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## International Journal of Law, Crime and Justice

journal homepage: [www.elsevier.com/locate/ijlcrj](http://www.elsevier.com/locate/ijlcrj)

Position Paper

# Male rape myths: Examining the role of victim empathy and socio-demographics in a cross-sectional sample of UK adults

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## ARTICLE INFO

## Keywords:

Male rape myths  
Sexual assault  
Rape  
Victim empathy  
Male survivors

## ABSTRACT

Whilst much is known about the psychosocial correlates of rape myth beliefs regarding female victims, much less research has investigated factors that underlie male rape myth beliefs. The aim of this study was therefore to examine the role of victim empathy and socio-demographics upon male rape myth beliefs. 303 UK adults aged 18 to 74 (*M* Age = 31.48) completed the Male Rape Myth Scale (MRMS) and the None-in-Three Victim Responsiveness Assessment (NI3: VRA), alongside assessing socio-demographic characteristics (age, gender, ethnicity, education). Results reveal gender and ethnicity differences in affective victim-empathy sub-scales and overall male rape myth beliefs. Regression analyses determined that age, gender, ethnicity, and affective victim-empathy were significant predictors of male rape myth attitudes. The results have important implications for understanding those who are likely to believe falsehoods pertaining to male survivors of sexual victimisation and highlight the need for targeted educational intervention programmes among the UK public, including in their role as jurors.

## 1. Introduction

Growing academic, policy, and public attention over the sexual victimisation of men has brought to light the considerable scope and pervasiveness of this type of violence in clinical and community settings (Widanaralalage et al., 2022; Widanaralalage et al., 2023). Despite narratives suggesting that the rape and sexual victimisation of men is rare, limited to sexual minority groups, and unlikely to occur outside of prison settings, research indicates that men and boys experience a broad range of unwanted sexual experiences across their lifespans. While varying legal definitions of sexual violence and men's reluctance to disclose their experience affect our ability to accurately estimate rates of men's sexual victimisation, globally it is suggested that 1 in 4 men and 1 in 6 boys will have had unwanted sexual experiences in their lives (Debowska et al., 2018; Dube et al., 2005; World Health Organization [WHO], 2014). In the United Kingdom (UK), figures suggest that approximately 5% of adult men in England and Wales report being sexual assaulted, with over 155,000 men reporting sexual victimisation over a 12-month span (Office for National Statistics, 2020; 2021). Nevertheless, it is important to recognise that men's sexual victimisation is drastically underreported in the UK (Hine et al., 2021; Weare, 2021). Challenges with disclosure are associated with several gender-specific barriers reported by survivors across a variety of moments, including seeking mental health support and reporting to criminal justice services (Jamel, 2010; Jamel et al., 2008; Widanaralalage et al., 2022), feeding into the on-going attrition of sexual offences in the United Kingdom (Hohl and Stanko, 2015;

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<https://doi.org/10.1016/j.ijlcrj.2023.100645>

Received 8 September 2023; Received in revised form 8 November 2023; Accepted 1 December 2023

Available online 9 December 2023

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Murphy et al., 2022; Willmott et al., 2021). Similarly, like women (Lilley et al., 2023), men encounter several, complex challenges that refrain them from openly discussing sexual trauma. Such barriers are reinforced by widely held beliefs that typically question the authenticity of victims' claims and minimise their sexual trauma (Randall, 2010). Myths and biases regarding sexual violence have been extensively researched for women's sexual victimisation (Smith et al., 2022; Sowersby et al., 2022; Hudspith et al., 2023) however research on what has become known as 'male rape myths'<sup>1</sup> remains limited. The aim of this study is therefore to examine the role of a range of psychosocial characteristics upon male rape myths beliefs within a cross-sectional sample of UK adults.

### 1.1. Rape myths and male victim-survivors

Much research has examined the nature and correlates of rape myths, defined as 'prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists' (Burt, 1980, p. 217). Originating from feminist theories, acceptance of rape myths leads to denial, justification, and minimisation of sexual violence against women in a patriarchal society (Willmott et al., 2021). Lonsway and Fitzgerald (1994) add that rape myths are 'generally false but are widely and persistently held' and 'serve to deny and justify male and sexual aggression against women' (p.134). Rape myths typically (i) place the blame on the victim, (ii) minimise victim experiences, (iii) exonerate perpetrators, and (iv) insinuate there is a typical victim (Ben-David and Schneider, 2005; Grubb and Turner, 2012). Examples of rape myths against women include characterisation of rape victims as promiscuous, 'provoking' men's violence through their behaviours and reputation, how rape cannot occur in intimate relationships, and that women lie about being raped (Leverick, 2020; Lilley et al., 2023). While clearly and demonstrably false when used to undermine the credibility and severity of rape allegations, rape myths remain widely held throughout UK society. Results of a large-scale survey by Smith et al. (2022) found that such misconceptions even influence public support for rape victims right to access compensation following their victimisation. The impacts of rape myths on women's experiences before and after sexual assaults is well documented in the literature, with observers' questioning the legitimacy of claims that do not meet the 'real rape stereotype' (Du Mont et al., 2003). Given the importance of rape myths in creating and maintaining a hostile environment for victims of sexual violence (Burt, 1980), and the rape of men being criminalised in England and Wales as recently as 1994 under the Criminal Justice and Public Order Act (see Widanaralalage et al., 2022 for a review), research on male-specific rape myths has gained attention and explored how traditional rape myths and male rape myths converged and diverged.

