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Gender Differences in Attitudes towards Sexual Assault.

Naomi James

Abstract

Gender differences in attitudes towards sexual assault has received significant research attention, yet little research has investigated non-college student sampling despite nearly 50% of rape or sexual assault victims being over the age of 25 (Kilpatrick, 2000). There is also a distinct lack of research conducted surrounding various sexual orientation vignettes (Duncan, 1990; Davies, Pollard & Archer, 2006). In this study, 280 participants took part in an online questionnaire to examine gender differences regarding various factors of a sexual assault scenario. The current study aimed to investigate gender differences within a range of sexual orientation vignettes. Results found no significant gender differences regarding victim blame although, between gender and vignette, it was found that there was a statistically significant interaction as women held higher victim blame of male victims. However, there were significant gender differences found within alcohol and consent and support and recovery with men holding more negative attitudes than women. Such results may help to support prior gender difference findings. It also may be useful for future research to use same-sex vignettes to allow for an exploration of gender differences of sexual assault within same-sex relationships.

Keywords: gender; sexual violence; vignettes; attitudes; gender differences

Introduction

Under the Sexual Offences Act (2003) there are four definitions of non-consensual offences: rape, assault by penetration, sexual assault, and the causing of sexual activity without consent (GOV UK, 2016). Sexual assault is the sexual touching of any part of the body of another individual without that individual consenting, or without your belief that they consent (GOV UK, 2016). The average number of victims per year, averaged from 2009/2010, 2010/2011 and 2011/2012, is around 404,000 female victims and 72,000 male victims (Home Office & Ministry of Justice, 2013). Previously, most literature has focused on sexual assault where the victim is female and perpetrator is male; there is little research focusing on accounts of assault in same-sex couples. Research has found that many studies fail to investigate the incidence of coercion and assault in same-sex relationships, despite research providing evidence that men can be victims as well as women (McConaghy & Zamir, 1995; Davies & Rogers, 2006). It is important to conduct research within the areas that are less explored within sexual assault to aid in the empowerment of victims.

Many complex factors can affect the development of attitudes towards sexual assault. The aim of this literature review is to focus on various factors that are involved in the act sexual assault including gender differences of attitudes towards sexual assault, alcohol and consent, perpetrator gender and victim gender. All of these factors actively influence the charge of offence and the seriousness of the act within communities and courts of law. It is important to highlight these issues and research these areas to gain better knowledge on their effects on rape charges and claims.

Gender Differences

With regards to sexual assault, the majority of research shows significant gender differences in public attitudes (Jozkowski et al., 2014; Kalof & Wade, 1995; Abbey & Harnish, 1995; Malamuth, Haber & Feshback, 1980; Gunby, Carline, Bellis & Benyon, 2012; Felte, Ainslie & Geib, 1991). In most cases, research detects that men hold higher acceptance of rape myths when compared to women (Feltey et al, 1991; Davies, Gilston & Rogers, 2012) as women are less likely to possess attitudes that support rape, and allocate less victim blame (Kalof & Wase, 1995; Stephens et al., 2016). Gunby et al. (2012) discovered that men are more likely than women to believe that various rape and sexual assaults that are reported to the police are false allegations; therefore, men are more likely to believe sexual assault allegations are myth rather than fact. One main factor that contributes to these differences is the definition of consent for both sexes. In the majority of research, men were found to have

less understanding of legal consent when compared to women (Gunby et al., 2012) which can have an effect on how consent is communicated in sexual assault incidents. Research demonstrates that men use nonverbal communications of consent, such as body language, whereas women use verbal communications, such as verbal consent (Jozkowski et al., 2014). These attitudes stem from traditional views that women are responsible for providing sexual consent as men are responsible for proposing the act of sexual intercourse (Jozkowski et al., 2014). Due to the differences within verbalizations of consent, it could be argued that this could contribute to accounts of acquaintance rape (Jozkowski et al., 2014). Findings have discovered, in cases involving alcohol, that male participants perceive women as acting more sexually after consuming alcohol when compared to female participants (Abbey & Harnish, 1995). Research also revealed that in circumstances when the victim is more intoxicated than the perpetrator, men did not believe that alcohol consumption affects a person's ability to consent when compared to women (Gunby et al., 2012). Finally, research in gender differences found that men display more negative attitudes towards gay male victims of sexual assault and assigned more victim blame to gay victims when compared to women (Davies et al., 2012). This has been found evident as both straight and LGBTQ+ men have been found to suffer from severe homophobic reactions regarding sexual assault (Davies, 2002). In conclusion, research has found that men have been found to allocate more victim blame, and are more lenient with regards to portrayal consent and alcohol consumption on sexual assault attitudes when compared to women.

