Abstract

Research on attitudes toward Child Sexual Abuse (CSA) consistently shows that men are more likely to endorse myths about CSA events, victims and perpetrators, compared to women. Here we present two studies that examine *why* these gender differences occur. Study one (N = 439) followed a dispositional approach to test the mediating role of empathy, social dominance (SDO) and propensity for moral disengagement in the association between gender and the endorsement of CSA myths. Male participants showed higher levels of SDO and propensity for moral disengagement, and lower empathy, which in turn were associated with greater CSA myths acceptance. Study two (N = 360) followed a situational approach to test these processes using a specific case of CSA. Male participants showed higher levels of SDO and lower empathy, which in turn were associated with lower scores of perceived assault seriousness, victim credibility, perpetrator culpability, and greater victim culpability. Overall, the results suggest that men and women may appraise CSA differently, which can be partly explained by differences in SDO, propensity to morally disengage, and empathy. Furthermore, different cognitive mechanisms may be activated with regard to general appraisals of CSA compared to specific cases of CSA.

Keywords: Child sexual abuse; gender; social dominance orientation; vulnerable populations.

Introduction

Child Sexual Abuse (CSA) refers to "both contact and noncontact activities [with a child] that result in the sexual gratification of an adult or a significantly older or more mature child/adolescent" (Goodyear-Brown et al., 2012, p.4). Evidence regarding the prevalence and impact of CSA is extensive worldwide (Barth et al., 2013; Pereda et al., 2009; Stoltenborgh et al., 2015). Efforts have also been made to identify risk factors for CSA revictimization (Papalia et al., 2020) and improve services to reduce CSA recurrence (Palusci & Llardi, 2020). However, social misconceptions about CSA, victims, perpetrators and consequences are still widespread (Cromer & Goldsmith, 2010). Social misconceptions about CSA can have deleterious consequences on (at least) three levels: (1) compromising CSA's disclosure, (2) harming the child's recovery, (3) and undermining the judicial process as a whole. When victims anticipate that they will not be believed by others, they find it much harder to disclose episodes of CSA (Alaggia et al., 2017). Furthermore, it is also acknowledged that the victims' well-being and recovery is often harmed by the social context, namely by victim blaming and stigmatizing practices (Antunes & Magalhães, 2019; Kennedy & Prock, 2016). This is important to take into account as stereotypical beliefs endure both in the general population (e.g., social media) and within relevant professional contexts (Cromer & Goldsmith, 2010). For instance, the prevalence of these beliefs, misconceptions and myths within the judicial system can undermine decision-making processes and generate erroneous decisions (Greeson et al., 2016; Sleath & Bull, 2012).

CSA myths are theoretically described as "incorrect beliefs and stereotyped assumptions about CSA, victims and perpetrators" (Cromer & Goldsmith, 2010, p.619). The dissemination and acceptance of these myths has been identified in community samples (Collings, 1997; Collings et al., 2009) and in the media (Cromer & Goldsmith,

2010). Different contents of CSA myths have been described, namely harm minimization or relativization, denial of abusiveness, blame diffusion and diffusion of perpetrator responsibility, and stereotyped views of perpetrators and of CSA episodes (Collings, 1997; Cromer & Goldsmith, 2010). Denying the potential negative impact of CSA may derive from other beliefs, namely those suggesting that children (and particularly girls) engage in seduction (Machia & Lamb, 2009). As such, these perceived seductive behaviors may legitimize the adult's sexual actions/intentions and relativize the abusive nature of the interaction (Cromer & Goldsmith, 2010).

Endorsing myths and erroneous beliefs about CSA can have clear undesirable effects on a child's well-being (Greeson et al., 2016) and on judicial decision-making processes (Grubb & Turner, 2012). Thus, it is important to enhance knowledge about these psychosocial factors and individual differences that form the backdrop of these myths. Until now, the literature on CSA has focused mostly on associations with sociodemographic variables (Canan, et al., 2016; Russell & Hand, 2017), or with sexism and gender roles (Cromer & Freyd, 2007; Glick & Fiske, 1996). This means that the role of other psychosocial variables that are potentially relevant for understanding CSA myth endorsement has remained largely unaddressed. Here, we build on (and extend) recent findings about gender and negative attitudes towards vulnerable groups (i.e., groups at risk of social exclusion), to increase understanding on the link between gender and endorsement of CSA myths.

