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BLAME ATTRIBUTION IN RAPE CRIMES: THE EFFECTS OF WILLING SUBSTANCE USE, RACE, AND RAPE MYTH ACCEPTANCE

Nedeljko Golubovic

ACCEPTANCE

This dissertation, BLAME ATTRIBUTION IN RAPE CRIMES: THE EFFECTS OF WILLING SUBSTANCE USE, RACE, AND RAPE MYTH ACCEPTANCE, by NEDELJKO GOLUBOVIC, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Philosophy, in Counselor Education and Practice in the College of Education and Human Development, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chairperson, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education and Human Development concurs.

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BLAME ATTRIBUTION IN RAPE CRIMES: THE EFFECTS OF WILLING SUBSTANCE USE, RACE, AND RAPE MYTH ACCEPTANCE

by

NEDELJKO GOLUBOVIC

Under the Direction of Dr. Brian Dew

ABSTRACT

Rape is a highly prevalent crime, and it is one of the most severe traumatic events experienced by women. Previous researchers have found that, unlike other crimes, blame attribution in rape cases is inconsistent and influenced by many external elements (Bieneck & Krahe, 2011; Grubb & Turner, 2012; Masser, Lee, & McKimmie, 2010; Stewart & Jacquin, 2010). In this study, the influence of willing substance use and race on attribution of blame from a sample of 316 undergraduate students attending a large, Southeastern, public, urban university was examined. More specifically, results from this investigation described how the type of substance (alcohol, marijuana, and heroin) consumed by female survivors and survivors' race/ethnicity (Black, Hispanic, and White) influenced the level of blame assigned to them. Additionally, the researcher explored the interactive effect of the drug type and survivors' race.

The results of the analysis of variance (ANOVA) revealed that both survivors' substance use and race significantly influenced blame attribution. Survivors who consumed alcohol prior to the assault were blamed more than survivors who used heroin or marijuana and survivors who did not consume any substances. Regarding the influence of survivors' race/ethnicity, White female survivors were attributed significantly higher levels of blame than Black and Hispanic female survivors. In addition to the examined conditions of substance use and race/ethnicity, the results of this study indicated that observers' demographic characteristics influenced blame attribution as well. Observers' gender, race, and knowledge of a person who has survived rape were all significant factors effecting attribution of blame.

INDEX WORDS: Rape, Substance Use, Race, Rape Myths, Attribution of Blame, Counseling

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DEDICATION

This dissertation is dedicated to my mother, Nada Golubovic. For her endless love and encouragement that allowed me to freely follow my dreams around the world. Her selfless love has always put my future first spearing no heartbreaks of her own in the process. From the time she allowed a 14 year-old boy to leave home and pursue his passion, she continues to support every decision I make and never asks for anything but my happiness. Her unwavering confidence and trust in me helped me see every goal as achievable and ever obstacle as navigable. No matter how far away I am, her big heart never fails to make me feel loved and never lets the warmth of home leave me. It is truly amazing to have the best mother in the world. Mom, I thank you for everything you have done for me. I will forever be grateful for you.

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1 THE EFFECTS OF RAPE MYTHS AND SUBSTANCE USE ON SURVIVOR BLAMING

Introduction

Sexual crimes against women are serious, pervasive, and growing issues in today's society (Foubert, 2000; Grubb & Harrower, 2009; Van der Bruggen & Grabb, 2014). The United States Department of Justice (USDOJ, 2016) defined sexual assault as "any type of sexual contact or behavior that occurs without the explicit consent of the recipient" (p. 1). The USDOJ's denotation of sexual assault primarily emphasizes survivor's consent and does not explain various types of sexual violations. Rape, a specific type of sexual assault, has been delineated more explicitly by the Federal Bureau of Investigation (FBI). FBI (2014) defined rape as "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim" (p. 1). Although rape and other forms of sexual assault are highly prevalent and severely affect all survivors, the focus of this chapter will be limited to issues related to female survivors of rape crimes. Rape crimes impact persons of all genders however, the majority of rape survivors are women, and most of the cultural misconceptions about rape are related to female survivors.

Rape crimes are prevalent worldwide (Grubb & Turner, 2012). In the United States (U.S.), rape is the most commonly experienced traumatic event by women (National Center for PTSD, 2015). In 2015 alone, there were over 400,000 incidents of rape (Truman & Morgan, 2016). It is estimated that up to 20% of women are raped or sexually assaulted during their lifetime (Fisher, Cullen, & Turner, 2000; Post, Biroscak, & Barboza, 2011; Tjaden & Thoennes, 2006), and up to 1% of women have been raped during the past 12 months (Black et al., 2011). Prevalence rates for college age populations, particularly among women, are even more

alarming. Results from national surveys of undergraduates estimated that up to 25% of female students have been raped or sexually assaulted during their college career. Results from additional studies found that up to 5% of female students reported attempted or completed rape within the last year (Fisher, et al., 2000; Humphrey & White, 2000; Krebs, Lindquist, Warner, Fisher, & Martin, 2007; National Sexual Violence Resource Center, 2015; Sinozich & Langton, 2014).

Although these statistics related to rape crimes are concerning, these numbers underestimate actual prevalence due to a large portion of incidents not being reported to the authorities (Catalano, 2005; Grubb & Turner, 2012; Suarez & Gadalla, 2011). Bohner, Eyssel, Pina, Siebler, and Viki (2009) categorized rape-reporting rates to law enforcement officials as "exceptionally low." Walsh and Bruce (2014), in their study of individuals who experienced unwanted or forced sexual experience, found that only 14% of their participants reported the incident to the police. These rates are significantly lower than reporting percentages for other types of violent crimes (FBI, 2016). Further concerns associated with rape crimes include low arrest and persecution rates of perpetrators. It is estimated that only 40% of reported rape crimes lead to an arrest (Catalano, 2005; FBI, 2014) and that up to 98% of perpetrators avoid prison sentence (Reaves, 2013).

Additional reasons for survivors' non-reporting include the consideration of rape to be a private issue (USDOJ, 2010; Wolitzky-Taylor et al., 2011), fear of a perpetrators' response (Bachman, 1998; USDOJ, 2010), stigmatization (Cameron & Stritzke, 2003; Grubb & Turner, 2012), perceived self-responsibility for the assault (Cameron & Stritzke, 2003), a belief that a person can't be raped by a romantic partner or acquaintance (Chapleau & Oswald, 2013; Heath, Lynch, Fritch, & Wong, 2013), and stress associated with pursuing legal action (Campbell et al.,

1999; Campbell, 2008; Walsh & Bruce, 2014). Furthermore, Ullman and Filipas (2001) found that approximately 76% of rapes and sexual assaults were committed by romantic partners or by acquaintances, thereby placing survivors in potential danger. Avoidance behaviors, which are common symptoms for rape survivors, may contribute further to low reporting. In particular, the reporting process may force the survivor to confront memories of events they are trying to avoid and thereby, cause further stress (Campbell, 2008; Campbell et al., 1999, Walsh & Bruce, 2014).

The majority of researchers who studied women who have been raped has utilized the term, "rape victims," while a smaller number of investigators have used the descriptor, "rape survivors" (Hockett & Saucier, 2015). Although these differences in depictions may appear minimal, the utilization of these two terms can have profound influence on how persons who survived rape are perceived. Hockett and Saucier (2015) found that the use of these two frameworks is often associated with researchers' stand on oppression, and their conceptualization of women who have been raped. The term 'victim' in the professional literature has been associated with powerlessness, weakness, innocence, and vulnerability, while the term 'survivor' has been linked with recovery, strength, and a sense of 'moving on' (Barry, 1979; Best, 1997; Figley, 1985; Holstein & Miller, 1990; Parker & Mahlstedt, 2010; Thompson, 2000). Additionally, the term 'rape victim' was associated with a women's perception of rape as a controlling event in their life, greater assignment of blame, fewer coping resources, and more negative characteristics (Hockett, McGraw, & Saucier, 2014; McCarthy, 1986). Although, both terms have been used in the professional literature, women who have been affected by rape will be addressed as 'rape survivors' in this chapter. This term was chosen in an attempt to emphasize resilience and empowerment, and decrease effects of oppression and stigmatization.

Considering the high prevalence of rape crimes against women and the large discrepancies within the criminal justice system of actual reporting, rape crimes have a potential of causing a wide range of consequences for survivors and society at large (Campbell, Dworkin, & Cabral, 2009). In this paper, the effects of rape on survivors' wellbeing, including both direct and indirect consequences, will be presented. Influences of rape myths and substance use on observers' perceptions and survivors' experiences will be examined. Finally, implications for professional counselors who are likely to provide clinical services to rape survivors will be discussed.

Effects on Survivors

Rape is one of the most severe and traumatic events experienced by women (Briere & Jordan, 2004; Chivers-Wilson, 2006; Kilpatrick, Amstadter, Resnick, & Ruggiero, 2007; Koss, Bailey, Yuan, Herrera, & Lichter, 2003). Survivors of rape are likely to report a wider range of presenting issues (Dworkin, Mota, Schumacher, Vinci, & Coffey, 2016; Weaver & Clum, 1995), have greater symptom severity, and poorer treatment outcomes than women who experienced other types of crimes (Brady, Killeen, Dansky, & Becker, 1994; Gilboa-Schechtman & Foa, 2001; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). In particular, rape crimes have multiple effects on a survivor's physical health, psychological wellbeing, and interpersonal relationships.

Physical injuries as a result of rape crimes are highly likely (Gonzales, Schofield, & Schmitt, 2006; Tjaden & Thoennes, 2006). The most common physical consequences of rape include bruising, sexually transmitted infections, sleep disturbances, gastrointestinal issues, yeast infections, sexual dysfunction, premenstrual distress, fibromyalgia, burning during urination, and generalized vaginal pain (Burgess & Holmstrom, 1974; Golding, 1999; Goodman, Koss, &

Russo, 1993; Tjaden & Thoennes, 2006). In addition to consequences women suffer during the rape itself, over 31% of survivors reported incurring additional physical injuries. However, only 36% of women who reported physical injuries sought medical help (Gonzales et al., 2006). Although, physical repercussions are more visible, mental health issues caused by rape may have more devastating and lasting impacts on survivors' functioning.

Prevalence rates of serious mental health issues are high, as up to 82% of rape survivors have issues with fears and anxiety (Frank & Anderson, 1987; Gidycz, Orchowski, King, & Rich, 2008; Ullman & Siegel, 1993), nearly half develop depression (Acierno et al., 2002; Clum, Calhoun, & Kimerling, 2000; Dickinson, deGruy, Dickinson, & Candib, 1999; Winfield, George, Swartz, & Blazer, 1990), between 13% and 49% experience issues with alcohol, and between 28%-61% will struggle with illicit drug use (Campbell, Dworkin, & Cabral, 2009; Frank & Anderson, 1987; Ullman, 2007; Ullman & Brecklin, 2002). Additionally, rape survivors are more likely to experience suicidal ideation and attempt suicide than survivors of other crimes (Chan, Straus, Brownridge, Tiwari, & Leung, 2008; Davidson, Hughes, George, & Blazer, 1996; Petrak, Doyle, Williams, Buchan, & Forster, 1997; Weaver et al., 2007).

