Influence of Rape Myth Acceptance on Responsibility to Rape Action, and the Degree of Rape Trauma: Student Nurses Perception

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Presentation Objectives:
At the end of this presentation, participants will be able to
a) describe how rape myth acceptance of student nurses influences their attribution of responsibility (AR) to victim and perpetrator in cases of Acquaintance, Marital, Stranger, and Date Rape scenarios
b) describe how rape myth acceptance of student nurses influences their perception of degree of rape trauma (DRT) experienced by different categories of female victims

Disclosure
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Outline

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• Study hypotheses
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• Conclusion
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Presentation Objectives

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Introduction

• Rape is a form of sexual violence that is currently increasing worldwide
• It has become an epidemic in Nigeria (Folayan et al, 2014; Achunike & Kitause, 2014)
• Rape myths are defined as attitudes and beliefs that are generally false but are widely and persistently held and that serve to deny and justify male sexual aggression against women or place blame on the victim {Lonsway and Fitzgerald, 1994; Burt, 1980 as cited by Fox and Potocki, 2015}
Introduction (ctd…)

• Rape myth have negative effects on reporting the crime, how the trial is handled and how the public respond to the crime (Ojo, 2013)

• Rape Myth Acceptance (RMA) is prevalent among the general public including practitioners: police force, medical examiners and criminal justice professionals (Page, 2010)

• Professionals are expected to score less on Rape RMA scale to be effective

• Nurses come across rape victims and perpetrators in various clinical settings and should score less on RMA scale to give quality care

• The need for the study:
Study Hypotheses

- RMA of student nurses will significantly influence their attribution of responsibility to either victim or perpetrator of rape in cases of Acquaintance, Marital, Date and Stranger rape.
- RMA of student nurses will significantly influence their perception of the degree of rape trauma experience by different categories of female victims.
- Gender of the student nurses will significantly influence their RMA, attribution of responsibility and perception of degree of rape trauma.
Methods

• Design: descriptive-cross-sectional
• Setting: Department of Nursing Science, O. A. U
• Subjects: Part-time nursing students, working-class nurses
• Sampling/sample size: Simple random sampling, 130 students
Methods (ctd...)

• Instrument: Adapted questionnaire from Rape Myth Acceptance Scale developed by Butt, (1980) and four rape vignettes similar to the vignettes developed by Frese, (2004).

• Scenarios from Vignettes described

  Acquaintance rape
  Marital rape
  Stranger rape
  Date rape
Methods (ctd...)

The rape scenarios are:

• Imagine that a young woman who is drunk and dressed in a short skirt and skimpy blouse leaves a party accompanied by a man whom she does not know very much about and this man forces her to have sexual intercourse with him.

• Imagine a young woman who does not want to have sexual intercourse with her husband, who comes home drunk, is forced by him to have sex.

• Imagine that a young woman is threatened with a knife and forced to have sexual intercourse with an unknown man in the corner of a narrow path as she goes home at night.

• Imagine a young lady who went to visit her boyfriend who then drugged her and had sexual intercourse with her.
Methods (ctd...)  
Each of the scenarios was followed by the same questions of attribution of responsibility which are:

• Evaluate how much responsibility can be assigned to the woman for what happened

• Evaluate how much responsibility can be assigned to the man for what happened

• The students were then instructed to indicate the degree of trauma experienced by the raped victim if she were to be a prostitute, a virgin, a married woman, a divorced woman and a widow.
Methods (ctd...)

Reliability
• Internal consistency of the instrument was determined using Cronbach’s Alpha with a results of 0.70 and 0.73 for RMA scale and degree of trauma respectively.

Ethical considerations:
• Permission to conduct the study was obtained from the department of Nursing Science, O.A.U
• Informed consent of the participants was from the participants