*Male rape myths* describe a set of specific beliefs and misconceptions around men who experience and perpetrate sexual violence, designed to undermine, minimise, deny, and ridicule the experience of survivors. While serving a similar and damaging function to traditional rape myths (i.e., women as the victim, men as the perpetrator), *male rape myths* are strongly related to stereotypical views around men, masculinity, sex, sexual orientation, and the contexts in which male rape occurs (Turchik and Edwards, 2012; Weare, 2021). Men are typically expected to be strong, assertive, and capable of defending themselves (Smith et al., 2007), which contrasts with how victims are typically seen as 'weak', 'gullible', and inherently at risk of abuse (Jägervi, 2014; Weare, 2018). These seemingly opposing social representation of men and victims converge to create the scepticism underpinning male rape myths. Relatedly, biases towards sexual minorities, including men who have sex with other men, significantly influence the construction of narratives suggesting that male victims may be fabricating, provoking, or intentionally seeking sexual violent incidents. Drawing from Ben-David and Schneider's triadic representations of victim blaming (2005), men are often believed to be lying about being assaulted to conceal their sexual orientation (Pearson & Barker, 2018; Weare, 2021) or as hedonistic and masochistic (Jägervi, 2014; Sowersby et al., 2022), and therefore actively seeking sexually violent relationships. Taken together, while the broader themes might stem from similar blame attribution, the connotation and consequences of male rape myths are clearly qualitatively different (Widanaralalage et al., 2022a,b).

The distinctiveness of male rape myths is particularly evident in the UK, where a decade of media coverage of rape cases reveal a predominance of male rape myths on consent, sexuality, and victim fabrication (Abdullah-Khan, 2008). Examples of male rape myths include 'men are too strong to be raped'; 'only gay men are raped'; 'if a man has an erection/ejaculates, he must have wanted it'; 'men are less affected by rape'; 'men can only be raped in prisons'; 'only strong men can rape another man' (DeJong et al., 2020; Hine et al., 2021; Walfield, 2018; Weare, 2021). Research indicates that male rape myths are widely held, with earlier evidence suggesting that 20% of men believed that victims were 'somewhat to blame for not being more careful' (Chapleau et al., 2008; Struckman-Johnson and Struckman-Johnson, 1992). More recent evidence by Walfield (2018), suggests that male rape myths are still widely held in the US, with nearly one-third of respondents agreeing that a man's resistance determines whether he was raped (32%), they would not believe a man who told them he was raped by a woman (31%), that male rape is committed by homosexuals (31%), and that a man enjoys sex even when it is forced upon him (25%).

Several socio-demographic variables have been found to relate to adherence to male rape myths. For example, it is generally agreed that older and male respondents are more likely to adhere to male rape myths (Chapleau et al., 2008; Davies et al., 2012; DeJong et al., 2020; Hancock et al., 2021; Rosenstein, 2015; Walfield, 2018). However, less is clear around other important variables known to influence rape myth acceptance from the female sexual violence literature, such as level of education or ethnic heritage. For example,

<sup>1</sup> The use of the term "male" here is reflective of the language used within the body of work previously established on this topic. It is important to note that this nomenclature potentially represents a conflation of terms relating to biological sex (i.e., male) and gender (i.e., men) and that the myths described in this work are applicable to both cis and transgender men, and not just those identified as male at birth. This is an important linguistic issue for this area needing further discussion. To maintain consistency with the literature and the measures used in the present study, we will only use the term 'male' to distinguish from traditional rape myths which focus on women, with limitations recognised.

research on the relationship between male rape myth acceptance and respondent's ethnicity is limited and yields inconsistent findings: Walfield (2018) reports no significant differences in race/ethnicity for male rape myth acceptance; DeJong et al. (2020) found that non-white participants were significantly less supportive of male rape myths than white participants; and Rosenstein (2015) found that white participants had lower levels of male rape myth acceptance. Furthermore, while some recent research shows that *type* of education influences levels of male rape myth acceptance (see Hancock et al., 2021), less is known about the role of *level* of education, with earlier research showing that less educated respondents had significantly higher levels of male rape myth acceptance (Kassing et al., 2005), although Walfield (2018) did not find any statistically significant difference in this demographic variable. Taken together, the findings on the role of socio-demographic factors in shaping respondents' male rape myth acceptance is limited, mixed, contradictory, and difficult to generalise to populations such as the UK, given that much prior research was conducted among North American populations.

