Attitudes of Men and Women Toward Sexual Assault: The Role of Stigma, Self-Stigma, and Gender Roles

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Attitudes of Men and Women Toward Sexual Assault:
The Role of Stigma, Self-Stigma, and Gender Roles

by

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Abstract

Sexual assault is an issue pervaded with stigmas, whether imposed on a person from a social

source or from oneself. Stigmas have shown to be harmful to a survivor's recovery from trauma

(Deitz, Williams, Rife, & Cantrell, 2015) and may influence whether or not a survivor of sexual

assault reports an incident of sexual assault (Spencer, Mallory, Toews, Stith, & Wood, 2017).

One factor that contributes to internalizing a stigma to form a self-stigma is the anticipated

reaction a survivor faces when he or she discloses an incident of sexual abuse (Murray, Crowe,

& Overstreet, 2018). To determine how gender roles, stigmas, and self-stigmas influence one

another, a questionnaire was distributed to college students via Qualtrics survey platform. The

author used the Attitudes Toward Women Scale (Spence, Helmrich, & Stapp, 1973) and other

adapted instruments to measure participants' gender role beliefs, levels of social stigma, and

levels of self-stigma. Results show that levels of self-stigma are statistically significantly

influenced by levels of social stigma ($r = .259$, $p < .001$) and gender role attitudes ($r = -.259$, $p <$

$.001$); however, social stigma was not statistically significantly associated with beliefs about

gender roles. The results of this study suggest that more conservative gender role beliefs and

higher levels of social stigma are correlated with higher levels of self-stigmas that are formed by

an internalized social stigma.

Key Words: Sexual assault, stigma, self-stigma, gender roles

Dedication

Mom, Dad, and Adam:

Thank you for always supporting and encouraging me.

Acknowledgments

I would like to thank my thesis advisor, Chelsey Holden, for her tireless effort and unwavering support mentoring me during this process. This piece of work would not be possible without her guidance and advice. Thank you for all that you do.

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Introduction

The subject of sexual assault and related topics have pervaded the media over the past few years. Internet movements, such as the Me Too movement (McKinney, 2019), encourage survivors of sexual assault to speak out about their experiences with sexual assault. This attention has provoked a need for more research into topics related to sexual assault, such as blame dependent on alcohol use, blame dependent on a person's race, gender role beliefs, and stigmas. A sexual assault survivor's decision to accept a drink from someone can influence the reaction they receive from society. Women who accepted a drink, alcoholic or non-alcoholic, from a person who later sexually assaults them are blamed more for the assault than the perpetrator and women who did not accept a drink before being assaulted (Romero-Sánchez, Krahé, Moya, & Megías, 2018; Romero-Sánchez, Megías, & Krahé, 2012). According to Relyea and Ullman (2015), these women were met with a distinct reaction that is specific to alcohol use, and although the reaction was not associated with depression or posttraumatic stress disorder, it did increase self-blame and alcohol problems in survivors. Due to this increase in self-blame, survivors who were assaulted after they had been drinking or had feelings of being intoxicated were less likely to report the assault than survivors who did not consume alcohol (Flowe & Maltby, 2018). Another factor contributing to differences in blame is race. Survivors of interracial rapes were blamed more and seen as more promiscuous than survivors of intraracial rapes (George & Martínez, 2002). According to Donovan (2007), black women were also seen as more promiscuous than white women. Additional research found that white women also report less intent and personal responsibility to intervene in a situation that involves a potential victim who is black (Katz, Merrilees, Hoxmeier, & Motisi, 2017). White and black women experience the same level of trauma due to sexual assault, and one race was not harmed by the trauma more

than the other; however, black women placed greater importance on the social stereotypes faced by survivors than white women did (Neville, Oh, Spanierman, Heppner, & Clark, 2004).

Previous research has investigated the way people view traditional gender roles, negative beliefs about sexual assault survivors in the form of social stigmas, and how these views relate to the negative beliefs (Deitz, Williams, Rife, & Cantrell, 2016; Murray, Crowe, & Overstreet, 2018; Rossetto & Tollison, 2016). Recent research has also investigated the link between self-stigmas, also known as internalized social stigmas, with sexual assault survivors. The aim of this current study is to learn more about how self-stigmas may be related to gender role beliefs and levels of stigma towards sexual assault survivors.

