

Perception about women and attitude towards a rape victim – a cross sectional study

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Abstract

Background: Rape is a social and human rights concern which is on the rise. According to the National Crime Records Bureau 2015 annual report, 34,651 rape cases were reported across India. As with any issue of this magnitude, there are bound to be differing attitudes towards rape.

Aim: This study was aimed at assessing the attitudes of medical students towards women, their attitude towards rape victims, levels of rape myths acceptance, and associations between knowledge and attitudes, focusing on gender, age differences and inters factor relations.

Methods: In November 2016, a cross-sectional study was undertaken. Participants were 400 medical students ranging from age 18 to 37 years, who responded to self-reported Questionnaires of Updated Illinois Rape Myth Acceptance Scale (IRMA), Attitudes Towards Women Scale Short Form(AWS-SF), Attitudes toward Rape Victim Scale (ARVS), Compiled data was presented in percentages for qualitative data, Means and Standard deviations for quantitative data. Further Quantitative data analysis was carried out to assess associations between gender, age, demographic characteristics, knowledge and attitudes towards rape victim, examine gender differences in participants' scores on the AWS-SF.

Results: A total of 362 medical students completed self-reported questionnaires. Majority (184) of the students were female. Though acceptance of rape myths was present (25.7%), significant number of students (28.1%) rejected rape myths. Female students (33.1%) were more likely to accept rape myths when compared to male students (18.5%). Female students had more(26.6%) egalitarian attitude than male (22.5%). Male students had more(23.6%) negative attitude towards rape victims than female students (19%). Respondents' gender, age and level of education were associated with the attitudes towards rape victims.

Conclusion: The present study showed that age and education level influence attitude towards rape victims. Younger age and female gender are associated with more egalitarian attitude. Male gender and increasing age were associated with greater rejection of rape myths. Female gender, increasing age, married status had accepting attitude towards rape victims. These results are important considering medical students are at the point of care where rape victims come for support. Interventions to improve their knowledge are necessary for better care.

Keywords: victims of rape; attitudes; demographic variables; gender; educational background

Introduction

Rape is a type of sexual assault as defined by The World Health Organization (WHO).¹ Rape as a social issue and violation of human rights is of increasing concern. WHO estimates that more than one third of women, that is 35% worldwide have experienced physical violence with or without sexual violence at some point in their lives.² Reported cases from various sources

such as health care system, justice system, non-profit organisations when compared to the magnitude of the problem, are just the tip of the iceberg. In majority of countries, less than 40% of women who experienced violence sought help from family and friends; only 10% women who sought assistance, sought police help.³

Immediate and long lasting consequences of rape on physical health and mental health of the victim

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are profound. These range from physical injury, increased risk of sexually transmitted diseases like HIV,⁴ deaths either from suicide or homicide in the name of honour killings, rape victim being ostracized from family because of the stigma.² Many women fear that they might be blamed for rape⁵, or fear they will bring dishonour to family or think they are going to be harassed if they report rape case to police.¹ This under reporting is due to attitude of people towards rape victims, which is influenced by acceptance of rape myths like blaming the victim, perpetrator absolutism and downplaying or rationalizing of rape.⁶

Previous research focusing on how victims of rape are perceived, have examined influence of gender, race, and culture,⁷ some have shown men are more likely than women to endorse rape myths.⁸ Also, given that younger people may endorse more overall rape myths⁹. This study is undertaken with aim of assessing influence age, gender, other socio-demographic differences how perception about women and belief in rape myths influences attitude towards rape victim and to understand inter factor relations with acceptance of rape myths.

Materials and Methods

Study design: Cross sectional study in November 2016.

Sampling method: Universal Sampling

Collection of samples: The study was undertaken in S. Nijalingappa Medical College and HSK Hospital, Bagalkot, Karnataka.

Participants: Participants consisted of male and female undergraduate and post graduate medical students. Medical students between ages 18 to 37 years were included in the study.