### 1.2. Male rape myths and victim empathy

Despite the importance of demographic factors in respondents' rape myth acceptance, several studies have highlighted how holding beliefs about power, privilege, and gender may better explain attitudes supportive of sexual violence and aggression. Indeed, both female and male rape myth acceptance correlate with several measures of homophobia, sexism, and racism (e.g., Abrams et al., 2003; Aosved and Long, 2006; Chapleau et al., 2008; Chapleau and Oswald, 2010; Davies et al., 2012; DeJong et al., 2020; Kassing et al., 2005; Viki and Abrams, 2002). The clustering of these intolerances and discriminations reflects a process of othering and normalisation of violence which is underpinned by diminished victim empathy, defined as the capacity to be affected by the emotional state of others (Davis, 1983). Several sexual violence intervention and prevention strategies use empathy priming and training to challenge myths and biases around rape and promote bystander responsibility for intervening (Hudspith et al., 2023; Kettrey and Marx, 2019). Indeed, the role of empathy in fostering reductions of female rape myth acceptance has been confirmed across several recent studies (Baskurt and Harkins, 2023; Kazmi et al., 2023; Leone et al., 2021; Litam, 2019; Long and Herr, 2022). While limited in comparison, research has attempted to replicate these findings with male rape myth acceptance also, finding that emotional empathy towards a fictional male rape survivor significantly predicted changes in male rape myth acceptance (Patterson et al., 2021). However, victim empathy and rape myth acceptance (both for female and male victimisation) typically employ a unidimensional construction of empathy, despite much research now indicating that empathy is best conceived as at least two separate constructs, affective and cognitive empathy (Ang and Goh, 2010; Ioannides and Willmott, 2023; Jiang et al., 2021; Martingano and Konrath, 2022; Trivedi-Bateman and Crook, 2022; Topcu and Erdur-Baker, 2012; Yeo et al., 2011). Affective empathy relates to the ability to respond to a person with appropriate feelings; cognitive empathy instead assesses the ability to understand someone's emotional states, mentally represent their emotional processes, and engage with the person at a cognitive level (Boduszek et al., 2022; Debowska et al., 2019; Lin et al., 2017). Given the importance of victim empathy in shaping respondents' rape myth acceptance, it remains unknown whether differences will emerge when exploring a multi-dimensional construct of empathy.

### 1.3. Current study

Research indicates that male rape myths (MRM) are widely accepted and serve to deny, minimise, and justify sexual violence against men (Turchik and Edwards, 2012; Widanaralalage et al., 2022). While studies show that factors such as gender, age, and empathy relate to MRM acceptance, findings remain mixed on other important socio-demographic factors, including race/ethnicity and education (DeJong et al., 2020; Rosenstein, 2015; Walfield, 2018). Furthermore, studies have typically treated victim empathy as a unidimensional construct rather than examining affective and cognitive components separately. As Debowska et al. (2019) persuasively outline, given vast evidence of the multidimensional and bidirectional nature of empathy variants, this warrants further investigation in the context of MRM beliefs. The current study therefore aims to clarify inconsistencies around the role of socio-demographic factors upon male rape myth beliefs, alongside examining for the first time the separate contribution that affective and cognitive victim empathy may have upon attitudes towards male rape, explored in a cross-sectional sample of UK adults.

## 2. Materials and methods

### 2.1. Design

In this study we adopted a cross-sectional design whereby participants completed an online questionnaire including self-report measures of male rape myth beliefs and victim empathy (responsiveness) sub-scales and socio-demographic characteristics. As such, the six predictor variables were age, gender, ethnicity, level of education, affective responsiveness, and cognitive responsiveness (victim empathy traits). The outcome variable in this study was male rape myth beliefs.

### 2.2. Sample

Participants were opportunistically recruited to take part in the study through use of an advertisement poster shared across varying social media and forum platforms (i.e. Facebook, Twitter, Instagram and Reddit). Participants were invited to take part in an online survey assessing their opinions towards those who report experiences of physical and sexual crimes. Inclusion criteria were highlighted to prospective participants here namely, that they were (1) *aged 18 and above*, (2) *had a good command of written and spoken English* and