Victim Gender

A variety of prior research suggests that men and women are equally empathetic to both male and female victims (Perrot & Webber, 1994), however, the majority of recent research suggests that women are more pro-victim when compared to men (Davies et al., 2006; Davies, Rogers & Bates, 2008). Research reveals that male participants tend to be more accepting of both male and female rape acceptance myths when compared to female participants (Ford, Liwag-McLamb & Foley, 1998; Davies et al., 2012). Whether male participants are more supportive of victims can depend on the scenario presented. Men are pro-victim if a heterosexual male was attacked by a man (Davies et al., 2006) however male victims who are gay are perceived to be more at fault (Ford et al., 1998; Davies et al., 2008).

Heterosexual male victims who were assaulted by women were attributed more blame (Davies et al., 2006) as male victims are perceived more at fault for not defending themselves (Perrot & Webber, 1994). However, female victims of male perpetrators are seen as more

responsible for not foreseeing the assault (Perrot & Webber, 1994) therefore are perceived more at fault (Ford et al., 1998). In general, research demonstrates that men perceive perpetrators less responsible for attacks (Ford et al., 1998), and also assign more victim blames than women (Davies et al., 2012). Research also demonstrates that men place more victim blame on heterosexual males who are subject to assault by a woman (Davies et al., 2006). Ford, Liwag-McLamb and Foley (1998) found a direct link between victim blaming and the sexual orientation of the victim. In conclusion, research has found that men possess more negative views towards male victims of sexual assault whereas women are more empathetic and pro-victim for all genders in sexual assault.

Perpetrator Gender

In comparison to victim gender, there are gaps in literature about perpetrator gender, as most research focuses on female victims of male perpetrators (Gunby et al., 2012). However, within some research, the specification of perpetrator gender is significant when analysing results (Davies & Rogers, 2006). It has been a common view of the public and many psychologists that the sexual assault of a man by a woman is somewhat implausible, as women are perceived to be weaker and less capable of this offense (Davies & Rogers, 2006). Smith et al. (1988) found that participants perceived male victims of female perpetrators to be more likely to encourage the act and to have received sexual pleasure from the assault (Davies & Rogers, 2006). Smith et al. (1988) believed that these views were endorsed by stereotypical views of a man's sexuality, for example, males are supposed to be ready for and enjoy sex with a willing woman (Davies & Rogers, 2006). However, there is a distinct lack of research regarding attitudes of same-sex sexual assault despite research providing evidence that gay men and women risk sexual victimisation (Waldner-Haugrud & Gratch, 1997; Duncan, 1990; Rotham, Exner & Baughman, 2011). Nonetheless, in one piece of research, it was found that men, compared to women, attributed less blame to perpetrators, whether male or female, in cases of sexual assault (Gerber, Cronin & Steigman, 2004).

In conclusion, there is a lack of research specifically focusing on public attitudes of perpetrator gender; there could be a benefit from an increase of research surrounding perpetrator gender on blame in various sexual orientation vignettes. It is important to note that little to no research accounts for female perpetrators assaulting female victims and although some research accounts for male victims (Ford et al., 1998; Davies et al., 2008), research is still heavily heterosexual influenced.

Alcohol and Consent

Alcohol is seen to have a significant relationship with sexual assault within the literature. Research provides evidence that alcohol consumption before sexual activity is directly associated with an individual's internal and external consent (Jozkowski & Wiersma, 2014) and can increase the likelihood of sexual assault through a variety of pathways (Abbey, 2002). In relation to victim blame, individuals are more likely to experience higher victim blame if the perpetrator had used alcohol in the assault (Romero-Sanchez, Megias & Krahe, 2012). The consumption of alcohol pre-assault is directly associated with "more sexual victimization" of the victim (Ullman, Karabatsos & Koss, 1999). Both male and female participants who endorse more rape acceptance myths, blame the victims of sexual assault more than the perpetrator when alcohol is consumed prior to assault (Romero-Sanchez et al., 2012). Alcohol consumption has found to increase a woman's sexual intent and their levels of responsibility within their action despite alcohol consumption having no effect of men's sexual intent or responsibility; this provides evidence for a double standard regarding alcohol and consent (Maurer & Robinson, 2007). Research into alcohol consumption and the effect of consent giving shows that alcohol can have a direct effect on a person's efficiency to provide consent (Jozkowski & Wiersma, 2014). Alcohol consumption has an effect on the communication of sexual consent as it can easily be misinterpreted (Fantasia, Sutherland & Fontenot, 2015) especially as men communicate more nonverbally, and women communicate verbally; men and women may misread nonverbal and verbal cues when inebriated (Jozkowski et al., 2014; Gunby et al., 2012).