The Role of Psychosocial Variables for Understanding Gender Differences in CSA Myths

Previous research has consistently observed gender differences in attitudes toward CSA, with women showing lower endorsement of CSA myths (Collings, 2003; Collings et al., 2009), and men showing higher levels of CSA victim blaming

(Alcantara et al., 2019), and lower perpetrator responsibility (Gerber et al., 2004). Women tend to assign more culpability to the perpetrator and to consider the victim as more honest and the assault more severe (Davies & Rogers, 2009). Furthermore, women tend to identify more with the victim (Gerber et al., 2004) and give more credibility to the child (Alcantara et al., 2019; Cromer & Freyd, 2007; Davies & Rogers, 2009). Greater myth acceptance and victim blaming by men may be explained by the internalization of cultural beliefs about masculine superiority (Lonsway & Fitzgerald, 1995) as well as by gender roles (i.e., the men's identification with the powerful role of aggressor and women's identification with powerless role of the victim) (Gerber et al., 2004). Gender differences have also been observed on empathy, social dominance, and moral disengagement. Women tend to outscore men on empathic concern (Magalhães et al., 2011; Rueckert et al., 2011), and men tend to outscore women both on social dominance orientation (Graça et al., 2018; Nosek et al., 2007) and propensity for moral disengagement (Bandura et al., 2000; Clemente et al., 2019). The following paragraphs present a short conceptual and empirical overview of each of these variables (i.e., empathy, social dominance orientation, and propensity for moral disengagement) in light of the current focal topic.

Empathy is defined as the individuals' ability to understand others' point-of-view, experience others' emotions and to behave compassionately (Geer et al., 2000), and this has been shown to mediate the association between gender and negative attitudes toward vulnerable groups (e.g., Graça et al., 2018). The conceptual rationale is that female socialization processes and gender role expectations emphasize an orientation for attending to others' needs and to be cooperative (Milfont & Sibley, 2016).

As for Social Dominance Orientation (SDO), it broadly refers to the desire to dominate and be superior to others, as well as endorsing hierarchical and non-egalitarian intergroup relations (Pratto et al., 1994). SDO predicts social prejudice (Pratto et al., 1994) and has recently shown associations with lower perceived victims' credibility of CSA allegations (Alcantara et al., 2019). This is concerning in light of evidence on the negative consequences of not believing victims of CSA (Antunes & Magalhães, 2019). Previous research has suggested that women are less prone to display negative attitudes toward vulnerable groups, partly because they are more likely to endorse non-hierarchical and egalitarian intergroup relationships (Bäckström & Björklund, 2007; Graça et al., 2018). Lastly, propensity for moral disengagement is conceptualized as a cognitive tendency that explain an individual's validation of (or engagement in) unethical positions or harmful behaviors (Bandura et al., 2000; Moore et al., 2012). Moral disengagement has been tested in different contexts of violence and unethical behaviors, such as bullying (Bjärehed et al., 2019) or workplace transgressions (Moore et al., 2012). Moral disengagement neutralizes moral self-regulation with regard to questionable conduct through a set of cognitive mechanisms, which include diffusion of responsibility, disregarding or distorting negative consequences, and blaming the recipients of harmful behavior (for a review, see Bandura, 1999).

In sum, it has been shown that SDO, propensity for moral disengagement, and empathy are gender-relevant variables that predict prejudice and negative attitudes toward minorities and vulnerable groups in general (e.g., Alcantara et al., 2019; Bjärehed et al., 2019; Moore et al., 2012; Shih et al., 2013). A coherent and increasing body of evidence suggests that these variables underpin the endorsement of hierarchical social structures whereby dominant groups assert their power and status vis-à-vis groups that are victimized and/or at risk of social exclusion (Bjärehed et al., 2019;

Graça et al., 2016; Sidanius & Pratto, 2001). The present work extends these findings and conceptual propositions, examining for the first time whether these variables may help explain gender differences in CSA myths' endorsement.

It is also noteworthy that most studies on CSA myths' endorsement usually follow one of two possible approaches: a) a dispositional approach, i.e., measuring general attitudes toward child sexual abuse (Collings et al., 2009), or b) a situational approach, i.e., measuring attitudes toward specific hypothetical scenarios (with vignettes; Alcantara et al., 2019; Davies & Rogers, 2009). To strengthen our contribution, we draw on two studies with complementary methods, thus using both a dispositional and a situational approach to address the aims of the research.