(3) were a citizen of the United Kingdom. Those interested in taking part were asked to click the weblink included alongside the study advert to the survey hosted on the Qualtrics data collection platform. Utilising [Tabachnick, Fidell and Ullman's \(2013\)](#) recommended sample size formula for correlational designs [ $50 + (8 \times \text{number of predictors})$ ], a minimum of 98 participants were required to carry out the planned analysis. In total, 469 participants made some attempt to complete the survey, though the data from 166 respondents was removed due to significant missing data (i.e. the non-completion of all survey questions) or not meeting the inclusion criteria. In most instances this was a lack of UK citizenship or due to being less than 18 years old. The final sample included 303 participants. Participant age ranged from 18 to 74 ( $M = 31.48$ ;  $SD = 11.44$ ); participants were predominately women ( $N = 246$ ; 81%), with a minority of men taking part ( $N = 57$ ; 19%). Regarding ethnicity, 253 participants (84%), reported their ethnicity as Caucasian and 50 respondents (16%), reported their ethnicity as Black African and/or Black Caribbean heritage, Southeast Asian heritage (i.e. Pakistani or Indian) or representative of another minority ethnic group. It is important to note here that the authors recognise that each of these ethnic groups have unique cultures and traditions that distinguish them from one another. However, due to low individual group representation, an arbitrary 'Black, Asian and minority ethnic' (BAME) grouping was necessary to allow for some meaningful (albeit limited) comparison against the larger Caucasian participant group. Regarding education, 107 participants (35%), self-reported their highest qualification as being below a university bachelor's degree and 196 respondents (65%), reported their highest qualification as being a university bachelor's degree or above.

### 2.3. Measures

**None-in-Three Victim Responsiveness Assessment (Ni3:VRA; [Debowska et al., 2019](#))** Given the research evidence that indicates both global and victim empathy are multidimensional constructs, the Ni3: VRA was designed to capture empathy towards victims of intimate partner violence. Following distinctions between empathic understanding and experiential affective responses, Ni3:VRA has two distinct factors: Affective Responsiveness (AR) captures the extent to which a person is able to appropriately emotionally respond to a victim of IPV's experience (e.g. "I get upset when I see a woman being physically hurt by her partner") and Cognitive Responsiveness (CR) assesses a person's ability to understand the emotional state of IPV victims and engage with victims at a cognitive level (e.g. "I can imagine what a woman physically hurt by her partner is thinking or feeling"). Both subscales contain eight items and are measured on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Subscale scores range from 8 to 40, with higher scores indicating greater affective or cognitive responsiveness (i.e. empathy) towards victims of IPV. Composite reliability indicates both subscales exhibit very good internal reliability (AR = 0.94; CR = 0.93).

**Male Rape Myth Scale (MRMS; [Melanson, 1998](#))** is a 22-item scenario-based attitudinal measurement scale concerned with myths and stereotypes pertaining to male victims of rape. The MRMS scale was conceptualised as a unidimensional scale whereby all 22-items load onto one general male rape myth beliefs factor. Two items (1 and 6) are reverse scored. Measured on a 6-point Likert scale (1 = Strongly Disagree to 6 = Strongly Agree), total scale scores range from 22 to 132, with higher scores indicating greater endorsement of male rape myths and falsehoods. Internal reliability indicates very good internal reliability ( $\alpha = 0.90$ ).

**Socio-demographic Questions.** Demographic information was recorded and later categorised using self-reported open-ended responses to questions asked (e.g. "How old are you in years?"; "How would you describe your gender?"; "How would you describe your ethnicity?" and "What is your highest academic qualification"). Based on the responses given, age was recorded as a continuous variable, with gender and ethnicity binary coded as (1) male, (0) female; (1) Caucasian, (0) BAME; (1) University Degree or Above, (0) Below University Degree.

### 2.4. Study procedure

After clicking the survey weblink included alongside the online advert, participants were immediately presented with an information sheet that outlined the overall aim and purpose of the study. Contact information for the researchers was provided so that participants could ask questions before or after taking part. Likewise, free, and impartial support service information was provided so that participants had access to appropriate support services in advance of partaking, relevant given the gender-based violence nature of the study. Prior to taking part, participants were asked to provide informed consent through completion of an online consent form. Here participants were specifically made aware of their rights to withdraw during or after the study, without the need to provide a reason for doing so, though in practice no respondents choose to do so. Next, participants were presented with the study questionnaire containing sociodemographic questions, the None-in-Three Victim Responsiveness Assessment scale and finally the Male Rape Myth Scale. The questionnaire took between 15 and 22 min to complete after which an online debrief sheet reiterating the rationale of the

**Table 1**  
Descriptive statistics for continuous study variables (n = 303).

Variable	Mean	SD	Range	Observed Min	Observed Max
Age	31.48	11.44	56.00	18.00	74.00
VRA: AFF	35.33	4.55	31.00	9.00	40.00
VRA: COG	28.19	6.81	32.00	8.00	40.00
MRMS	33.80	9.17	46.00	22.00	68.00

**Key:** VRA: AFF = Victim Responsiveness Assessment: Affective subscale; VRA: COG = Victim Responsiveness Assessment: Cognitive subscale; MRMS = Male Rape Myth Scale Total Score.

study and withdrawal procedures was provided. Again here, free, and impartial support service information was provided for victim support organisations alongside contact information for the research team. Ethical approval for the study was obtained from the Research Ethics Committee at the host institution and the procedures outlined above adhered with the internal university research ethics policies and code of human research ethical guidelines as set out by [British Psychological Society \(2021\)](#).

