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An Exploratory Study on the Beliefs about Gender-based Violence held by Incoming Undergraduates in England

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Abstract

A growing body of research indicates that gender-based violence is a public health problem for UK universities. To date, there is a paucity of knowledge about beliefs regarding gender-based violence among UK university students and how receptive they are to help change university culture by participating in prevention programmes. This article uses findings from the first cross-sectional study in England that measured beliefs, including rape and DVA myth acceptance, and readiness for change. A survey was given to 381 incoming undergraduate students attending a university in the South West of England. The findings suggest that men endorse rape and DVA myths more than women. Rape myths were associated with DVA myths and further analyses indicated that the subscales *He didn't mean to* and *It wasn't really rape* predicted DVA myths. Denial of the problem of sexual violence and DVA was predicted by myth endorsement but assuming responsibility for change was not. These findings provide insight into the particular myths held by incoming undergraduates and how they operate together to scaffold gender-based violence in university settings. Rape and DVA myths need to be targeted in the development of effective prevention programmes in English Universities.

Introduction

Gender-based violence, understood here as violence disproportionately experienced by women and girls because of their gender and inflicted by men, and rooted in power inequalities between men and women (EIGE, 2017; Hester & Lilley, 2014; Hester, 2013) is recognised as a global public health and human rights issue, with an array of negative health outcomes (WHO, 2013). Research in the US has consistently demonstrated high rates of sexual violence among university students (Fisher, Cullen & Turner, 2000; Krebs et al., 2007). This decade has borne witness to an emerging picture of the scale and exhibition of sexism and gender-based violence in UK universities, from a growing body of research documenting students' experiences and high-profile media accounts of problematic incidents

and behaviours. However, to date there is a paucity of knowledge about the attitudes and beliefs of incoming undergraduates regarding gender-based violence, which may underpin and culturally support and sustain its manifestation. Universities are coming under increasing pressure to act, and following Public Health England's review of bystander intervention as showing particular aptitude for prevention in university settings (Fenton et al, 2016), the Universities UK Taskforce in its report *Changing the Culture* (2016) recommended bystander prevention programmes for UK universities. Deeper understandings about university students are needed in order to ground effective prevention programmes such as bystander intervention. As the first study of its kind in England, this exploratory study seeks to further our understandings of the attitudes and beliefs about both sexual violence and domestic violence and abuse (DVA) held by students upon entry to university, which may underpin the cultural context in which gender-based violence occurs and is sustained in university settings. We sought to explore both the influence of gender on myths about sexual violence and DVA, and how beliefs in myths might predict receptiveness to prevention efforts. In so doing, this study also aims to further inform the development of feminist-informed prevention programmes for maximal effectiveness in this population.

Conceptual framework and literature review

Sexual violence and DVA form part of social patterns of gendered violence against women rooted in systemic gender inequality (Hester & Lilley, 2014; Gill, Heathcote & Williamson, 2016) and the social policing of gender roles in society from birth. Research into teenage intimate relationships indicates high levels of physical, emotional and sexual violence, with one in six girls experiencing some form of severe partner violence across all three categories, and girls reporting much higher levels of harmful impact on their welfare than boys (Barter, McCarry, Berridge & Evans, 2009). For example, 31% of girls and 16% of boys reported some form of sexual partner violence while 70% of girls and 13% of boys stated that the sexual violence had negatively impacted on their welfare (Barter et al., 2009). Qualitative research with children and young people illustrates how men's violence is normalised, accepted, minimised and justified by adherence to normative gender-role behaviours in which men are more powerful and violence can be legitimated – with blame often being situated with the female victim (McCarry, 2009; McCarry & Lombard, 2016).

Despite partner violence being recognised as a significant concern in teenage relationships (Barter et al., 2009), specific research regarding UK undergraduate student

populations is in its infancy. *Changing the Culture* (2016) notes the demographic profile of universities: in 2014-2015 over one million females were enrolled in higher education, 45% of all students were under 21 and the population was 56% female to 44% male (p.18). This profile is significant because national datasets show females aged 16 - 19 are most likely to be the target of a sexual offence (8.2%) compared to a prevalence rate of 3% across all females and 1.6% across both males and females, and female full-time students have a high prevalence rate of 6.8% (MOJ/HO/ONS, 2013). Young women aged 16-24 are also at the highest risk of experiencing any domestic violence, more than any other group (ONS, 2017, table 4.10) Although to date a large-scale representative study with students has not been conducted in the UK, there is nonetheless an emerging and growing evidence base as to the widespread nature of the problem. The *Hidden Marks* report (NUS, 2011) reported that 25% of women students experienced sexual assault, 7% were subject to a serious sexual assault and 68% had been subject to verbal or physical sexual harassment on campus. Stenning, Mitra-Kahn and Gunby's (2012) study reported that 30% of women students had experienced at least one incident of stalking, with 29% of women students experiencing sexual violence (SV) reporting that it affected their academic performance and 34% reporting they had interrupted their studies as a result. Further, a common finding throughout the research with young people is that they are very unlikely to report or disclose violence to anyone other than friends or fellow students (Barter, 2009; NUS, 2011; Stenning et al., 2012). Thus, universities are important spaces for tackling violence and abuse, but whilst we are beginning to learn more about the manifestations of violence and abuse in university contexts, we know little about the normative beliefs sustaining and facilitating gender-based violence. We also know little about students' levels of awareness of the issue of SV and DVA and understandings of its relevance to their community and how receptive they might be to preventing it.

