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Gender differences in attitudes towards trauma/abuse disclosure

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Abstract

Research has indicated there may be gender differences in responses to trauma disclosure. Currently, the literature is dominated by the sexual abuse of female survivors, largely neglecting male survivors. The present study compared men and women's responses towards written hypothetical disclosures of sexual, physical, and emotional abuse from male and female survivors. Thirty-two psychology undergraduates (26 females, six males) aged 18-26 years ($M = 19.84$, $SD = 1.54$) volunteered to participate. The study utilised a mixed-methods design; 28 participants completed a survey, with four completing it during a semi-structured, think aloud interview. Attitudes towards disclosure were measured with concepts such as victim blame and believing the survivor. Survey and interview data were analysed by within-subjects ANOVA and thematic analysis, respectively. Notably, men were more likely to victim blame and less likely to believe, sympathise and recommend help-seeking. However, a Bayesian ANOVA gave insufficient evidence that gender affected these responses; interestingly, abuse type had a stronger effect on victim blame and help-seeking scores. Contrary to the literature, female interviewees engaged in victim blame, but the male interviewee did not. As expected, participants more frequently imagined men as attackers. Implications include that women are more likely to victim blame than previously thought. Moreover, people may not adequately support men because they are not seen as typical survivors. Limitations are the lack of male participants, missing emotional abuse data and inconsistency in vignette severity. Future work should improve on these limitations and further investigate the impact of abuse type on responses to disclosure.

Keywords: gender differences, trauma, abuse, disclosure, trauma vignettes, help-seeking, victim blame

Introduction

The impact of trauma and disclosure

The relationship between trauma exposure and adverse health outcomes is well-documented. Trauma survivors often suffer from long-term psychological illnesses such as PTSD, panic disorder and major depressive disorder (D'Andrea et al., 2011; Kessler et al., as cited in D'Andrea et al., 2011). The impact of trauma is not limited to psychological illness, however. Some research suggests that it can even increase the risk of heart failure and stroke (D'Andrea et al., 2011; Spitzer et al., 2009). It is theorised that trauma may be particularly damaging to health when an individual does not disclose it; studies have suggested that persistent emotion suppression may be physically taxing on the body. For example, a longitudinal study found that high levels of emotion suppression were associated with an increased likelihood of mortality (Chapman et al., 2013). Pennebaker et al. (1997) proposed that when verbalising trauma, survivors structure a narrative account of the event that helps them label their emotions and leads to a decrease in harmful emotional arousal. This effect was found in Pérez et al. (2017), wherein survivors' depressive symptoms decreased the more frequently they disclosed to others. Thus, it appears that disclosure is essential for lessening the burden of trauma on the mind and body.

However, disclosure is not always beneficial. If disclosures are received negatively, it can be more detrimental to survivors than non-disclosure (Therriault et al., 2020). Negative reactions such as blaming the survivor or minimising the trauma's severity have been associated with problem drinking (Ullman et al., as cited in Orchowski & Gidycz, 2015), PTSD, a higher likelihood of re-victimisation and failure to seek further help (Kennedy & Prock, 2018). Considering the costs of negative disclosures, it is vital that the causes of such reactions are understood.

A worrying finding in the trauma literature is that males frequently react more negatively to disclosure than females. Perhaps more alarming is that male survivors consistently receive less sympathy and concern than female survivors. This has seemingly been the case for many years, with Mendelsohn and Sewell (2004) reporting that male participants rated survivors of physical violence less favourably than did female participants on social dimensions such as likeability. Meanwhile, male survivors faced less social approval from participants of both genders. Moreover, Spencer and Tan (2000) found that male participants more frequently held prejudiced beliefs about rape, known as rape myths. These findings are not simply a product of a different time, however. Recent research suggests that such harmful attitudes are pervasive in the face of social change. For instance, Sylaska and Walters (2014) measured responses to hypothetical disclosures of intimate partner violence and found that male participants were more likely to blame survivors (a concept known as victim blaming), less likely to encourage survivors to seek help, and less likely to feel sympathy towards survivors than female participants. Furthermore, Hammock et al. (2017) discovered that both female and male participants deemed physical and psychological aggression in relationships to be less serious when the target was male and not female. If there are gender differences in attitudes towards trauma disclosure, the impact on help-seeking and health outcomes could be significant, hence the need for further research.

Gender roles and stereotypes

Traditionally, men have been stereotyped as aggressive, dominant, and stoic, and women as submissive, vulnerable, and emotional. For this reason, women are assigned the archetypal victim role, which means people feel protective of and sympathetic towards them. Meanwhile, men are assigned the role of perpetrator, a stereotype reinforced by data that show men are more frequently the perpetrators of violent crime (Office for National Statistics, 2019b). Generally, men are also physically stronger and larger than women, making it more probable for them to overpower a victim (Hamby & Jackson, 2010). When they are not attackers, men are assumed to be strong enough to defend themselves against physical, sexual, and psychological attacks (Hammock et al., 2017). This means that if a man cannot defend himself, it is a threat to his masculinity as well as his safety. It also means that while male-on-female attacks are deemed reprehensible because of the power imbalance, female-on-male attacks are deemed less serious (Hammock et al., 2017). Indeed, in Walker et al. (2019), males who had been abused by a female partner reported experiencing disbelief, ridicule, and indifference from support services. Evidently, there is a unique stigma associated with being a male survivor that could provoke negative responses to disclosure. Although negative reactions are likely to be in the minority, the damage they cause male survivors is serious nonetheless.

As already stated, men tend to respond more negatively to disclosure than women. One theory is that men and women generally differ in attitudes towards help-seeking. Gender norms suggest that men should be unemotional and deal with their problems independently, which directly opposes the idea of help-seeking. Therefore, men who prescribe to gender norms might believe that sharing their feelings would compromise their masculinity and cause them embarrassment or social rejection (McCusker & Galupo, as cited in Yousaf et al., 2015). As a result, emotional detachment might hamper their ability to sympathise with others' suffering (Lutz-Zois et al., 2015). In contrast, women are expected to be emotionally expressive, supportive, and concerned with their friendships (Mendelsohn & Sewell, 2004). This may explain why women often convey more sympathy for survivors and are more likely to encourage help-seeking (Sylaska & Walters, 2014). Perhaps disclosure does not come as naturally for men, so they feel more comfortable ignoring the situation. As such, a negative reaction from a male friend like dismissal or disbelief could be a deflection attempt, simply because they are out of their comfort zone.