Overview the Current Work: Aim and hypotheses

The current work aims to provide insight into why men and women differ on their CSA attitudes by testing the mediating role of empathy, SDO and moral disengagement. We present two studies to address this aim. Study one follows a dispositional approach, using a cross-sectional design to observe associations between gender and general endorsement of CSA myths (i.e., blame diffusion, denial of abusiveness, and restrictive stereotypes; see description of the measure and dimensions below). We draw on path analysis to further reveal whether empathy, SDO and propensity for moral disengagement help explain (i.e., mediate) gender differences in the endorsement of CSA myths. Study two follows a situational approach, using an experimental design with CSA vignettes (i.e., specific CSA case descriptions) to test the mediating role of empathy, SDO and propensity for moral disengagement in the association between gender and CSA attributions. Based on the literature reviewed above, we hypothesize that: (a) men (*vs*. women) will show higher endorsement of CSA myths and overall more negative attitudes toward victims (i.e., lower perceptions of

assault seriousness, victim honesty, victim credibility, perpetrator culpability, and greater perceptions of victim culpability); and that (b) these gender differences will be mediated by lower empathy, higher SDO and higher propensity for moral disengagement.

Empirical studies

Study 1

Participants

Four-hundred and thirty-nine individuals accepted to participate in study one (M_{age} = 28.2, *SD* = 12.2, aged 18-77). Most participants were female (66%; n = 291), 81% were single, 13% were married, and 5.7% were divorced. Fifty percent were employed, 43.5% were students, 4.8% were unemployed, and 0.7 were retired. Most participants had completed high school (42.6%), 39.4% an undergraduate degree, 10.9% a master's degree, 2.7% had completed compulsory education only, and 1.4% had a doctoral degree.

Instruments

Sociodemographic Questionnaire. A brief questionnaire focusing on demographic information was included to describe the characteristics of the sample (e.g., age, gender, employment, education).

Child Sexual Abuse Myth. The Child Sexual Abuse Myth Scale (CSAMS; Collings, 1997, adapted by Chim et al., 2020) was selected to assess attitudes towards CSA. This measure includes 14 items, organized by three factors: Blame Diffusion, Denial of Abusiveness and Restrictive Stereotypes; five-point Likert-type scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Adequate internal consistency was found in the original study (α = .76; Collings, 1997) and the current version (Blame Diffusion, α = .81; Denial of Abusiveness, α = .64; Restrictive Stereotypes, α = .73).

SDO. The Short Social Dominance Orientation (SSDO; Pratto et al., 2013) scale was used to measure the tendency to endorse group-based hierarchy and support for social inequality (four items, e.g., "Superior groups should dominate inferior groups"). Responses were given on a seven-point Likert-type scale and ranged from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). In the current sample internal, consistency was acceptable (a = .64).

Empathy. Empathy was measured with three items as in Milfont and Sibley (2016) (i.e., "I sympathize with others' feelings"; "I am not interested in other people's problems", reversed score; "I feel others' emotions"). It consisted of a seven-point Likert-type scale, ranging from 1 (*Strongly Disagree)* to 7 (*Strongly Agree*). In the current sample, internal consistency was .56; however, removal of the item "I am not interested in other people's problems" yielded acceptable internal consistency (a = .68).

Propensity to Morally Disengage. Propensity to morally disengage was measured with an eight-item scale taken from Reynolds and colleagues (2014), which includes one item for each moral disengagement mechanism (e.g., "People who get mistreated have usually done something to bring it on themselves"). Participants responded to this measure using a five-point Likert-type scale, ranging from 1(*Strongly Disagree*) to 5 (*Strongly Agree*). In the current sample, internal consistency was adequate (a = .78).

Procedures for Data Collection and Analysis

This study is part of a wider project about the role of individual, family and psychosocial variables on stereotypical beliefs about CSA and CSA's victims, and was approved by the Ethics IRB of [blind review]. An online survey was hosted on *Qualtrics.com* and disseminated on social networks, with posts targeting adults who were 18 + years old and understood Portuguese to participate in a study about people's

thoughts and feelings regarding gender issues and CSA. To minimize self-selection bias, the invitation did not provide specific details about the aims of the study. Participation in the study was voluntary and no financial/material compensation or incentives were offered. Informed consent was obtained prior to filling out the questionnaires and included the following information: a) study description and potential risks associated with the completion of those questionnaires; b) voluntary nature of the participation, anonymity and confidentiality; c) the possibility of withdrawal without having to provide any type of justification. Data analyses were performed using the *IBM SPSS® for Windows* (Version 22.0) on descriptive statistics and correlational analysis, and the *IBM AMOS® for Windows* (Version 25.0) to test the mediation model through path analysis.

Results

Correlational Analysis. Statistically significant associations were found between all variables in the theoretical expected direction. Positive associations were found between a) SDO and the three dimensions of CSA myths and propensity for moral disengagement; b) propensity for moral disengagement and the three dimensions of myths. Negative associations were found between empathy and SDO, CSA myths and propensity for moral disengagement (Table 1).