Post-Traumatic Stress Disorder (PTSD), when compared to the aforementioned psychological concerns, has the most significant and longest lasting consequences for rape survivors (Campbell et al., 2009; Dworkin et al., 2016). Women who have been raped are three times more likely to develop PTSD (Dworkin et al., 2016; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995) and report more severe symptoms than survivors of other types of trauma (Dworkin et al., 2016; Tolin & Foa, 2006). Higher levels of PTSD in rape survivors were also associated with increased risk of sexual re-victimization (Messman-Moore, Brown, & Koelsch,

2005; Risser, Hetzel-Riggin, Thomsen, & McCanne, 2006; Ullman, Najdowski, & Filipas, 2009) and maladaptive coping strategies (Ullman, Filipas, Townsend, & Starzynski, 2007).

In addition to physical and mental health consequences, rape crimes also effect survivors' interpersonal relationships (Beck, Grand, Clapp, & Paylo, 2009; Lauridsen & Everall, 2013; Smith, 2005). Relational components that are impacted most significantly by rape are communication and intimacy. Post-assault difficulties faced by survivors and their support systems may lead them to talk less and detach from each other. Survivors' feelings of self-blame, guilt, and shame may cause them to distance from their loved ones, while survivors' partners, family, and friends may withdraw because of their own struggles to adjust to the traumatic event (Connop & Petrak, 2004; Davis, Taylor, & Bench, 1995; Emm & McKenry, 1988; Remer & Ferguson, 1995; Smith, 2005). Survivors' guilt and shame also effect intimacy. These issues typically arise from survivors' hypervigilance and diminished feelings of safety (McFarlane & Bookless, 2001). Sexual intimacy could be especially triggering for survivors, and they may significantly reduce or avoid sexual contact with partners (Connop & Patrack, 2004; Miller et al., 1982; Orzek, 1983; van Berlo & Ensink, 2000). These difficulties may be long lasting and have severe ramifications on survivors' relationships (Beck et al., 2009; Connop & Petrak, 2004; Lauridsen & Everall, 2013; Smith, 2005).

Social/Secondary Victimization

In addition to the severe physical, mental, and interpersonal effects caused by the traumatic experiences, the consequences of rape are often exacerbated by external reactions to the assault (Campbell et al., 2009; Yamawaki, 2007). The subsidiary forces that influence survivors' experiences and recovery processes are often referred to as social victimization. Social victimization identifies stigma and blame that observers attribute to rape survivors

(Hockett & Saucier, 2015; Symonds, 1980; Ullman & Filipas, 2001). The influence of others' perceptions is particularly important since a large majority of rape survivors disclose the assault to a friend, family member, and/or significant others (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Banyard et al., 2007; Fisher, Daigle, Cullen, & Turner, 2003; Ullman & Filipas, 2001). Observers' reactions to a survivor's disclosure could be negative and/or positive, and both reactions have the potential of influencing one's recovery process. Ullman (1996) found that up to 70% of rape survivors experienced negative reactions following the assault. The most common negative reactions include blaming, forced reporting, and minimizing of events and feelings associated with the rape (Ullman & Peter-Hagene, 2014). Survivors of rape who experienced these negative reaction, when compared to survivors who did not experience social victimization, were more likely to experience psychological distress, maladaptive coping strategies, delayed recovery, and strained interpersonal relationships (Ullman & Peter-Hagene, 2014; Ullman, Townsend, Filipas, & Starzynski, 2007; Yamawaki, Darby, & Queiroz, 2007).

Survivors have noted their interactions with medical personnel as a common source of social victimization. Campbell (2005), in her study of 81adult women who sought post-rape emergency services, found that a large percentage of survivors, as a result of their interactions with medical emergency personnel, reported feeling violated (94%), depressed (88%), bad about themselves (81%), reluctant to seek further help (80%), guilty (74%), and distrustful of others (74%). Survivors disclosed that throughout this process, they were asked invasive questions (e.g. type of clothing worn prior to the assault, sexual history, sexual response during the assault) that left them feeling blamed for the assault (Campbell, 2005; Campbell & Raja, 2005). Furthermore, these frequent negative post-rape interactions with medical personnel often

discouraged survivors from further disclosure, thereby limiting social support networks (Grubb & Turner, 2012; Suarez & Gadwall, 2011)

Observers' reactions may also influence the development and severity of PTSD symptoms (Ullman & Filipas, 2001; Ullman, Filipas et al., 2007; Ullman, Townsend et al., 2007). More specifically, Ullman and Filipas (2001) found that being treated differently was the most significant predictor of the severity of PTSD symptoms. The authors concluded that survivors internalized these behaviors and started to believe that the assault had a permanent negative impact on their life. Researchers have identified two particular ways in which unsupportive reactions could contribute to severity of PTSD symptoms. First, these negative attitudes diminish survivors' perceived control over the recovery process and increase negative thoughts about the self (Frazier et al., 2011; Ullman & Filipas, 2001). Second, these responses may lead survivors to feel betrayed and decrease their will to seek support (Ullman, Townsend et al., 2007). Both reactions leave survivors more vulnerable and contribute to their further isolation.

In contrast to these potential negative reactions, supportive responses contribute to survivors' intrapersonal healing and facilitate the recovery process (Ullman & Peter-Hagene, 2014). Positive reactions are typically exhibited as comforting, listening, emotional support, and tangible aid (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Filipas & Ullman, 2001). The most significant effects of supportive reactions are survivors' increased feelings of self-efficacy and control over the recovery process, which contributed to fewer and less severe PTSD symptoms (Ullman & Peter-Hagene, 2014). Survivors who received positive reaction were also more likely to utilize adaptive coping strategies such as seeking social support and mental health services. Additionally, supportive reactions have been found to contradict rape-culture

stereotypes present in our society, communicate encouragement for survivors, and reject rape normativity (Ullman & Filipas, 2001).

Although, multiple direct and indirect negative consequences of rape have been reported, these crimes are still highly normalized and excused (Buchwald, Fletcher, & Roth, 1993; Burt, 1998; Chapleau & Oswald, 2013). The responsibility for the assault is shifted from the perpetrator to survivors, with the latter being frequently blamed and stigmatized by the public, police and court officers, and health professionals (Campbell & Johnson, 1997; Chapleau & Oswald, 2013; Comack & Peter, 2005; Du Mont et al., 2003; Grubb & Turner, 2012; Lonsway & Fitzgerald, 1994). Additionally, our society frequently excuses perpetrators' actions and grants them leniency in legal proceedings (Chapleau & Oswald, 2013; Grubb & Turner, 2012; Lonsway & Fitzgerald, 1994; Sandy, 1998; Suarez & Gadalla, 2011). There are many factors that influence this wide spread cultural acceptance. However, rape myths and the use of substances by the female survivor have been shown to have the greatest influence on observers' perception of rape crimes.

Rape Myths

Rape myths, first introduced by feminist scholars, Brownmiller (1975), Field, (1978), and Burt (1980), were initially defined as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217). Examples of rape myths include: "When women go out wearing slutty clothes, they are asking for trouble," "If a woman does not physically resist sex, even if protesting verbally, it cannot be considered rape," and "A lot of times, women who say they were raped agreed to have sex and then regret it" (McMahon & Farmer, 2011; Payne, Lonsway, & Fizgerald, 1999). These false beliefs and attitudes, while found to be widely accepted in society (Chapleau & Oswald, 2013; Lonsway & Fitzgerald, 1994), were identified

while investigating the impact of patriarchy on male privilege, authority, and dominance. Rape myths have served as a justification and denial of male sexual aggression and minimization of personal vulnerability of women (Lonsway & Fitzgerald, 1994). The purpose of these cultural beliefs was to shift the blame from perpetrators to survivors, maintain acceptability of male sexual violence, and accommodate the social atmosphere of survivor blaming (Burt, 1980). Chapleau and Oswald (2013) stated that these myths maintain the imbalance of power, privilege, and dominance in our society. Rape myths also were used as a mechanism to diminish the effects of rape by trivializing sexual aggression (Bohner, Siebler, & Schmelcher, 2006) and silencing social prohibitions (Burt, 1980). Bohner and colleagues (2009) concluded that these false assumptions influence individuals' beliefs about what constitutes a "typical rape" and define "appropriate" behaviors for perpetrators and survivors.

Results from multiple studies have identified additional rape myths that are common across cultures, such as: women "ask" to be raped, allegations of rape and other forms of sexual assault are mostly false, women fantasize about being raped, and only certain types of women get raped (Bohner et al., 1998; Burt, 1980; Lonsway & Fitzgerald, 1994; Kanekar, Kolsawalla, & D'Souza, 1981; Stormo, Lang, & Stritzke, 1997). Payne and colleagues (1999) provided a more detailed classification of rape myths by categorizing these descriptors in the following seven domains: 1) it was not really rape, 2) rape is a trivial event, 3) she asked for it, 4) she wanted it, 5) she liked it, 6) he did not mean to do it, and 7) rape is a deviant event. Grubb and Turner (2012) noted that these false attitudes provide an explanation for the societal acceptance of sexual violence against women and lenience towards their male perpetrators. Moor (2007) stated that firm understanding of the effects rape myths have on survivors and society at large is the most important step towards dissolution of rape culture and recovery of the survivors.

Although false beliefs and stereotypes about rape, rape survivors, and perpetrators are highly prevalent four decades after rape myths were first identified (Shechory & Idisis, 2006), public acceptance of these beliefs is no longer viewed as a harmless issue (Grubb & Turner, 2012). Multiple researchers have identified the effects of rape myths acceptance as pervasive and harmful to survivors' well-being (Ben-David & Schneider, 2005; Bohner et al., 1998; Frohmann, 1991; Koralewski & Conger, 1992; Lambert & Raichle, 2000; Lonsway & Fitzgerald, 1994; Suarez & Gadalla, 2011). Higher levels of rape myth acceptance were associated with minimization of impact rape has on survivors (Newcombe, van den Eynde, Hafner, & Jolly, 2008), viewing survivors less favorably (Wenger & Bornstein, 2006), attributing higher levels of blame to non-stereotypical survivors (Masser, Lee, & McKimmie, 2010), perceiving them as less credible, and assigning greater levels of responsibility to survivors (Finch & Munro, 2005; Stewart & Jacquin, 2010). Men who endorsed rape myths at higher rates also perceived survivors as having a higher level of sexual attraction towards their companions and their behaviors as more sexual (Abby & Harnish, 1995). Additionally, observers who scored high on rape myths acceptance viewed perpetrators as more credible and rated them as less guilty (Finch & Munro, 2005; Stewart & Jacquin, 2010).

One of the reasons rape myths have such a wide range of influence may be rooted in the media's endorsement and perpetuation of these myths (Franiuk, Seefelt, & Vandello, 2008; Hust et al., 2013). Frequently, messages that are found on popular media outlets justify rape and sexual violence against women and are supportive of rape culture (Hilderbrand & Najdowski, 2015). Although the media's reporting of rape incidents focuses primarily on rapes committed by strangers, the majority of rapes are committed by acquaintances and romantic partners (Edwards, Turchik, Dardis, Reynolds, & Gidyez, 2011). This disproportionate emphasis on rape

cases committed by strangers has been shown to have an effect on public attitudes about rape and facilitate stereotypes of what constitutes a "real rape" (Edwards, et al., 2011; Franiuk, et al., 2008). Additionally, media storylines that feature rape myths are likely to influence men's opinions about the guilt of perpetrators and decrease their feelings of sympathy towards survivors (Franiuk, et al., 2008). Hilderbrand and Najdowski (2015) concluded that media's messages about rape maintain stereotypical and prejudicial beliefs about rape and rape survivors and contribute to public acceptance of rape culture.