Finally, research has found that male conformity to gender norms is positively associated with rape myth acceptance. Lutz-Zois et al. (2015) argued that traditional views of masculinity, e.g., that men are the dominant sex, can lead to a denigration of femininity. Eventually, this can culminate in a rationalisation of aggression towards women or men, who, in their eyes, have been emasculated by sexual assault. This can manifest as beliefs in harmful rape myths, such as the idea that men are strong enough to resist attacks and survivors are to blame if they were intoxicated at the time of the assault. Thus, individual differences in masculine norm conformity may explain why some men react more negatively to sexual abuse disclosure than others.

The role of experience

Evidence suggests that trauma experience might moderate men's responses to disclosure, making them more sympathetic and believing than men without experience. Mendelsohn and Sewell (2004) found that male participants who had experienced trauma responded more favourably to male survivors, which is an important finding in terms of facilitating help-seeking in male friendships. In Cromer and Freyd (2009), participants were shown vignettes describing trauma such as child sexual abuse (CSA). Overall, male participants were less believing of disclosures than females. However, males with a history of childhood trauma were as likely to believe disclosures as female participants with no trauma history. This suggests that men may be as receptive to disclosures as women if they can identify with the survivor, effectively narrowing the gender gap in disclosure responses. These findings were supported by Page and Morrison's (2018) study, which applied a similar methodology to a sample of practising psychologists. Regardless of their trauma experience, female psychologists consistently believed disclosures more than their male counterparts. However, male psychologists with trauma history believed disclosures far more than male psychologists with no trauma history. Thus, a listener's trauma experience seems to be a moderator even in formal disclosures where unconditional belief is expected.

Theories of why experience might affect disclosure response are rooted in the sexual abuse and CSA literature. Some researchers claim that the ability to sympathise with a survivor is dependent on the ability to identify with them (Page & Morrison, 2018). Rader and Haynes (as cited in Page & Morrison, 2018) argue that women are more likely to experience sexual abuse and are socialised to fear it, meaning they can more easily identify with and empathise with survivors. In contrast, men are statistically less likely to experience abuse, making them less able to sympathise and more likely to react negatively to disclosure. Page and Morrison (2018) propose that when men experience trauma, the vulnerability it creates facilitates empathy and a higher capacity for belief.

Gaps in the research

Recent social movements such as #MeToo have contributed to the gradual normalisation of disclosure. Arguably, there has never been a more relevant time to research disclosure. However, despite its growth in scientific interest, there remains a gap in the literature; there is a lack of research into physical and emotional abuse. This means that we cannot be certain that survivor gender and experience affects reactions to disclosures of all abuse equally. Currently, the literature is dominated by research on female survivors of sexual abuse and male survivors of CSA, both of which have distinct trauma that cannot be generalised. The uniquely stigmatised and taboo nature of sexual abuse is perhaps what makes it so damaging to survivors and thus important to researchers. However, physical, and emotional abuse have both been linked to adverse health outcomes such as substance abuse and serious psychiatric illness (Daigre et al., 2015), so they still warrant further research.

Within the trauma experience literature specifically, CSA disclosure is also the dominant area of research. For that reason, it is unclear if experience is as important for adult sexual, physical and emotional abuse disclosures as it is for CSA disclosures. It could be that, given the sensitivity surrounding sexual abuse,

experience is more helpful for receiving sexual abuse disclosures than other abuse types. However, there needs to be more current data to support this hypothesis.

Another weakness of the disclosure literature overall is that male survivors are underrepresented compared to female survivors, and few studies have investigated how survivor gender might affect reactions differently depending on the type of abuse. This may be because women are statistically more likely to experience sexual abuse and domestic abuse (including physical and emotional acts) than men (Office for National Statistics, 2019a; Office for National Statistics, 2021), making them a more vulnerable population. Unfortunately, this means there is comparatively less work on male survivors, particularly with regards to physical abuse, emotional abuse, and adult sexual abuse. This is troubling given the increasing number of men's support groups in the UK; there is a demand for support not reflected in the research.

The current study

The purpose of this study was to compare attitudes towards sexual, physical, and emotional abuse and represent male survivors alongside female survivors. It also aimed to observe the interaction between participant gender, survivor gender and attitudes towards different abuse types. Thirty-two participants, male and female, were surveyed on their reactions to vignettes that varied by survivor gender and abuse type. Positive and negative reactions were measured with variables including believability of the scenario, sympathy for the survivor and victim blaming. The higher the sympathy score, the more sympathetic the participant was towards the survivor and the higher the help-seeking score, the more likely the participant would be to recommend help-seeking (positive responses). The lower the believability score, the less the participant believed the survivor, and the higher they scored for victim blaming, the more likely they were to blame the survivor (negative responses). Participants also reported the gender they had imagined each attacker to be and if they had personal experience with trauma and disclosure. Four participants were interviewed while they completed the survey. A mixed-methods approach meant that the survey could provide operationalised, objective data on social reactions while the interview provided detailed explanations of participants' answers; trauma disclosure is a complex topic that requires more context than is measurable by numerical data.

The predictions for this study were that i) male participants would exhibit more negative attitudes to disclosure than female participants; specifically, they would score more highly for victim blame and less highly for sympathy and believability across all abuse types and survivor genders; ii) the differences between male and female ratings would be less marked for males with trauma and disclosure experience; iii) male survivors would receive lower sympathy and higher victim blame ratings than female survivors; iv) female participants would be more likely than male participants to recommend help-seeking; v) the attacker would more frequently be imagined to be male, and, vi) interviewees would reference gender stereotypes and norms in their answers.

Methodology

Participants

A total of 32 psychology undergraduate students (26 females, 6 males; 31 white, 1 Asian) were recruited via an advert on the University of Plymouth Psychology Participation Pool. For the main part of the study, the quantitative survey, 28 participants (23 females, 5 males) were recruited. For the second component of the study, the survey and interview, 4 different participants (3 female, 1 male) were recruited. Participants ranged from 18-26 years in age ($M = 19.84$, $SD = 1.54$). All participants were awarded 1 participation point, which is a credit required for module completion on the psychology course.

For an unknown reason, 34 survey responses were recorded instead of 32, which was the maximum number of participation points the researcher could allocate. There were no duplicate birth dates or response IDs, so the researcher chose to redact 2 incomplete survey responses.