<center>**Review of the Literature**</center>

Gender Roles

Gender roles are the cultural value and beliefs that people have about actions or behaviors in which men and women should or should not participate (Rossetto & Tollison, 2017). These roles influence how people think about men and women and also influence the ways that people will act based on their belief in their own gender role. This is especially true regarding attitudes, behaviors, and judgement of others within interpersonal relationships (Black & McCloskey, 2013).

The belief in a certain type of gender role will change the way that people think a man or a woman should act when in a relationship or a sexual situation. According to Angelone, Mitchell, and Grossi (2015), in heterosexual encounters, men are expected to be dominant and aggressive, and women are expected to be passive and reluctant towards sexual activity. In a traditional viewpoint of sexual situations, men have an 'initiator' role and women have a 'gatekeeping' role; this means that men are seen as responsible for starting a sexual encounter with a woman, but the woman is responsible for making the decision whether or not to consent to the encounter (Angelone et al., 2015; Rossetto & Tollison, 2017). However, the perception of consent can also be different depending on the gender roles. Due to the initiator role of traditional sexual scripts, men may have inflated perceptions of consent which may contribute to sexual assault perpetuated by males, and women are often expected to resist by saying "no" even if they want to have sex (Angelone et al., 2015; Rossetto & Tollison, 2017). This idea of gender roles is a more traditional viewpoint than what may be accepted among millennials. Recent ideological changes have exposed more people to sex or gender equality; therefore, younger

<center>3</center>

generations generally have less traditional ideas about how men and women should act and are more liberal when it comes to gender roles (Rossetto & Tollison, 2017).

Gender roles still influence many people. In regard to sexual assault, these gender roles determine the way people expect men and women to act when in a situation that could lead to sexual assault. When looking at rapes, people expect other people – especially women – to know how to avoid situations or risks that will lead to being raped by a stranger. However, this expectation is not as true for when the rape is perpetrated by an acquaintance of the victim (Ayala, Kotary, & Hetz, 2018). Notably, women are not the only people to face these expectations based on gender roles in society. It is also assumed that men should be able to defend themselves physically and prevent any sexual assault from happening to them (Ayala et al., 2018). These expectations of gender stereotypes and gender-role enactment change the way that different genders will attribute blame in the event of a sexual assault (Kahn et al., 2011).

Gender and level of belief in rape myths may be used to predict an individual's likelihood to place blame on the survivor of sexual assault or the perpetrator. Rape myths are defined by Burt (1980) as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p. 217). For example, a common rape myth is a woman is to blame if she is sexually assaulted after drinking alcohol (Ayala et al., 2018). These types of beliefs, along with an observer's gender and the gender of the survivor and perpetrator, are predictors of where an individual will place the blame in a sexual assault situation. Individuals who subscribe to more traditional gender role attitudes showed more attribution towards victim responsibility and pleasure, less credibility with survivors, less belief in survivor trauma, less perpetrator responsibility and guilt, and recommended shorter prison sentences for perpetrators (Angelone et al., 2015). Women show higher levels of empathy towards survivors, find more credibility with survivor, and accept rape

myths. However, men blame more, have higher acceptance of rape myths, and show more negative attitudes towards survivors (Ayala et al., 2018). Individuals with high levels of rape myth acceptance have been found to be more likely to blame the victim instead of the perpetrator and are less likely to take male survivors into consideration (Ayala et al., 2018). When the perpetrator is female, victim blaming is consistent with all levels of rape myth acceptance. However, victim blame increased as rape myth acceptance increased if the perpetrator was male, but when the survivor was male and rape myth acceptance was high, then perpetrator blame was low (Ayala et al., 2018). Sexual assault by female perpetrators influenced men's views about the assault because of the stereotypic ideas about male sexuality (e.g. the stereotype that men should always want sex with a willing woman; Davies, Pollard, & Archer, 2006). Also, the gender role socialization of men is more rigid than the gender role socialization of women, and these tendencies may account for men subscribing to victim blaming (Davies et al., 2006). Both men and women identified more with the assailant when the assailant was the same gender as them; however, individuals have been found to identify with both gender-congruent roles and members of their own gender and take both into account in a sexual assault scenario (Kahn et al., 2011).

Gender role attitudes also influence how men and women perceive a situation depending on the levels of resistance witnessed (Black & McCloskey, 2013). This study tested how the belief in more traditional or liberal gender roles influenced perceptions of perpetrators or victims of rape when participants read different scenarios with varying levels of resistance displayed by the survivor. For example, scenarios included a victim who only verbally resists as well as one who verbally and physically resists. Results of this study were similar to the findings from the study done by Angelone et al. (2015). When a victim only verbally resisted or did not resist at all participants with more traditional gender role beliefs discounted the impact of the encounter on a

victim, attributed less blame to the perpetrator, and were less likely to believe a rape occurred (Black & McCloskey, 2013).