Rape myths have the most significant influence on public attitudes about rape crimes and the legal system (Burt, 1980; Comack & Peter, 2005; Du Mont, Miller, & Myhr, 2003; Gerger, Kley, Bohner, & Siebler, 2007; Hammond, Berry, & Rodriguez, 2011; Lambert & Raichle, 2000). Regarding public perception, the acceptance of a survivor blaming culture, perception of false rape allegations, and increased likelihood of rape crimes are among the most serious issues caused by rape myths. Public acceptance of rape myths creates a cultural norm of survivor blaming (Burt, 1980; Grubb & Turner, 2012; Lonsway & Fitzgerald, 1994). These myths support the notion that women's behavior causes or at least contributes to the event, and rape myths provide a reason for minimization and justification of perpetrators' actions (Grubb & Turner, 2012). Gerger and colleagues (2007) and Lambert and Raichle (2000) found that these false beliefs largely determine the level of blame that is assigned to survivors and perpetrators. Researchers have established a strong link between rape myth acceptance and attribution of blame in rape cases, with higher levels of rape myth acceptance being correlated to high levels of survivor blame and lower levels of perpetrator responsibility (Hammond et al., 2011; Grubb & Turner, 2012; Stormo, Lang, & Stirtzke, 1997). Hammond and colleagues (2011) also found that rape myth acceptance mediates the relationship between observers' gender and attribution of

blame towards both survivor and perpetrator. The authors concluded that when they controlled for the influence of rape myth acceptance, predictive effects of gender on blame attribution were non-significant. Additionally, rape myths create a perception that typical rape survivors are seductresses and women of questionable moral character who behave in a highly-sexualized manner (Mazelan, 1980). These attitudes about women's moral standing place additional blame on the survivor and create an attitude that the rape was deserved.

Rape myths also influence public's perception about the frequency of false rape allegations. Stereotypical beliefs, such as "she lied" or "it was not really rape," are partially responsible for inaccurate perceptions that a large portion of rape allegations made by women are false (Grubb & Turner, 2012; Payne et al., 1999). These myths ignite inaccurate attitudes that women falsely accuse men and have malicious intentions of hurting and discrediting them. Additionally, false beliefs that women lie about rape perpetuate attitudes that survivors are not truly raped and that rape is a non-significant issue in our society. However, researchers have concluded that public perceptions, even beliefs of individuals who work within the Criminal Justice System, about the number of false allegations are consistently over-estimated (Lonsway & Fitzgerald, 1994). The most recent research findings estimate that the rates of false rape allegations fall between 2% and 10% of all reports (Heenan & Murray, 2006; Kelly, Lovett, & Regan, 2005; Lisak, Gardinier, Nicksa, & Cote, 2010; Lonsway, Archambault, & Lasik, 2009).

Finally, rape myth acceptance may contribute to increased likelihood of rape crimes (Grubb & Turner, 2012). Trivialization of the effects rape has on survivors, and justification of men's sexual violence against women, may minimize natural deterrents and social prohibitions against rape (Bohner et al., 2006). Furthermore, these attitudes may allow potential perpetrators to underrate the seriousness of their offences. Additionally, multiple researchers have found a

correlation between high levels of rape myth acceptance and higher proneness to committing a rape by men (Bohner et al., 1998; Briere & Malamuth 1983; Malamuth & Check, 1985). This notion also was supported by Korelewski and Conger (1992), who found that men who were convicted of rape had higher rape myth acceptance rates than an associated control group.

In addition to having an impact on general public attitudes, rape myths also were found to influence the legal system. Rape myths' effects on the legal system are so pervasive that they influence decisions made by police and judicial systems, which then lead to low prosecution and conviction rates (Campbell & Johnson, 1997; Comack & Peter, 2005; Du Mont et al., 2003; Grubb & Turner, 2012). One of the most serious issues caused by police officers' endorsement of rape myths is the perception of false rape allegation prevalence. Lisak and colleagues (2010) reported that police officers believed between 16% and 25% of all rape allegations were false, which is almost three times higher than the actual prevalence of fictitious reports. Police officers also were less likely to send the rape cases to prosecution if they believed that the survivor was even partially responsible for the assault. If survivors were not exhibiting evidence of a "typical rape", such as bruising and other signs of physical resistance, police were less likely to authorize further investigation (Darwinkel, Powell, & Tidmarsh, 2013). Additionally, police officers perceived certain survivors as more credible than others. Women of higher social status (e.g. business professionals) and those who identified as virgins were viewed as more credible than women of lower social identification and non-virgins (Dellinger Page, 2010).

Rape myths also were found to influence decisions in legal cases and the manner in which these cases were reported to the public (Lisak et al., 2010). Lisak and colleagues (2010) found that 40% of prosecuting attorneys endorsed rape myths at a moderate to high level. Prosecutors also were likely to perceive cases that deviated from the "traditional rape" (e.g. no

sign so physical injuries) as less "winnable" (Hilderbrand & Najdowski, 2015). In addition to prosecutors, defense attorneys were influenced by rape myths as well. Defense attorneys often intentionally utilize rape myths to attribute blame to survivors, discredit survivors' accounts of the assault (Orth, 2002), and use survivors' prior behaviors to portray the sexual act as consensual (Lisak et al., 2010). Additionally, rape myths have an effect on juries and could influence their decision-making process. Jurors who endorsed myths at a higher-level (Gray, 2006) or were exposed to pro-rape myth statements during the trial (Hockett, Smith, Klausing, & Saucier, 2016) exhibited greater confidence in perpetrators innocence and were less likely to find them guilty. Jurors were likely to view survivors less favorably when they did not physically resist perpetrators or had a close relationship with them prior to the assault (Hockett, et al., 2016). Jurors also blamed survivors at a higher rate when survivors did not conform to traditional gender roles (Grubb & Turner, 2012). Hilderbrand and Najdowski (2015) stated that jurors' tendencies to side with perpetrators and attribute blame to survivors are heavily influenced by the rape culture that is widely accepted today.

The experience of being mistreated by members of the legal system could have significant negative consequences for survivors, cause additional stress, and decrease likelihood of future disclosures (Ahrens, 2006; Campbell, 2008; Campbell et al., 1999). Survivors reported that, as a result of their interaction with the legal system, they felt violated (89%), bad about themselves (87%), reluctant to seek further help (80%), guilty/self-blaming (73%), depressed (71%), distrustful of others (53%; Campbell, 2005; Campbell & Raja, 2005). Additionally, negative experiences with the legal system may further aggravate the trauma experienced during the assault (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001) and cause resentment towards authorities (Koss, 2000; Herman, 2003). Furthermore, negative experiences, including victim-

blaming questions, recounting the assault multiple times, and answering questions about clothing and prior sexual history, may cause survivors to experience secondary victimization (Campbell, 2006; Campbell & Raja, 2005; Parsons & Bergin, 2010).

Although, endorsement of rape myths is high, and many false beliefs about survivors are widely accepted, the public's negative attitudes about non-stereotypical survivors are even greater. Survivors who violate societal expectations of rape crimes (e.g. had previous relationship with perpetrators, did not sustain physical injuries) were blamed more than women who survived a "typical" rape, and their allegations were more likely to be considered false (Masser, et al., 2010). Survivors who use less force (physical and verbal) when resisting perpetrators were viewed less favorably (Hockett, et al., 2016) and were more likely to be scrutinized (Franiuk, et al., 2008). Additionally, women who did not show resistance during their assault were blamed at a higher rate than survivors who fought back (Davies, Rogers, & Bates, 2008; Hockett, et al., 2016) and were less likely to be believed by the police (Edwards, et al., 2011). Survivors who did not sustain any physical injuries during the assault could be perceived as liars and be seen as more responsible for the incident (Edwards, et al., 2011). Finally, women who exhibited less resistance during the assault were more likely to feel higher levels of guilt and self-blame (Meyer & Taylor 1986; Mezey & Taylor 1988) and believe that their low resistance contributed to them being rape (Galliano, Noble, Puechl, & Travis, 1993). Ahrens, Stansell, and Jennings (2010) also found that women who experienced non-stereotypical rape were less likely to report the crime.

Research on rape myths has also revealed that participants' demographic characteristics were predictive of their level of rape myth acceptance. One of the most significant predictors of rape myth acceptance is gender (Anderson, Cooper, & Okamura's, 1997; Carr & van Deusen,

2004; Davies, Gilstone, & Rogers, 2012; Davis & Hudson, 2011; Hammond et al., 2011; Suarez & Gadalla, 2011). Results from a limited number of studies found no evidence of gender differences regarding rape myth acceptance (Bieneck & Krahe, 2011; Burt & Albin, 1981; Edmonds, Cahoon, & Shipman, 1991; Krahe, 1988). However, an overwhelming majority of more recent research studies found that men endorsed rape myths at a higher rate than women (Davies et al., 2012; Davis & Hudson, 2011; Hockett et al., 2016; Hammond et al., 2011; Suarez & Gadalla, 2011). Hockett and colleagues (2016) also reported that men perceived rape survivors more negatively. Based on the results of their meta-analysis, Suarez and Gadalla (2011) concluded that the relationship between gender and rape myth acceptance is of moderate strength, indicating that the effects of rape myths on individuals' behavior would be apparent in every day interactions. Regarding the participants' race, Suarez and Gadalla found that White individuals displayed lower levels of rape myth acceptance when compared to members of other racial/ethnic minority populations. However, the authors also noted that positive racial identity was associated with lower endorsement of these myths. High levels of rape myth acceptance also were correlated with other oppressive, discriminatory, and adverse attitudes such as racism, classism, ageism, sexism, and religious intolerance. This correlation suggests that rape survivors, in addition to suffering direct consequences of the crime, may be further discriminated as a result of cultural biases. Additionally, survivors who are members of minority groups, particularly individuals with multiple minority statuses, are especially susceptible to mistreatment and may experience an additional level of marginalization and oppression. Other factors that were associated with high acceptance of rape myths are sexual conservatism, traditional gender role beliefs, acceptance of interpersonal violence, conservative political views,

and low feminine identity (Anderson et al., 1997; Suarez & Gadalla, 2011; Wells & Twenge, 2005).

Substance Use

Rape crimes are positively correlated with alcohol and drug use. Researchers have reported that up to 50% of survivors and more than 75% of perpetrators had consumed alcohol prior to an assault (Abbey, Zawacki, Buck, Clinton, & McAusion 2016; Horvath & Brown, 2006; Koss, 1985; Koss & Dinero, 1989; LeBeau et al., 1998). Although the use of substances is associated highly with rape, research on the effects substance consumption has on these crimes is inconsistent. The influence of alcohol on rape and rape survivors has been thoroughly investigated over the past 30 years (Grubb & Turner, 2012). However, empirical studies on the influence of specific illicit drugs on these crimes remain scant.