Consistent use of alcohol can also lead to difficulty when refusing sexual activities and can lead to poorly communicated refusal (Fantasia et al., 2015). Attitudinal gender differences link directly with alcohol and consent as males are less likely than females to perceive that alcohol can affect an individual's capability to give legal consent (Gunby et al., 2012). Although research into alcohol and consent has grown in recent years, considering alcohol consumption is present in over 50% of all sexual assault cases, it is crucial that research continues to unravel the relationship between alcohol and consent (Cowley, 2013). Within recent years, the effects of alcohol have been added into rape and sexual assault guidelines. However, the prosecutors have the decision regarding whether the victim was too intoxicated to consent or not, rather than the victim believing they were or were not too intoxicated to consent (CPS, 2017).

Recovery/Support

Extensive research has provided evidence that there are many spiritual, physical and mental effects of sexual assault (Mosier, 2013). Campbell, Dworkin and Gruener (1997) stated that research on sexual assault consistently shows negative and severe trauma with long-term effects; the most common effects include post-traumatic stress disorder and depression, which can lead to suicide attempts (Mosier, 2013). As women are found to have a statistically higher risk of sexual assault, the majority of research focuses on recovery attitudes of women (Eiswerth-Cox, 1993) and does not investigate men's attitudes. There is research evidencing that there are gender differences within coping and recovery from interpersonal assaults, including sexual assault. Research has found that women experience guilt and men experience internal anger (Galovski, Blain, Chappuis & Fletcher, 2013). Little research has been conducted regarding gender differences in attitudes or support needed or recovery after sexual assault cases. Orbuch et al. (1994) found that women believe talking about assault is needed to cope with the ordeal, whereas men believe that lesser recovery strategies, such as therapy, are needed for recovery (Little & Hamby, 1999). These differences can be linked with frequent feelings of guilt and self-blame and are experienced by around 73% of victims (Mosier, 2013).

Similarly, Schneider (1992) discovered that men believe the recovery process to be much quicker compared to women (Schneider, Mori, Lambert, & Wong, 2008). It is important to further research within this area, as this could have an impact on recovery education and support. Women who lack awareness of sexual discrimination are found to hold more "negative attitudes towards themselves as victims" (Eiswerth-Cox, 1993). It could be suggested that further education for victims on the awareness of sexual assault and recovery programs could decrease their self-blame and better their recovery process. Although there is a lack of literature regarding attitudes towards support and recovery from sexual assault, it could be supported by research regarding mental health and gender roles. Men perceive less support is needed for various mental health disorders as there is a desirability to conform to typical gender norms of men being tough and independent, whereas women do not have this conventional sex-role stereotype (Phillips & Gilroy, 1985). These conventional gender roles have shown to have an impact on men's help seeking regarding mental health, holding a more negative view compared to females for seeking help (Good & Wood, 1995). Research regarding attitudes for recovery and support have been consistent across the results.

The Current Study

The above-mentioned literature review examined individually the effects of victim gender, perpetrator gender, alcohol and consent and gender differences on sexual assault attitudes. The review of literature highlighted gaps in literature regarding accounts of sexual assault where alcohol was involved (Cowley, 2013). It also revealed the lack of same-sex scenarios used in research into sexual assault, despite research providing evidence of a high risk for victimization in this population (Waldner-Haugrud & Gratch, 1997; Duncan, 1990; Rotham et al., 2011).

The current study proposes four hypotheses. Reflecting on past literature, it is expected to find gender differences regarding victim blaming, with men blaming victims of sexual assault more and having higher acceptance of rape myths, compared to women (Feltey et al., 1991; Davies et al., 2012). It is also hypothesized that there will be a significant gender difference with regards to attitudes towards alcohol and its effect on consent (Gunby et al., 2012). It is evident that there are gender differences in victim blaming regarding sexual assault (Davies et al., 2006; Davies et al., 2008). Gender differences regarding same-sex sexual assault will also be hypothesized. The final hypothesis of this study is regarding recovery and support needed after sexual assault. A significant gender difference is hypothesized in differences in recovery and support of the victim. Between these four hypotheses for the research, it is the aim of this research to gain a better understanding and to investigate the relationship these four factors have on the effect of an individual's attitude towards sexual assault.