One way of measuring how conducive an environment might be to supporting gender-based violence is to measure Rape Myth Acceptance (RMA) and DVA myth acceptance. Beliefs in these myths are thought to support patriarchy and gender-based violence by reducing social support for victims, exonerating perpetrators and minimising the gravity of the offences and behaviours, and contribute to a framework of negative attitudes towards women (Peters, 2008). Whilst there is no one single definition of the rape myth concept, which has evolved over time, rape myths have recently been described as "descriptive or prescriptive beliefs about rape (i.e. about its causes, context, consequences, perpetrators, victims and their interaction) which serve to deny, downplay or justify sexually

aggressive behaviour that men commit against women" (Gerger, Kley, Bohner, & Siebler, 2007, 425) and thus operate to trivialise, normalise and sustain the sexual aggression of men towards women (Gerger et al., 2007; Grubb & Turner, 2012; Lonsway & Fitzgerald, 1994). Rape myths are generally considered to fall into four patterns, namely: beliefs which blame the victim for their rape; express a disbelief in claims of rape; exonerate the perpetrator and imply that only certain types of women are raped (Bohner, Eyssel, Pina, Siebler & Viki, 2009; Grubb & Turner, 2012). The acceptance or endorsement of rape myths operates as a type of general cognitive schema that has unconscious bearing on the attribution of blame for sexual violence on the victim and the exoneration of the perpetrator (Grubb & Turner, 2012, 445). Such blame attributions correspond with the belief in 'just world theory' (Hayes, Lorenz & Bell, 2013; Kleinke & Meyer, 1990; Lerner, 1980) – that people get what they deserve and therefore that the victim deserved her own victimisation. Indeed, a positive correlation has been shown between RMA and just-world beliefs (Bohner, 1998; Lonsway & Fitzgerald, 1994). Defensive attribution literature suggests that for women, higher endorsement of rape myths serves a self-protective function to lessen the threat of their own victimisation. This in turn discourages them both from participating in protective behaviours and from reporting sexual violence (see Bohner et al., 2009).

Researchers have shown that men are more likely to endorse rape myths than women (Anderson, Cooper & Okamura, 1997; Suarez & Gadalla, 2010) although some studies report that both men and women endorse rape myths (Ferrão & Gonçalves, 2015). Other variables for which there is a strong association with rape myths include holding traditional gender role beliefs, women's restrictive social roles and sexist attitudes towards women (see Temkin & Krahé, 2008, 36-37; Grubb & Turner, 2012). Sexual aggression and hostile attitudes and/or aggressive behaviours toward women were confirmed as having a strong positive association with RMA by Suarez and Gadalla (2010) (also Temkin & Krahé, 2008). Because rape myths justify and play down sexual coercion and minimise men's responsibility for it, it is unsurprising that RMA is also significantly associated with rape proclivity (Bohner, 1998; Bohner, Jarvis, Eyssel, & Siebler, 2005; Malamuth, 1981; for a summary see Bohner et al., 2009) and is thus associated with a higher likelihood of future perpetration (Bohner et al., 2005). It is thought that rape myths may be "psychological neutralizers" (Grubb & Turner, 2012, 445) used by men to switch off social prohibitions (Burt, 1980) and allow potential abusers to justify their actions (Bohner at al., 2005; Grubb & Turner, 2012) through avoidance of blame.

Controversy has recently arisen about rape myths in legal scholarship following Reece's (2013) work which questions whether rape myths are in fact 'widespread' - a term which is not defined - on the grounds that some myths are in fact true and that the measures employed by psychologists to measure rape myths are flawed and designed 'to catch people out' (p.455). However, Reece does not adduce any new empirical evidence to substantiate her claims. Reece's assertion that some myths are not myths because they are actually true is based on a conceptual framework at odds with the established body of rape myth research and misses that it is not the descriptive truth of the myth in a given situation that is important, but rather, its common applicability or generalisability (Conaghan & Russell, 2014, 34; Lonsway & Fitzgerald, 1994). Reece's analysis is to be rejected because "rape myths are an integral part of the scaffolding which supports a rape culture not because they are true or false but because they are normatively infused" (Conaghan & Russell, 2014, 39).

A range of psychometric instruments have been developed and validated to measure rape myth acceptance (RMA). The psychometrically demonstrated Illinois Rape Myth Acceptance Scale (IRMA) (Payne, Lonsway & Fitzgerald, 1999) was revised and validated by McMahon and Farmer (2011) to contain updated and relevant language for university students, to capture subtle rape myths with an emphasis on victim-blaming and, specifically, to provide a more valid measure for assessing efficacy of rape prevention programmes in university settings. The scale reflects the findings by the authors that blatant victim-blaming has become less socially acceptable, and that some students thought that rape could occur unintentionally or by accident (McMahon & Farmer, 2011). In a large sample of US first year undergraduates, McMahon (2010) found that two subscales were most endorsed, *He didn't mean to* and *She lied*, which reflect victim-blaming, perpetrator behaviour as accidental, and false allegations. The subscale *It's not really rape* which encompasses questions about physical resistance and use of weapons was the least endorsed. Understanding the extent of particular myth endorsement will be important in enabling educators to tailor their prevention programmes accordingly for UK university settings (or elsewhere).