The investigation on the effects of alcohol has revealed that the relationship between alcohol use and rape crimes is complex, and that observers' perceptions vary greatly when survivors and perpetrators were intoxicated prior to the assault (Adams-Curtis & Forbes, 2004; Cameron & Stritzke, 2003; Dudley, 2005; Finch & Munro, 2005; Leigh, Aramburu, & Noris, 1992; Rickert & Weinmann, 1998; Schuller & Wall, 1998; Stormo et al., 1997). Unlike other crimes, there appears to be a double standard for survivors and perpetrators of rape crimes (Cameron & Stritzke, 2003; Cohn, Zinzow, Resnick, & Kilpatrick, 2013; Richardson & Campbell, 1982; Schuller & Stewart, 2000). While survivors generally were attributed with more blame and viewed more negatively if they were intoxicated prior to the assault (Cameron & Stritzke, 2003; Cohn, et al., 2013; Richardson & Campbell, 1982; Stormo et al., 1997), alcohol use by perpetrators usually was seen as a potentially exonerating circumstance (Adam-Curtis & Forbes, 2004; Bieneck & Krahe, 2011; Cameron & Stritzke, 2003). This double standard held

true even in cases when survivors and perpetrators consumed commensurate levels of alcohol. When both survivors and perpetrators were portrayed as equally intoxicated, observers were more likely to see survivors as blameworthy, consider perpetrators less responsible, question the validity of rape allegations altogether, and believe that it would be "unfair" to prosecute perpetrators as criminals (Finch & Munro, 2005; Schuller & Stewart, 2000). Survivor and perpetrator intoxication in cases of rape also is seen differently than in other crimes. Bieneck and Krahe (2011) found that when male perpetrators exploited women's intoxication instead of using force, blame attributed to perpetrators decreased in cases of rape, but it did not change in robbery cases. The authors also reported that survivors who were too intoxicated to resist the assault were blamed more than women who were overpowered. This double standard could potentially be explained by the societal beliefs about substance use and human sexuality. Consumption of drugs is often seen as a sign of sexual availability and interest (Stewart & Jacquin, 2010; Wall & Shuller, 2000). Additionally, individuals have an expectation that substance use will have a direct effect on their sexuality and sexual expression (Abby et al., 2000; George et al., 2000). As a result of these beliefs, perpetrators' drug consumption is seen as an exonerating circumstance while survivors are blamed more for engaging in substance use.

Researchers have consistently supported the notion that survivors who willingly consumed alcohol prior to the assault were viewed less favorably, considered less credible, blamed more, viewed as more willing to have sexual intercourse, held more responsible for the incident, and judged more harshly than women who did not drink before they were raped (Cameron & Stritzke, 2003; Cohn, et al., 2013; Finch & Munro, 2005; Grubb & Turner, 2012; Richardson & Campbell, 1982; Schuller & Stewart, 2000; Stewart & Jacquin, 2010). Horvath

and Brown (2006) concluded that intoxicated survivors were seen as guilty of "contributory negligence," and as such, they were considered more responsible for their sexual assault.

Negative beliefs about female survivors who consumed alcohol prior to the assault were also held by police officers and members of juries (Schuller & Stewart, 2000; Stewart & Jacquin, 2010; Young et al., 2005). The level of intoxication was also found to be a factor as higher levels of intoxication were associated with lower credibility ratings. When survivors were drinking alcohol prior to the assault, police officers were more likely to believe that perpetrators genuinely considered sexual intercourse to be consensual. Survivors' consumption of alcohol also was more likely to influence police officers' judgments than perpetrators' drinking (Schuller & Stewart, 2000). Additionally, Wenger and Bornstein (2006) found that guilty verdicts were less likely when survivors were intoxicated prior to the assault.

Stormo and colleagues (1997) noted that consumption of alcohol mediates participants' perceptions of survivors' behaviors. The authors found that, when observers believed rape survivors were under the influence of alcohol, all decisions survivors made were considered to be contributors to the assault. However, when survivors were perceived as sober, the same decisions were seen as less impactful (Stormo et al., 1997). Women who were under the influence of alcohol also were seen as "more appropriate" for sexual assault and were viewed as more interested in having sexual intercourse (Schuller & Stewart, 2000). Additionally, survivors who were raped while intoxicated were blamed at a higher rate than women who were raped by force (Bieneck & Krahe, 2011).

Perpetrators' consumption of alcohol, in most cases, had a positive effect on public's perception of them. Perpetrators were generally seen as less responsible and guilty when they were intoxicated prior to the assault (Cameron & Stritzke, 2003; Richardson & Campbell, 1982).

They also were likely to be blamed less when rape survivors were under the influence of alcohol (Schuller & Stewart, 2000; Stormo et al., 1997). The only exceptions to this trend appear to be situations in which perpetrators were less intoxicated than survivors. If perpetrators seemed to have taken advantage of intoxicated women, they were held more responsible for the assault (Wall & Schuller, 2000). Even in cases when perpetrators who were under moderate influence of alcohol assaulted women who were highly intoxicated, perpetrators were held more liable for the offence (Stormo et al., 1997). Additionally, perpetrators were seen as more blameworthy if they intentionally gave women large amounts of alcohol without their knowledge (Girard & Senn, 2008).

Consumption of illicit substances in rape cases has not been researched thoroughly. Therefore, there remains minimal evidence of how specific drugs influence perceptions of rape crimes, attitudes towards survivors and perpetrators, and attribution of blame. Additionally, researchers who have investigated the effects of illicit psychoactive substances have only focused on marijuana, Gamma-Hydroxybutyric acid (GHB), and D-lysergic acid diethylamide (LSD). No empirical evidence is currently available regarding the effects of heroin, methamphetamine, and cocaine. This lack of investigation is especially concerning since these three substances account for more than a quarter of all illicit adult drug use in 2015 (Substance Abuse & Mental Health Services Administration; SAMSHA, 2016). In addition, the general public considers these drugs more dangerous than alcohol and marijuana, and their consumption is seen as a serious crime (Stylianou, 2002; Weisheit & Johnson, 1992; Wenger & Bornstein, 2006).

The most comprehensive study on the impact of illicit drugs on the public's perceptions in rape cases was conducted by Girard and Senn (2008). The authors found that drugs had a

"marginally stronger" effect on observers' perception than alcohol. Girard and Senn suggested that perceptions of legality and stigma attached to illicit drug use played a role in how survivors of rape who consumed drugs were viewed. Voluntary use of drugs, especially by women, was found to have a severe impact. Women who consumed drugs voluntarily were judged harshly, blamed at a higher rate, and held more responsible for the assault. For example, survivors who willingly consumed GHB were held more responsible than women who consumed the drug unknowingly or were sober prior to the assault. The authors concluded that survivors' voluntary use of drugs decreased their "worthiness as a victim." In addition to higher survivor blame, perpetrators in these cases also were more likely to be excused for their actions (Girard & Senn, 2008). Although results presented by Girard and Senn indicated a clear pattern of blame and responsibility attribution, findings from other studies yielded contradictory evidence. Stewart and Jacquin (2010) found no significant differences in consequences of consumption of alcohol, marijuana, and GHB. The researchers indicated that the type of drug women consumed prior to the assault did not influence assignment of blame or observers' impressions of survivors. Additionally, Wenger and Bornstein (2006) found that survivors who consumed alcohol and LSD were not viewed differently. Survivors who consumed LSD prior to the assault were not perceived as less credible and were not blamed more than survivors who drank alcohol. Given the evidence that is available currently, it is difficult to conclude with certainty the influence drugs other than alcohol have on perceptions of rape crimes.

Substance use, aside from having an effect on publics' perceptions, also influences survivors' internal experiences. Survivors who consumed alcohol and other drugs prior to the assault felt more shame, guilt, and overall responsibility for the crime (Cohn et al., 2013). Survivors of these crimes were likely to question whether their experience was an actual rape.

These beliefs were also found to influence survivors' willingness to report the assault to the police. Survivors believed that, as a result of their intoxication, they had no "proof" of the crime and were not sure if the offense was serious enough. Adult female survivors of rape also believed that they would be treated differently by the police and legal system because of their consumption of illicit drugs (Cohn et al., 2013).

Implications for Counseling

Professional counselors must be prepared to work with women who survive rape and address the multitude of issues that influence survivors' recovery process. The high prevalence rates of rape and sexual assault, and the severity these crimes have on survivors' wellbeing, make these issues a high priority for mental health clinicians. In addition to the high prevalence and the severity of impact, survivors of rape and sexual assault may be likely to seek counseling services. Walsh and Bruce (2014) reported that almost 80% of survivors who reported the assault also sought mental health treatment. Additionally, 45% of survivors who did not report the crime expressed the need for counseling after the event.

The first step in working with clients who may have a history of rape is appropriate assessment. Although, proper assessment is a necessary step to working with all clients, this component may be of even greater importance when working with adult women who were raped. Survivors of rape, especially women who endorse rape myths at higher rates, may not always disclose their assault. Post-rape feelings of guilt and shame that women may experience are likely to prevent survivors from disclosing their trauma even to their counselors. The level of personal responsibility that many adult female survivors experience may further alienate them and prevent disclosure (Cameron & Stritzke, 2003; Grubb & Turner, 2012). As a result of these factors, counselors must be intentional when screening their clients during initial stages of the

therapeutic relationship (Goodman, et al., 1993). It is recommended that counselors not only include questions about clients' sexual assault history into their intake process but also review this information with clients during the initial session. Facilitating the conversation about the history of sexual assault will send a message of acceptance to clients and create a space for safe disclosure. Counselors also should utilize direct language during this stage and focus on violating behaviors rather than labels (Falsetti & Bernat, 2000). For example, counselors could ask "Has anyone ever tried to force you to have sex?" or "Has anybody forced themselves sexually on you when you were drunk or incapacitated?" Although counselors should initiate this conversation during the first session, clients must be given freedom to choose if, when, and at what pace they want to disclose their trauma.

Another factor that counselors must be aware of during the assessment stage is the effect non-traditional rapes have on survivors. Women who survived a non-traditional rape may not believe that their experience "qualifies" as rape and therefore, fail to disclose it to their counselors. Survivors who did not suffer physical injuries nor resist physically, or were assaulted by an intimate partner may not consider their experience to be a "real rape" (Cohn, et al., 2013; Heath, et al., 2013; Hockett, et al., 2016). In these instances, the counselor should utilize psychoeducational strategies and discuss the scope and consequences of rape crimes. Counselors also should educate their clients about rape myths and the influences these messages may have on one's perceptions. It would be especially important for counselors to explore myths that their clients may be endorsing and develop strategies for addressing them. Finally, counselors must be intentional about assessing for substance use issues. It would be critical for counselors to assess whether survivors were intoxicated during the assault as well as to consider their substance use post-rape. Women's use of substances prior to rape could have a plethora of

negative consequences on the interpretation of the rape event (Cohn et al., 2013). Survivors' intoxication during the assault could significantly increase their feelings of self-blame, guilt, and responsibility, while minimizing their willingness to disclose the incident. Counselors must convey understanding and empathy during this process and educate clients that their use of substances does not make them responsible for the assault. Assessment of clients' post-rape substance use also is necessary. Substance use may be utilized as a maladaptive coping strategy for rape survivors. Counselors have to be intentional when assessing for these issues and must determine whether clients are developing a potential substance use disorder.