Method

Design

A between-subjects design was employed for this research. A quantitative web-based survey was used, on the Bristol Online Survey server, containing four separate vignettes and a set questionnaire for all vignettes. The vignettes were categorized into: female assaulting female, female assaulting male, male assaulting male, and male assaulting female. The questionnaire aimed to assess gender differences in victim blaming, perpetrator blaming, attitudes towards alcohol and consent and victim recovery and support.

Participants

The participants of this study were of an opportunity sample ($N=292$). From this

opportunity sample, 85 of the participants were male and 203 were female; however, 4 participants did not disclose their gender and were removed from the data set. The participants were recruited through a variety of social media platforms (Facebook and Twitter) and through student emails in the North West of England. All of the participants who had taken part were all 18 years old or above.

Materials

The research study entailed filling out one of four possible vignettes with the same questionnaire. Participants were enquired to rate agreeableness to different statements regarding the vignette using a Likert Scale, from 1 (strongly disagree) to 5 (strongly agree). Examples of the vignette questions include “A person cannot give sufficient consent when heavily drunk” and “[name] wouldn’t experience long term effects related to this event.” The questionnaire was influenced by various Rape Myth Acceptance (Payne, Lonsway & Fitzgerald, 1999) and Alcohol and Consent (Ward, Matthews, Weiner & Popson, 2012). Regarding the vignette, participants were also asked an open-ended question to determine the gender of participant. With regards to the subscales of the questionnaire, reliability levels for the current study were mixed with α values of .18 for alcohol and consent, .34 for victim blame and a good α value of .74 for support and recovery. Reliability levels were good with α values of .90 for perpetration and .91 for victimization.

After following the hyperlink from social media or their student email, the participants were directed to the questionnaire. The participant would be directed to a list of four shapes which would randomly assign a vignette. On choosing a shape, the participant would complete one demographic question regarding their gender then would continue to answer 15 questions about their assigned vignette.

Results

Descriptive Statistics

Descriptive statistics of means and standard deviations for the independent variable of Gender (two levels: male and female) and Attitude Sub-scales (three levels: alcohol and consent, victim blame and support and recovery). Table 1 shows that males have higher mean attitudes meaning higher negative attitudes compared to females.

Table 1:

Means (and Standard Deviations) of interaction between gender differences and vignette type on Alcohol and Consent Victim Blame, Support and Recovery attitudes.

Measure	Vignette	Males	Females	Total
Victim blame	F to M	6.62 (1.26)	7.83 (2.41)	7.55 (2.24)
	F to F	7.87 (1.74)	6.74 (2.35)	7.26 (2.15)
	M to M	6.00 (2.21)	6.71 (2.56)	6.56 (2.48)
	M to F	7.41 (1.67)	6.95 (2.08)	7.08 (1.97)
	Total	7.25 (1.78)	7.06 (2.23)	7.11 (2.16)
Alcohol and Consent	F to M	16.77 (2.68)	14.76 (2.77)	15.24 (2.85)
	F to F	15.87 (3.78)	13.63 (2.73)	14.66 (3.41)
	M to M	16.00 (3.46)	14.39 (2.76)	14.73 (2.95)
	M to F	15.85 (2.97)	15.02 (2.22)	15.26 (2.48)
	Total	16.01 (3.19)	14.67 (2.54)	15.06 (2.81)
Support and Recovery	F to M	8.31 (2.46)	7.36 (2.18)	7.58 (2.27)
	F to F	8.74 (2.63)	6.63 (2.72)	7.60 (2.86)
	M to M	8.10 (3.25)	6.50 (2.23)	6.83 (2.52)
	M to F	8.64 (2.50)	7.52 (2.42)	7.84 (2.49)
	Total	8.55 (2.58)	7.18 (2.40)	7.58 (2.53)

F-to-F = female to female, F to M = female to male, M to M = male-to-male, M to F = male to female.