Materials

The researcher created 12 vignettes, (see Appendix A for the vignettes in full), describing a disclosure of abuse from a hypothetical male or female friend of the participant. Each abuse type, (sexual, physical, and emotional), was represented by two different scenarios: a sexual assault by a friend at a party or by a stranger in an alleyway, a physical assault by a significant other or a drunken stranger, and emotional abuse either from housemates or peers.

The perpetrator/attacker in the vignettes was described using gender-neutral pronouns, ('they'), to maintain focus on the survivor's gender and to avoid introducing the confound of perpetrator gender, which is known to influence ratings of believability and sympathy (e.g., Spencer & Tan, 2000). All vignettes were standardised to be around 140 words in length so that the task did not become tedious for the participants. Still, they were highly detailed to enhance realism and believability. Each vignette described a recent act of abuse as previous research has found that the more time has elapsed between an incident and its disclosure, the less likely people are to believe and sympathise with a survivor (Spencer & Tan, 2000).

The researcher measured participants' attitudes towards trauma disclosure with an online survey created for this study (see Appendix B for the full survey). Survey items were based on key themes in the trauma and abuse disclosure literature such as believability, positive reactions to disclosure, (e.g., being sympathetic towards the survivor and wanting to help them), and negative reactions to disclosure, (e.g., attributions of blame to the survivor and telling the survivor to 'get over it'). Believability was rated on a 5-point scale with the question: "Please rate the believability of this scenario on a scale of 1-5, with 1 being that it definitely did not happen as described, and 5 being that it definitely happened as described". Therefore, the higher the participant scored the scenario, the more believable they thought it was. The remaining themes were also rated using a 5-point Likert-scale, but rather from strongly disagree (1) to strongly agree (5). There was a total of seven statements for participants to indicate their level of agreement to, including, "I would

think that my friend was partly to blame for the way things happened”, and “I would recommend that my friend seeks professional help”.

Further important themes in the disclosure literature were the gender of the attacker and participants’ personal history of abuse and abuse disclosure. To measure for judgements based on gender role stereotypes, participants were asked what gender they had imagined the attacker to be in each vignette. At the end of the survey, there were two multiple-choice questions asking if the participant had experienced abuse before and if they knew somebody who had. If the answer to the latter was ‘yes’, the question would branch to another asking if the participant had been personally disclosed to by the survivor, if they had learned of the incident through other people, or if they were unsure how they knew about it. These questions were a measure of direct and indirect experience with trauma and disclosure, which are thought to influence believability and sympathy ratings.

The interviews used the same survey and vignettes from the main study. Interviews were held (and recorded) virtually using Zoom software.

Design

A 3x2 within-subjects correlational design was utilised to investigate the relationship between participant gender and responses to disclosure. The independent variables were the nature of abuse, (sexual, physical, or emotional), and the survivor’s gender, (male or female). The dependent variable was participants’ positive or negative attitudes (responses) towards each vignette. The gender of the participant was a covariate.

The researchers utilised a mixed-methods approach. The main component of the study was a quantitative survey that recorded mostly ordinal data (scores for each Likert-scale item). The second component was a semi-structured interview that provided descriptive, qualitative data on the reasoning behind participants’ responses.

Procedure

Component 1: Quantitative survey

The survey was conducted using Qualtrics, an online survey software, (see Appendix B for the full survey).

Firstly, participants viewed a brief and an information form explaining the aims and general procedure of the research. Participants were told that they would answer questions about their reaction to six vignettes of various types of abuse/trauma disclosures from a hypothetical friend. In order to avoid participants guessing the hypothesis of the study, they were not told that the gender of the discloser/survivor would vary. Participants were informed of their right to data confidentiality and anonymity, and to withdraw at any time. At the end of the form, participants ticked a box to indicate their informed consent, then entered their gender, date of birth and ethnicity for demographics purposes. Next, on-screen instructions stated that the first scenario would be presented on the following page.

Each participant saw six scenarios in total consisting of two of each abuse type. The order in which each type of abuse was displayed was randomised, as was the gender of the survivor in each scenario. Once participants had read the vignette and answered the questions, they clicked onto the next page which informed them that they would then see a new vignette. This procedure was repeated until all six vignettes were presented. The study was advertised as taking up to 30 minutes to complete. At the end of the survey, a debrief was displayed to the participants and they were thanked for their participation.

Component 2: Quantitative survey and interview

The think aloud method was adopted for the interview component, which consists of participants describing their thought processes as they complete a task. This method is said to give a more accurate insight into decision-making processes than is possible through retrospection (van Someren, Barnard, & Sandberg, 1994). For this reason, it was considered an ideal way to ascertain participants' initial reactions to disclosures. An additional benefit is that it somewhat mimics the real-life nature of disclosure, i.e., having to react in the moment, thus strengthening the study's external validity.

Participants were asked prior to the study to ensure they had the survey ready and on-screen for the video call. At the start of each thirty-minute call, the interviewer asked participants if they were happy for the meeting to be recorded and then deleted after transcription. Once the recording had started, the interviewer asked participants to 'share' their screen so that they could view the survey while it was being answered. Next, participants read the brief and the information sheet. The researcher also verbally reminded them that their data would be anonymised and confidential, and that they had the right to withdraw at any time. After the consent form had been signed, participants were asked if they were ready to begin the survey.

As in the first component, participants completed the demographics section before they were shown the first vignette. Once they had read the first vignette and answered a set of questions, participants were instructed to remain on the current page. The interviewer then asked follow-up questions such as, "What factors in the scenario influenced your believability rating, if any?", and "Do you think your friend could have done anything differently in this scenario?". This procedure was repeated for each vignette until all six had been presented. When the question, "Have you experienced sexual, physical, or emotional trauma yourself?", was shown on screen, the interviewer told the participant that they would now end the call so that they could answer the last questions privately. The interviewer thanked the participant for their time and explained that they would see the debrief upon completion of the final survey questions. The call was then ended.

Results

Component 1: Quantitative survey

It is important to note that there was missing data in the original data frame. The total number of entries was 1,458, meaning there should have been 486 responses for each abuse type. However, emotional abuse had 476 entries while physical and sexual abuse gained 10 entries between them (they had 493 and 489 entries,

respectively). It is unclear why this happened, as participants should have seen each abuse type twice. While caution must be taken before drawing conclusions from descriptive statistics, the within-subjects ANOVA analyses used were based on complete cases and were therefore unaffected by the missing data.