The next step in addressing issues related to recovery of women who were raped would be the development of treatment strategies appropriate for this population. First, counselors must develop competence working with these issues, while utilizing an empirically supported treatment model, such as eye movement desensitization and reprocessing, systematic desensitization, cognitive-behavioral therapy, cognitive-processing therapy, brief behavioral intervention, prolonged exposure, hypnotherapy, supportive counseling, group counseling, assertiveness training, and repeated assessment of symptoms (for a review, see Russell & Davis, 2007). Counselors must receive proper training prior to working with survivors, as the consequences of inappropriate interventions with this population could be severe. Additionally, counselors working with women who have been raped should be particularly sensitive to survivors' internalization of guilt and self-blame. Survivors of rape, especially women who survived non-stereotypical rape or were exposed to rape myths, are likely to blame themselves for the assault. Feelings of self-blame and guilt can further interpersonal separation and alienation and increase the severity of one's symptoms. Counselors must address these issues

and educate their clients that the responsibility for rape lies with perpetrators, and that a survivor's behaviors did not cause the assault.

Treatment planning for women who were raped must not be narrow in focus and should cover a variety of factors that could influence survivors' recovery. Neville and Heppner's (1999) Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMSAR) could be used as a guide when creating such a treatment plan. This model emphasizes the inclusion of a wide range of internal and external factors that may play a role in the recovery of rape survivors. During this process, counselors should closely consider external messages that survivors receive post-rape. Survivors are likely to encounter a myriad of negative reactions from a number of sources (e.g. friends and family, emergency services, police) throughout this process. It is important for counselors to confront these unsupportive attitudes and prevent development of social victimization. Counselors must serve as a supporting agent and help survivors reject these negative beliefs.

Aside from the assessment and treatment of psychological concerns stemming from rape crimes, counselors may also focus on prevention. Prevention efforts are particularly relevant for college counselors since prevalence of these crimes is the highest among college students. Prevention efforts should encompass a variety of actions, but most significant would be educating male and female students about rape myths. Many rape myths create a false narrative about what constitutes a "real rape" and aid in students' misunderstanding of this issue. As a part of education efforts, counselors should develop and implement rape awareness campaigns on campus. College counselors should target and debunk the most prevalent myths about rape and rape survivors. Particular emphasis must be placed on educating students about sexual consent and women's right to say 'no'. Additionally, students must be educated about the role of

substance use, especially regarding incapacitation and inability to consent. Students must learn that consumption of alcohol and other drugs does not imply sexual interest. These campaigns could be a part of a large campus movement, or they could engage a specific subset of the student population (e.g. freshmen class). In addition, counselors must inform students about crisis resources and educate them about the role these services could play in the recovery process.

In addition to direct clinical work with clients, rape issues also must be addressed in Counselor Education programs. Most importantly, counseling students must be taught how to work with survivors of rape crimes. Walsh and Bruce (2014) suggested that, if individuals are taught how to appropriately respond to rape survivors, they could have a significant, positive effect on their recovery. Ideally, Counselor Education programs should develop a class that would address trauma and crisis intervention. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) has identified trauma and crisis training as necessary components in counselors' preparation (CACREP, 2016). The importance of these areas is demonstrated by the inclusion of trauma and crisis competencies in the Professional Counselor Identity standards that are required for all counseling students as well as in specific standards for Clinical Mental Health Counseling, Clinical Rehabilitation Counseling, College Counseling and Student Affairs, Marriage, Couples, and Family Counseling, and School Counseling standards. Issues concerning prevalence rates, unique obstacles for rape survivors, rape myths, secondary victimization, and adequate treatment options should be covered within this class. Student also should be provided with opportunities to practice their skills and receive feedback on their development.

In addition to a specific class that would address issues related to surviving rape, content relevant to survivors' recovery also should be implemented across a program's curriculum. Addressing multicultural issues related to treatment of rape survivors would be particularly important. Special emphasis should be placed on gender issues and unique obstacles male counselors may have when working with female survivors. Additionally, cross-cultural concerns related to race, ethnicity, age, religion, and socioeconomic status should be considered, as they may play a role in the recovery process. Students also should examine their own attitudes about rape and explore the effects of rape myths on their belief systems. Finally, a portion of addiction counseling classes should be dedicated to discussions around substance use and rape. Particular attention should be given to the influence substance use has on the public's perception of rape crimes and survivors of rape, and potential use of drugs as a coping mechanism. Furthermore, students should examine gender implications associated with stigma and prejudice related to substance use.

Finally, it is imperative for counselors to conduct research and further our understanding of rape crimes and issues faced by rape survivors. Presently, the counseling literature's inclusion of issues related to rape and sexual assault is very limited. This is especially true regarding substance use and the effect it has on attribution of blame. First, the majority of literature only addresses the effect of alcohol consumption. It is necessary to expand the scope of current findings and examine a wider range of licit and illicit substances. Particularly, researchers should examine the effects illicit drugs have on observers' perception and blame attribution. Second, it would be important to investigate the effects substance use has in facilitating rape myths and how these two factors contribute to further stigmatization of rape survivors and perpetuation of rape culture. Furthermore, future studies should investigate the double standard

for survivors' and perpetrators' substance use and potential consequences of this dichotomous criterion. Finally, counselor should examine assignment of blame and treatment of minority, gender non-conforming, and non-traditional rape survivors. Since rape myths appear to be correlated with many other oppressive attitudes, it is important to investigate the effect cultural biases have on attribution of blame and stigma towards minority survivors.

Conclusion

The occurrence of rape has become increasingly pervasive and its effects on female survivors are often significant. Rape myths have a wide range of impact and can influence the way survivors view themselves as well as the way they are viewed and treated by others. Additionally, the public's perception of survivors also is influenced by stigma and prejudice associated with substance use. Survivors who consumed substances prior to the assault were viewed more negatively and treated more harshly than survivors who were sober. As a result of the severe consequences these factors have on survivors, and the role mental health counseling could have on the recovery process, professional counselors must be prepared adequately to work with women who survived rape. It is imperative that counselors are able to recognize, assess, and treat survivors of these crimes as well as develop and implement successful prevention strategies.

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2 EFFECTS OF SURVIVORS' WILLING SUBSTANCE USE AND RACE ON ATTRIBUTION OF BLAME IN CASES OF RAPE

Introduction

The number of rapes committed against women is high (Grubb & Harrower, 2009; Grubb & Turner, 2012; Lonsway & Fitzgerald, 1994), and the prevalence of these crimes is on the rise (Black et al., 2011; Truman & Morgan, 2016). The results of the National Crime Victimization Survey (NCVS) indicated that the number of sexual offenses in the United Stated (U.S), including rape and sexual assault, has increased significantly over the past two years (Truman & Morgan, 2016). According to the NCVS estimates, there were 431,840 sexual crimes in 2015. This number represents a 51% increase in comparison to 2014 (284,350) estimates. Another important note is that sexual crimes were one of the only two violent crime categories that increased in prevalence. The estimated numbers for all other violent crimes (e.g. robbery, assault) have decreased in comparison to the previous year (Truman & Morgan, 2016). Additionally, the proportion of rapes that get reported to the authorities is especially low (Bohner, Eyssel, Pina, Siebler, & Viki, 2009; Walsh and Bruce, 2014). The Federal Bureau of Investigation (FBI) indicated that 124,047 rapes and sexual assaults were reported in 2015. This number represents around a 29% reporting rate, while estimated reporting rates for robbery and assault are near 60% (FBI, 2016).

In addition to high prevalence rates, the dangers that rape present to society is demonstrated by the severity of impact this crime has on survivors. The majority of women who survive rape face a multitude of negative consequences (Marciniak, Lage, Landbloom, Dunayevich, & Bowman, 2004; Miller, Cohen, & Wiersema, 1996; Norris & Kaniasty, 1994). Among the adverse effects experienced by rape survivors, mental health issues could cause the

most acute repercussions, and approximately a quarter of all survivors experience severe and long lasting mental health implications (Dancu, Riggs, Hearst-Ikeda, Shoyer, & Foa, 1996; Goodman, et al., 1993; Kimerling & Calhoun, 1994). The most common mental health issues rape survivors face are depression, anxiety, posttraumatic stress disorder (PTSD), sever shame and guilt, sexual dysfunctions, suicidal ideation, nightmares, and eating disorders (Bonomi, Anderson, Rivara, & Thompson, 2007; Breitenbecher, 2006; Calhoun, Mouilso, & Edwards, 2012; Gidycz, Orchowski, King, & Rich, 2008; Martin, Macy, & Young, 2011; Ullman, Filipas, Townsend, & Starzynski, 2006; Weaver et al., 2007). Additionally, symptoms experienced by women who were raped are more severe than symptoms experienced by survivors of other types of crimes such as robberies or assaults (Brady, Killeen, Dansky, & Becker, 1994; Gilboa-Schechtman & Foa, 2001; Norris & Kaniasty, 1994).

Although, rape is a heinous crime, this offence is largely excused and culturally accepted in many societies (Grubb & Harrower, 2009; Lonsway & Fitzgerald, 1994; Van der Bruggen & Grabb, 2014). Our cultural norms tend to accept and excuse these crimes, and the general population tends to place blame on survivors and seek reasons to exonerate perpetrators (Grubb & Harrower, 2008; Hafer, 2000; Hafer & Bègue, 2005; Lerner, 1980; Lerner & Miller, 1978; Strain, Hockett, & Saucier, 2015). Oftentimes survivors are held responsible for the assault, perpetrators actions are seen as normal and expected, the crime is trivialized, and its consequences are seen as minimal (Bohner, Siebler, & Schmelcher, 2006; Burt, 1980; Lonsway & Fitzgerald, 1994; Strain, Hockett, & Saucier, 2015). Multiple external factors were determined to increase level of blame placed on survivors. For example, substance use (Schuller & Stewart, 2000; Stewart & Jacquin, 2010), race (Donovan, 2007), closeness of the relationship (Hockett, et al., 2016), survivors' clothing (Campbell, 2005), and physical resistance (Darwinkel,

Powell, & Tidmarsh, 2013) were all determined to elevate the amount of blame attributed to survivors. Furthermore, the results of Bieneck and Krahe (2011) study have indicated that some of these external factors (e.g. substance use) increased blame attributed to survivors of rape but had no influence of blame attribution in other types of crimes. These results indicated that women who survive rape, in addition to the severe consequences of the crime itself, have to cope with additional blame and stigma assigned to them by the society. This skewed pattern of blame attribution is wide spread and has influence on general public as well as police officers (Edwards, et al., 2011), defense and prosecution attorneys (Hilderbrand & Najdowski, 2015; Lisak et al., 2010), and members of juries (Gray, 2006; Hockett, et al., 2016).

Although blame attribution in rape cases has been investigated in the past, some of the most influential components such as survivors' willing substance use, race, and rape myth acceptance have not been explored thoroughly, and in some instances research studies have yielded contradictory evidence. Additionally, the relationships among these three factors have been completely unexamined. In the following section, the influence of survivors' willing substance use, race, and rape myth acceptance on observers' perceptions and blame attribution will be examined.