Table 1 stated the descriptive statistics of means and standard deviations of the interaction between gender and sexuality of the couple within the vignette. The results show that men held a majority of negative views surrounding victim blame, perpetrator blame,

alcohol and consent and support and recovery when compared to women. However, the descriptive statistics show that women held views that are more negative for the male-to-male and female to male vignettes.

Gender Differences in Attitudes towards Sexual Assault

A 2 (Gender) x 4 (Vignette) Factorial ANOVA was conducted to explore attitudinal gender differences in sexual assault vignettes and alcohol and consent. There was a significant main effect of gender found ($F(1,280) = 17.28, p < .001, \eta^2 = .06$), suggesting that men have more negative views regarding alcohol and consent within sexual assault than women. There was no significant effect found for vignette ($F(3,280) = 1.15, p = .329, \eta^2 = .01$) and no significant interaction was found for gender and vignette ($F(3,280) = .97, p = .408, \eta^2 = .01$).

A 2 (Gender) x 4 (Vignette) Factorial ANOVA was conducted to explore attitudinal gender differences in sexual assault vignettes and victim blame. There was no significant effect of gender found ($F(1,280) = .07, p = .787, \eta^2 = .00$) and no significant effect found for vignette ($F(3,280) = 1.54, p = .204, \eta^2 = .02$). There was a significant interaction between gender and vignette ($F(3,280) = 2.87, p < .05, \eta^2 = .03$). A two-tailed independent samples *t*-test revealed that there is a significant gender difference within the Female to Male vignette ($t(39.62) = 2.39, p < .05$), showing that women had more negative victim blame attitudes compared to men. A two-tailed independent samples *t*-test revealed that there was no significant gender differences found in the Male to Female vignette ($t(87.34) = 1.36, p = .178$), the Male to Male vignette ($t(15.97) = -.87, p = .395$) and the Female to Female vignette ($t(47.17) = 1.95, p = .057$).

A 2 (Gender) x 4 (Vignette) Factorial ANOVA was conducted to explore attitudinal gender differences in sexual assault vignettes and support and recovery. There was a significant main effect of gender found ($F(1,280) = 16.14, p < .001, \eta^2 = .06$), which found men to have more negative attitudes towards recovery within sexual assault than women. There was no significant effect found for vignette ($F(3,280) = .93, p = .425, \eta^2 = .01$) and no significant interaction was found for gender and vignette ($F(3,280) = .59, p = .621, \eta^2 = .01$).

Discussion

The aim of this study was to investigate how gender can affect attitudes regarding three factors (alcohol and consent, victim blame and support and recovery) within sexual assault vignettes. Results from the current study is consistent with previous mentioned

research with regards to alcohol and consent (Gunby et al., 2012), and support and recovery (Little & Hamby, 1999). However, the results from victim blame are inconsistent to previous research which suggests that there would be gender differences in victim blame attitudes (Davies et al., 2006; Davies et al., 2008).

The current findings deviate from previous research, rejecting the hypothesis that men hold higher victim blame attitudes than women. As there were no significant gender differences found, the current study contradicts previous research that states that men have higher rape acceptance and victim blame attitudes compared to women (Davies et al., 2012; Feltey, Ainslie & Geib, 1991). The current results could differ from prior research due to the change of laws and rise of awareness in recent years of sexual assault and pro-victim movements, for example the #MeToo movement (Kinsella, 2018). However, the analysis revealed that in the Female to Male assault vignette women had more negative views of victim blame than men. These current findings do not coincide with past research, which suggest the opposite effect would occur (Ford et al., 1998; Davies et al., 2006; Davies et al., 2008).

As there were no significant interactions within the Female to Female and Male-to-Male assault vignettes and participant gender differences, the current research challenges previous findings that suggests men display more negative views towards male victims of male perpetrators (Davies et al., 2012). However, as the victim's sexual orientation was not specified, the current research could support a study conducted by Ford, Liwag-McLamb and Foley (1998) who discovered that men are more supportive of victims if the male victim is heterosexual and the perpetrator was male. As results show women scored higher on victim blame, it challenged research stating women hold less victim blaming attitudes (Gunby et al., 2012) but also confirms findings in past research that suggests that heterosexual men who are victims of female perpetrators are perceived to deserve more blame, as men are perceived as being willing to have sex with women no matter the circumstances (Davies & Rogers, 2006; Davies et al., 2006; Perrot & Webber, 1994). As the majority of prior research is five or more years old, it could suggest a change in victim blame attitudes which have not been recently explored and investigated.