To test the hypothesis that there would be gender differences in reactions to disclosure, we calculated mean scores for each variable and compared them for male and female participants (see Table 1). Men and women differed in their mean score for every variable, indicating that there were gender differences in reactions to disclosure. Differences in scores were further analysed using Bayesian analysis and Raftery’s (1995) guidelines for interpretation. Data was analysed using RStudio (R Core Team, 2021) and the BayesFactor package (Morey & Rouder, 2018).

Table 1: Mean Scores and Standard Deviations for Male and Female Participants

Question	Female		Male	
	M	SD	M	SD
Believe	4.55	0.59	4.03	0.77
Get over it	4.86	0.51	4.39	0.90
Glad friend disclosed	4.84	0.49	4.56	0.50
See friend same	4.78	0.55	4.32	0.88
Seek help	4.35	0.85	4.14	0.88
Sympathy	4.81	0.48	4.42	0.60
Uncomfortable	3.44	1.06	3.15	0.75
Victim blame	4.71	0.64	4.06	1.12
Attacker gender	0.08	0.63	-0.09	0.69

Believability

The maximum score possible for each scenario was 5, which would indicate that participants thought the event “definitely happened”. The average believability rating of all abuse types was 4.45 ($SD = 0.66$), indicating that participants found the scenarios to be highly believable overall.

To test the hypothesis that male participants would score scenarios lower for believability, we calculated the average responses of men and women across all abuse types. Our results showed that men had a lower mean believability score than women (see Table 1). Moreover, women’s believability ratings were consistent in their distribution for each abuse type while men’s were more varied (see Figure 1). In particular, there was a wider range in men’s responses to sexual abuse scenarios. From this, we could infer that men’s judgements of believability are more flexible and context-dependent than women’s, whose ratings are consistent.

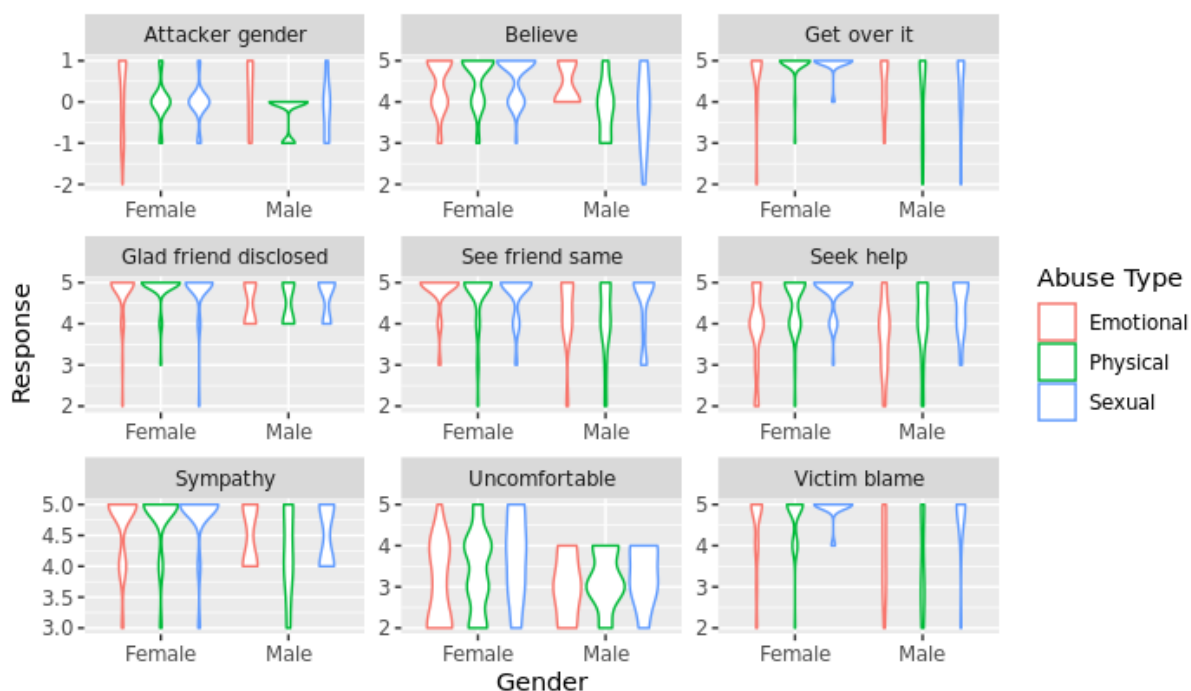


Figure 1: Distribution of Responses According to Gender and Abuse Type

To test if participant gender had an effect on believability ratings, we ran a Bayesian one-way within-subjects ANOVA. The ANOVA yielded a value of less than 3 but more than 1 ($BF_{10} = 2.57$), meaning there is only weak evidence to support the alternative hypothesis that gender affected believability responses.

As shown in Table 2, sexual abuse received the highest mean believability score compared to physical abuse and emotional abuse. To test whether abuse type had an effect on believability responses, we ran a one-way within-subjects ANOVA. The value was less than 0.10 but greater than 0.03 ($BF_{01} = 0.07$), so it provided strong evidence that there was no effect of abuse type on believability responses.

Table 2: Mean Scores (Standard Deviations in Parentheses), Grouped by Abuse Type

Question	Sexual Abuse	Physical Abuse	Emotional Abuse	Overall
Believe	4.48 (0.69)	4.44 (0.69)	4.44 (0.61)	4.45 (0.66)
Get over it	4.83 (0.52)	4.83 (0.58)	4.66 (0.76)	4.77 (0.63)
Glad friend disclosed	4.83 (0.49)	4.81 (0.43)	4.72 (0.58)	4.79 (0.50)
See friend same	4.71 (0.59)	4.65 (0.73)	4.72 (0.61)	4.69 (0.65)
Seek help	4.69 (0.56)	4.41 (0.77)	3.83 (0.96)	4.31 (0.85)
Sympathy	4.80 (0.48)	4.72 (0.58)	4.69 (0.53)	4.73 (0.53)
Uncomfortable	3.65 (1.01)	3.35 (0.98)	3.12 (1.01)	3.38 (1.01)
Victim blame	4.88 (0.45)	4.53 (0.84)	4.34 (0.93)	4.58 (0.79)
Attacker gender	-0.06 (0.50)	-0.03 (0.47)	0.29 (0.90)	0.05 (0.64)

Sympathy

The maximum score possible for each scenario was 5, which represented the option “strongly agree” to feeling sympathetic towards the survivor.