Substance Use

In the United States, the relationship between substance use and rape is complex and multifaceted (Abby & Harnish, 1995; Finch & Munro, 2005; Grubb & Turner, 2012; Horvath & Brown, 2006; Stewart & Jacquin, 2010; Wall & Schuller, 2000). Consumption of alcohol and other drugs is highly prevalent in instances of rape and often is seen as one of the facilitating factors (LeBeau et al., 1998; Messman-Moor, Coates, Gaffey, & Johnson, 2008; Walby & Allen, 2004). Substance use by adult women also has been found to heighten significantly their risk of

being raped (Messman-Moor, Coates, Gaffey, & Johnson, 2008). Although, it is difficult to determine the exact prevalence of substance use in cases of rape, Abbey, Zawacki, Buck, Clinton, and McAusion (2016) estimated that substances were present in over 50% of all rape cases. Horvath and Brown (2006) found that alcohol use, the most frequently consumed substance in rape crimes, was reported by 62% of survivors and 48% of perpetrators prior to the incident. Regarding consumption of substances other than alcohol, Negrusz, Juhascik, and Gaensslen (2005) found that approximately 46% of reporting survivors consumed a mood-altering substance prior to the attack.

An individual's pre-existing beliefs about drugs and alcohol influence attitudes about rape crimes (Grubb & Turner, 2012). Social norms and expectations surrounding substance use are creating a new discourse and impacting decision-making processes and attribution of blame (Horvath & Brown, 2006; Masser, Lee, & McKimmie, 2010; Stewart & Jacquin, 2010). Use of substances is often seen as a sign of sexual interest, availability, and even moral standing of the individual (Stewart & Jacquin, 2010; Young, McCabe, & Boyd, 2007; Wall & Schuller, 2000). Consumption of drugs also appears to have an effect on how individuals perceive sexuality and sexual expression (Abby & Harnish, 1995; Crowe & George, 1989; Grubb & Turner, 2012; Wall & Schuller, 2000). Both men and women tend to expect alcohol to have a direct effect on their sexuality, and once alcohol is introduced into the situation, they see themselves and others as more sexuality available (Abby et al., 2000; George et al., 2000). As a result of these influences, consumption of alcohol and other drugs is shaping individuals' perceptions of survivors and perpetrators, influencing opinions of police officers, and impacting how potential jurors see these cases (Adam-Curtis & Forbes, 2004; Finch & Munro, 2005; Simms et al., 2007; Wall & Schuller, 2000; Wenger & Bornstein, 2006).

Although alcohol and other drugs appear to have a strong influence on observers' perceptions, substance use by men and women is regarded differently (Grubb & Turner, 2012; Finch & Munro, 2005; Stormo, Lang, & Stritzke, 1997). These, gender dependent and divergent perceptions have striking implications in cases of rape (Adam-Curtis & Forbes, 2004, Cameron & Stritzke, 2003; Dudley, 2005; Leigh, Aramburu, & Noris, 1992). While women who consume substances prior to the assault were judged harsher and viewed as more responsible, perpetrators who were intoxicated during the crime were granted lenience and seen as less guilty (Adams-Curtis & Forbes, 2004; Cameron & Stritzke, 2003; Cohn, Zinzow, Resnick, & Kilpatrick, 2013; Dudley, 2005; Finch & Munro, 2005; Rickert & Weinmann, 1998; Stormo, Lang, & Stritzke, 1997). Results from multiple studies have found that female survivors who were intoxicated prior to the assault were considered less credible, were blamed more, and their claims were dismissed at a higher rate (Campbell, Sefl, & Ahrens, 2004; Hammock & Richardson, 1997; Schuller & Stewart, 2000; Simms et al., 2007; Stewart & Jacquin, 2010). Additionally, women who disclosed using substances were viewed as easier to seduce, more sexually responsive and interested, and more likely to engage in foreplay and intercourse (Abby & Harnish, 1995; George, Gournic, & McAfee, 1998; Schuller & Wall, 1998; Sims, Noel, Maisto, 2007; Stewart & Jacquin, 2010; Young, McCabe, & Boyd, 2007; Young et al., 2005). The effects associated with women's consumption of alcohol and other drugs was so strong, that potential jurors were willing to disregard federal and state laws regarding intoxication and consent to have sex, and render survivors who used substances as more willing to have a sexual intercourse (Finch & Munro, 2005). On the other hand, perpetrators' consumption of alcohol and other drugs was proven to be beneficial, and it afforded them more sympathetic judgments from observers (Cameron & Stritzke, 2003; Richardson & Campbell, 1982; Wall & Schuller, 2000). The only

scenario when substance use did not improve perpetrators' position was when they purposefully used substances to assist them in completion of the crime or took advantage of highly intoxicated women (Girard & Senn, 2008; Wall & Schuller, 2000).

In addition to gender differences, the type of drug that was consumed prior to the assault also had an effect on observers' opinions. Although, both licit and illicit substances are impacting factors in cases of rape and both influence how survivors and perpetrators are perceived, the majority of literature on substance use and rape is focused on alcohol. Evidence regarding alcohol use was generally consistent and revealed that survivors who drank alcohol were perceived as more responsible and less trustworthy (Cameron & Stritzke, 2003; Cohn et al., 2013; Richardson & Campbell, 1982; Stormo, Lang, & Stritzke, 1997), while intoxicated perpetrators were seen as less guilty and their actions were viewed as less intentional (Adam-Curtis & Forbes, 2004; Bieneck & Krahe, 2011; Cameron & Stritzke, 2003). However, research findings regarding drugs other than alcohol were less reliable. First, research on these drugs is very limited, and only few studies examined the effects they have on observers' perceptions. Secondly, research finding about drugs other than alcohol yielded contradictory results. Some researchers (Girard & Senn, 2008) found that these drugs had a stronger effect on observers' perceptions, and survivors who used them were judged harsher. However, other studies (e.g. Stewart & Jacquin, 2010; Wenger & Bornstein, 2006) found no significant differences in attribution of blame based on consumption of different drugs (e.g. marijuana, LSD, and GHB). Additionally, no empirical evidence is available regarding the majority of illicit substances, including highly prevalent drugs such as heroin, cocaine, and methamphetamine. Is it essential to examine the effect these illicit drugs have in rape crimes, since the public's perception of substance use indicate alcohol to be different than other drugs (Wenger & Bornstein, 2006). It

was also reported that people considered consumption of alcohol to be significantly less harmful than the use of illicit drugs (Stylianou, 2002). In addition, findings from an earlier study (Weisheit & Johnson, 1992) suggested that individuals considered consequences of alcohol and marijuana as equivalent. However, they viewed repercussions of cocaine, heroin, and LSD use as much harsher. Girard and Senn (2008) also hypothesized that the legal status of different substances may influence the public's perceptions of rape crimes, and its views of survivors and perpetrators.

Race and Ethnicity

An additional component that has an important influence on the perception of sexual crimes against women is race/ethnicity. Previous researchers have indicated that the risk of rape and the severity of these crimes are higher for racial/ethnic minority women than White women (Bryant-Davis et al., 2009; Crouch, Hanson, Saunders, Kilpatrick, & Resnick, 2000; Ullman & Filipas, 2001). Additionally, racial/ethnic minority survivors are less likely to disclose the assault, and they receive less supportive social reactions (Sorenson & Siegel, 1992; Ullman & Filipas, 2001). Rape allegations made by racial and ethnic minority women are often not taken seriously by the authorities and their experiences are minimized (Donovan, 2007). Race/ethnicity influences how survivors and perpetrators are perceived by observers, as race/ethnic minority survivors are typically attributed more blame than White survivors (Donovan, 2007). Finally, these perceptions negatively influence therapeutic outcomes (Donovan, 2007; Foley, Evanic, Karnik, King, & Parks, 1995; Littleton & Ullman, 2013). Racial and ethnic minority survivors consistently report lower rates of counseling services utilization as well as poorer treatment outcomes than White survivors (Donovan, 2007; Littleton & Ullman, 2013).

Although race/ethnicity appear to have a wide range of implications regarding sexual crimes, research studies examining the influence of race have been limited, while revealing contradictory results. One of the areas with most conflicting findings is the effect rape has on racial/ ethnic minority survivors. A portion of research findings indicate that racial/ethnic minority women were likely to experience more severe post-rape consequences. For example, racial/ethnic minority survivors were more likely than White survivors to experience higher rates of and more severe PTDS symptoms, higher maladaptive coping (Littleton & Ullman, 2013), greater perception of life threat during the assault (Ullman & Filipas, 2001), and greater overall psychological distress (Lefley, Scott, Llabre, and Hicks, 1993). However, results from other studies indicate no significant differences in post-assault experiences based on a survivor's race. In particular, the outcomes of these investigations suggested that no racial/ethnic differences were detected regarding PTSD (Elliott, Mok, & Briere, 2004; Ullman, Filipas, Townsend, & Starzynski, 2006), fear/anxiety (McFarlane et al., 2005; Wyatt, 1992), depression (Elliott et al., 2004; McFarlane et al., 2005), or overall distress (Kilpatrick, Veronen, & Best, 1984).

Research results about the influence of race/ethnicity on observers' perceptions about rape and rape survivors are more consistent, and these findings reveal a pattern of higher blame attribution. First, instances of rape and sexual assaults that involve minority survivors were often minimized and were less likely to be considered "real" rape (Donovan, 2007; Foley, Evanic, Karnik, King, & Parks, 1995; LaFree, Reskin, & Visher, 1985; Willis, 1992). For example, Foley and colleagues (1995) found that acquaintance rape scenarios involving racial minority survivors were less likely to be considered a crime and were viewed as more acceptable. Racial and ethnic minority survivors also were blamed more, less likely to be believed, and more stigmatized than White survivors (Donovan, 2007; Foley, Evanic, Karnik, King, & Parks, 1995;

Wyatt, 1992). Willis (1992) reported that observers consistently rated Black survivors as less truthful and considered them more responsible for the assault. Dupuis and Clay (2013) found that social status also played a role in the perceptions of rape involving racial minority clients. The authors indicated that Black survivors were rated as less responsible than White survivors when their social status and "respectability" were considered high. However, when Black survivors' social status was considered low, they were deemed more responsible than White survivors.

The effects of race/ethnicity on attribution of blame appear to be relevant in instances of interracial rapes as well. It is important to note that the majority of rapes and sexual assaults are committed intraracially (Bureau of Justice Statistics, 2008). However, stereotypes about Black perpetrators and White survivors still exist (Brownmiller, 1975; Dupuis & Clay, 2013; George & Martinez, 2002; Giacopassi & Dull, 1986; LaFree, 1980). Donovan (2007) found that 63% of White female participants and 58% of White male participants indicated that White women are most likely to be raped by Black men. Past research findings also indicated that Black survivors of interracial rapes were blamed more, and that Black perpetrators in these crimes were rendered guilty at a higher rate (Ugwuegbu, 1979; Varelas & Foley, 1998; Wolfgang & Riedel, 1975). However, George and Martinez (2002) reported no significant differences in blame attribution based on survivors' race. Although the authors noted that survivors of interracial rapes were blamed more than women who were raped intraracially, these incidents were less likely to be considered rape. Additionally, Donovan (2007) uncovered that White male observers rated Black perpetrators as more responsible in instances of intraracial rapes, and White female observers rated these perpetrators the same regardless of survivors' race.