The Mediating Role of Social Dominance, Empathy and Moral Disengagement in the Relationship Between Gender and CSA Myths. The results showed a significant main effect for gender on CSA myths, suggesting that males were more prone to agree with the three dimensions of myths (Restrictive Stereotypes, Denial of Abusiveness and Blame Diffusion). Furthermore, three mediation effects were found in the relationship between gender and Restrictive Stereotypes ($\beta = .11$, $p < .001$), Denial of Abusiveness ($\beta = .15$, $p < .001$) and Blame Diffusion ($\beta = .15$, $p < .001$).

Specifically, moral disengagement mediated the relationship between gender in all the three dimensions, however, social dominance and empathy did not mediate the relationship between gender and restrictive stereotypes. As such, male participants tended to show higher SDO and moral disengagement propensity, and lower empathy, which in turn was associated with greater myths acceptance (Figure 1).

Study 2

As alluded to in the general introduction, attitudes and myths toward CSA seem to vary according to victims' (gender and age) and offenders' individual characteristics (gender). Female offenders are less liable than males (Almeida, 2003), especially when the victim is male (Broussard et al., 1991; Gerber et al., 2004). CSA scenarios involving female offenders are viewed as less negative than those including male offenders (Fromuth & Holt, 2008). Furthermore, older children are less likely to be believed, more likely to be blamed (Almeida, 2003) and viewed as less credible (Tabak & Klettke, 2014). Younger children tend to be perceived as more trustworthy and credible as well as less responsible for abusive experiences (Davies & Rogers, 2009). When the victim is an adolescent, people tend to blame the offender less, especially for male adolescents (Collings & Payne, 1991). Based on this evidence, the CSA vignettes used in this study were adapted from Davies & Rogers (2009) to account for victim's gender, age, and offender's gender. Given that intra-familial CSA is more prevalent than extra-familial (Loinaz et al., 2019), the vignettes describe a case of intra-familiar CSA.

Participants

A total of 360 individuals accepted to participate in this study (M_{age}= 36.6, *SD* = 8.6, aged 19 to 73). Most participants were female (65%; n = 235), 48% were married, 44% were single and were 8.1% divorced. Eighty-six percent were employed, 5% were students, 3.1% were unemployed and 1.4% were retired. Most participants had

completed a master's degree (36.1%), 33.9% an undergraduate degree, 16.9% completed high school, 7.5% had a doctoral degree, and 3.9% had completed compulsory education only.

Materials

Sociodemographic Questionnaire. The survey included a set of questions on sociodemographic variables to describe the sample (e.g., age, gender, employment, education).

SDO, Empathy and Propensity for Moral Disengagement. Study two used the same measures of study one to measure SDO (a = .63), Empathy (a = .59), and Propensity for Moral Disengagement (a = .68).

CSA Vignettes. Participants read a description about a hypothetical CSA scenario based on the vignettes used by Davies and Rogers (2009). In the current study, the victim's gender (female *vs*. male), victim's age (child [seven years old] *vs*. adolescent [15 years old]) and caregiver's gender (mother *vs*. father) were experimentally manipulated. Each participant was randomly presented with one scenario (i.e., between-subject design). A full description of the vignettes is presented in the Supplementary Materials (Table S1).

CSA Questionnaire. Ten CSA attribution items were filled out by the participants, after they read the vignette, to assess their perceptions of CSA responsibility, credibility and assault severity. These items were adapted from Davies and Rogers (2009) and rated on a seven-point Likert-type scale ranging from 1 (*Completely Disagree*) to 7 (*Completely Agree*). Based on the evidence provided by Davies and Rogers (2009), a principal components analysis (varimax rotation) was performed in this study to identify the underlying factors. Five factors were extracted, explaining 84.48% of the total variance: Perpetrator culpability (49.95%; e.g., "The

father is responsible for this event"; α = .91), Victim culpability (11.55%; e.g., "Maria is guilty of what happened."; α = .70), Victim honesty (9.33%; e.g. "Maria is telling the truth about the event"; α = .79), Victim credibility (8.39%; e.g. "Maria is competent to provide reliable information about this type of event"; α = .72) and Assault seriousness (5.26%; e.g. "Maria's life could be negatively affected by this event"; α = .77).