Whilst there is a body of literature on rape myths, the concept of myths has not been traditionally used with DVA, and consequently, the functions and effects of DVA myths have been little studied empirically, although Peters (2008) conceptualises DVA myths as akin to rape myths in that they support patriarchy through holding the victim responsible, exonerating the abuser and minimising the seriousness of the problem. Consistent with the literature on rape myths, Peters' (2008) study of a university community found that men endorse DVA myths

significantly more than women do, and found associations between DVA myths and other scales measuring negative attitudes toward women, with a strong correlation between DVA myths and RMA. The study also found that DVA myths are endorsed differently by men and women, and thus, similar to rape myths, may operate for women self-protectively and for men through diminishing blame of abusers. Yamawaki et al. (2012) found that college students' adherence to DVA myths influenced negative attitudes towards victims and that men blamed the victim and minimised the seriousness of DVA more than women. Other studies have, however, found little or no sex difference (Yamawaki et al, 2012, 3207)

Myths thus operate in multiple ways to scaffold gender-based violence as they feed victim-blaming, permit, excuse and normalise men's violence against women, and inhibit and suppress (supportive) disclosure – which in turn allows sexual violence and / or DVA to continue. Myths reinforce and legitimise concepts of male power and dominance. It is easy to see why reducing their endorsement is recognised as a key issue for feminist-informed prevention - and indeed is used as an indicator of bystander programme efficacy (Fenton et al, 2016). Myths may also serve a further function in terms of developing effective prevention programmes, which is the extent to which they may operate as a barrier to receptiveness to prevention efforts. Thus, it becomes important to gauge where undergraduates are situated in terms of their awareness of the problem and occurrence of gender-based violence in their community, and their responsibility for change. This can be measured by the scale of Readiness for Change (later renamed Readiness to Help), which was developed by Banyard, Eckstein and Moynihan (2010) in order to assess individuals' level of comprehension and motivation to engage in prevention work. The measure was developed from the Transtheoretical Model (TTM) (Prochaska & DiClemente, 1984) which suggests that individuals move through different stages – from denial or no awareness of the problem (precontemplation) – to taking responsibility to learn more about the issue (contemplation) - to action in changing behaviours. Banyard et al. (2010) found that higher RMA is associated with higher denial and lower contemplation. Their findings suggest the importance of understanding the levels of denial and responsibility for prevention efforts: those in denial demonstrated smaller effects of the programme.

Study Goals

As there is little research in the UK in this area, the purpose of the study was to further our understandings about the attitudes and beliefs held by undergraduate students upon entry to university in relation to SV and DVA and the relationships between those and readiness for

change. This study had three overarching goals. First, we wished to examine myth acceptance across incoming students and how this may have differed across gender. Second, as little is known about the relationship between rape myths and DVA myths, we wanted to explore this relationship. Third, we wanted to explore how myth acceptance may be related to readiness for change. Accordingly, we proposed the following exploratory questions.

Research Aim 1

1a: What are the trends in Illinois Rape Myth Acceptance subscale endorsement?

1b: Will men have higher RMA and DVA myth acceptance than women?

Research Aim 2

2a: Will higher scores of endorsing rape myths be associated with higher scores of endorsing DVA myths?

2b: Will gender affect this relationship?

Research Aim 3

3a: Will there be a difference between denial and responsibility of SV and DVA according to gender?

3b: How will myth acceptance be related to denial of the problem and responsibility for change?

Method

Research Design

This study was part of a larger pilot study (Fenton & Mott, 2018) that evaluated *The Intervention Initiative* (*TII*), a bystander intervention programme, which sought to increase students' knowledge about sexual violence and DVA, and increase their sense of responsibility and skillset to intervene and challenge these social issues. The study reported here consisted of a cross-sectional design, in which quantitative survey data was collected online.

Participants

Participants were undergraduate students at a university in the South West of England. Details of selected demographics for the study participants are shown in Table 1. The participants ranged in age from 17 to 46, with a mean age of 19.60 (*SD* = 3.62). Nearly two-thirds of the participants were women (62.8%, 95% CI 57.5 to 67.6) and nearly 90% of the students identified as heterosexual (87.2%; 95% CI 83.8 to 90.7). Approximately 80% of the participants were from the UK (78.5%; 95% CI 74.1 to 82.8) and a similar proportion

reported English was their first language (79.0%; 95% CI 74.6 to 83.0). Most (86.8%; 95% CI 83.2 to 90.4) reported their relationship status as single at the time of the survey.

Procedure

Before *TII* began, a link to the survey was sent through the Qualtrics online platform to all first year students enrolled in the Law or Accounting and Finance undergraduate degree programmes. The survey closed before *TII* commenced. Students provided consent online before answering any questions. A total of 381 participants completed the survey, which was a 57.3% response rate. Participants were advised about wellbeing and support in motivational talks by the research team and documentation posted on the relevant university online learning platforms prior to survey release. This was reiterated in the informed consent procedure. The study was approved by the Faculty of Business and Law Research Ethics Committee, supported and endorsed by Public Health England.

Measures

   Demographic Information. Only gender was included in the analysis due to small sizes across other demographic groups.