The mean sympathy rating was highest for sexual abuse, then for physical abuse, followed by emotional abuse (see Table 2). The slightly higher mean for sexual abuse might indicate that this abuse type garnered more sympathy, but a one-way ANOVA provided weak evidence for the null hypothesis that abuse type affected sympathy ratings ($BF_{01} = 0.38$). The average sympathy rating of all abuse types was 4.73 ($SD = 0.53$), indicating a high level of sympathy for survivors overall.

To test the hypothesis that male participants would give lower scores for sympathy, we compared the average responses of men and women across all abuse types. Our findings showed that men gave lower scores for sympathy than did female participants (see Table 1). To test if participant gender had an effect on sympathy ratings, we ran a one-way within-subjects ANOVA. This test yielded a value between 1 and 3 ($BF_{10} = 1.45$) which means the evidence was weak for the hypothesis that gender affected sympathy ratings.

It was hypothesised that male survivors would receive lower sympathy ratings on average across all abuse types than female survivors. The results showed a negligible difference between ratings for male survivors ($M = 4.73$, $SD = 0.53$) and female survivors ($M = 4.74$, $SD = 0.53$). This finding was supported by a one-way ANOVA which found substantial evidence for the null hypothesis that survivor gender did not affect sympathy ratings ($BF_{01} = 0.16$).

Victim blame

This item was reverse-coded, so if a participant scored a maximum of 5, it represented the lowest level of victim blame (i.e., they strongly disagreed that the survivor was to blame).

Participants, were least likely to victim blame sexual abuse survivors, followed by physical abuse survivors, then emotional abuse survivors (see Table 2). A two-way ANOVA found very strong evidence for abuse type exhibiting a main effect on victim blame responses ($BF_{10} = 708.35$).

It was hypothesised that male participants would demonstrate higher levels of victim blaming than female participants i.e., that men would score lower on the victim blame statement. In support of this hypothesis, the mean score for female participants was higher than that for male participants (see Table 1), indicating male participants were more likely to victim blame. This finding is also demonstrated in Figure 1, which shows responses from female participants were more highly distributed at the top of the scale, while male responses were more varied in their range. Interestingly, women's responses varied from 2-5 for physical and emotional abuse, but from 4-5 for sexual abuse, indicating a stronger reluctance to blame sexual abuse survivors. A one-way ANOVA provided further support for our alternative hypothesis, indicating there was strong evidence for an interaction between participant gender and victim blame responses ($BF_{10} = 11.85$).

Another hypothesis was that male survivors would receive more victim blame than female survivors. We found that the mean score for female survivors ($M = 4.60$, $SD = 0.79$) was slightly higher than male survivors ($M = 4.56$, $SD = 0.81$), meaning participants were somewhat more likely to victim blame male survivors. However, a

one-way ANOVA suggested that there was substantial evidence for the null hypothesis that survivor gender did not affect victim blame scores ($BF_{01} = 0.17$).

Help-Seeking

The maximum score of 5 on this item reflected the strongest agreement to recommending help.

Participants were least likely to recommend help-seeking to survivors of emotional abuse followed by physical abuse, then sexual abuse (See Table 2). A one-way ANOVA found that there was very strong evidence that abuse type affected help-seeking ratings ($BF_{10} = 409,431,119$).

It was hypothesised that female participants would be more likely to recommend seeking help than male participants. Mean calculations supported this hypothesis, as women scored higher than men (see Table 1). However, the findings of a one-way ANOVA suggested there was weak evidence for the null hypothesis that participant gender did not affect help-seeking ratings ($BF_{01} = 0.41$). Thus, it is inconclusive whether participant gender influenced responses to help-seeking ratings.

Experience

The majority of participants had personally experienced abuse or trauma (72%, or 23 participants). Of the 29 individuals (94%) who knew someone with abuse or trauma experience, 27 (93%) had this information personally disclosed to them.

To test the hypothesis that men with trauma experience would score more similarly to females than men without trauma experience, we compared average scores for each variable (see Figure 2). Trauma experience appeared to lessen the difference between men and women's responses for "Victim blame". Men without experience had a mean score of 3.50, whereas men with experience scored almost 4.25 on average, bringing them closer to women's means of around 4.70. This suggests that men with trauma experience may be less likely to victim blame than those without it, and make them about as likely as women to victim blame. Furthermore, men without experience had a wider range of scores and a lower mean score for "Seek help" than those with experience, suggesting that experience could be helpful for identifying situations that require help. Women with experience were also more likely to recommend help-seeking, lending support to this theory.