According to Burt (1980), rape myth beliefs come from ingrained attitudes of sex role stereotyping. Glick and Fiske (1996) defined these ingrained beliefs about gender roles as hostile sexism and benevolent sexism. Hostile sexism is negative sexism, is more overt in nature, and is a common type of sexism that people might generally think of when thinking of sexism. Benevolent sexism includes positive attitudes but is still stereotypical in restricting people to traditional gender roles (Angelone et al., 2015). Benevolent sexism is an outwardly positive gender role attitude that views men and women's gender roles as cooperative, with men having a more dominate role in society while women are viewed as more submissive and in need of protection (Angelone et al., 2015). As with belief in traditional gender roles, people with higher levels of benevolent sexism blame the victim more and the perpetrator less, and they also recommend shorter prison sentences for perpetrators and minimize the seriousness of the assault if the perpetrator was an acquaintance. This is attributed to the benevolent sexism belief that women on dates violated an expectation of their feminine gender role and therefore contributed to their own victimization (Angelone et al., 2015). The tendency to blame the victim also occurs if the observer has a higher level of hostile sexism (Angelone et al., 2015). Benevolent and hostile cultural attitudes and misconceptions may lead to sexually assaultive behaviors and victim blaming (Angelone et al., 2015). Although rape myths and victim blaming are still prevalent in society, a combination of rape prevention education methods and an increase in feminism are helping to decrease both of these phenomena in society today (Ayala et al., 2018; McMahon & Farmer, 2011). In addition to gender roles and associated beliefs, social stigmas are relevant to peoples' attitudes about sexual assault.

Social Stigma

Individuals who are victims of sexual assault may be faced with negative attitudes or beliefs from other people in their lives, including their family and friends. These negative beliefs about the person or unfair treatment because of their sexual assault experience represents social stigma (Deitz et. al., 2015). A social stigma is a societal devaluation because of discrediting attributes that results in labeling, stereotyping, and separation that may lead to judgement from others and loss of status (Goffman, 1963; Link & Phelan, 2001; Murray et al., 2018). Social stigma influences the survivor's perceived or anticipated exclusion from other people and from society (Deitz et. al., 2015; Gibbons, 1985; Jacoby, 1994; Link, Cullen, Struening, Shrout, & Dohrenwend, 1989; Mickelson, 2001). In society, there are certain myths that are commonly believed that change the way people react to someone who has had an experience with sexual assault. Gender stereotypes, victim blaming, and anticipation of a stigma are three common concerns for sexual assault survivors (Angelone et al., 2015; Ayala et al., 2018; Black & McCloskey, 2013; Davies et al., 2006; Deitz et. al., 2015). These concerns reflect the ideas that many people in society may believe about the survivor. Stereotypes and victim blaming contribute to a societal belief and reaction people may have towards sexual assault survivors (Ayala et al., 2018; Davies et al., 2006).

Although all survivors of sexual assault can be faced with a stigma, differences have been found in the stigmas based on victim gender. Because of the gender roles that people believe, men and women victims are often labeled differently and stigmatized differently when they become victims of sexual assault. Men who are sexually assaulted can be seen as weak or gay if they were assaulted by a male; however, if they were assaulted by a female, then they might be criticized for not wanting to consent or not being able to defend themselves (Ayala et al., 2018).

According to Hodge and Cantor (1998), male survivors identified themselves as straight, even if they were not, in order to increase their chances of being believed about their assault and/or to decrease the negative attitudes about them. These beliefs also indicate that male victims will receive less sympathy and more blame than female victims (Ayala et al., 2018). Individuals, especially women, are expected to know about the risks of sexual violence; therefore, women 'should' be more likely to avoid situations that increases the risk of rape by a stranger. However, women will be perceived as more vulnerable if assaulted by an acquaintance because it would be unexpected (Ayala et al., 2018). Interestingly, both male and female survivors receive less blame in situations where the assault was committed by an acquaintance rather than a stranger (Ayala et al., 2018).

When a survivor comes forward about his or her experience, he or she may be met with varying levels of blame because of societal stigmas and myths. According to Davies et al. (2006), survivors indicated that when they talked about the incident to their families or friends, they often were blamed for the assault and experienced hostility and disbelief from the people to whom they were disclosing their experiences. When survivors disclose their assault to another person, if that person has a higher level of belief in the myths of society, he or she is more likely to blame the survivor for the assault (Ayala et al., 2018).