Data collection: Written informed consent was obtained from each student included in the study. The design and nature of the clinical study was explained to the students. All students satisfying the inclusion and exclusion criteria were included in the study. Socio-demographic information was collected using a specially designed structured pro-forma. Participants were briefed as follows, "These questionnaires concerns your views of social issues. They focus on the issue of rape victims in particular. Could you please answer the questions in these questionnaires as honestly as possible? Please tick the number that most fits how much you agree or disagree with the statement. The questionnaires take about 15-20 minutes to complete and your answers will remain anonymous and confidential".

Measures for Assessment:

1. Updated Illinois Rape Myth Acceptance Scale (IRMA) is a 22 item Likert type scale. It has statements such as "It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing". For each statement, scores range from 1 (strongly agree) to 5 (strongly disagree). It measures how much rape myths are accepted. Scores may be totaled for a cumulative score. Total scores range from 22 to 110. Higher scores indicate greater rejection of rape myths. It has a strong internal reliability with an alpha coefficient of 0.87. Also, it has been shown to be a more reliable choice for use with university students than the original Rape Myth Acceptance Scale (RMAS; Burt, 1980) because its language is more colloquial and thus, better suited to the average student's understanding.^{6,10}
2. Attitude towards Rape Victim Scale (ARVS) is a 25-item Likert-type scale. This measures favorable and unfavorable attitude towards rape victims. Responses indicate participant's levels of agreement with each statement on a 5-point scale ranging from 0 (disagree strongly) to 4 (agree strongly). Scale items emphasize on victim blame, significance of victim experiences, victim deservedness, and disbelief in victim stories. Attitude scores are calculated by summing participant responses (Items 3, 5, 7, 10, 12, 15, 19, and 22 are reversed scored) and, therefore, the range of possible scores extends from 0 to 100. Higher total scores indicate more negative attitudes toward victims of rape.¹¹
3. Attitude towards Women Scale - Short Form (AWS-SF) scale is a measure of attitude towards women. It is Likert-type scale, has 25 statements such as "A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man", "The modern girl is entitled to the same freedom from regulation and control that is given to the modern boy". Each of these statements to be rated on a four point scale ranging from 0-Agree Strongly to 3-Disagree Strongly, of the 25 items 12 items (2,3,6,7,8,9,11,12,18,21,24,25) are reverse scored. A high score indicates a pro feminist, egalitarian attitude while a low score indicates a traditional, conservative attitude.^{12,13}

Statistical analysis: Data was collected and entered in Microsoft Excel sheet. IRMA responses were scored ranging from 1= strongly agree to 5= strongly disagree, ARVS responses were scored ranging from 4=strongly agree to 0=strongly disagree and AWS-SF responses

were scored ranging from 3=strongly agree to 0=strongly disagree. Data was presented in percentages for qualitative data, Mean and Standard deviation for quantitative data. Further Quantitative data analysis was carried out using statistical software SPSS. The analysis of descriptive statistics and the difference between the two given groups was done by using Chi square test. ANOVA was used test correlations between factors of ARVS, AWS-SF and IRMA scale.

Results

The majority of participants (50.8%) was female medical students (Table 1); belonged to age group less than 20 years (70.7%), in their first and second of year of medical school with mean age 20.57 years, came from urban background (69.3%), and were unmarried (98%).