### 3. Results

Descriptive statistics including means and standard deviations for continuous study variables including age, victim empathy subscale scores (affective and cognitive responsiveness) and male rape myth scale scores are presented in [Table 1](#). Pearson correlations between all study variables are presented in [Table 2](#). Descriptive data display mean participant age was 31.48 ( $SD = 11.44$ ) and an overall low mean score for male rape myth endorsement across the sample, alongside moderate mean score for cognitive responsiveness and high mean score for affective responsiveness to victims of IPV. Correlational analysis displays weak to moderate significant associations between victim empathy traits, age, gender and ethnicity with male rape myth scores in the current sample.

#### 3.1. Group differences in victim empathy

To investigate whether affective and cognitive victim empathy varied based upon sociodemographic group differences in gender, ethnicity, and education, independent sample t-tests were conducted. Analysis revealed a significant difference between men and women in this sample in both affective and cognitive responsiveness scores. Analysis also revealed a significant difference in affective responsiveness, though not cognitive responsiveness, between Caucasian and BAME participants. Alternatively put, men exhibited significantly lower affective and cognitive empathy for victims of partner violence than women in the current sample (see [Table 3](#)). The degree of difference in affective responsiveness by gender was medium and in cognitive responsiveness, the difference was small. Likewise, BAME participants expressed significantly lower affective empathy for female victims of IPV than their Caucasian counterparts and the degree of difference was small. No significant differences were observed based upon level of education for either victim empathy constructs.

#### 3.2. Group differences in male rape myth beliefs

To investigate whether male rape myth beliefs varied between demographic groups, additional independent sample t-tests were carried out. Analysis revealed a significant difference between men and women in their endorsement of male rape myths and the degree of difference was large. Analysis also revealed a significant difference in male rape myths based on ethnicity, with a medium effect size found. Specifically, men and BAME participants exhibited significantly greater endorsement of myths and falsehoods pertaining to male rape than women and Caucasian participants (see [Table 3](#)). Again, no differences were found between those educated below university level and those who held a university bachelor's degree or higher.

#### 3.3. Correlates of male rape myth beliefs

Multiple regression assumption testing (multicollinearity, independence of errors, absence of outliers, homoscedasticity, and linearity of data) were all examined and satisfied prior to analyses. Linear regression modelled the effects of age, gender, ethnicity, education, and affective and cognitive victim empathy scores, as predictors of male rape myth beliefs (see [Table 4](#)). Analysis revealed the model significantly explained 25% of variance in male rape myth endorsement,  $F(6, 295) = 16.10, p < .001$  and indicated that age, gender, ethnicity, and affective responsiveness, were all significant predictors of male rape myth beliefs. Of these variables, affective empathy was the biggest contributor ( $\beta = 0.35, p < .001$ ), followed by gender ( $\beta = 0.15, p = .008$ ), ethnicity ( $\beta = -0.14, p < .01$ ), and age ( $\beta = 0.12, p = .02$ ).

## 4. Discussion

The study explored the relationship between victim empathy constructs (affective and cognitive responsiveness) and socio-

**Table 2**  
Pearson's Correlations between study variables (n = 303).

Variable	1. Age	2. Gender	3. Ethnicity	4. Education	5. VRA:AFF	6. VRA:COG	7. MRMS
1. Age	X						
2. Gender	0.21***	X					
3. Ethnicity	-0.04	-0.26***	X				
4. Education	-0.06	0.01	-0.09	X			
5. VRA: AFF	-0.12*	-0.32***	0.14*	-0.02	X		
6. VRA: COG	0.03	-0.12*	0.04	-0.01	0.30***	X	
7. MRMS	0.19***	0.32***	-0.22***	-0.01	-0.42***	-0.14*	X

**Key:** VRA: AFF = Victim Responsiveness Assessment: Affective subscale; VRA: COG = Victim Responsiveness Assessment: Cognitive subscale; MRMS = Male Rape Myth Scale Total Score. \* =  $p < .05$ ; \*\* =  $p < .01$ ; \*\*\* =  $p < .001$ .

**Table 3**

Group differences in NI3:VRA Affective and Cognitive subscales and Male Rape Myth Scale scores (n = 303).