The survivor's situation does play a part in how much he or she might be blamed (Ayala et al., 2018). When looking at victim blame in rape cases, survivors are mostly likely to be blamed if they consensually flirted with or dated the perpetrator, but the survivor will face less blaming if the incident was perpetrated by a stranger (Ayala et al., 2018; Grubb & Harrower, 2009). Benevolent sexism is a predictor of whether the survivor will be blamed in a rape by a friend or someone the person knows; however, hostile sexism is the belief that a survivor is

exaggerating his or her problems in order to gain benefits or power (Angelone et al., 2015). In fact, in cases where the perpetrator was someone the victim did not know or have any contact with, then the perpetrator will receive more blame than the victim (Ayala et al., 2018). Additionally, survivors who actively resisted may be perceived more credible and less blameworthy than survivors who did not resist (Angelone et al., 2015). Blame placed on a victim may serve as a secondary victimization to the survivor; this victim blame is a social stigma that people are often faced with when they come forward with their experiences (Davies et al., 2006).

Survivors of sexual assault feel the effects of stigmas influenced by victim blaming and gender stereotypes. According to Deitz et al. (2015), individuals who concerned themselves with the stigma showed limited support systems and received minimal support outside of their immediate family. Survivors who felt stigmatized also used secrecy and withdrawal as coping mechanisms. Survivors who believed others may hold a stigma towards him or her experienced greater levels of illness symptoms, such as anxiety and distress. Social stigmas may be particularly distressing for survivors because the devaluation and discrimination they may face becomes personally relevant (Deitz et al., 2015). These coping mechanisms and beliefs about stigmas are believed to contribute to the underreporting of sexual assault.

Another reason for survivors not reporting their assault is because observers may minimize victimization of sexual assault compared to other crimes, along with skepticism and blame toward the survivor (Angelone et al., 2015). The most common reasons survivors do not report their assault are: feelings the assault was not serious enough to report, blaming of themselves, feeling ashamed or embarrassed, fearing retribution from the perpetrator or others, being afraid of not being believed, a lacked confidence in criminal justice system, lack of evidence of the assault, or not wanting others to know what happened (Spencer, Mallory, Toews,

Stith, & Wood, 2017). In a university setting, survivors may avoid reporting their assault if perpetrated by a male because speaking out in a patriarchal society may cause the survivor to risk blame, scrutiny, and disbelief due to rape myth acceptance (Ayala et al., 2018; Spencer et al. 2017). Finally, the embarrassment and shame some survivors feel when choosing whether to report his or her assault demonstrates that a stigma towards sexual assault still exists (Spencer et al., 2017; Vopni, 2006). In addition to facing various social stigmas, sexual assault survivors may also be faced with the difficulty of working through their own self-stigmas.

Self-Stigma

It is important to recognize that the survivor of a sexual assault may be the one who holds stigmatizing beliefs. These beliefs the survivor has toward himself or herself is an internalization of public beliefs or unfair treatment in society and is known as self-stigma (Deitz et al., 2015). A self-stigma forms when a survivor is aware of the societal stigma they may face; self-stigmas develop from the anticipation of being stigmatized by society. This anticipation influences how much the survivor will internalize stigmatizing beliefs about himself or herself and begin to believe the negative attitudes around him- or herself are true (Murray et al., 2018). In a sample of survivors of intimate partner violence, self-stigma (also called internalized stigma) was the most common form of stigma experienced (Murray et al., 2018).

Self-stigmas experienced by a survivor may play a key role in the relationship between sexual assault severity and trauma symptom severity. Only self-stigma – not social stigma – serves as a significant predictor of symptoms. This finding may be attributed to how a survivor internalizes and agrees with stereotypes from society and is consistent with research regarding stigma and mental illness symptoms (Corrigan & Watson, 2002; Corrigan, Watson, & Barr, 2006; Deitz et al., 2015). According to Peter-Hagene and Ullman (2018), internalizing a stigma

may have detrimental effects on the recovery from sexual assault, and survivors who internalize blame may also face an increased risk of revictimization. A survivor's individual blame attribution style, reactions received towards his or her disclosure of assault, and messages from the larger culture determine whether the survivor may adopt a behavioral self-blame attribution or a characterological self-blame attribution (Peter-Hagene & Ullman, 2018).