Table 1: Socio-Demographic details of participants

Variables		Numbers	Percentage
Gender	Male	178	49.2
	Female	184	50.8
Education	MBBS, First year	149	41.2
	MBBS, Second year	127	35.1
	MBBS, Third year	7	1.9
	MBBS, Fourth year	4	1.1
	Interns	38	10.5
	Postgraduates	37	10.2
Marital Status	Single	355	98.1
	Married living with Spouse	6	1.7
	Divorced	1	0.3
Religion	Hindu	315	87
	Muslim	28	7.7
	Christian	12	3.3
	Others	7	1.9
Background	Urban	251	69.3
	Rural	111	30.7

Table 2: Illinois rape myth scale scores with variables

Variable		Rape myth score n (%)			Total (n=362)	Chi-square value	(p value)
		0-49 (negative)	50 - 64 (satisfactory)	65-110 (positive)			
Gender	Male	34(18.5%)	85(46.2%)	65(35.3%)	178	14.365	(0.001)
	Female	59(33.1%)	82(46.1%)	37(20.8%)	184		
Background	Urban	70(27.9%)	112(44.6%)	69(27.5%)	251	2.081	(0.353)
	Rural	23(20.7%)	55(49.5%)	33(29.7%)	111		
Age	Age<20	71(27.7%)	116(44.9%)	70(27.3%)	256	1.915	(0.384)
	Age>20	22(20.8%)	52(49.1%)	32(30.2%)	106		
Marital status	Single	91(25.6%)	164(46.2%)	100(28.2%)	355	3.160	(0.531)
	Married	1(16.7%)	3(50.0%)	2(33.3%)	6		
	Divorced	1(100.0%)	0(0.0%)	0(0.0%)	1		

Table 3: Attitude toward rape victim scale scores with variables.

Variable		ARVS score n (%)		Total (n=362)	Chi-square value	(p value)
		0-50 (Positive)	50-100 (Negative)			
Gender	Male	136(76.4%)	42(23.6%)	178	1.130	(0.288)
	Female	149(81.0%)	35(19.0%)	184		
Background	Urban	196(78.1%)	55(21.9%)	251	0.201	(0.654)
	Rural	89(80.2%)	22(19.8%)	111		
Age	Age<20	71(27.7%)	115(44.9%)	256	16.857	(0.00)
	Age>20	98(92.5%)	8(7.5%)	106		
Marital status	Single	278(78.3%)	77(21.7%)	355	1.929	(0.381)
	Married	6(100.0%)	2(0%)	6		
	divorced	1(100.0%)	0(0%)	1		

Table 4: Attitude towards women scale score with variables.

Variable		AWS score n (%)		Total (n=362)	Chi-square value	(p value)
		0-37 (Negative)	38-75 (Positive)			
Gender	Male	138(77.5%)	40(22.5%)	178	0.844	(0.358)
	Female	135(73.4%)	49(26.6%)	184		
Background	Urban	197(78.5%)	54(21.5%)	251	4.166	(0.041)
	Rural	76(68.5%)	35(31.5%)	111		
Age	Age<20	213(83.2%)	43(16.8%)	256	28.605	(0.00)
	Age>20	60(56.6%)	46(43.4%)	106		
Marital status	Single	269(75.8%)	86(24.2%)	355	2.441	(0.295)
	Married	3(50.0%)	3(50.0%)	6		
	divorced	1(100.0%)	0(0%)	1		

Table 5: Means and Standard Deviations of total scores

	Dependent Variable	N	Mean	SD
1	IRMA	362	57.35	13.213
2	ARVS	362	41.47	11.363
3	AWS-SF	362	32.94	7.096

IRMA-Illinois rape myth acceptance scale,
 ARVS-Attitude toward rape victims scale,
 AWS-SF-Attitude towards women scale-short form

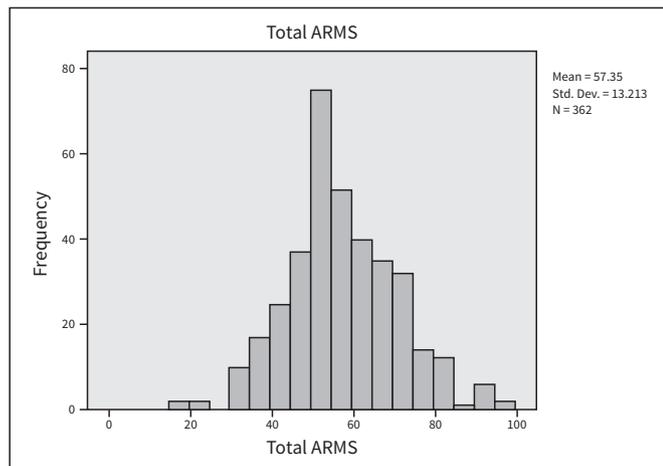


Figure 1. Frequencies of total IRMAS (Illinois Rape Myth Acceptance Scale) scores