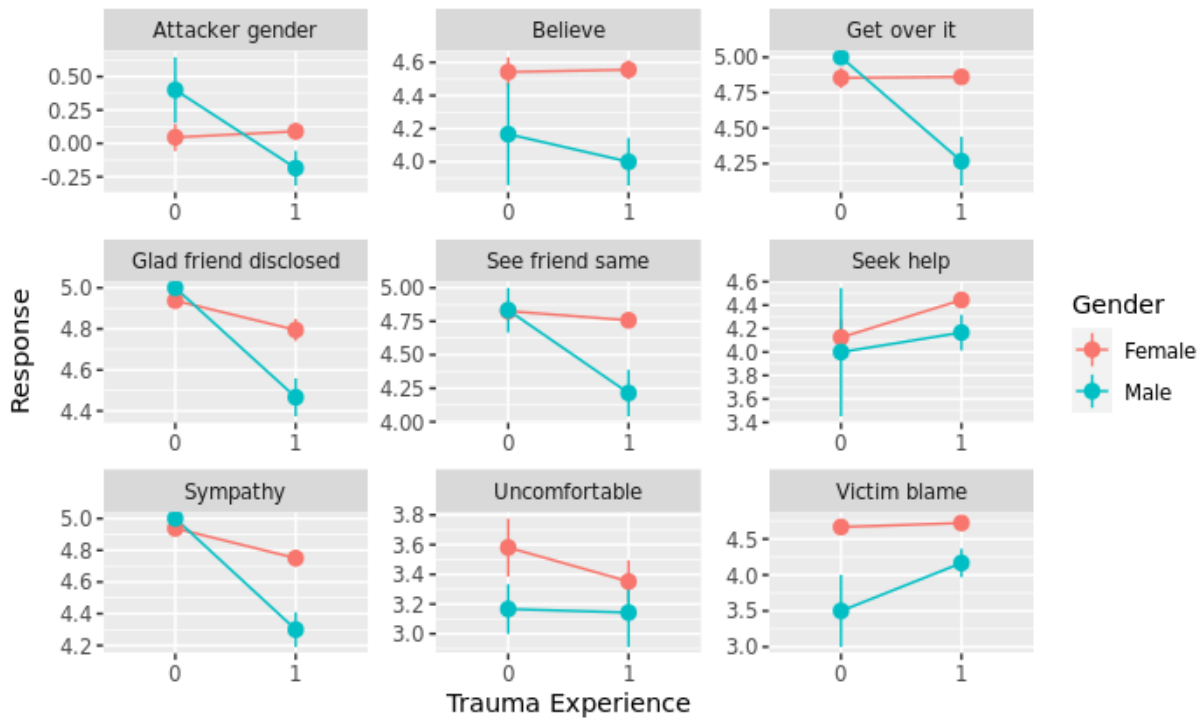


Figure 2: Mean Responses of Men and Women with and without Trauma

Note. Zero on the x-axis = no trauma experience and 1 = trauma experience. For Attacker gender, -2 on the y-axis = Other, -1 = Did not have a specific gender in mind, 0 = Male, 1 = Female. Believe = believability.

On the other hand, our hypothesis was also disproven on several variables; men with trauma experience were less likely to believe scenarios, to feel sympathetic and glad their friend disclosed, and were more likely to tell survivors to “get over it” than were men without trauma experience and women overall.

Finally, a one-way ANOVA determined there was substantial evidence for the null hypothesis that trauma experience did not affect responses ($BF_{01} = 0.14$), which may explain the mixed findings.

Attacker gender

We hypothesised that participants would be most likely to imagine a male attacker across all abuse types. Out of 176 total responses, 107 (61%) were for male attacker, while 39 responses (22%) were for female attacker, 29 (16.5%) were for “Did not have a specific gender in mind”, and one was for “Other” (1%). The modal value of 107 supported our hypothesis that participants would more frequently imagine the attacker in scenarios to be male.

As shown in Figure 3, “Male” was by far the most common response to sexual and physical abuse, while the frequency of “Female” responses remained comparatively low. However, this pattern was reversed for emotional abuse; “Female” responses were 4.5 times higher than they were for sexual and physical abuse, and the frequency of male responses fell even lower than that of “NGIM”. Over the three abuse types, “NGIM” and “Other” remained consistently low.

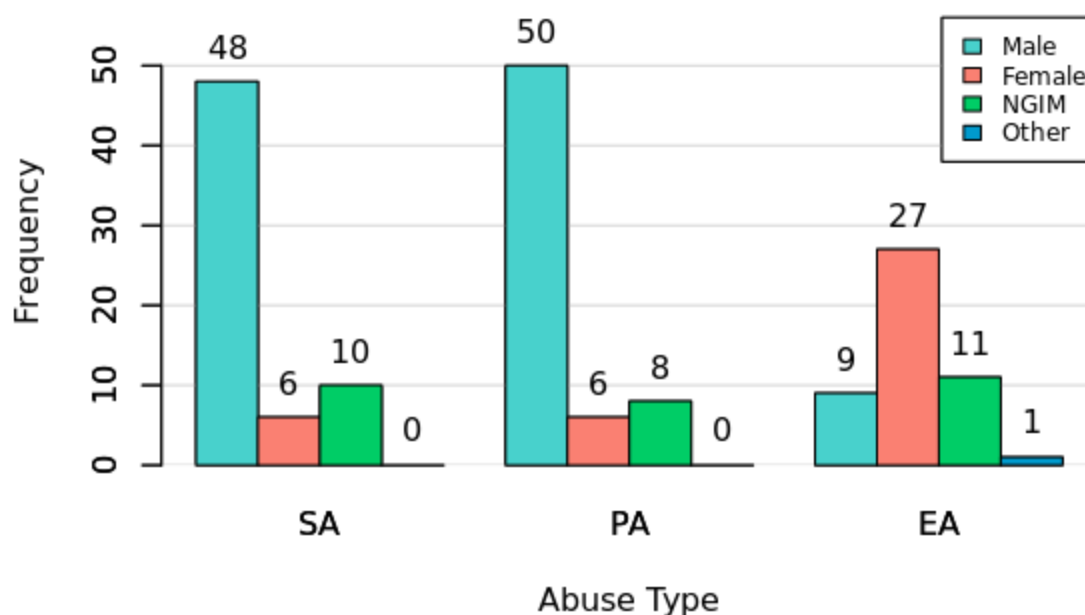


Figure 3: Frequency of Responses to Attacker Gender by Abuse Type
 Note. NGIM = no gender in mind (“Did not have a specific gender in mind”).
 SA = sexual abuse, PA = physical abuse, EA = emotional abuse.

A one-way repeated measures ANOVA determined there was strong evidence that abuse type had an effect on the responses to attacker gender ($BF_{10} = 11.64$).

Discomfort

There was an unexpected finding in relation to the statement, “This disclosure would make me feel uncomfortable”. As Figure 1 shows, some female participants responded strongly agree (5). However, the maximum score of male participants was 4 and there was a higher distribution of answers around 3 (neither agree nor disagree). These data suggest that women felt more uncomfortable with disclosure, thus contradicting our expectation that men would feel the most uncomfortable.

Component 2: Interview

The interview transcript was analysed using thematic analysis (Braun & Clarke, 2006). An inductive approach was taken, wherein the themes were derived from the data. As per Braun and Clarke’s framework, the interview audio was listened to multiple times for familiarity before transcription. The transcript was coded for interesting and relevant phrases or ideas which were grouped into themes according to patterns in the data. Lastly, the themes were refined. The main themes identified were as follows: gender stereotypes and norms, victim blame and rape myths, positive attitudes towards help-seeking and a desire to help.

Gender stereotypes and norms

Participants often suggested that men were more frequently the perpetrators of abuse. One participant stated that it’s “a lot more common for males to sexually assault women” while another stated that “people who are more aggressive tend- nine times out of 10- to be male”. Beliefs that males are perpetrators were pervasive, with individuals referring to the news and “things that you hear” as reasoning for their assumptions. This suggests that this stereotype is perpetuated by news reports and media that highlight the frequency of male-on-female attacks.