   Revised Illinois Rape Myth Acceptance Scale (IRMA). To measure rape myth acceptance, participants completed the short form of the Illinois Rape Myth Acceptance Scale (McMahon & Farmer, 2011). This scale was used because it has been validated with university students (McMahon & Farmer, 2011) and because the research team wanted to map onto extant research on bystander programmes (Fenton & Mott, 2018) which has utilised this scale. The scale included 19 items (see Appendix 1.) which measured acceptance on a 5-point Likert scale, with 1 indicating strongly disagreeing with a myth and 5 indicating strongly agreeing with a myth. The scale had a high level of internal consistency, as determined by a Cronbach's alpha of .92[i].

   Four subscales were part of the overall scale. The first subscale, *She asked for it*, had four items that describe the belief the victim's behaviour caused the sexual assault and had a high level of internal consistency (Cronbach's alpha = 0.85). The second subscale, *He didn't mean to*, had six items describing how the perpetrator did not intend to rape, and high internal consistency (Cronbach's alpha = 0.81). The third subscale *Not really rape*, consisted of four items, with a Cronbach's alpha of 0.81. The items reflected the beliefs that sexual assault did not occur because the victim was at fault or the perpetrator could not be held responsible. The fourth subscale, *She lied*, had five items about the victim fabricating the sexual assault and high internal consistency (Cronbach's alpha = 0.90).

Domestic Violence and Abuse Myth Scale. The scale was comprised of four items and they could be reliably scaled (Cronbach's alpha = .72). The item, "Violence between couples is a private matter and people should not get in the way or get involved," was drawn from Coker et al's (2011) study examining the acceptability of dating violence. The remaining three items were written by the research team (Fenton & Mott, 2018) based on the content of *TII*: 'Domestic abuse doesn't really happen in young people's relationships'; 'In most relationships, if someone has lost control and been seriously violent to their partner it is likely to be a one-off incident that won't be repeated'; 'People who constantly check up on their partner and want to know where they are and who they are with all the time are simply showing how strong their love is – this isn't a sign of abusive behaviour.'

Readiness to Help. The scale was based on Moynihan et al's (2011) Readiness to Change Scale II, which focused on sexual violence only. As *TII* addresses DVA in addition to sexual violence, the research team (Author ref, 2017b) wrote additional items in which sexual violence was substituted with DVA. In total, there were 12 items in the scale and the items could be reliably scaled (Cronbach's alpha = .82). (See Appendix 2).

Two subscales were part of the scale. The first subscale, *Denial*, included four items (Cronbach's alpha = .70). A lower score on the *Denial* subscale indicated greater denial or lack of awareness of sexual violence and domestic abuse. The second subscale, *Responsibility*, consisted of 8 items, which could be reliably scaled (Cronbach's alpha = .78). A higher score on the *Responsibility* scaled indicated taking more responsibility to help address sexual violence and DVA.

Data Analysis

SPSS Version 23 was used to conduct the analyses[ii].

To investigate the first research aims, *t-tests* were used to compare across gender the total scale and sub-scales for IRMA, DVA myth acceptance, and the total responsibility to help scale and subscales. Chi-square tests were used to compare the frequency of women and men who endorsed myths, felt responsible to do something, and denied there is a problem. Frequency of participants who endorsed myths and reported feeling responsible were calculated by summing the number of participants who indicated they agreed or strongly agreed with at least one item on the respective scales. Similarly, the proportion of participants who denied sexual violence and DVA is a problem was calculated by summing the number of participants who reported they thought at least one item of the scale was true or definitely true. The second and third research aims were examined by conducting a series of linear regressions.

Results

Research Aim 1

The overall mean for IRMA was 2.23 (SD = .67, 2.16 to 2.31 95% CI). The means for the subscales were as follows, from lowest to highest: *It wasn't really rape* (M = 1.67, SD = .70, 1.59 to 1.75 95% CI); *She asked for it* (M = 2.12, SD = .94, 2.02 to 2.22 95% CI); *He didn't mean to* (M = 2.38, SD = .76, 2.30 to 2.46 95% CI); *She lied* (M = 2.59, SD = .88, 2.49 to 2.68 95% CI).

As shown in Table 2, *t-tests* comparing men and women's myth acceptance indicated that men had significantly higher scores on IRMA than women, t (336) = 2.72, $p < .001$, d = -.301, and men endorsed the myths *He didn't mean to*, t (336) = 2.13, $p < .05$, d = -.239, and *She lied*, t (258.53) = 3.31, $p < .01$, d = -.368, more than women did. Additionally, men endorsed DVA myths more than women did, t (336) = 3.12, $p < .01$, d = -.365. Though the results of the Chi-square tests were not significant, there was an overall pattern in which a higher proportion of men endorsed rape myths and DVA myths.

Research Aim 2

Higher endorsement of rape myths was significantly associated with higher endorsement of DVA myths. The strength of the associations ranged from moderate (r = .37) to large (r = .62) with effect sizes ranging from .80 to 1.58 (Cohen, 1992). (See Table 3.) A series of regressions were conducted to further examine this relationship. In the first series, gender (Women = 0, Men = 1) and the overall rape myth scale were entered as predictor variables and DVA myths entered as dependant variable. A significant regression equation was found (F (2,330) = 98.42, p < .001) that explained 37% of the variance. Neither gender nor the overall rape myth scale were significant predictors. (See Table 4.) In the second series, gender and each IRMA subscale were entered as predictor variables. A significant regression equation was found (F (5,329) = 44.98, p < .01) that explained 41% of the variance. Gender, the subscale *He didn't mean to*, and the subscale *It wasn't really rape* were significant predictors. (See Table 4.) For each increase in DVA myth acceptance, a .15 unit increase in the subscale *He didn't mean to* ($p < .01$) and a .39 unit increase in the subscale *It's not really rape* ($p < .001$) is predicted. The DVA myth acceptance scores increased by .11 points for men in comparison to women ($p < .05$).