Scale	Variable	Group	Mean	SD	t	Cohen's d
VRA: AFF	Gender	Male	32.30	5.32	-5.807***	.79
		Female	36.02	4.06		
	Ethnicity	Caucasian	35.60	4.27	2.354*	.33
		BAME	33.94	5.61		
VRA: COG	Education	Below Degree	35.46	4.36	-0.368	.04
		Degree or above	35.26	4.65		
	Gender	Male	26.43	6.74	-2.157*	.32
		Female	28.59	6.77		
MRMS	Ethnicity	Caucasian	28.31	6.75	0.716	.11
		BAME	27.55	7.11		
	Education	Below Degree	28.31	7.53	-0.216	.03
		Degree or above	28.12	6.39		
MRMS	Gender	Male	39.84	9.87	5.265***	.81
		Female	32.40	8.42		
	Ethnicity	Caucasian	32.89	8.46	-3.310**	.56
		BAME	38.40	11.16		
Education	Below Degree	33.91	8.87	-0.151	.02	
	Degree or above	33.74	9.35			

**Key:** VRA: AFF = Victim Responsiveness Assessment: Affective subscale; VRA: COG = Victim Responsiveness Assessment: Cognitive subscale; MRMS = Male Rape Myth Scale Total Score; BAME = Black, Asian, Minority Ethnic; Below Degree = Highest qualification is below a university bachelor's degree; Degree or Above = qualified to university bachelor's degree level or above; \* =  $p < .05$ ; \*\* =  $p < .01$ ; \*\*\* =  $p < .001$ .

**Table 4**

Multiple linear regression analysis of sociodemographic and victim empathy predictors of Male Rape Myth Scale scores (n = 303).

	R <sup>2</sup>	$\beta$	B	SE	CI (95%)
<b>Model</b>	.25***				
Age		.12*	0.09	0.04	0.01/0.17
Gender		.15**	3.49	1.31	0.92/6.07
Ethnicity		-.14*	-3.34	1.30	-5.89/-0.78
Education		-.02	-0.41	0.97	-2.33/1.50
VRA: AFF		-.35***	-0.70	0.11	-0.92/-0.48
VRA: COG		.01	0.02	0.07	-0.13/0.16

**Key:** VRA: AFF = Victim Responsiveness Assessment: Affective subscale; VRA: COG = Victim Responsiveness Assessment: Cognitive subscale; \* =  $p < .05$ ; \*\* =  $p < .01$ ; \*\*\* =  $p < .001$ .

demographic characteristics upon male rape myth beliefs in a sample of UK adults. Overall, the findings provide support to the existing literature while also making important novel contributions pertaining to the under researched topic of male rape myth beliefs. Consistent with past research, significant differences were observed between men and women in this sample in both male rape myth endorsement and victim empathy, with men exhibiting greater endorsement of false beliefs around male rape compared to women, and decreased victim empathy across both cognitive and affective facets. Several studies have addressed this gender gap in victim blaming and empathy, including men's adherence to traditional gender norms, defensive attribution strategies, and within-group biases linked to their gender identification (Conroy et al., 2023; Diamond-Welch et al., 2021; Lewandowicz-Machnikowska et al., 2023; Pinciotti and Orcutt, 2019; Stevens et al., 2023; Widanaralalage et al., 2023). In particular, masculine ideologies perpetuating toughness, self-reliance over help-seeking, and rejection of vulnerability (Addis and Cohane, 2005; Thompson and Bennett, 2015; Weare, 2018) may contribute to men's struggle with recognizing and accepting male rape. Qualitative evidence support these tendencies even in male survivors, who have been found to perpetuate and describe their experiences along the paradigms of masculinity and sexuality rape myths (Widanaralalage et al., 2023; Widanaralalage et al., 2022). It may also be possible that men's increased male rape myth acceptance reflected defensive attribution strategies (Grubb and Turner, 2012) whereby men distance themselves from victims through victim blaming myths to protect a hypothetical future self from being sexual assaulted. It was therefore not surprising to also see men exhibiting significantly lower levels of both affective and cognitive empathy for victims of intimate partner violence relative to women. In line with research showing the combined role of affective and cognitive empathy in explaining gender differences across many forms of aggression and violence (Boduszek et al., 2022; Ioannides and Willmott, 2023; Jiang et al., 2021; Martingano and Konrath, 2022; Trivedi-Bateman and Crook, 2022), our study confirms how socio-demographic factors cannot be the sole explanation for violence supporting, victim-blaming attitudes in the community.