Behavioral self-blame attributions are beliefs about a survivor's actions before and during the assault; this type of blame is situational and specific (Peter-Hagene & Ullman, 2018). Characterological self-blame attributions are beliefs about a person's own character; these beliefs may harm recovery because this self-blame is the belief that the survivor's own personality would always result in his or her own victimization. Both types of self-blame attributions are associated with poorer adjustment following a sexual assault; however, characterological self-blame attributions have stronger negative effects and are related to worse recovery outcomes Frazier, 2003; Koss, Figueredo, & Prince, 2002; Peter-Hagene & Ullman, 2018; Ullman, Filipas, Townsend, & Starzynski, 2007). Additionally, characterological self-blame is associated with a lower sense of control and self-esteem and contributes to distress and increased PTSD symptomatology (Peter-Hagene & Ullman, 2018).

Current Study

The amount of published literature surrounding the topic of self-stigma of sexual assault survivors is currently limited. At this time, only a small number of research articles contribute to an empirical understanding of this phenomena in our society today. More research is needed in order to gain a better understanding of self-stigma and the role that it plays in the experiences of sexual assault survivors. This research study seeks to identify the relationship between self-stigma, social stigma, and gender role beliefs among college students.

Method

Research Questions

Five research questions addressed in this study:

1. Are college students' levels of social stigma and self-stigma significantly related to their beliefs about gender roles?

2. Are college students' levels of social stigma about sexual assault significantly related to levels of self-stigma?

3. Are beliefs about gender roles significantly associated with levels of self-stigma?

4. How well do sex, social stigma, and beliefs about gender roles predict level of self-stigma?

5. Do college students who have survived a sexual assault differ from students who have not experienced a sexual assault in level of self-stigma?

Participants

A total of 142 individuals responded to this online questionnaire. Data cleaning (see details below) resulted in a final sample of 138 participants. The sample was predominately female (87.7%), heterosexual (81.2%), and Caucasian (71.7%). The average age of participants was 24 years old with most participants between the ages of 18 – 21 years old (56.6%). See Table 1 for more details on demographic characteristics of participants.

Procedure

The author obtained approval from her university's Institutional Review Board for this research project. Participants were recruited using Facebook posts, flyers posted in various buildings around campus, advertisements on television monitors in the building in which the author's department was housed, and advertisements on the campus-wide weekly informational

e-mail sent to students. All web-based advertisements included the link to an online

questionnaire distributed via Qualtrics research platform. Flyers and advertisements on television

monitors featured a QR code link to the online survey via Qualtrics. After completing the

questionnaire, participants were given the option to provide an e-mail address following the

survey in order to enter to win one of four $25 Amazon gift cards. Survey participation took

approximately 10-15 minutes to complete. The online questionnaire was open for eight weeks

from September 2018 through November 2018.

Instruments and Variables

Participants were asked to complete several demographic questions, including their age,

sex, race, sexual orientation, and classification in college.

Questions about personal experiences with sexual assault. Participants completed the

Personal Experience with Sexual Assault Scale adapted from Burt (1980), a 7-item self-report

inventory used to measure a person's experiences related to sexual assault. The first six questions

of this scale are: "*have you ever had anyone force sex (or a sexual experience) on you against*

your will?", "*have you ever had anyone attempt to force sex (or a sexual experience) on you, but*

unsuccessfully?", "*have you ever forces sex (or a sexual experience) on someone against his or*

her will?", "*have you ever attempted to force sex (or a sexual experience) on someone, but*

unsuccessfully?", "*have you ever had sex (or a sexual experience) with someone only because*

you were afraid physical force would be used against you if you did not go along?", and "*have*

you ever known someone who was a victim of sexual assault – that is, someone who was forced

to engage in sex (or a sexual experience) against his or her will?". These questions were

measured using "yes", "no", or "prefer not to answer". The first and third question had "maybe"

as an additional answer option. The 7th question is: "*how man sexual assault victims have you*

known?". Participants were given the option to choose between 0 and 9 with the final option being 10 or more. Because this instrument was adapted from its original use, reliability and validity information is not available.

Attitudes Towards Women Scale. Participants completed the short version of the Attitudes Towards Women Scale (Spence et al., 1973) to answer questions about their attitudes toward women. This scale is a 25-item, 4-point Likert self-report tool used to measure the views of the roles of women in society. A sample questions is, "*women should worry less about their rights and more about becoming good wives and mothers,*" with answers ranging from agree strongly to disagree strongly. High scores indicate pro-feminist, egalitarian attitudes, and low scores indicate traditional, conservative attitudes. The current study refers to these scores as gender role beliefs. The 15-item version of this scale has a reported reliability coefficient of *a* = .89. Publisher information on this 25-item version was not available; however, for this research study, *a* = .89.