Research Aim 3

When comparing men's and women's scores on the Readiness to Help scale, the findings suggested that women felt more responsible to help than men did, t (336) = 204,

$p < .05$, $d = .244$, and women and men reported similar levels of *Denial*. Though the results of the Chi-square tests were not significant, a higher proportion of men than women denied that sexual violence and DVA is a problem. The proportion of women (89.7%) who reported they felt responsible to do something about sexual violence and DVA was significantly higher than the proportion of men (79.4%; X^2 (1) = 8.04, $p < .001$).

When examining the associations between myth acceptance and the *Denial* and *Responsibility* subscales, different patterns emerged for the *Denial* subscale and *Responsibility* subscale. There were small but significant associations between the *Denial* subscale and all of the IRMA subscales, as well as the DVA myth subscale. The strength of the associations ranged from .16 to .27. The *Responsibility* subscale was significantly associated with the subscale *It wasn't really rape* and the DVA myth scale. (See Table 3.)

In the first series, gender (Women = 0, Men = 1), the overall rape myth scale, and the DVA myth scale were entered as predictor variables and *Denial* was entered as dependent variable. A significant regression equation was found (F (3,334) = 9.11, p < .001). The IRMA scale and the DVA scale were significant predictors. *Denial* increased .16 units for every unit increase in IRMA and it increased .14 units for every unit increase in DVA myth endorsement. (As a reminder to the reader, lower scores on the *Denial* scale mean higher levels of denial.) In the second series, gender, the IRMA subscales, and the DVA myth scale were entered as predictor variables. There was a significant regression equation (F (5,329) = 44.98, p < .01), with an R^2 of .41. The subscale *It wasn't really rape* was a significant predictor, in which *Denial* increased .19 units for every increase in the subscale.

In the third series, gender (Women = 0, Men = 1), the subscale *It wasn't really rape*, and the DVA myth scale were entered as predictor variables and *Responsibility* was entered as dependant variable. A significant regression equation was not found (F (3,332) = 2.24, p > .05).

Discussion

We found moderate support for rape myths in our sample suggesting that rape myths are alive and well in this population and are a valid and essential target for prevention work, as well as meriting further study. What is of particular interest in our sample is the patterns of endorsement of the subscales. As with McMahon's (2010) US incoming student sample, we found that the subscales *He didn't mean to* and *She lied* received more endorsement. This pattern has been replicated in a subsequent English study with a different cohort of students in a different academic year (Fenton, Jones, White & Derrick, 2017). The subscale *She lied* draws

on the pervasive cultural trope of women as habitual liars, who 'cry rape' when they have 'regretful' sex, desire revenge or seek an excuse for infidelity. Whilst some women do make false allegations, this myth arguably functions normatively to suggest all allegations of rape should be treated with scepticism (Conaghan & Russell, 2014) and may operate to inhibit disclosure (c.f. Barter et al.,2009). Similarly, the endorsement of the subscale *He didn't mean to* excuses the perpetrator and minimises his actions by attributing rape to normative constructions of male sexual desire, where men are the dominant instigators of sex and women the submissive gatekeepers, which promote the acceptability of men's violence against women (c.f. McCarry, 2009). The finding that men reported higher beliefs in these myths is significant. It may accord with the defensive psychological function of avoiding blame (Bohner et al., 2005), and the association between rape myth endorsement, rape proclivity (Bohner, 1998) and sexual aggression (Suarez & Gadalla, 2010) may help to begin to construct understandings of how violence is sustained in this population.

We found male students also reported higher belief in DVA myths. As DVA myths position violence as individual and private, and just 'love' rather than resulting from patriarchy and hegemonic masculinity, this finding is theoretically consistent with the higher RMA beliefs held by males (Peters, 2008). Of particular note is that beliefs excusing the perpetrator (*He didn't mean to* subscale) and denying the violence occurred (*It wasn't really rape* subscale) are predictors of DVA myth beliefs. The complex interrelationship between these types of beliefs are worthy of further study. It suggests that beliefs that excuse and normalise men's violence are part of the underlying context supporting gender-based violence in young people located in performative and normative gender roles and acceptance of male power (McCarry, 2009), because they are held regardless of the form that violence takes.

McMahon also reported that over 53% of students in her study agreed or strongly agreed with the item, "If a girl acts like a slut, she is eventually going to get into trouble" and we note that similarly, a high proportion of our sample also endorsed this item (39.2%). Overall, that our sample mirrored the US sample both in terms of the highest subscale endorsement and the high proportion endorsing a particular item suggests commonalities in rape myths and gender-based violence across continents and points to the relevance of US bystander prevention programmes tailored to a UK audience as suggested by Fenton and Mott, 2017.