Participants of Black, Asian, and Minority Ethnic (BAME) backgrounds reported significantly higher male rape myth acceptance than Caucasian participants. Though the difference between ethnic groups was moderate, the finding corroborates previous work by Rosenstein (2015), but not DeJong et al. (2020) and Walfield (2018). DeJong used a composite measure of MRM and used specific vignettes to explore the impacts of different contexts of rape, therefore different measurements and objectives between our studies may explain these inconsistencies. Walfield, instead, also used Melanson's (1998) MRMS scale with a similar representation of nonwhite

participants (approximately one in six) as the current study, finding no significant race/ethnic difference in male rape myth acceptance. While direct comparisons between study samples should be made cautiously, our research was limited to the UK where ethnic minority groups have been found to adhere closely to masculinity and sexuality norms (Conroy et al., 2023; Cowburn et al., 2015; Gill and Begum, 2023). Our findings suggest that BAME UK respondents may hold more rigid and negative attitudes towards male rape than US minority ethnic groups. However, more research is needed, especially across cultures and among a much larger sample of more diverse ethnic identities to fully understand differences in male rape myth acceptance. BAME participants also exhibited lower affective, but not cognitive empathy compared to Caucasian participants. This echoes research indicating cultural variation in affective empathic responses, potentially reflecting norms discouraging emotional expression in some minoritized cultures in the UK (Gill and Begum, 2023). Other socio-demographic differences may explain inconsistencies across recent studies, however in this sample education (represented by the highest educational qualification held) had no bearing on affective or cognitive victim empathy nor male rape myth beliefs, supporting Walfield's findings (2018). It is important to note that our homogenous and mostly university educated sample may have obscured effects. Replicating among a more diverse cohort is needed to further understand the role of education, as recent, cross-cultural research with female rape myths shows significant effects of level of education on respondents' rape myth acceptance (Prina and Schatz-Stevens, 2020).

Critically, in regression analyses, age, gender, ethnicity, and affective responsiveness were all significant predictors of male rape myth beliefs in this study. Affective responsiveness made the largest unique contribution in male rape myth acceptance scores, over and above all other socio-demographic variables. As negatively correlated, the analyses indicated that as empathy towards victims of gender-based violence on an emotional, affective level decreases, participants' likelihood of endorsing falsehoods about male rape increased. Interestingly, cognitive responsiveness was not a significant predictor of support for male rape myth beliefs. A few explanations are advanced to account for these findings. Affective responsiveness involves resonating with others' emotions, while cognitive responsiveness involves perspective-taking skills (Nummenmaa et al., 2008), which may be less important in countering male victim blaming attitudes. As male rape myths often appeal to a disgust, incredulity, and ridicule towards male survivors (Widanaralalage et al., 2022a,b), and emotional empathy inductions have been found to significantly reduce male rape myth acceptance (Patterson et al., 2021), it could be argued that affective responsiveness encourages a humanisation of male survivors, therefore acting as a stronger buffer to victim blaming than cognitive responsiveness. Indeed, several studies find deficits in broader emotional variables including emotional regulation and intelligence as important determinants of both male and female perpetrators of sexual offending against men and boys (Cabras et al., 2021; Drury et al., 2021; Escarguel et al., 2023). It is important to note that the sample overall reported higher levels of affective responsiveness to IPV victims than cognitive responsiveness. It is possible that with less variance in cognitive empathy, its relationship to male rape myths may have been obscured as recent research shows that cognitive responsiveness, and not affective responsiveness was a significant predictor of female RM acceptance, after controlling for gender and ethnicity (Willmott et al., In Review).

Our findings hold significant implications for the fields of crime and justice, particularly concerning male rape cases and their proceedings. The socio-demographic differences in gender and ethnicity observed in male rape myth acceptance and victim empathy have far-reaching consequences for the criminal justice system. For example, men's heightened endorsement of male rape myths and lower victim empathy may influence their attitudes as jurors in male rape trials, potentially leading to biased verdicts. Moreover, in the same way that individual differences between members of the public impact upon their performance as eyewitnesses during police line-up identifications (Willmott and Sherretts, 2016), and the accuracy of assessments made about whether an accused person is lying or telling the truth (Ryan et al., 2018), crime specific attitudes are an important determinant of juror decision making at trial (Lieberman and Krauss, 2016). As such, attitudinal biases rooted in rape mythology necessitate attention from legal reformists and policymakers (for solutions to rape myth bias among jurors see Willmott and Hudspith., 2023), especially as the endorsement of traditional masculine ideologies and male rape myth beliefs underscores the importance of recognizing these norms and fostering an environment where male survivors feel safe and supported within the legal system (Widanaralalage et al., 2022a,b). Furthermore, the finding that affective responsiveness significantly predicts male rape myths suggests the importance of interventions aimed at enhancing empathy and emotional understanding, with relevance to educational programs for potential jurors and the public debunking rape myths that serve to blame the victim for their experiences (Hudspith et al., 2023). Lastly, the lack of a significant impact of education on male rape myth beliefs and victim empathy implies that targeted, comprehensive educational initiatives may be useful to foster increased responsiveness towards victims of intimate partner violence, highlighting previous arguments for procedural adjustments and juror education for reducing or even removing negative effects of biases in rape and intimate partner violence trials (Willmott et al., 2021; Willmott and Hudspith, 2023). In summary, in interpreting the findings in the context of crime and justice, the study joins a chorus of researchers calling for embedding empathy and equity more clearly within the criminal justice system. The aim here is that reducing rape myth bias among jurors improves the likelihood that rape trials are decided by a panel of fairer and more impartial decision makers. Such efforts, in the context of men who survive sexual violence, require a holistic approach involving legal professionals, educators, and advocates (Widanaralalage et al., 2022).