Stigmas of Sexual Assault Scale. Participants completed the Stigmas of Sexual Assault Scale adapted from Corrigan et al.'s (2006) Self-Stigma in Mental Illness Scale to measure stigma and self-stigma of sexual assault. This scale is a 16-item, 9-point Likert self-report tool to measure a participant's level of stigma and self-stigma. The first eight questions are used to measure social stigmas, and the last eight questions are used to measure self-stigmas. Sample questions include, "*I think most persons who are sexual assaulted are to blame for their problems,*" and "*If I were sexually assaulted, I would respect myself less because I am to blame for my problems,*" with answers ranging from "I strongly disagree" to "I strongly agree". High scores are associated with higher levels of social stigma and self-stigma. Because this scale was adapted from its original use, reliability information is not available.

Research Questions and Statistical Analysis

This study addressed five research questions. The first three questions were answered using Pearson's correlations. The fourth question was answered using a multiple linear regression. The fifth question was answered using a one-way ANOVA. Alpha levels for all analyses were set at .05.

Results

Data Cleaning

Prior to analysis, the data were subjected to three steps of data cleaning. First, three of the initial 142 complete responses did not meet the requirement of being college students and were removed from the data. Next, the data were screened for multivariate outliers using Mahalanobis' distance. One outlier was found and excluded from analysis ($a = .005$; Jennings & Young, 1988). Finally, Cook's distance indicated that no univariate cases were highly influential within the data set. The cleaning process eliminated four respondents (3%) and left a final sample of 138 participants.

Research Question 1

Are college students' levels of social stigma significantly associated with their beliefs about gender roles? The assumption of linearity was satisfied, but the assumption of normality was not satisfied. Transformations were not helpful to achieve normality. Pearson's correlation for social stigma and gender roles ($r = .130$) is not significant ($p = .130$; see Table 2 for correlations).

Research Question 2

Are college students' levels of social stigma about sexual assault significantly associated with levels of self-stigma? The assumption of linearity was satisfied, but the assumption of normality was not satisfied. Transformations were not helpful to achieve normality. Pearson's correlation for social stigma and self-stigma ($r = .259$) is significant ($p = .002$) and represents a small effect size (Cohen, 1988). The coefficient of determination ($r^2 = .067$) shows that social stigma and self-stigma share approximately 6.7% of their variance with one another.

Research Question 3

   Are beliefs about gender roles significantly associated with levels of self-stigma? The

assumption of linearity was satisfied, but the assumption of normality was not satisfied.

Transformations were not helpful to achieve normality. Pearson's correlation for gender roles

and self-stigma ($r = .295$) is significant ($p < .001$) and represents a medium effect size (Cohen,

1988). The coefficient of determination ($r^2 = .087$) shows that gender roles and self-stigma share

approximately 8.7% of their variance with one another.

Research Question 4

   How well do sex, social stigma, and beliefs about gender roles predict level of self-

stigma? All assumptions (i.e., normality, independence, linearity, homoscedasticity, no

multicollinearity) for multiple linear regression were met for the data set. The model was

statistically significant, $F(3, 134) = 9.925$, $p < .001$, explaining 16.3% of the variance in the data

set (see Table 3). This is a large effect size according to Cohen (1988). In terms of unique

contribution, gender roles contributed -.295 to the model, social stigma contributed .259 to the

model, and both were found to be statistically significant ($p < .001$). Sex was not found to be

statistically significant contributor to the model ($p = .375$). Therefore, beliefs about gender roles

and levels of social stigma were found to be significant predictors of levels of self-stigma; results

indicate that individuals who have more conservative beliefs about gender roles and higher levels

of social stigma are predicted to have greater levels of self-stigma.

Research Question 5

   Do college students who have survived a sexual assault differ from students who have not

experienced a sexual assault in level of self-stigma? A one-way ANOVA was used to determine

if individuals who reported that they are survivors of sexual assault ($n = 49$) demonstrated

different levels of self-stigma than participants who reported that they have not experienced a sexual assault ($n = 89$). All assumptions were met for the data set. The model was not found to be significant, $F(1, 136) = .257$, $p = .613$.

