhat to blame for not escaping or fighting off the woman. ____
9. If a man engages in necking and petting and he lets things get out of hand, it is his own fault if his partner forces sex on him. ____
10. Male rape is usually committed by homosexuals. ____
11. Most men who are raped by a man are somewhat to blame for not escaping or fighting off the man. ____
12. A man who has been raped has lost his manhood. ____
13. Most men who are raped by a women are somewhat to blame for not being more careful. ____
14. If a man told me that he had been raped by another man, I would suspect that he is homosexual. ____
15. Most men who have been raped have a history of promiscuity. ____
16. No self-respecting man would admit to being raped. ____
17. Women who rape men are sexually frustrated individuals. ____
18. A man who allows himself to be raped by another man is probably homosexual. ____
19. Most men would not enjoy being raped by a woman. ____
20. Men who parade around nude in a locker room are asking for trouble. ____
21. Male rape is more serious when the victim is heterosexual than when the victim is homosexual. ____
22. I would have a hard time believing a man who told me that he was raped by a woman. ____

APPENDIX F

GRCS-I

For each of the items on this page, you will be indicating your answer on the blank provided next to each question. Your response should be based on the sorts of things that you believe. Use the following scale to indicate your degree of agreement/disagreement with each item. Your responses are anonymous, so please answer the questions honestly.

1	2	3	4	5	6
Strongly Disagree	**Moderately Disagree**	**Slightly Disagree**	**Slightly Agree**	**Moderately Agree**	**Strongly Agree**

1. Moving up the career ladder is important to me. ____
2. I have difficulty telling others I care about them. ____
3. Verbally expressing my love to another man is difficult for me. ____
4. I feel torn between my hectic work schedule and caring for my health. ____
5. Making money is part of my idea of being a successful man. ____
6. Strong emotions are difficult for me to understand. ____
7. Affection with other men makes me tense. ____
8. I sometimes define my personal value by my career success. ____
9. Expressing feelings makes me feel open to attack by other people. ____
10. Expressing my emotions to other men is risky. ____
11. My career, job, or school affects the quality of my leisure or family life. ____
12. I evaluate other people's value by their level of achievement and success. ____
13. Talking (about my feelings) during sexual relations is difficult for me. ____
14. I worry about failing and how it affects my doing well as a man. ____
15. I have difficulty expressing my emotional needs to my partner. ____
16. Men who touch other men make me uncomfortable. ____
17. Finding time to relax is difficult for me. ____
18. Doing well all the time is important to me. ____
19. I have difficulty expressing my tender feelings. ____
20. Hugging other men is difficult for me. ____
21. I often feel that I need to be in charge of those around me. ____
22. Telling others of my strong feelings is not part of my sexual behavior. ____
23. Competing with others is the best way to succeed. ____
24. Winning is a measure of my value and personal worth. ____
25. I often have trouble finding words that describe how I am feeling. ____
26. I am sometimes hesitant to show my affection to men because of how others might perceive me. ____
27. My needs to work or study keep me from my family or leisure more than I would like. ____
28. I strive to be more successful than others. ____
29. I do not like to show my emotions to other people. ____
30. Telling my partner my feelings about him/her during sex is difficult for me. ____

1	2	3	4	5	6
Strongly Disagree	**Moderately Disagree**	**Slightly Disagree**	**Slightly Agree**	**Moderately Agree**	**Strongly Agree**

31. My work or school often disrupts other parts of my life (home, health, leisure). ____
32. I am often concerned about how others evaluate my performance at work or school. ____
33. Being very personal with other men makes me feel uncomfortable. ____
34. Being smarter or physically stronger than other men is important to me. ____
35. Men who are overly friendly to me, make me wonder about their sexual preference (men or women). ____
36. Overwork, and stress, caused by a need to achieve on the job or in school, affects/hurts my life. ____
37. I like to feel superior to other people. ____

APPENDIX G

ATG-S

For each of the items on this page, you will be indicating your answer on the blank provided next to each question. Your response should be based on the sorts of things that you believe. Use the following scale to indicate your degree of agreement/disagreement with each item. Your responses are anonymous, so please answer the questions honestly.

1	2	3	4	5
Strongly Disagree	**Disagree Somewhat**	**Neither Agree nor Disagree**	**Agree Somewhat**	**Strongly Agree**

1. I think male homosexuals are disgusting. ____
2. Male homosexuality is a perversion. ____
3. Just as in other species, male homosexuality is a natural expression of sexuality in human men. ____
4. Homosexual behavior between two men is just plain wrong. ____
5. Male homosexuality is merely a different kind of lifestyle that should *not* be condemned. ____

APPENDIX H



The University of Oklahoma

OFFICE OF RESEARCH ADMINISTRATION

November 26, 2002

Ms. Leslee R. Kassing
923 Bridgeway
Sausalito, CA 94965

Dear Ms. Kassing:

The Institutional Review Board-Norman Campus, has reviewed your proposal, "The Relationship Among Gender Role Conflict, Homophobia, and Male Rape Myth Acceptance in Adult Men" at the convened meeting on October 16, 2002. The Board found that this research would not constitute a risk to participants beyond those of normal, everyday life except in the area of privacy which is adequately protected by the confidentiality procedures. Therefore, the Board has approved the use of human subjects in this research.

This approval is for a period of 12 months from October 16, 2002, provided that the research procedures are not changed from those described in your approved protocol and attachments. Should you wish to deviate from the described subject procedures, you must notify this office, in writing, noting any changes or revisions in the protocol and/or informed consent document and obtain prior approval from the Board for the changes. A copy of the approved informed consent document is attached for your use. **Please use the form with the IRB approval notation.**

At the end of the research, you must submit a short report describing your use of human subjects in the research and the results obtained. Should the research extend beyond 12 months, a progress report must be submitted with the request for continuation, and a final report must be submitted at the end of the research.

If data are still being collected after three years, resubmission of the protocol is required.

Should you have any questions, please contact me.

Sincerely yours,

Susan Wyatt Sedwick, Ph.D.
Director of the Office of Research Administration and
Administrative Officer for the
Institutional Review Board – Norman Campus (MPA #1146)

SWS/lk
FY2003-105

cc: Dr. E. Laurette Taylor, Chair, Institutional Review Board
Dr. Denise Beesley, Educational Psychology

The University of Oklahoma

OFFICE OF RESEARCH ADMINISTRATION

January 9, 2003

Ms. Leslee R. Kassing
923 Bridgeway
Sausalito, CA 94965

SUBJECT: "The Relationship Among Gender Role Conflict, Homophobia, and Male Rape Myth Acceptance in Adult Men"

Dear Ms. Kassing:

The Institutional Review Board has reviewed and approved the requested revision(s) to the subject protocol.

Please note that this approval is for the protocol and informed consent form initially approved by the Board on November 26, 2002, and the revision(s) included in your request dated January 8, 2003. If you wish to make other changes, you will need to submit a request for revision to this office for review.

If you have any questions, please contact me at 325-4757.

Sincerely yours,

Steven O'Geary

Steven O'Geary, Ph.D.
Director, Human Research Participant Protection
Administrative Officer
Institutional Review Board - Norman Campus (FWA #00003191)

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FY2003-105

cc: Dr. E. Laurette Taylor, Chair, IRB
Dr. Denise Beesley, Educational Psychology