Procedures for data collection and analysis

This study is part of the same wider project about the role of individual, family and psychosocial variables on stereotypical beliefs about CSA and CSA's victims, and was approved by the Ethics IRB of [blind review]. The recruitment procedure was identical (but separate) to the procedure used in study 1. To minimize self-selection bias, the invitation did not provide specific details about the aims of the study. Participation in the study was voluntary and no financial/material compensation or incentives were offered. First, the participants filled out the sociodemographic questionnaire, then the SDO, empathy and moral disengagement propensity questionnaires. Lastly, the vignette was presented (i.e., each participant was randomly assigned to one of eight cases/vignettes), and the ten attribution items were given in the same order across all conditions. Data analyses were performed using *IBM SPSS® for Windows* (Version 22.0) on descriptive statistics, correlational analysis, and general linear modeling. A MANOVA was tested to examine how each condition (i.e., eight cases of CSA) was related to the five factors of the CSA questionnaire. *IBM AMOS® for Windows* (Version 25.0) was used to test the mediating models through a path analysis.

Results

Correlational and Multivariate Analyses. The correlational analysis revealed statistically significant associations between the variables in the theoretically expected direction. Empathy was positively correlated with Assault seriousness, Victim honesty

and Perpetrator culpability, and negatively with Victim culpability, Moral disengagement and Social dominance. Social dominance was negatively associated with Assault seriousness, Perpetrator culpability and Victim honesty and positively related with Victim culpability and Moral disengagement (Table 2).

The multivariate analysis of variance examined the five factors of attributions as the dependent variable and the condition (one of the eight possible conditions) as the independent variable (cf. Supplementary material for all results; Table S2). A significant multivariate effect was found (*Pillai's Trace* = .159, F(35, 1760) = 1.652, p = .010). Univariate analyses for the effect of the condition in the attribution factors revealed significant effects for Victim credibility (F(7, 360)= 2.817, p = .007) and Victim honesty (F(7, 360)= 2.218, p = .032). Post-hoc comparisons (*Tukey HSD*) revealed that Victim credibility was significantly lower for the case of a Female/Child/Mother Perpetrator (M=4.6) compared to the case of Female/Adolescent/Father Perpetrator (M=5.7, p = .005) and Female/Adolescent/Mother Perpetrator (M=5.6, p = .025). In addition, Victim honesty was significantly lower for the case of Male/Adolescent/Mother Perpetrator (M=4.0) compared to the case of Female/Child/Father Perpetrator (M=5.1, p = .008).

The Mediating Role of Social Dominance, Empathy and Moral Disengagement in the Relationship Between Gender and CSA Attitudes. The results showed a non-significant main effect for gender on sexual abuse attitudes, but a set of mediation-indirect only effects were found in the links between gender and perceived Assault seriousness (β = -.11, p < .001), Victim culpability (β = .09, p < .001), Victim credibility (β = -.08, p = .001), and Perpetrator culpability (β = -.07, p = .001). Specifically, social dominance and empathy mediated the links between gender and perceived Assault seriousness, Victim credibility and Perpetrator culpability. The link

between gender and Victim culpability was mediated by empathy. As such, male participants tended to show higher social dominance and lower empathy, which in turn were associated with lower perceptions of assault seriousness, victim credibility, perpetrator culpability and greater victim culpability (Figure 2).

Discussion

This work aimed to provide evidence on why men and women differ on their CSA attitudes. To this end, we examined the mediating roles of empathy, SDO, and propensity for moral disengagement, using two complementary approaches (i.e., dispositional approach, study one; situational approach, study two). Overall, both studies yielded coherent but slightly different findings based on the approach that was followed, suggesting that different mechanisms might be activated in general appraisals of CSA compared to specific cases of CSA. Empathy and SDO significantly and consistently helped explain gender differences on several manifestations of CSA attitudes across both studies. Moral disengagement partly mediated the association between gender and all CSA myths in study one (dispositional approach) but was not a significant mediator in the link between gender and CSA attributions in study two (situation approach). Theoretically, propensity for moral disengagement is anchored in a trait perspective that involves a tendency for cognitive distancing mechanisms (Moore et al., 2012), which implies a certain degree of stability across time and circumstances. As such, in this case, moral disengagement appeared to be a more reliable mediator of gender differences in general beliefs and myths about CSA (dispositional approach), and less so when referring to a specific case (situational approach).