A theoretical perspective that could account for differences in attribution of blame and responsibility associated with race is the aversive racism theory (Gaertner & Dovidio, 1986). According to this theory, discrimination based on race and ethnicity still exists in today's society. However, these oppressive attitudes are expressed covertly rather than overtly (Dovidio & Gaertner, 2004; Gaertner & Dovidio, 1986). The aversive racism theory describes a contemporary type of racist individual who simultaneously values equality, while holding negative biases against racial and ethnic minorities (Dovidio, Gaertner, & Validzic, 1998). These persons endorse egalitarian values, sympathize with past survivors of oppression, and believe they are not prejudiced themselves. However, they also unconsciously hold oppressive attitudes about racial and ethnic minorities and subtly and indirectly discriminate against members of these populations (Dovidio & Gaertner, 2000). The coexistence of values supportive of equality and those repressive to minorities creates a distinctive pattern of discrimination (Gaertner & Dovidio, 2005).

Past research has concluded that persons who could be characterized as aversive racists will not discriminate openly. Furthermore, in situations where right and wrong positions are undoubtedly defined, aversive racists will not exhibit any biases and will treat minorities and Whites equally (Aberson & Ettlin, 2004; Gaertner & Dovidio, 2005; Dovidio & Gaertner, 2004; Gaertner & Dovidio, 1986). For example, highly qualified Black and White applicants will have the same chance of receiving a positive review and a job offer when reviewed by aversive racists (Dovidio & Gaertner, 2000). However, in ambiguous situations where negative treatment could be attributed to factors other than race, aversive racists will discriminate against minorities and treat them worse than they do Whites. For example, in situations where Black and White job applicants have marginally adequate qualifications, White candidates are significantly more

likely to receive a job offer then minority applicants when reviewed by aversive racists (Dovidio & Gaertner, 2000). Dovidio and Gaertner (2004) concluded that in situations where social norms are clear and discrimination would be obvious, aversive racists will treat minorities and Whites equally, or they could even treat minorities more favorably. The author further noted that these individuals will only exhibit oppressive attitudes in ambiguous situations where they can be expressed subtly and attributed to factors other than racism. Evidence of aversive racism and subtle discrimination have been found in evaluations of job applicants (Dovidio & Gaertner, 2000), helping behaviors (Gaertner & Dovidio, 1977), healthcare allocations (Murphy-Berman, Berman, & Campbell, 1998), and applications of affirmative action (Murrell, Dietz-Uhler, Dovidio, Gaertner, & Drout, 1994).

Aversive racism could play a particularly important role in the attribution of responsibility and blame in rape crimes. In most cases, a wide range of factors (e.g. consumption of substances, relationship between survivors and perpetrators, level of physical resistance, etc.) affected individuals' perceptions of rape crimes. These various influences could provide a justification for ambiguous interpretation of the assault, and put racial and ethnic minority survivors in particularly vulnerable position. As a result of aversive racism, racial and ethnic minority women could be treated unfairly and assigned more responsibility and blame than White survivors. Aversive racism could be especially damaging in conjunction with rape myth acceptance and in situations when survivors were intoxicated during the assault. Multiple rape myths (e.g. she wanted to be raped, the way she was dressed caused the rape, she was asking for it) could give aversive racists alternative reasons for mistreatment of minority survivors, allow them to subtly discriminate against these survivors, and mask their racially based biases. Additionally, minority survivors who were intoxicated during the assault could be held more

responsible and blamed at higher rates than White survivors. A survivor's use of substances could be cited as a primary reason for observers' actions and provide a justification for their discrimination of racial minority survivors. In both instances, since different treatment of racial minority survivors could not be tied directly to one's race/ethnicity, subtle discrimination will be more likely to take place.

Rape Myths

Rape myths have been identified as one of the most influential factors regarding the publics' perceptions of rape, rape survivors, and perpetrators (Burt, 1980; Chapleau & Oswald, 2013; Darwinkel, Powell, & Tidmarsh, 2013; Heath, Lynch, Fritch, & Wong, 2013; Hildebrand & Najdowski, 2015; Gray, 2006). These myths were first identified in the late seventies and were used to describe false and prejudicial beliefs about rape crimes (Brownmiller, 1975; Burt, 1980). Lonsway and Fitzgerald (1994) later presented a more comprehensive definition of rape myths. In particular, they defined these myths as "attitudes and generally false beliefs about rape that are widely and persistently held and that serve to deny and justify male sexual aggression against women" (p. 134).

There are a number of rape myths that contribute to societal beliefs about rape crimes (Edwards et al., 2011; Lonsway & Fitzgerald, 1994; Moor, 2010; Suarez & Gadalla, 2011). However, Payne, Lonsway, and Fitzgerald (1999) have organized the most common myths into four categories: 1) she asked for it (e.g. if a girl goes to a room alone with a guy at a party, it is her own fault if she gets raped), 2) he did not mean to (e.g. if a guy is drunk, he might rape someone unintentionally), 3) it was not really rape (e.g. if the accused "rapist" does not have a weapon, you really cannot call it rape), and 4) she lied (e.g. girls who are caught cheating on their boyfriends sometimes claim it was rape). These myths have a purpose of shifting blame

from perpetrators to survivors, excusing these reprehensible crimes, and perpetuating the imbalance of power and privilege between men and women (Burt, 1980; Carmody & Washington, 2001; Chapleau & Oswald, 2013; Lonsway and Fitzgerald, 1994).

Multiple studies have found that rape myths widely effect the publics' attitudes on rape crimes (Abbey, McAuslan, & Ross, 1998; Allison & Wrightsman, 1993; Ben-David & Schneider, 2005; Lambert & Raichle, 2000; Suarez and Gadalla, 2011). Most significantly, acceptance of rape myths contributes to endorsement of rape culture. These myths reinforce the notion that survivors' behaviors contributed to the assault (Grubb & Turner, 2012) and play a significant role in the assignment of blame (Gerger, Kley, Bohner, & Siebler, 2007). Rape myths also effect observers' perceptions about false rape allegations. Individuals who endorse these myths consistently overestimate the frequency of false reports (Allison & Wrightsman, 1993; Grubb & Turner, 2012; Lonsway & Fitzgerald, 1994). Additionally, rape myths have an acute effect on the legal system. Researchers have discovered that rape myths influence police officers (Darwinkel, et al., 2013; Lisak et al., 2010), attorneys (Hildebrand & Najdowski, 2015; Orth, 2002), and jury members (Gray, 2006; Hockett, et al., 2016). The endorsement of rape myths by members of the legal system have impacted how survivors were treated, how serious their allegations were viewed (Campbell, 2005; Darwinkel, et al., 2013), how credible survivors were perceived (Dellinger Page, 2010), and often influenced the outcome of legal proceedings (Gray, 2006; Hockett, et al., 2016; Lisak et al., 2010; Orth, 2002).

Rape myths are not equally accepted, and observer background and personal characteristics were predictive of their level of endorsement. Generally, oppressive attitudes such as, racism, sexism, classism, and ageism, were associated strongly with rape myth acceptance (Anderson et al., 1997; Suarez & Gadalla, 2011; Wells & Twenge, 2005).

Additionally, an overwhelming majority of research found men to be accepting of rape myths at higher rates than women (Anderson, Cooper, and Okamura's, 1997; Carr & Van Deusen, 2004; Davies, Gilstone, & Rogers, 2012; Davis & Hudson, 2011; Hockett et al., 2016; Hammond, Berry, & Rodriguez, 2011; Suarez and Gadalla, 2011).

Present Study

Findings from previous research studies (Dupuis & Clay, 2013; Girard & Senn, 2008; Suarez & Gadalla, 2011) have indicated that survivors' willing substance use, race, and observers' acceptance of rape myths have a significant influence on the attribution of blame and perceptions of survivors and perpetrators. However, the intersections of these three topics have not thoroughly been explored. In this study, the effects of survivors' willing substance use and race on attribution of blame in cases of rape was explored. Particularly, the researchers investigated whether attribution of blame differed based on the type of drug survivors consumed prior to the assault (alcohol, marijuana, and heroin) and survivors' race/ethnicity (Black, Hispanic, and White). These three substances were chosen based on the previous literature on blame attribution as well as sociopolitical implications of these drugs (Carson, 2014; FBI, 2014; Girard & Senn, 2008; Mauer & King, 2007; Justice Policy Institute, 2014; Stewart & Jacquin, 2010). The effects of alcohol use on blame attribution have been investigated in the past. However, only in a small number of studies were the effects of alcohol compared to the effects of other substances, and these findings were contradictory. Marijuana was included based on its prevalence of use and controversial sociopolitical standing. Marijuana accounts for the majority of all drug related arrests (FBI, 2014; Mauer & King, 2007). However, over the last few years legal regulations related to marijuana have become more liberal. For example, most states now have medical provisions for legal marijuana use and seven states and the District of Columbia

legalized some form of recreational marijuana consumption. As a result of this dichotomous treatment of marijuana and marijuana-related offences, the researcher is interested in assessing potential effects this drug could have on blame attribution. Finally, heroin was chosen based on the publics' perception of heroin as a 'hard drug' (Weisheit & Johnson, 1992) and the recent increase in heroin use that has been labeled as 'epidemic' by the U.S. Department of Justice (2016). Another reason for inclusion of heroin is that the effects of heroin use on attribution of blame have not previously been investigated. The researcher chose to explore the effects of race/ethnicity because only a small number of studies have investigated the influence of race/ethnicity, and previous findings revealed contradictory evidence. Additionally, national drug policies have disproportionally impacted racial/ethnic minorities in the U.S., and this unequal treatment is particularly apparent regarding Black and Hispanic individuals (Carson, 2014; Mauer & King, 2007; Justice Policy Institute, 2014). As a result of these inequalities related to application of drug related policies, the researcher examined the interactive effects of drug use and race on blame attribution. Finally, the researcher explored the influence rape myth acceptance had on the effects of survivors' willing substance use and race. The results of previous research indicated that higher rape myth acceptance was related to higher levels of blame attribution (Grubb & Turner, 2012; Suarez & Gadalla, 2011). The researcher controlled for this influence in order to better assess the effects of drugs use and survivors' race. The following hypotheses were proposed for this study:

Hypothesis 1: Adult female rape survivors under the influence of heroin at the time of the rape will be held more responsible for the assault than survivors who were either under the influence of alcohol or marijuana or who were not under the influence of any legal/illegal substance at the time of the rape.

Hypothesis 2: Black and Hispanic adult female rape survivors will be held more responsible for the rape than White survivors regardless of the type of drug consumed.

Hypothesis 3: Black and Hispanic adult female rape survivors who were under the influence of heroin during the assault will be held more responsible than Black and Hispanic survivors who were under the influence of alcohol or marijuana, White survivors who were under the influence of alcohol, marijuana, or heroin, and survivors who were not under the influence of any legal/illegal substance.

Hypothesis 4: Rape myths acceptance will control the relationship among substance use, race, and responsibility attribution. When rape myths are statistically controlled, the effects of substance use and race on the attribution of responsibility will be lessened.

