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Background

Sexual assault, or sexual contact without explicit consent, is a significant problem in our society, and is experienced differently by male and female sexual assault survivors. One in six men and one in four women experience attempted or completed sexual assault in their lifetime[12]. These numbers are likely not indicative of the true scale of this issue, and sexual assault is particularly prevalent and underreported in college student samples.

Stigma is frequently experienced by sexual assault survivors, and reinforced through media, culture, and rape/sexual assault myths[28]. Sexual assault and experiences of stigma influence the mental health problems victims face after assault, including Post-Traumatic Stress Disorder (PTSD) [17].

Insufficient research has been conducted on the differing experiences of stigma related to male and female sexual assault victims. While sexual violence affects females at higher rates, male sexual assault victims have lower levels of reporting and help-seeking behaviors, with one study citing only 29% of male victims sought medical or psychological help after an assault[12].

Current Study

In order to separate stigma attributions based on sexual assault victimization and PTSD, the current study explored both. 214 participants participated in this study. The sample was primarily female (55.1%), Caucasian/White (88.8%), and neutral or having no political affiliation (36.9%). The average age of participants was 19.5.

Four vignettes were used: a male victim with a diagnosis of PTSD, a male victim who was resilient, a female victim with a diagnosis of PTSD, or a female victim who was resilient. After reading one of the short vignettes, participants completed two measures (MIAS and MISS).

It was hypothesized that male sexual assault victims would elicit more stigma than female characters, and that characters with PTSD would elicit more stigma than characters who are resilient. It was also hypothesized that there would be an interaction effect in which male characters with PTSD would elicit the most stigma.

Methods

Participants completed a short online survey (M=6.34 minutes). First, participants read a short vignette before completing two stigma questionnaires. Lastly, participants completed a demographics questionnaire created for this study which measured gender, age, race/ethnicity, political orientation, mental illness diagnoses, and association with individuals with mental illness/PTSD.

Example Vignette
PTSD Vignette: John is a 20 year old college student. At a party last semester, John was drinking and was sexually assaulted by an acquaintance he had taken a couple classes with. John was recently diagnosed with PTSD, and has symptoms like flashbacks/nightmares, intense distress when reminded of the event, and self-destructive behavior.

Mental Illness Attitude Scale (MIAS) An eleven item Likert-style questionnaire (1= *strongly disagree*; 5 =*strongly agree*) which measures beliefs about outcomes and negative stereotypes of individuals with mental illness[25]. In the adapted scale, sample items include: "I believe Sarah is a danger to others" and "I believe John can eventually recover."

Mental Illness Stigma Scale (MISS) A twenty-eight questionnaire with high internal consistency (α=.86) which measures several factors of attitudes toward vignette characters: recovery, interpersonal anxiety, visibility, relationship disruption, poor hygiene, treatability, and professional efficacy[16]. The scale uses a seven point Likert-type scale (1 = *strongly disagree*; 7 = *strongly agree*). This scale, adapted for our purposes, includes items like: "I do not think that it is possible to have a normal relationship with someone like John," and "There are no effective treatments for John."

Results

Using the MIAS, results indicated non-significant findings for the hypotheses that males would elicit more stigma than females (M_{male}=2.30, SD_{male} =.56, M_{female}= 2.18, SD_{female} = .53) and characters with PTSD would elicit more stigma than resilient characters (M_{PTSD}=2.29, SD_{PTSD}= .52, M_{RES}=2.19, SD_{RES}=.57). The prediction that male characters with PTSD would elicit the most stigma was not significant using this measure.

Utilizing the MISS, significant main effect findings presented for the hypotheses that male characters would elicit more stigma than female characters (i.e., main effect of gender; M_{male}=3.86, SD_{male} =.62, M_{female}= 3.49, SD_{female} = .62) and that characters with PTSD would elicit more stigma than resilient characters (M_{PTSD}=3.82, SD_{PTSD}= .65, M_{RES}=3.52, SD_{RES}=.62).There was a significant main effect for gender with a moderate effect size ($F(1, 213) = 19.89$, $p < .001$, partial eta squared = .09), and a significant main effect with a small effect size for diagnosis ($F(1, 213) = 13.51$, $p< .001$, partial eta squared = .06). Lastly, the hypothesis that male characters with PTSD would elicit the most stigma was not significant (i.e., interaction effect; M_{MPTSD} =4.06).

Both main effect hypotheses for the MISS measure were supported with significant findings, lending support for the hypotheses that male sexual assault victims would elicit more stigma than female characters and characters with PTSD would elicit more stigma than characters who are resilient.

Discussion

The results of this study indicate that with at least one measure of stigma (i.e., the MISS), male sexual assault victims may experience more stigma than female sexual assault victims, and those with PTSD may be stigmatized at higher rates than those who are resilient. This study sought to fill a gap in the literature to determine the effect that gender and diagnosis may have on the experiences of stigma for a fictional victim. While male characters and characters with PTSD were stigmatized more than female characters and resilient characters, the stigma scores on both measures remained relatively low. This may indicate that the awareness and outreach efforts on college campuses have had an effect on the attitudes of college students regarding victims of sexual assault [24].

Current and recent undergraduate students face increased risk of sexual victimization, but may also have increased education surrounding violence prevention and victim services, which is vital to the wellbeing of college students[24].These initiatives are critical, as about one-fifth of female students are sexually assaulted while in college, with female students twice as likely to be assaulted in the first two months of college than any other point in their college career[33], and at least half of all college women experiencing some unwanted sexual activity[21]. Based on these statistics alone, participants in this study likely knew someone who has experienced sexual violence or have been assaulted themselves.

While research tends to focus on the female sexual assault victim, it is critical to understand the differing experiences of male victims who may face increased stigmatization[5]. The results of this study have implications for students and those working on college campuses, as well as funding sources and lawmakers, as they highlight the stigma regarding male college victims and college victims who develop PTSD[23]. College personnel should work to ensure adequate counseling and advocacy services on their campus for sexual assault victims. This study fills an important gap in the literature, as it highlights the differences in stigma based on gender and diagnosis of the victim and the relatively small levels of stigma attributed to victims by college student participants.