Overall, the current findings indicate that men (compared to women) tend to view the effects of CSA as less serious, to ascribe less blame to the perpetrator, and to perceive victims of CSA as less credible. These differences are partly explained (i.e.,

mediated) by increased orientations for dominance and anti-egalitarianism in social relations as well as lower empathy. It is also noteworthy that victim culpability in particular was indirectly predicted by gender through empathy alone, as male participants showed lower empathy which in turn was associated with greater victim culpability. There are biological and/or social hypotheses to interpret these gender differences, namely gender differences on the neural mechanisms underlying the empathic response (Rueckert & Naybar, 2008; Schulte-Rüther et al., 2008) as well as different socialization processes and gender role expectations (Milfont et al., 2016). Conventional female socialization processes tend to emphasize caregiving and the display of empathic concern for others (Milfont et al., 2016; Strapko et al., 2016), whereas male socialization processes tend to place higher emphasis on competitiveness, autonomy and independence (Strapko et al., 2016). This is also reflected in gender stereotypical attributes and behaviors, whereas men tend to be viewed as dominant and 'broad-shouldered', women are viewed as graceful and oriented to care for others (Kachel et al., 2016; Strapko et al., 2016). Women also tend to be more emotionally reactive (Rueckert et al., 2011) and are more apt in the recognition of emotions (Christov-Moore et al., 2014). In sum, the current findings show that men and women differ in terms of CSA myths and negative attitudes toward CSA victims, SDO, empathy, and propensity for moral disengagement; but SDO, empathy, and propensity for moral disengagement explain different outcomes in the context of CSA.

In addition to the slightly different (but overall coherent) pattern of findings observed using a dispositional and a situational approach, we also found differences with regard to the CSA scenarios used in study two. Specifically, a female child who had arguably been abused by her mother received lower levels of victim credibility, compared to a female adolescent who had been arguably victimized by her mother or

father. This suggests that participants assumed that a younger (female) child cannot be abused by her mother and viewed this allegation as less credible. In other words, it is possible that social representations of mothers as caregivers are seen as incompatible with sexually abusive behaviors, especially when these behaviors are directed toward a young daughter. There is evidence suggesting a restricted social recognition of women as sexual offenders (i.e., "women do not do such things"; Pflugradt et al., 2018, p.13), and social attitudes towards female sexual offenders tend to be more positive compared to male sexual offenders (Cortoni & Gannon, 2011; Gakhal & Brown, 2011).

The current findings were also consistent with the stereotyped view of CSA as perpetrated by a male aggressor and a younger girl as the victim (Cromer & Goldsmith, 2010). Victim's honesty was significantly lower for the male adolescent who was victimized by his mother, compared to the scenario where the male perpetrator victimized a female child. This not only expresses the preconception that a mother does not sexually abuse her child (Tsopelas et al., 2012), but also that CSA of boys and adolescents can be viewed as less abusive or less harmful (Holmes et al., 1997). Additionally, both males and females can be victims of CSA, but male victims tend to be less visible (Banwari, 2013). Nevertheless, the absence of differences on assault seriousness, perpetrator culpability and victim culpability across the eight scenarios suggests that participants generally perceived the allegations of CSA as serious regardless of the child's age, gender and caregiver.

Despite the contributions of the present work, some important limitations should be noted, and further research is necessary to support or refute the current findings. One limitation is that convenience online samples were recruited in both studies, which presents risks in terms of self-selection bias and limits external validity. Additionally, both samples were skewed toward the female gender and higher levels of education.

Considering that less educated participants (Abeid et al., 2015) and men (Davies & Rogers, 2009) tend to show more accepting attitudes toward CSA, it is important to further explore these mechanisms with more balanced samples in terms of gender and education. Another limitation is that study one relied only on cross-sectional evidence to test the mediating effects. There is a need to replicate and extend these findings using more robust designs, preferably with larger and representative samples. We also note that while previous research has shown no differences between CSA victims and nonvictims on their attitudes towards CSA allegations (Davies & Rogers, 2009; Rogers & Davies, 2007), future studies should take participant's own abuse history into account given the limited evidence on this matter. Another limitation is that study two (CSA vignettes) did not include an attention/manipulation check. The vignettes were particularly short, and participants did not receive material or financial incentives to complete the survey, thus the motivation to skip or skim through the case description was arguably minimal. Nevertheless, future studies replicating or extending study two should include manipulation checks to uphold the quality of the data.

Notwithstanding these limitations, the current work provides a meaningful and original conceptual contribution, which has the potential to inform research and (ultimately) policy and practice to address CSA. In particular, the present findings reinforce the need for unpacking and acknowledging the role of psychosocial processes and variables (e.g., SDO, propensity for moral disengagement, and empathy) on the endorsement of CSA myths. One possible pathway for future efforts is to outline the processes of disengagement (Moore, 2015) through critical thinking approaches and social regulation strategies tailored to general or specific audiences (Bustamante & Chaux, 2014). These efforts can help create social literacy on the negative role of myths, dominance orientations and moral disengagement towards vulnerable groups,

and generate cognitive alternatives to these mechanisms (Bustamante & Chaux, 2014). It is also important to learn how to address myths anchored on the stereotypical idea of women as 'unconditional caregivers' and 'non-offenders', as well as adolescents being seen as less credible (Tabak & Klettke, 2014; Tsopelas et al., 2012).