That women felt more responsibility (contemplation) to do something about sexual violence and DVA than men is consistent with other literature (Banyard et al., 2010) and consistent with men's higher denial of the problem and higher beliefs in myths. Taken together these findings might suggest that men support normative masculinity and dominance models for which they reap a 'patriarchal dividend' and from which culpability is removed (McCarry, 2009, 342). This finding further supports the imperative for prevention efforts to engage men and increase their understandings and sense of responsibility about gender-based violence. We found denial of the problem to be related to higher endorsement of rape and DVA myths and further, that both scales were significant predictors of *Denial*. This again indicates the importance of reducing myth acceptance in programmes as part of moving individuals from the precontemplation to the contemplation stages of the TTM. As other studies have found, when students are in the precontemplation phase, prevention programmes have less efficacy (Banyard et al., 2010), it is therefore important for pre-programme evaluation to ascertain where a particular cohort of participants are situated on the TTM so that programmes can be tailored to the needs of their particular participants. For example, when denial (precontemplation) is high, prevention efforts may need to concentrate on awareness and understanding of the problem and decreasing rape and DVA supportive attitudes.

Our exploratory study found some very noteworthy results pertaining to the IRMA subscale *It wasn't really rape*. This subscale draws upon perhaps the most extreme views about what constitutes 'real rape' – that women must physically resist, that perpetrators use weapons – otherwise sexual assault has not been committed. This was by far the least endorsed subscale, suggesting that these beliefs are not deeply held in this group. This is consistent with other findings that these views may no longer be socially acceptable (e.g. McMahon & Farmer, 2011). However, our findings do not suggest that we need no longer concern ourselves with these types of myths because of the few participants that did believe in these myths, they were more likely to believe in DVA myths and to deny that domestic and sexual violence is a problem, and less likely to feel responsible for the problem. These few participants express the most concerning beliefs. Other literature suggests that this subscale is the strongest predictor of bystander attitudes with those supporting them being the least willing to intervene to prevent violence (McMahon, 2010). This suggests that although not widely held these myths must still be addressed because they have far-reaching implications for prevention programmes.

The current exploratory study had several limitations. The sample was limited to two cohorts of students (Law, and Accountancy and Finance) attending one university. Future

research should replicate this study across diverse cohorts of students and across universities. Additionally, future research should expand efforts to develop and validate domestic violence and abuse myths scales to facilitate further understandings of domestic violence and abuse myths themselves as well as how DVA myths relate to rape myths and readiness for change. This in turn will help to further understand how DVA myths may underpin gender-based violence in university settings. Further research about the subscales which measure victim-blaming beliefs is warranted, to explore why these did not influence DVA myth beliefs or readiness for change in our study, whereas myths excusing the perpetrator were influential.

Conclusion

Universities have reached a critical juncture in needing to tackle gender-based violence in their institutions effectively. This paper makes an important contribution to the growing research base about the current contextual culture in universities which scaffolds and tolerates gender-based violence thus maintaining and reproducing gender inequality, rendering women fearful of disclosure, and perpetrators free to act with impunity. Prevention must tackle gender inequality as the root cause of all forms of violence and be gender-transformative (Fenton & Mott, 2017). Prevention efforts need to pay particular attention to these normative constructs of male and female sexuality predicated on male power and dominance where men are the instigators of sex and women the submissive gatekeepers, which promote the acceptability of men's violence against women (c.f. McCarry, 2009).

This paper provides an important starting point for understanding how myths are endorsed and may operate as barriers to prevention receptiveness, so that prevention programmes can be more effectively tailored. For example, in response to these findings *TII* now contains an exercise designed to promote better understanding of false allegations. A deeper understanding of these issues through further research can help us understand exactly the factors that effective prevention programmes must seek to address in order to interrupt violence in university settings.

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[i] IRMA includes a fifth factor, *He didn't mean to - alcohol*. This factor was not included in analyses due to concerns of multicollinearity.

[ii] Before investigating the research aims, scale and subscale means were created and then tested for normality and homogeneity of variance. Screening revealed the data was not normally distributed. Levene's test of homogeneity of variance showed that the IRMA subscale *She Lied* was heteroscedastic, $p = .037$. Violations of normality and homogeneity of variance are not serious threats to linear regression (Lumley et al., 2002) so the data was used without being transformed

Table 1 Demographic Information

	Participants (N=381)		
	n	**%**	**95% Confidence Interval**
Mean age	19.6		
S.D	3.62		
Range	(17, 46)		
N	374		
Gender (N = 368)			
Men	137	37.2	(32.4, 42.5)
Women	231	62.8	(57.5, 67.6)
Sexual Orientation (N = 375)			
Heterosexual	327	87.2	(83.8, 90.7)
Bisexual	18	4.8	(2.7, 7.0)
Gay	3	0.8	(0.0, 1.8)
Other	11	2.9	(1.3, 4.8)
Prefer Not to Say	16	4.3	(2.4, 6.6)
Living Arrangements (N = 368)			
Living on campus	159	43.2	(37.7, 48.2)
Living off campus	209	56.8	(51.8, 62.3)
Student Status (N = 362)			
Home student (UK)	284	78.5	(74.1, 82.8)
Student from EU	39	10.8	(7.6, 14.0)
Student from outside EU	39	10.8	(7.7, 13.9)
English as the first language (N = 362)			
English is first language	286	79.0	(74.6, 83.0)
English is NOT first language	76	21.0	(17.0, 25.4)
Relationship Status (N = 380)			
Single	330	86.8	(83.2, 90.4)
Separated/ Divorced	3	0.8	(0.0, 1.8)
Married	12	3.2	(1.6, 5.0)
Living with Partner	10	2.6	(1.1, 4.6)
Rather not say	25	6.6	(4.2, 9.3)