The results of this study should be interpreted in light of some limitations. Firstly, findings may not be generalisable more widely throughout the UK given that sociodemographic group size were not proportionally matched or fully representative of the diverse range of ethnic minorities, gender identities and educational attainment existing throughout the wider population. This is particularly evident for the gender distribution in the study, with men only representing a minority of the overall sample. Given the interest in attitudes towards men who experience (or commit) sexual violence, including more men in future male rape myth acceptance research is crucial to further expand knowledge on this phenomenon. Whilst common among small scale studies that adopt opportunity sampling techniques, given the overall low endorsement of rape myths throughout the current sample, systematic random sampling procedures or quota sampling techniques should be adopted in future research to ensure participants more closely align with

the sociodemographic profile of the UK population and thus the broad spectrum of male rape myth attitudes held. Indeed, future research that replicates the current study among a larger representative sample of the UK population, adopting more sophisticated sampling procedures will improve the reliability of conclusions reached about the prevalence and aetiological basis of male rape myth beliefs. This would subsequently allow for the development and evaluation of targeted and tailored interventions for jurors alongside other criminal justice stakeholders for whom rape myth bias may serve as a barrier to justice for male complainants. Next, caution is needed when interpreting findings among BAME respondents in the current sample given that such participants were underrepresented in this study. In the interests of providing some comparison to the largely Caucasian respondents who took part, those from minority ethnic groups were arbitrarily merged into one larger 'BAME' group, therefore not allowing for more detailed comparisons and meaningful discussion on cultural differences in male rape myth acceptance between different ethnic and racial groups. Furthermore, the cross-sectional design adopted in this study precludes causal conclusions regarding directionality of relationships. Longitudinal and experimental approaches are needed to clarify causal links between victim empathy and rape myth acceptance constructs. Next, since data were collected for this study, a revised contemporary version of Melanson's (1998) original 22-item Male Rape Myth Scale has been developed and published by Hogge and Wang (2022), which includes six additional items and revision to 13 existing scale items. Given the updated nature of this revised tool, designed to allow for a more comprehensive assessment of male rape mythology, future replications of the current study ought to make use of the revised scale in further examining the nature and origin of stereotypes pertaining to male rape. Taken together it is clear that future research with more representative, proportional socio-demographic groups, would enhance the generalizability of our findings and reduce the overreliance of young, white, educated, female respondents that predominate cross-sectional studies carried out in a UK context. Finally, whilst this study was grounded in the need for further research examining the unique set of myths pertaining to men's experience of sexual violence, the predominate focus was nonetheless on myths related to male perpetrated sexual violence against other men. Given that recent work by Weare and colleagues highlights further unique myths and misconceptions pertaining to men's experience of sexual violence perpetrated by women, culminating in the development of the Forced-to-Penetrate Myth Acceptance Scale (FTP-MAS; Weare & Willmott, In Review), future research should also establish the prevalence and correlates of these unique myth types among UK and international populations given the emergence of this newly established standardised measurement tool.

## 5. Conclusion

Despite the aforementioned limitations, this study builds on existing literature in several important ways and provides new evidence concerning the aetiological basis of male rape myth beliefs. Significant gender and ethnic differences were identified in participants' endorsement of male rape myth beliefs. Our study highlights the importance of affective responsiveness in male rape myth acceptance, supporting calls for distinguishing between the multiple facets of empathy. Therefore, tailoring initiatives and strategies that challenge rape myths by building on resonating with victims' emotion maybe useful to involve diverse groups and communities (see Debowska et al., 2019; Hudspith et al., 2023). However, empathy inductions should be accompanied by cultural change that challenge restrictive masculinity ideals and norms to counteract male rape myth beliefs (Widanaralalage et al., 2022a,b). Future research should thereby seek to explore how specific cultural values and different ethnic identities relate to male rape myths to develop interventions that foster support and acceptance of male sexual victimisation across different socio-demographic groups. Such multi-level efforts are essential to remove barriers to disclosure and justice for male rape and sexual assault victims.

## Funding details

No funding received to carry out this research.

## Declaration of competing interest

The authors report there are no competing interests to declare.

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