As hypothesised, there was a significant attitudinal gender difference regarding support and recovery after sexual assault. The current study found men to be less supportive of recovery attitudes compared to women. The belief of little help and intervention being needed after sexual assault cases reinforced previous research that discovered similar findings (Little & Hamby, 1999; Scheider et al., 2008). However, previous research by Sigurvinsdottir

and Ullman (2015) found no attitudinal gender differences regarding support and recovery attitudes, and no gender differences in attitudes towards various sexual orientation sexual assault scenarios.

The current research contradicts these findings, as there were significant gender differences found. Previous research had found a link between negative attitudes regarding sexual assault and victim blaming had a profound link with negative beliefs within the recovery process of victims of sexual assault (Pistorio, 2015). However, the current research challenges these previous findings, as despite having a significant gender difference, of men being more negative than women in recovery, there was no significant difference regarding victim blame.

Limitations

With web-based questionnaires, there could be an issue with social desirability, especially within the context of sexual assault, to keep to current societal norms rather than personal beliefs, as there is a fear results may not be completely anonymized (Cargan, 2007). Another issue is that the study had predominantly more female participants compared to male participants, which does not allow an appropriate examination of gender differences. Due to the lack of control for co-variate variables, such as sexuality and age, this could have affected the participant attitudes towards victim blame (Davies & Rogers, 2006). There was no specification as to whom was the most drunk in the vignettes or how heavily it affected their actions, therefore some answers to questions in the questionnaire were unsure as several participants questioned whether any of the individuals in the vignette were responsible if both were intoxicated.

Implications of Findings

There are implications that can be taken from the findings of this study. In terms of education, it would be beneficial to educate students from an appropriate age that alcohol has an effect on providing sufficient consent according to the law. By educating individuals on the gender differences of forms of consent, it could prevent miscommunications within sexual situations. In terms of practice, the study implies that participants still considered same-sex and female to male assault as the same crime. This could imply that laws should follow this example and use the same sentencing of sexual assault/rape of a male perpetrator

as a female perpetrator unlike laws currently claiming women cannot commit the act of rape (Rumney, 2007).

The findings indicate that the education of the public that men can be victims of sexual assault as well as women would be useful, as women attributed more victim blame to male victims. As society has previously portrayed women as victims this has had an effect on men as they are portrayed as “less manly” or “weak” if they are victims of abuse (Davies & Rogers, 2006). Likewise, the education that individuals can experience same-sex assault is necessary. Although the findings for victim blame were not significant, the results still indicated that women were blamed when being assaulted by another woman. This could be transferred into victim support as the awareness of this type of assault will help develop programs to help support victims in same-sex assault cases

Future Directions of Research

With regards of future research direction, the need for adding sexuality of the victim and/or perpetrator is needed within research as it can have an effect on individual attitudes regarding sexual assault (Gerber et al., 2004; Waldner-Haugrud & Gratch, 1997; Duncan, 1990; Rotham et al., 2011). Another direction suggestion is to investigate the age of participants and whether that has a direct impact on attitudes regarding sexual assault. From the current research findings, the need for further research into women’s attitudes of various vignettes is required to discover whether findings were chance occurrence or in fact a change in these attitudes. With regards of support, research further into the differences between recovery attitudes is needed. Within victim support, the findings that men and women have differing attitudes towards recovery can help develop recovery programs for male and female victims to cater to their needs. This also calls for future research as there is a severe lack of research within the effects of alcohol and consent within same-sex assault and whether there are differences in the recovery process. Finally, a direction for future research is a demand for qualitative research in the area of understanding sexual assault to discuss and determine factors that play in gender differences and how they differ in various sexual orientation vignettes.

Conclusion

In conclusion, most of the findings of the current study coincide with past research, adding more validity and reliability to the literature. Despite not corresponding to prior research on victim blaming (Ford et al., 1998; Davies et al., 2012), the current research has

opened opportunities for attitude changes to be discussed and investigated. The finding of women rating higher on victim blame than men in the Female to Male vignette has differed to the majority of research previously conducted within this area; these findings provide an opportunity for future research to explore these attitude differences. Men were found to hold attitudes that alcohol has no effect on an individual's ability to give consent whereas women believed alcohol affects consent. Finally, the support and recovery findings support prior research (Schneider et al., 2008); the findings discovered that men, when compared to women, believe that support is not necessary for all victims following sexual assault. There is a need for further research within this area to fully understand the gender differences of sexual assault recovery.

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