Discussion

Sexual assault is a controversial topic with many complex factors influencing perception, beliefs, and the recovery for those who have experienced a sexual assault. More research is needed to understand the role of self-stigma regarding sexual assault. In this study, college students responded to an online survey that asked questions about their gender role beliefs, to what level they perceived society to judge individuals who have been sexually assaulted (social stigma), and to what level they would judge themselves if they were to be or had been sexually assaulted (self-stigma). Self-stigma and social stigma were found to be associated with one another, as were self-stigma and gender role beliefs. Implications of these results are discussed below.

Social Stigma and Gender Role Beliefs

Previous studies have shown a significant correlation between social stigmas and a person's beliefs about gender roles (Ayala et al., 2018); however, results of this research study did not support this idea. These results indicate that college student's social stigma is not linked to their gender role beliefs. This raises a question about the origin of social stigma. If it is not coming from more conservative gender role attitudes, where does it come from? Social stigma likely has another component it is linked to; however, more research is needed to identify this source.

Social Stigma and Self-Stigma

Previous research has indicated a connection between social stigmas and self-stigmas. According to Peter-Hagne and Ullman (2018), self-stigmas have detrimental effects on recovery and increase the risk of revictimization of sexual assault survivors. The current research study sought to further investigate the connection between these two types of stigma by exploring

whether the person's belief in a social stigma influences the levels of self-stigma they would have. In college students, social stigma was found to have a statistically significant positive association with levels of self-stigma.

Identifying this relationship between social stigma and self-stigma is important for treatment and prevention of stigmas. Learning that self-stigmas are more likely when a person already shows negative beliefs about other survivors of sexual assault indicates a need to decrease the level of social stigma found in our society. Self-stigma has previously been found to be the worst form of stigma because of its association with more severe trauma symptomology (Deitz et al., 2015). To decrease the level of risk that sexual assault survivors face of internalizing a stigma, it is important to work towards decreasing the amount of stigma there is to internalize. Because of the correlation between social stigma and self-stigma, our results indicate that once the social stigma in our society is lowered, we could expect that the self-stigma survivors experience might also be lowered.

Gender Role Beliefs and Self-Stigma

Previous research established a connection between gender role beliefs and social stigmas as well as between social stigmas and self-stigmas. People with higher levels of belief in rape myths showed higher levels of blame and stigmatizing attitudes towards survivors (Ayala et al., 2018), and the anticipation of this blame leads the survivor to internalize these attitudes into a self-stigma (Murray et al., 2018). The present study looked at the possible association between individuals' gender role beliefs and the levels of self-stigma reported. Among college students, beliefs about gender roles were statistically significantly associated with levels of self-stigma.

More conservative beliefs towards gender roles were linked with higher levels of self-stigma. Although results from the current study did not indicate a significant relationship

between gender role beliefs and social stigmas, the connection between gender role beliefs and self-stigma shows the importance gender roles continue to play in society. Increased awareness of how conservative gender roles may affect people will allow for more proactive actions to decrease the levels of self-stigma a sexual assault survivor may experience. Fortunately, conservative attitudes towards gender roles seem to already be decreasing in society. Younger generations, including college students and millennials, show less traditional gender role beliefs and are more equalitarian about their ideas about how men and women should behave (Rossetto & Tollison, 2017). However, gender role beliefs of our society at large are still influential of the level of stigma that college students hold toward themselves if they are survivors of sexual assault or imagining they are a survivor of sexual assault. Results of the current study indicate that efforts to decrease the negative effect of gender role beliefs will help young women and men learn to show more acceptance toward themselves and others who may experience a sexual assault.

Predicting Self-Stigma

This study also sought to predict levels of self-stigma according to participant sex, levels of social stigma, and gender role beliefs. Previous research has shown that survivors have been stigmatized differently based on sex and may receive a different amount of sympathy and blame because of being a man or a woman (Ayala et al., 2018; Davies et al., 2006). However, in the present model, sex was not a statistically significant predictor of self-stigmas. Gender role beliefs and social stigma levels were statistically significant predictors of self-stigma levels. Therefore, more conservative gender role beliefs and higher levels of social stigma predicted higher levels of self-stigma in this college student sample, both among those who reported experiencing a sexual assault and those who did not

Learning which variables are predictors compared to only being associated with self-stigmas is important for people working with sexual assault survivors. Assessing a person's level gender role beliefs and social stigma can be used to determine if he or she is more likely or less likely to develop a self-stigma. In treatment, this may offer additional avenues for a survivor to decrease his or her level of self-stigma. Information that helps to educate society – both sexual assault survivors and not – on where stigmas come from and how societal factors and beliefs are related will help to inform helping professionals and educators working with survivors. Knowing the potential effects that social stigmas and gender role beliefs have on self-stigmas will allow survivors to identify the cause of and overcome possible negative beliefs about themselves.