Table 2 Gender Comparison of Myth Endorsement, Denial, and Responsibility

	Total			Men			Women			Cohen's D
	M	SD	95% CI	M	SD	95% CI	M	SD	95% CI	
IRMA	2.23	0.67	2.16 to 2.30	2.36	0.67	2.26 to 2.49	2.16**	0.66	2.07 to 2.25	-0.30 (-0.53 to -0.08)
She asked for it	2.12	0.94	2.02 to 2.22	2.23	0.91	2.08 to 2.40	2.07	0.95	1.93 to 2.19	-0.17 (-0.39 to -0.05)
He didn't mean to	2.38	0.76	2.30 to 2.46	2.50	0.76	2.37 to 2.63	2.32*	0.75	2.22 to 2.41	-0.24 (-0.46 to -0.02)
It wasn't really rape	1.67	0.70	1.59 to 1.75	1.76	0.78	1.63 to 1.90	1.62	0.65	1.53 to 1.71	-0.20 (-0.42 to -0.02)
She lied	2.59	0.88	2.49 to 2.68	2.79	0.83	2.62 to 2.93	2.47**	0.89	2.36 to 2.59	-0.37 (-0.59 to -0.14)
DVA Myth Acceptance	2.01	0.66	1.94 to 2.08	2.17	0.67	2.05 to 2.29	1.93**	0.65	1.84 to 2.02	-0.37 (-0.59 to -0.14)
Readiness to Help	2.93	0.60	2.86 to 2.99	2.83	0.63	2.72 to 2.94	2.97*	0.57	2.89 to 3.05	0.24 (0.01 to 0.5)
Denial	3.14	0.78	3.06 to 3.23	3.04	0.82	2.90 to 3.19	3.18	0.75	3.09 to 3.28	0.18 (-0.04 to 0.40)
Responsibility	2.82	0.63	2.75 to 2.89	2.72	0.64	2.61 to 2.84	2.87*	0.60	2.78 to 2.95	0.24 (0.02 to 0.47)
IRMA										Cramer's V
She asked for it	42.5%		37.2 to 47.6	47.9%		38.2 to 56.5	40.0%		33.3 to 46.8	0.08 (0.01 to 0.19)
He didn't mean to	51.2%		45.8 to 56.7	56.4%		47.2 to 65.2	47.9%		40.6 to 54.9	0.08 (0.00 to 0.18)
It wasn't really rape	14.1%		10.4 to 17.9	17.1%		10.2 to 24.2	12.6%		7.9 to 17.1	0.07 (0.00 to 0.18)
She lied	38.1%		32.4 to 43.5	37.6%		28.5 to 46.0	37.7%		31.2 to 44.1	0.00 (0.00 to 0.13)
DVA Myth Acceptance	16.8%		12.8 to 20.8	20.8%		13.8 to 28.6	14.4%		9.7 to 19.5	0.08 (0.00 to 0.20)
Readiness to Help										
Denial	70.5%		65.4 to 75.0	73.1%		65.6 to 81.2	69.5%		63.7 to 75.2	0.04 (0.00 to 0.14)
Responsibility	86.1%		82.5 to 89.4	79.4%		70.9 to 85.0	89.7%**		85.3 to 93.2	0.14 (0.05 to 0.25)

* $p < .05$
** $p < .01$

Table 3 Correlations of IRMA, DVA Myth Acceptance, Denial, and Responsibility

	IRMA	She asked for it	He didn't mean to	It wasn't really rape	She lied	DV Myth Acceptance	Readiness to Help	Denial	Responsibility
IRMA	-								
She asked for it	0.83***	-							
He didn't mean to	0.84***	0.58***	-						
It wasn't really rape	0.79***	0.62***	0.58***	-					
She lied	0.82***	0.57***	0.53***	0.53***	-				
DVA Myth Acceptance	0.54***	0.37***	0.46***	0.62***	0.38***	-			
Readiness to Help	-0.17**	-0.10	-0.14*	-0.19***	-0.14**	-0.20***	-		
Denial	-0.25***	-0.16**	-0.22***	-0.27***	-0.18**	-0.27***	0.81***	-	
Responsibility	-0.09	-0.03	-0.06	-0.11*	-0.09	-0.11*	0.93***	0.54***	-

* $p < .05$
** $p < .01$
*** $p < .001$

Table 4 Model Statistics for Regression Analyses Predicting DVA Myth Acceptance and Denial