To conclude, there have been calls for policies and practices that enable safe and supportive social/institutional contexts for disclosing CSA events, which increase the likelihood of post-abuse and post-disclosure adaptive trajectories and positive mental health outcomes (Antunes & Magalhães, 2019). Against this backdrop, there is a need to tackle the endorsement of CSA myths, which in turn requires an understanding of how these myths operate, particularly in audiences that are more likely to endorse these myths. This is a challenging and important issue in light of evidence that CSA myths endure both in the community and professional contexts (Cromer & Goldsmith, 2010), including in judicial decision-making processes (Greeson et al., 2016; Sleath & Bull, 2012). The current work adds to our understanding of this issue by providing preliminary evidence that (gender-relevant) psychosocial variables such as social dominance orientation, propensity to morally disengage, and (lack of) empathy play a role in the endorsement of CSA myths.

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Table 1

Intercorrelations Between the Variables in the Study One

Variables	2	3	4	5	6	*M*	*SD*
1. Social Dominance	-.16**	.27***	.29***	.27***	.19***	2.2	1.0
2. Empathy		-.18***	-.24***	-.25***	-.20***	5.7	1.0
3. Moral Disengagement			.50***	.43***	.39***	1.5	0.5
4. Blame Diffusion				.60***	.62***	1.4	0.6
5. Denial Abusiveness					.60***	1.7	0.7
6. Restrictive Stereotypes						1.8	0.6

Note. *M* = Mean, *SD* = Standard Deviation; **$p < .01$, ***$p < .001$

Table 2

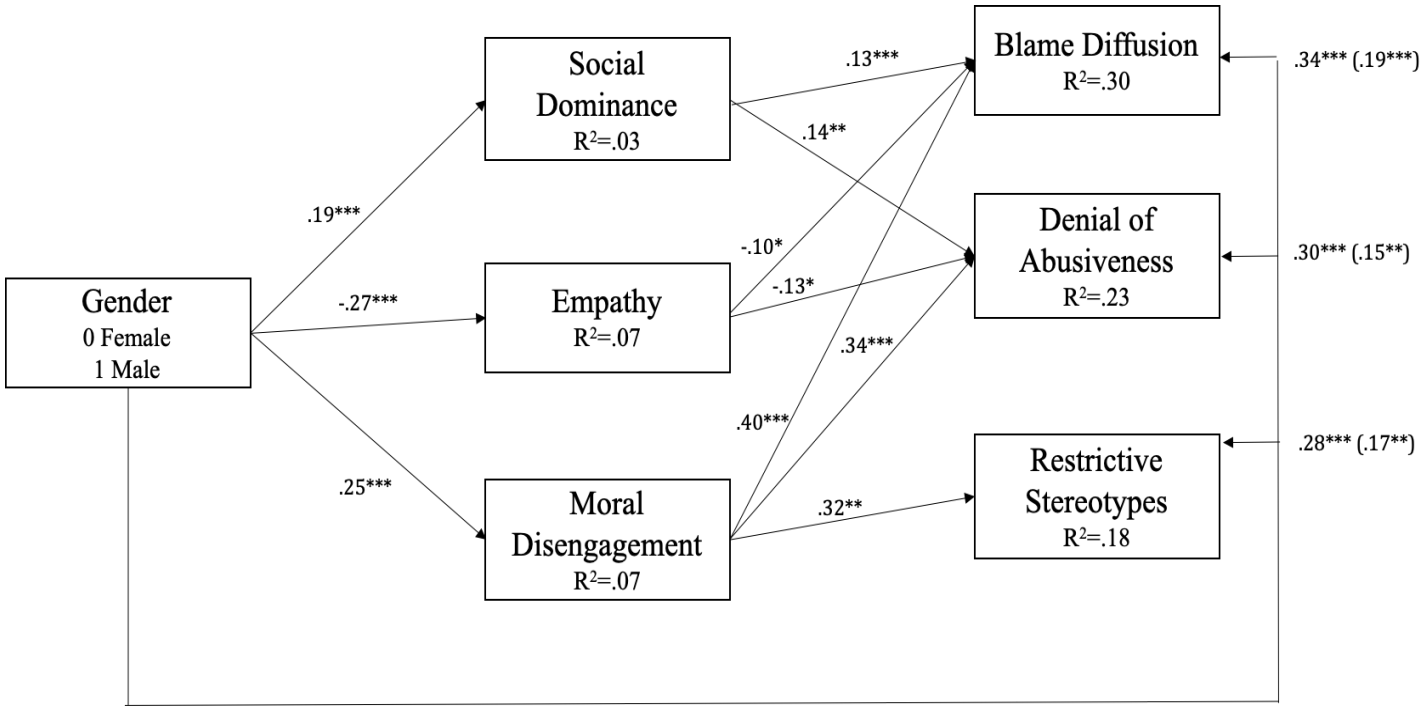
Intercorrelations Between the Variables in the Study Two