Difference According to Group Membership

In an empirical investigation of stigmas related to sexual assault, it seemed important to test whether experiences with sexual assault changed stigma levels. It seemed plausible that people who have been sexually assaulted had higher or lower levels of a self-stigma than those who did not experience a sexual assault. However, results indicate that this is not the case. Interestingly, a person's experience was not found to be significantly linked to his or her levels of self-stigma. More research is needed to better understand if the stigmas of survivors of sexual assault are different than those who are not, and if other factors may play a role in self-stigmas of college students.

Limitations and Future Research

A limitation of this study is the need to adhere to a set time frame. As an undergraduate thesis project, time to recruit participants and distribute the survey was limited. Future research should allow for more time to recruit participants for a larger sample size. Another limitation was

questions asked over an internet survey did not allow for clarifying questions to be asked. Further research should include in-depth interviews with participants to understand viewpoints regarding stigmas with sexual assault. A third limitation is that participant data only reflects college students at one university. Future research is needed to test how data compares with samples at other universities. Also, the majority of participants in this study identified as white, heterosexual women. Viewpoints from other genders, races, and sexuality may not be accurately reflected, and further research is needed to address these groups. A final limitation is that inventories that can be used to measure self-stigma and social stigma regarding sexual assault are not readily available; therefore, similar to other authors (Corrigan et al., 2006), the author was required to revise and adapt instruments to suit the needs of this research.

Future researchers should continue to study the associations between gender role beliefs and social stigmas with self-stigmas. Research into self-stigmas is still developing, and more studies are needed to understand where this type of stigma comes from and how it develops in a person. Furthermore, the current study shows no statistically significant association between gender role beliefs and social stigma. More research is needed to identify possible causes or correlations of social stigmas.

Conclusion

In conclusion, the current study found that there is a relationship between gender role beliefs and social stigma on self-stigma. Results show that more conservative gender role beliefs along with higher levels of social stigma are able to predict higher levels of self-stigma in a person. Identifying predictors of self-stigma contributes to the literature by providing new information on conditions of sexual assault survivors internalizing a stigma. These findings will

aid future researchers in determining sources of self-stigma and how to prevent this stigma from

forming.

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APPENDIX

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
  Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 18062002
PROJECT TITLE: Attitudes of Men and Women on Sexual Assault: The Role of Stigma, Self-Stigma, and Gender Roles
PROJECT TYPE: Honor's Thesis Project
RESEARCHER(S): Annie Hendricks
COLLEGE/DIVISION: College of Education and Human Sciences
DEPARTMENT: Child and Family Sciences
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 07/26/2018 to 07/25/2019

Edward L. Goshorn, Ph.D.
Institutional Review Board

Demographic Characteristics of Participants

Characteristic	*n*	Percent of sample
Sex		
Female	121	87.7
Male	17	12.3
Age		
18 – 21 years old	78	56.6
22 – 25 years old	27	19.6
26 – 29 years old	9	6.5
30 – 33 years old	6	4.8
34 years or older	18	13.0
Race/Ethnicity		
African American/Black	25	18.1
Caucasian/White	99	71.7
Asian American	2	1.4
Hispanic American/Latino	3	2.2
Native American/American Indian	1	0.7
Asian	5	3.6
Multiracial/Not Disclosed	3	2.1
Sexual Orientation		
Heterosexual	112	81.2
Gay	2	1.4
Lesbian	3	2.2
Bisexual	20	14.5
Self-Identification	1	0.7
Classification		
Freshman	20	14.5
Sophomore	24	17.4
Junior	31	22.5
Senior	34	24.6
Graduate Student	29	21.0

Note. $N = 138$.

Correlations

	Self-Stigma	Sex	Social Stigma	Gender Role Attitudes
Self-Stigma	1			
Sex	-.086	1		
Social Stigma	.259**	.049	1	
Gender Role Attitudes	-.295**	.095	.130	1

Notes. $N = 138$. ** = Correlation is significant at the 0.01 level (2-tailed).

Table 3

Beta Coefficients and Regression Analysis

Variable	Standardized β Coefficients		Multiple Regression Analysis			
	β	*p*	*R*	*R²*	*F*	Sig.
Multiple Linear Regression			.426	.182	9.925	p< .001
Sex	-.070	.375				
Social Stigma	.305	.001				
Attitudes Towards Women	-.328	.001				

Note. $N = 138$.