Variable	DVA Myth		Denial	
	B (SE B)	β	B (SE B)	β
Model 1				
Gender	.11 (.05)	.09[*]	-.08 (.09)	-.05
She asked for it	-.01 (.04)	-.01	.06 (.06)	.07
He didn't mean to	.15 (.05)	.19[**]	-.08 (.07)	-0.08
Not really rape	.39 (.05)	.45[***]	-.19 (.09)	-.17[*]
She lied	.05 (.04)	.08	-.02 (.06)	-.02
DVA Myth Acceptance			-.15 (.09)	-.11
R^2	.41		.29	
Adjusted R^2	.40		.09	
F For change in R^2	44.98		5.20	
Model 2				
Gender	.13 (.06)	.11	-.07 (.09)	-.04
IRMA scale	.53 (.04)	.59	-.19 (.07)	-.16*
DVA Myth Acceptance			-.18 (.08)	-.14*
R^2	.37		.08	
Adjusted R^2	.37		.07	
F For change in R^2	98.42		9.11	

[*] $p < .05$
[**] $p < .01$
[***] $p < .001$

Appendix 1 Mean Scores of and Proportions Endorsing IRMA items

	M (*SD*)	95% CI	% agree or strongly agree	95% CI
Subscale: She asked for it				
If a girl is raped while she is drunk, she is at least somewhat responsible for what happened.	1.73	1.62 to 1.84	9.4	5.5 to 13.9
When girls go to parties wearing slutty clothes, they are asking for trouble.	2.12	2.00 to 2.25	13.2	8.8 to 19.8
If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.	1.75	1.64 to 1.88	9.3	6.3 to 14.2
If a girl acts like a slut, eventually she is going to get into trouble.	2.88	2.74 to 3.02	39.2	32.1 to 47.2
Subscale: He Didn't Mean to				
When guys rape, it is usually because of their strong desire for sex.	2.75	2.62 to 2.87	26.5	19.5 to 33.7
Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.	2.80	2.68 to 2.91	28.4	21.5 to 35.3
Rape happens when a guy's sex drive gets out of control.	2.63	2.50 to 2.75	23.5	17.2 to 30.0
If a guy is drunk, he might rape someone unintentionally.	2.32	2.20 to 2.44	17.2	11.9 to 21.7
If both people are drunk, it can't be rape.	1.98	1.88 to 2.08	7.2	3.9 to 11.2
It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.	1.75	1.66 to 1.84	2.7	0.9 to 5.3
Subscale: It Wasn't Really Rape				
If a girl doesn't physically resist sex - even if protesting verbally - it really can't be considered rape.	1.63	1.53 to 1.72	3.0	0.9 to 5.6
If a girl doesn't physically fight back, you can't really say it was rape.	1.52	1.44 to 1.61	2.7	0.9 to 5.0
If the accused 'rapist' doesn't have a weapon, you really can't call it rape.	1.37	1.29 to 1.45	1.2	0.0 to 3.1
If a girl doesn't say 'no' she can't claim rape.	2.13	2.02 to 2.25	11.5	7.1 to 16.1
Subscale: She Lied				
A lot of times, girls who say they were raped agreed to have sex and then regret it.	2.71	2.62 to 2.82	19.3	13.8 to 25.3
Rape accusations are often used as a way of getting back at guys.	2.69	2.58 to 2.80	21.1	15.6 to 27.1
Girls who say they were raped often led the guy on and then had regrets.	2.56	2.46 to 2.67	13.9	9.4 to 18.9
A lot of times, girls who claim they were raped just have emotional problems.	2.24	2.13 to 2.35	9.0	5.2 to 13.7
Girls who are caught cheating on their boyfriends sometimes claim that it was rape.	2.72	2.61 to 2.83	22.6	17.0 to 29.2

Appendix 2 Mean Scores of and Proportions Endorsing Readiness to Help Items

	M (*SD*)	95% CI	% Definitely True or Probably True	95% CI
Subscale: Denial				
I don't think sexual violence is a big problem at my university	2.55 (1.02)	2.44 to 2.67	58.5	50.4 to 67.3
There isn't much need for me to think about sexual violence at my university, that's the job of student counselling service, support organisations or the police	3.64 (1.13)	3.52 to 3.75	16.5	11.4 to 22.3
I don't think domestic abuse is a big problem at my university.	2.75 (1.04)	2.64 to 2.86	46.6	38.9 to 54.8
There isn't much need for me to think about domestic abuse at my university, that's the job of student counselling service, support organisations or the police	3.53 (1.11)	3.41 to 3.64	18.8	13.4 to 25.0
Subscale: Responsibility				
I don't think there is much I can do about sexual violence at my university	3.43 (1.12)	3.30 to 3.53	25.0	19.1 to 31.6
Sometimes I think that I should learn more about sexual violence	3.46 (1.05)	3.35 to 3.57	56.9	48.0 to 65.7
I think that I can do something about sexual violence and so I am planning to find out more about what I can do	2.95 (1.05)	2.84 to 3.06	31.0	23.3 to 37.2
I am/have recently been actively involved as a volunteer in projects to deal with sexual violence at my university	1.31 (0.69)	1.23 to 1.39	1.2	0.0 to 2.9
I don't think there is much I can do about domestic abuse at my university	3.37 (1.09)	3.25 to 3.47	25.9	20.2 to 32.3
Sometimes I think that I should learn more about domestic abuse	3.46 (1.08)	3.34 to 3.57	56.8	48.3 to 65.7
I think that I can do something about domestic abuse and so I am planning to find out more about what I can do	2.98 (1.07)	2.87 to 3.09	31.8	24.3 to 29.1
I am/have recently been actively involved as a volunteer in projects to deal with domestic abuse at my university	1.45 (0.82)	1.37 to 1.54	2.9	0.6 to 5.6