Data analysis
• Statistical Package for Social Science (SPSS) version 16.
RESULTS AND DISCUSSION
<table>
<thead>
<tr>
<th>Variables</th>
<th>f (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group (years)</td>
<td></td>
</tr>
<tr>
<td>10-19</td>
<td>01 (09)</td>
</tr>
<tr>
<td>20-40</td>
<td>101 (87.1)</td>
</tr>
<tr>
<td>41-60</td>
<td>14 (12.1)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>28 (24.1)</td>
</tr>
<tr>
<td>Female</td>
<td>88 (75.9)</td>
</tr>
<tr>
<td>Mean = 32± 7.2, range = 35</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Christianity</td>
<td>106 (91.4)</td>
</tr>
<tr>
<td>Islam</td>
<td>10 (8.6)</td>
</tr>
<tr>
<td>Work Description</td>
<td></td>
</tr>
<tr>
<td>Hospital setting</td>
<td>98 (84.5)</td>
</tr>
<tr>
<td>Community</td>
<td>15 (12.9)</td>
</tr>
<tr>
<td>NGO</td>
<td>01 (0.9)</td>
</tr>
<tr>
<td>Private business</td>
<td>02 (1.7)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>51 (44)</td>
</tr>
<tr>
<td>Married</td>
<td>64 (55.2)</td>
</tr>
<tr>
<td>Divorced</td>
<td>01 (0.9)</td>
</tr>
<tr>
<td>Years of experience</td>
<td></td>
</tr>
<tr>
<td>1-10</td>
<td>88 (75.9)</td>
</tr>
<tr>
<td>11-20</td>
<td>21 (18.1)</td>
</tr>
<tr>
<td>21-30</td>
<td>06 (5.2)</td>
</tr>
<tr>
<td>31-40</td>
<td>01 (0.9)</td>
</tr>
<tr>
<td>Mean = 8.4±0.6, range = 30</td>
<td></td>
</tr>
</tbody>
</table>

LRMA -53.6% males, 43.2% females.
Statistical significant difference between RMA and AR to victim in type of rape ($t(111.5) = 2.36$, $p = 0.02$) (Frese, 2004).

Mean - Acquaintance rape -1.89; Marital Rape – 2.67; Stranger rape – 2.63; Date rape – 2.53).

**Figure 1: Attribution of ‘lots of responsibility’ to victim according to RMA**
Statistical insignificant difference between RMA and AR to perpetrators in all types of rape (t (103.5) = -0.31; p = 0.76). 
Mean - Acquaintance rape - 2.58; Marital Rape – 2.82; Stranger rape – 3.01; Date rape – 3.16).

Fig 2: Attribution of ‘lots of responsibility’ to perpetrator according to RMA

MR, AR, SR (Frese, 2004)
Statistical significant difference between perception of DRT and categories of female victims – prostitute - \( t(102.7) = -2.55, p = 0.01 \); married woman - \( t(112.7) = -2.34, p = 0.02 \); and divorced woman - \( t(106.9) = -2.01, p = 0.05 \).

Mean -Prostitute = 1.8; Divorced =3.0; Married woman = 3.2; Widow = 3.3; Virgin = 3.8

Figure 3: Attribution of ‘definitely traumatic’ experience to categories of female victims according to RMA
## Gender Results

<table>
<thead>
<tr>
<th>Gender</th>
<th>RMA</th>
<th>Fisher’s Exact test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>RMA</td>
<td>0.39</td>
</tr>
<tr>
<td>Gender</td>
<td>attribution of responsibility to victims</td>
<td>0.37</td>
</tr>
<tr>
<td>Gender</td>
<td>attribution of responsibility to perpetrator</td>
<td>0.67</td>
</tr>
<tr>
<td>Gender</td>
<td>Perception to degree of rape trauma</td>
<td>-1.29; p =0.20</td>
</tr>
</tbody>
</table>

-Men have higher rape myth acceptance than women (Marbach, 2012).
-Men are more likely than women to endorse rape myths and hold victims responsible for rape (Lee et al, 2010 – South Korean students)
-RMA and type of prior relationship affected the verdicts of law students (Sussenbach et al, 2013 - law students)
Recommendations

• In-service training on sexual violence prevention to incorporate correction of myths about rape among practicing nurses

• Revision of BNSc, Basic and Post-basic Nursing curricula to incorporate violence study including sexual violence

• Establishment of a compulsory special electives on violence (sexual violence) for undergraduate students
Conclusion

Effective intervention in rape cases by nurses requires that these set of professionals are not favourably disposed to rape myth hence, the need for improving their attitude to rape through education.
References


• McKay, K. A. (2001). Therapist responses to clients who have been raped: The effect of Rape Myth Acceptance and ambivalent sexism on therapist perception treatment responses. (AAT 3029954).


THANK YOU FOR LISTENING!