	2	3	4	5	6	7	8	*M*	*SD*
1. Assault seriousness	-.52***	.33***	.59***	.43***	-.17**	.27***	-.10	6.2	1.1
2. Victim culpability		-.35***	-.67***	-.47***	.13*	-.24***	.09	1.9	1.3
3. Victim credibility			.42***	.40***	-.15**	.14**	-.08	5.2	1.3
4. Perpetrator culpability				.62***	-.15**	.15**	-.06	5.7	1.6
5. Victim honesty					-.08	.07	-.01	4.6	1.4
6. Social dominance						-.25***	.37***	2.0	0.9
7. Empathy							-.22***	5.8	0.8
8. MD								1.5	0.4

Note. M = Mean*, SD* = Standard Deviation*; *p* < .05, ***p* < .01, ****p* < .001; MD = Moral Disengagement

Figure 1

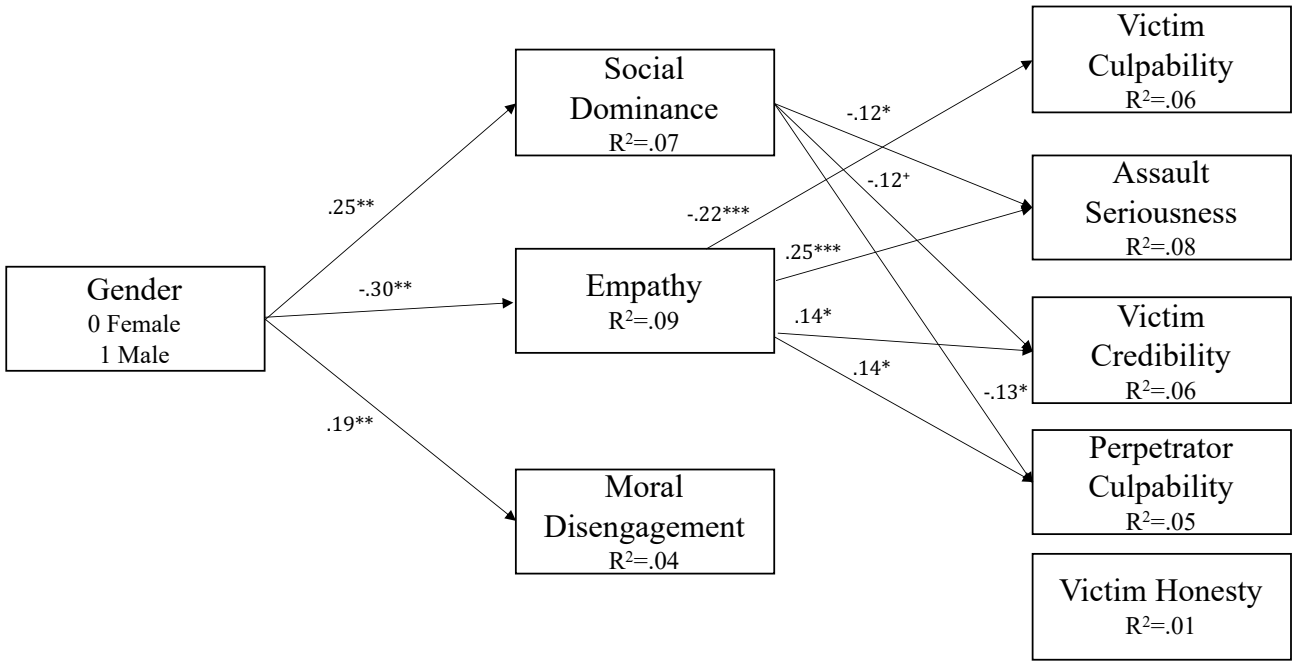
Path Analysis Model Assessing the Indirect Effects of Gender on CSA Myths Through Social Dominance, Moral Disengagement and Empathy



Note. **p* < .05; ***p* < .01; ****p* < .001; standardized total effects are presented first, followed by standardized direct effects in brackets.

Figure 2

Path Analysis Model Assessing the Indirect Effects of Gender on CSA Attitudes Through Social Dominance, Moral Disengagement and Empathy



Note. $^{+}p<.10$*; *p* < .05; ***p* < .01; ****p* < .001; standardized total effects are presented.