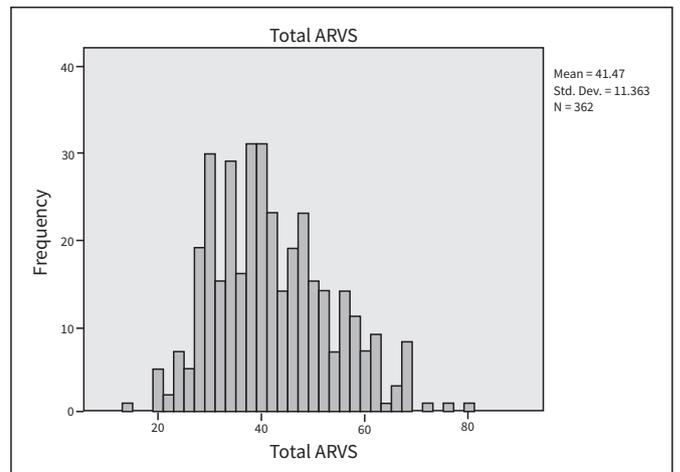


Figure 2. Frequencies of total ARVS(Attitude Toward Rape Victim Scale) scores

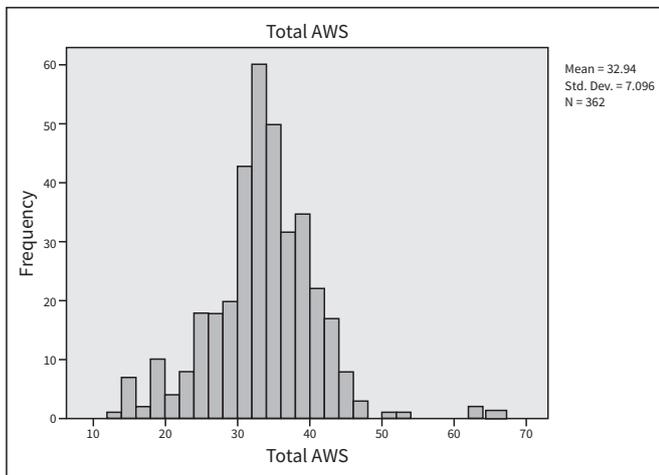


Figure 3. Frequencies of total AWS (Attitude Towards Women Scale) scores

Illinois rape myth scale scores (Table 2), show both male and female students (25.7%), tended to accept rape myths (Mean=57.35, SD=13.213), although females showed greater degree of rape myth acceptance (33.1%) compared to males (18.5%). Female gender was associated with significantly greater rape myth acceptance $\chi^2 (2) = 14.365, P = 0.001$

Attitude toward rape victim scale scores (Table 3), reveal both male students and females (78.7%) had positive accepting attitude towards rape victims (Mean=41.47, SD=11.363), female students (81.0%) and Married students (100%) had greater degree of positive attitude. Older students (92.5%) had more accepting attitude towards rape victims. Younger students (44.9%) had significantly more negative attitude comparatively $\chi^2 (2) = 16.857, P = 0.00$.

Attitude toward women scale scores (Table 4), reveal both male and female students (75.41%) had more traditional attitude towards women (mean=32.94, SD=7.096). Older students (43.4%) had significantly greater egalitarian attitude in comparison to younger students $\chi^2 (2) = 28.605, P = 0.00$.