Participants also referenced the physical strength of men compared to women. One participant explained that the perpetrator of a male sexual assault could have been male as “that means, like, they had more strength, which makes sense”. The only time that women were considered as potential perpetrators of sexual abuse was when a male survivor’s strength had “deteriorated” due to intoxication. One participant reasoned that if it was a more violent attack like in the alleyway vignette, they would think it was a male perpetrator, but because it involved being taken advantage of they would “expect it more from a girl”. Overall, this suggests that people may assume that men’s superior physical strength makes them far more likely than women to attack someone, while women only attack when they can take advantage of someone’s compromised strength.

In a similar vein, physical strength was deemed to be advantageous for male survivors, as it gave them a “chance of maybe fighting back”. In contrast, female survivors were not expected to fight back “due to a possible imbalance of power”. Female participants stated that hearing of a male attack was disconcerting, as it reminded them of their own vulnerability: “to hear that it would happen to a male friend . . . it makes me feel uncomfortable ‘cause knowing it could happen to like, me, I could be more vulnerable than him”. It may be that women are aware of their increased vulnerability to attacks, so hearing about somebody stronger than them being attacked incites fear and discomfort.

The stereotype of women being emotional and weak was raised by a female interviewee. The participant admitted she would be more worried for a female friend who had been sexually assaulted than she would be for a male friend because “we tend to think of females as needing slightly more support . . . which is probably wrong, but that’s just how I think”. In this quote, the participant shows an acknowledgement of harmful stereotypes, but a reluctance to change their way of thinking. This finding substantiates the theory that women are seen as being in need of protection. Moreover, it highlights the barriers to help-seeking that are unique to stigmatised male survivors.

Victim blame and rape myths

Surprisingly, all three female participants engaged in victim blame and rape myths, but the male interviewee did not. Examples of victim blame and rape myths included this response to the sexual abuse at a party scenario: “I know the other person took advantage, but he was- he was drunk, he was intoxicated- he made like, the flirty comment”. This is an example of two rape myths; firstly, that the survivor was to blame for the attack because they were intoxicated and secondly, because they had made a flirtatious comment. Participants also placed the onus of physical abuse in a romantic relationship on the survivor, with one saying: “fights that happen are two-way . . . he also was part of that and-and could’ve walked out and stopped it or walked off if he wanted to”. Another participant explained:

I would kind of question why . . . she didn’t do anything or like, why she’s just kind of like letting it pass, so I would still feel sympathetic, just not as sympathetic as I would be if she was more, like, standing up for herself.

Victim blaming also occurred in emotional abuse scenarios, but for different reasons. Emotional abuse scenarios seemed to be judged based on social context, meaning there was more ambiguity over who was to blame: “the way that we perceive things can be different for different situations . . . It could be a misunderstanding”. In contrast, sexual and physical abuse were judged on moral right and wrong, and the roles of survivor and perpetrator were more clearly defined.

Fortunately, we found that female participants did not always endorse rape myths; sometimes, they would reject them. For example, in response to a sexual abuse scenario, one individual said: “it was not their fault for not being conscious, so, um, they weren’t able to give their consent, which takes the blame off them completely”. Another agreed, saying: “any situation that someone’s in, whether they’re drunk or intoxicated or had a flirty joke, um, it’s still inappropriate and wrong”. These quotes demonstrate an awareness of common rape myths and, more importantly, a rejection of them in favour of condemning the perpetrator.

Positive attitudes towards help-seeking

Throughout the interviews, there were positive attitudes towards help-seeking and disclosure. One participant stated: “it’s important that . . . people share things that have happened to them so they can get the right help and support they need”. This suggests that disclosure was seen as an integral part of the healing process, allowing individuals the chance to receive help.

Participants recognised many signs that survivors may need professional support, including low self-esteem, missing university classes and isolating. In response to an emotional abuse scenario, one participant stated:

he said that he doesn’t want to come back to uni and if he does, he locks himself in his room. I think that’s obviously- it’s mentally draining for him, so I would obviously say, or I would recommend seeking professional help.

Participants often mentioned counselling as a source of professional help: “if you talk to either like a therapist or like someone at your school or someone about it, I think that nine times out of 10 they’d be able to do something effective”. Given that the sample consisted of young people, their awareness of mental illness symptoms and endorsement of help-seeking is unsurprising; their generation is known for having made mental illness less of a taboo subject (American Psychological Association, 2018). Nonetheless, it is promising to hear positive attitudes towards help-seeking.

A desire to help

Participants often expressed that they wanted to assist in their friend’s recovery. Frequently mentioned ways of helping survivors were being “there for them” and helping them work out a timeline of the event. In response to a sexual assault of a female survivor, one individual also described using distraction techniques to, “take her mind off it”, and meeting with her so she did not have to walk anywhere alone.

Participants took pleasure in knowing they could help survivors, which may have been because relieving their friend’s distress alleviated their own feelings of concern. Another reason is that it made participants feel honoured that their friend chose to disclose to them. One individual explained, “knowing that eventually they felt okay

enough and safe enough with me to like, share that information . . . it would make me glad that I was like that support for them”. Another participant echoed this statement by saying: “I’d be happy that he feels that he is able to come to me”.

However, if participants felt inexperienced with a situation, they expressed a fear of making things worse. In response to a sexual abuse vignette, one participant said: “I’ve never experienced anything like this . . . I wouldn’t know how to help them in a way that could actually help them instead of just like making it worse”. This anxiety would be intensified “if they haven’t talked to anyone about it”, as it would increase pressure on the recipient to help. Participants expressed they would feel discomfort if they did not know how to help the survivor, supporting past research that the more useless recipients felt during disclosure, the more uncomfortable they felt (Milliken et al., 2016).

Discussion

To investigate whether there are gender differences in attitudes towards trauma/abuse disclosure, we compared male and female participants’ responses to hypothetical disclosures of sexual, physical, and emotional abuse.

The main hypothesis of the current study was that male participants would react more negatively to disclosure than female participants. To test this, we compared men and women’s scores for variables including believability, sympathy, victim blame and “seek help”. Past research (e.g., Cromer & Freyd, 2009; Sylaska & Walters, 2014; Page & Morrison, 2018) suggests that men are less likely to believe and sympathise with survivors and encourage help-seeking and more likely to engage in victim blaming. In the present study, male participants scored lower on average than female participants for believability, sympathy, seek help and victim blame (they were more likely to victim blame). Although these data are consistent with the literature, Bayesian ANOVA tests determined there was insufficient evidence that gender affected believability, sympathy and seek help scores.