The relationship between the scores of IRMA scale and those of ARVS was examined using Pearson r correlation coefficient $\chi^2 (2) = 18.119, P < .001$ (Table 5). Results indicated a negative correlation between acceptance of rape myths and positive attitude towards rape victims. The relationship between the scores on ARVS (M = 41.47, SD = 11.363), the AWS-SF (M = 32.94, SD = 7.096) and those of the IRMA (M = 57.35, SD = 13.213) was examined using a Pearson r correlation coefficient, ARVS score is a significant F=68.79 P value=0.00 predictor of rape myth acceptance.

Discussion

The purpose this study was to understand the attitude of medical students towards victims of rape and to assess influence of age and gender on this attitude. We also wanted to determine if general perception about women and belief in prevalent rape myths had effect on attitude towards rape victims. Significant number of students (78.7%) had positive attitude towards rape victims, although mean scores from ARVS indicate both male and female students had less negative attitude towards victims of rape. Female students had greater accepting attitude towards survivors of rape. This finding is consistent with previous study on medical students.^{14,15} Also married medical students though comprised less number, showed more positive attitude. Male students demonstrated less favorable attitudes toward victims than did females as was shown in previous research.^{6,7} Female students believed in rape myths significantly more (33.1%) than their male counterparts in the present study. This is inconsistent with previous research which showed male gender associated with more acceptance of rape myths.¹⁶ This is positive shift compared to previous research which showed less favorable attitude of male towards survivors of rape.¹⁷ Females believing in rape myths more may be due to existing beliefs which reinforce victim blaming in cases of rape. Girls believe it would help if they either avoid the situation or contact with perpetrator, which has been shown to be false in previous studies.¹⁸ Instances of acquaintance rape are as common, if not more than by a stranger. Background from which participants came that is urban and rural did not have significant difference in their attitude towards survivors of rape or level of acceptance of rape myths. Interestingly students from rural background (31.5%) believed slightly more in equality between genders than students from urban background (21.5%). Our study showed medical students (75.4%) both male and female had more conservative outlook believing in gender stereotypy. In previous research significant gender differences were found in gender role attitudes, females were more believers of equal rights than male.¹⁹ In the present study, though female students (26.6%) were slightly more egalitarian than male (22.5%), but differences were not significant. Older medical students showed significantly more $\chi^2 (2) = 28.605, P = 0.00$ profeminist, egalitarian attitude compared to younger students. Participants holding a more traditional view of women were more accepting of rape myths and less positive attitude towards victims of rape. Supporting this view

in the present study, participants with a low score on the AWS-SF, indicating a more traditional view of women, scored higher on the IRMA, and higher scores on ARVS suggesting a greater rate of rape myth acceptance and negative attitude towards rape victims. Rape myths are salient beliefs and they exert negative influence on attitudes at both individual level and society. Hence there is greater emphasis on adverse social and psychological consequences of misinformed and stereotyped perceptions of victims of sexual violence.¹² Blaming the rape victim has been shown to result in serious, negative consequences for survivors of rape such as fear about reporting, suicide.⁶

Limitations: The present study has some limitations as the participants were from one medical college, hence the findings may not represent attitudes of other students from other streams of education and general population. The levels of acceptance of survivors of rape can be influenced by cultural beliefs in society, as those factors have not been considered in our study its applicability across developing and developed nations is limited.

Conclusion: As medical professionals form part of the support team where rape victims seek support, their attitude determines how the survivors cope with lasting effects of violence of rape. Present study provides insight into medical students attitude towards survivors of rape and how the attitude is influenced because of the wide-spread acceptance of rape myths and prejudicial gender role beliefs. Biased attitude towards survivors of rape because of the wide-spread acceptance to rape myths and prejudicial gender role beliefs needs to be addressed by identifying these and educating about sexual violence. Positive shifts in attitudes of prospective medical professionals to survivors of rape will improve the support and care.

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