In contrast, there was strong evidence that participant gender affected victim blame ratings. Our interviews supported these data, though in an unexpected way. Despite the survey finding that men were more likely to victim blame, female interviewees demonstrated victim blaming, but the male interviewee did not. One interpretation is that women’s awareness of victim blaming made them answer in a socially desirable way; they did not want to identify as somebody who victim blames. Thus, they may have held these beliefs without acknowledgement. One female interviewee said survivors should not be blamed, but also said “I would still feel sympathetic, just not as sympathetic as I would be if she was . . . standing up for herself”. Thus, women may be more susceptible to victim blaming than first assumed.

Intriguingly, there was stronger evidence that abuse type affected victim blame ratings compared to gender. Moreover, the largest Bayes Factor value of the experiment was that which determined a very strong effect of abuse type on help-seeking scores. The disparity between the Bayes values given for abuse type and gender is so great that perhaps future researchers should focus on why abuse type has such a significant effect on perceptions of survivors and traumatic events.

A finding that contradicted the literature was that women's average score for "Uncomfortable" was higher than the men's. The literature describes men as being more uncomfortable with disclosure, so this was unexpected. It is possible that women felt more discomfort because they were better able to empathise with the survivor than were male participants. This theory is based on past research (e.g., Page & Morrison, 2018) that suggests women are more sympathetic towards survivors due to their comparatively higher likelihood of trauma exposure. Female interviewees supported this theory when they explained they were not uncomfortable with disclosure itself but rather knowing the event could have happened to them.

Continuing with the theme of trauma exposure, we hypothesised that males with trauma experience would answer more similarly to women overall. While this was true for victim blame and seek help, it was not the case for believability and sympathy. A Bayesian ANOVA determined there was substantial evidence that trauma experience did not affect responses. Such unexpected results are a reminder that reactions to trauma are complex and unpredictable. Trauma experience could make individuals more adept at recognising when somebody needs help, but it does not mean they will be more sympathetic to every situation they encounter. Rather, as suggested in the literature (Lutz-Zois et al., 2015), men may become detached from their emotions, making the ability to sympathise with and believe others more difficult. Unfortunately, we cannot measure the diverse spectrum of experiences and views in a quantitative survey and an interview with one male. Likewise, we cannot conclude that traumatic events will make people more receptive to disclosure.

Another hypothesis we investigated was that male survivors would receive lower sympathy ratings and more victim blaming than female survivors. The difference in ratings was minimal, and Bayes analyses provided substantial evidence for the null hypotheses. Based on these findings, people are less likely to victim blame and more likely to sympathise with male survivors than previously thought. Given that the sample mainly consisted of young people, these findings could reflect a hopeful future for male survivors born into a world less tightly bound by gender stereotypes. Nevertheless, gender stereotypes remain pervasive. Consistent with the literature (Hammock et al., 2017), interviewees stated that men are physically stronger and more able to resist attacks than women. One participant also admitted she would be more concerned for a female survivor because women need more support. This finding highlights the unique stigma faced by male survivors and how it prevents them from receiving the same level of support as female survivors.

The final hypothesis for the survey was that participants would most frequently imagine attackers as males. Indeed, participants imagined male attackers more frequently than they did female attackers, supporting our hypothesis. Although men formed most of the imagined attackers for sexual and physical abuse, women were most frequently imagined as emotional abusers. Participants may have relied on the stereotype that women are physically weaker but more emotionally adept than men. Therefore, while they pose less of a physical threat, they are better at manipulating others. This finding emphasises how gender roles can affect the perceived severity of abuse, and consequently, the help offered to survivors.

Limitations and future research

When reviewing our study's findings, we must acknowledge its limitations. Firstly, there were missing data for emotional abuse, meaning far fewer responses were recorded than for sexual and physical abuse. The disparity means that accurate conclusions cannot be drawn from the descriptive data, although our inferential data remains accurate as complete case analysis was used to calculate Bayes Factors. Replications of our study must identify the cause of the error to prevent it, thus affording a more accurate set of means and a smaller margin of error.

Another limitation is the sample's composition; there were fewer male participants than female participants and only one male interviewee, which is not representative of the real-world population. Furthermore, the male interviewee may have held particularly liberal views. Perhaps with more male participants, we would observe more negative attitudes like those reported in the literature.

In terms of materials, the Likert statements measuring victim blame and discomfort were low in construct validity. Despite interviewees answering that they would not blame survivors, their spoken explanations often contradicted this, suggesting that victim blame ratings do not accurately reflect participants' thoughts. Instead, the survey could omit the word "blame" and ask if the survivor could have done anything differently (which was an interview question), providing writing space. For the discomfort statement, female interviewees would rate highly, but they explained it was due to empathising with their friend and imagining themselves in their position, not discomfort at disclosure itself. The statement did not capture this distinction. In future, its meaning should be made more explicit, e.g., "Talking about difficult events or feelings makes me uncomfortable". Then, a pattern of results more consistent with the literature may emerge.

A further criticism of the materials is that participants reported the content of the emotional abuse scenarios was less "intense" than the content in sexual and physical abuse scenarios. Admittedly, the sexual abuse scenarios were particularly graphic and violent compared to the relatively tame emotional abuse scenario of being ignored by group members. This could partially explain why participants were least likely to recommend help-seeking to emotional abuse survivors, plus why a one-way ANOVA determined the strongest evidence of the experiment was for abuse type affecting help-seeking scores. In a pilot study, participants could rate the intensity of scenario content to help us refine them for future work.

Finally, given that abuse type had a stronger effect on responses than gender, future research could delve deeper into its influence. Specifically, research should focus on why people are least likely to offer help to emotional abuse survivors and most reluctant to victim blame sexual abuse survivors. Considering the effects were especially strong for seek help and victim blame, it would be worth taking a more precise approach instead of the broader, multifactorial approach in the current study.

Conclusion

In conclusion, the current study supported research that found that men are less likely to believe, sympathise and recommend help and more likely to victim blame than women. However, Bayes analyses determined there was insufficient evidence to support gender's affect, whilst abuse type had a greater effect on seek help and

victim blame responses. Findings that contradicted past research included that experience did not affect men's responses and that female interviewees were prone to victim blame. Our research highlights a need for increased support for male survivors and public education on the misconceptions of abuse. Future research should recruit more male participants, ensure there is no missing data, refine survey questions and scenarios and further investigate the impact of abuse type on responses to disclosure.

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