Method

Participants

The original sample consisted of 349 participants from a large, urban university located in the Southeastern region of the United States. All participants were 18 years of age or older. After the initial assessment, it was concluded that 18 cases were completely empty and were deleted from the data set. Additionally, 15 cases were removed based on participants' failure to appropriately respond to one of the manipulation/validity check questions. These efforts resulted in a final sample size of 316 cases that met the manipulation/validity check requirement and fully completed the dependent variable questioner. Demographic characteristics of the participants are presented in Table 1.

Table 1

Sample Demographics

Variable	N (%)

Gender	
Male	144 (45.6)
Female	168 (53.2)
Transgender	1 (0.3)
Other	3 (0.9)
Race/Ethnicity	
Asian/Pacific Islander	38 (12.0)
Black/African American	149 (47.2)
Caucasian/White/European American	81 (25.6)
Hispanic/Latino/Latina	28 (8.9)
Middle Eastern	6 (1.9)
Multicultural/Multiethnic	13 (4.1)
Other	1 (0.3)
Spirituality/Religion	
Agnostic	33 (10.4)
Atheist	10 (3.2)
Christian	186 (58.8)
Hindu	4 (1.3)
Jewish	3 (0.9)
Muslim	19 (6.0)
Spiritual, but not religious	17 (5.4)
Other	11 (3.5)
Sexual Orientation	

Lesbian/Gay	16 (5.1)
Straight/Heterosexual	291 (92.1)
Bisexual	8 (2.5)
Pansexual/Omnisexual	1 (0.3)
Year in School	
Freshmen	9 (2.8)
Sophomore	28 (8.9)
Junior	136 (43)
Senior	143 (45.3)
Rape/Sexual Survivor	
Yes	67 (21.2)
No	248 (78.5)
Know a Rape/Sexual Survivor	
Yes	189 (59.8)
No	127 (40.2)

Research Stimulus

Consistent with previous research on attribution of responsibility and blame in rape cases, an analogue design was utilized (Bellini & Rumrill, 1999; Cook & Rumrill, 2005; Suarez & Gadalla, 2011). Analogue design is characterized by use of stimuli that closely resembles a real situation. The advantage of this design was that it allowed the researcher to manipulate independent variables without compromising integrity of the stimulus (Cook & Rumrill, 2005). The scenarios were identical aside from manipulated variables of substance use type (heroin,

alcohol, marijuana, and no substance consumption) and survivors' race (Black, Hispanic, and White). The scenarios used in this project were adapted from two previous studies that utilized rape scenarios to assess attitudes toward rape (Cameron & Stritzke, 2003; Stormo et al.,1997). Components that were consistent with previous scenarios are that survivor and perpetrator met at a social event, they first engaged in conversation and then flirted with each other, they consumed the same substance (or no substance consumption in the control group), they left the party together, they kissed willingly, and the perpetrator forced himself onto the survivor while ignoring her protests. Components that were added to the scenario are the type of substances used (previous scenarios only included alcohol use) and survivors race. After the scenarios were adapted, a focus group of graduate students and four undergraduate students assessed scenarios. This step was taken to assess the validity of the stimulus and examine whether the scenarios were believable and appeared real. Based on the feedback provided, the researched changed the names of survivor (Mary) and perpetrator (Tom) and restructured sentences that were identified as unclear and potentially confusing.

Procedure

The entire data collection process was conducted online. For the purposes of data collection and management, the researcher utilized the SONA system (a cloud based participant management software) and Qualtrics (an online research software). Upon selecting this study on the SONA platform, all participants were redirected to the study's page that was housed on Qualtrics. Participants were presented with basic information about the project, as well as the potential risks and benefits associated with their participation. Additionally, all participants were asked to provide an informed consent by selecting "I Agree," signifying that they agreed to

participated under conditions specified in the information section. Participants who did not provide consent were redirected and were not be permitted to participate in the study.

After agreeing to participate, students were randomly assigned to one of 12 vignettes. In this study, a 3 X 4 between subject design was utilized. The two manipulated independent variables were race/ethnicity (White, Black, and Hispanic) and substance use (no substances, alcohol, marijuana, and heroin). The dependent variable was attribution of blame and responsibility. After reading the vignette, participants were directed to the survey where they completed several self-report measures including a demographic questionnaire, the updated Illinois Rape Myth Acceptance Scale (Payne, et al., 1999), and the Dimensional Attribution of Responsibility and Blame Scale (Cameron & Stritzke, 2003). In order to ensure participants accurate reporting, the researcher added manipulations checks. First, the researchers provided two questions to assess participants' comprehension of the vignette. Second, one item was added to each questionnaire that instructed participants to choose a specific response (e.g. please select 'neutral' for this item). All data was saved in a password-protected account, and records were kept private to the extent allowed by the law. No identifying information was collected from participants. Results obtained in this study are presented in aggregate form, and participants are not linked to specific responses.

Measures

Demographic Questionnaire. A variety of demographic information was collected regarding participants' gender, previous exposure to rape, sexual orientation, race and ethnicity, age, level of education, religious affiliation, ability status, and income level.

Rape Myth Acceptance Scale. The updated Illinois Rape Myth Acceptance Scale (IRMAS; Payne, et al., 1999; McMahon & Farmer, 2011) was utilized in this study. This scale is

comprised of 19 items, which are answered on a 5-point Likert scale from 1 (*Strongly Agree*) to 5 (*Strongly Disagree*). All scores on the scale were summed to obtain an overall rape myth acceptance value (higher scores indicated greater rejection of rape myths). The IRMAS is also comprised of five subscales: 1) It Wasn't Really Rape (measuring denial that rape actually took place), 2) He Didn't Mean To (measuring beliefs about perpetrators' intent), 3) He Didn't Mean To - Intoxication items (measuring the effect of perpetrators' substance use), 4) She Lied (measuring beliefs about survivors' trustworthiness), and 5) She Asked for It (measuring beliefs about the effect of survivors' characteristics and behaviors). In previous studies, the IRMAS had demonstrated good internal consistency, with Cronbach's alpha of 0.87. The Cronbach alpha testing for this study revealed even higher internal consistency (α=.93). The measure also demonstrated good construct validity as evidenced by IRMAS correlation with rape acceptance variables such as sexism, hostility towards women, and sex role stereotyping (McMahon & Farmer, 2011; Payne et al., 1999).

Attribution of Responsibility and Blame. For the purposes of this study, a section of The Dimensional Attribution of Responsibility and Blame (Cameron & Stritzke, 2003) scale was used. The original scale measures attributions towards survivors and perpetrators. However, in this study, only measures of attributions towards survivors were utilized. Global measures for responsibility and blame were assessed. The scale comprised of 10 items, and all items were answered on a 9-point, Likert scale ranging from 0 (*Not at All*) to 8 (*Entirely*). Two questions were used to measure attribution of responsibility and blame: (1) How much is Sarah responsible for the events that took place? (responsibility), and (2) How much is Sarah to be blamed for the events that took place? (blame). These two questions are widely used in the literature to measure observers' attitudes about rape crimes (Bieneck & Krahe, 2011; Girard & Senn, 2008; Schuller

& Stewart, 2000; Sims et al., 2007). Additionally, eight questions were utilized to measure survivors' accountability (e.g. How much did Mary contribute to the outcome of the evening?) and intentionality (e.g. How much did Sarah want the evening to end the way it did?). Scores for accountability and intentionality will be summed to obtain an aggregate score for each dimension. The scale has demonstrated good internal consistency in previous studied, with Cronbach's alpha of 0.86 (Cameron & Stritzke, 2003). The results of Cronbach alpha testing indicated even higher internal consistency for this study (α=.94).

Analysis

Prior to data analysis and hypothesis testing, the researcher examined the manipulation check questions. All data from participants who failed to appropriately identify manipulation check questions were eliminated. The researcher performed descriptive and correlational analyses to assess data composition. The researcher also tested for violations of assumptions of sample distribution normality, multicollinearity, homogeneity of regression slope, and homogeneity of variance. The researcher performed the parametric test to assess for any differences based on participants' demographics. Next, a 4 X 3 analysis of variance (ANOVA) was used to assess the relationship between independent and dependent variables. Specifically, the following hypothesis testing was performed:

Hypothesis 1: An ANOVA was used to determine if survivors who were under the influence of heroin were rated higher on blame and responsibility than survivors who consumed alcohol and marijuana, and survivors who were sober during the assault. After conducting the ANOVAs, the researcher utilized the Tukey's post-hoc procedure to control for false discovery rate, and decrease the likelihood of Type I error. Finally, the researcher performed a test of simple effects to examine relationships among each drug category.

Hypothesis 2: An ANOVA was used to determine if Black and Hispanic survivors were rated higher on blame and responsibility than White survivors. After completing the analysis of variance, the researcher utilized the Tukey's post-hoc procedure. The researcher also performed simple effects test to analyze relationships among each race category.

Hypothesis 3: An ANOVA was used to determine if Black and Hispanic survivors who were under the influence of heroin were rated higher on blame and responsibility than White survivors and Black and Hispanic survivors who consumed alcohol and marijuana. After conducting the ANOVAs, the Tukey's post-hoc procedure was performed to control for false discovery rate. Finally, the researcher tested for the significant interaction effects.

Hypothesis 4: Due to violations of assumption of homogeneity of regression slope and independence of the covariate, the researcher followed Stevens (2008) recommendations and determined that it would not be appropriate to conduct ANCOVA and test Hypothesis 4. Considering these violations, the results of the analysis would have been compromised and conclusions based on these results would have been unreliable.

Results

Preliminary Analyses

Although the initial sample included 331 participants, 15 cases were removed based on participants' failure to respond to one of the manipulation/validity check questions. These efforts resulted in a final sample size of 316 cases that met the manipulation/validity check requirement and fully completed the dependent variable questioner. After an initial data examination, the researcher tested reliability of the instruments and performed descriptive analysis (please see Participants and Measures sections for the results). Following the descriptive analysis, the researcher tested assumptions for analysis of covariance (ANCOVA). First, the researcher tested

the assumption of normality of distribution. An examination of skewness and kurtosis revealed that both indicators were within an acceptable range of -1 and +1. Next, the researcher examined data for outliers. Based on the Mahalanobis distance test (Field, 2015), it was concluded that no outliers were present in the data set. Following this outlier analysis, the researcher examined the relationship between the dependent variable (Attribution of Blame and Responsibility, ABR) and the covariate (Rape Myth Acceptance, RMA). It was determined that ABR and RMA have a medium strength, negative correlation (r= -.618). The strength and the direction of the relationship were appropriate for ANCOVA (Stevens, 2008). Next, the researcher tested the assumption of homogeneity of regression slope. The analysis revealed significant results (F[12,32] =19.63, p<.001) indicating that the relationship between the dependent variable and the covariate was not consistent across different treatment groups. As a result, the researcher could not assume the homogeneity of regression slope. Finally, the researcher tested the assumption of the independence of the covariate. The results of the analysis revealed that RMA had a significant positive correlation with the independent variable 'Drug Type' (r=.226, p<.001). This result indicated that the assumption of the independence of the covariate could not be assumed. As a result of the failure to meet assumptions of homogeneity of regression slope and independence of the covariate, the researcher concluded that it would be inappropriate to conduct an ANCOVA (Stevens, 2008), as these violations could compromise the reliability of the results.

Following Field's (2015) recommendations, and considering that the primary aim of this study was to examine the effect that survivors' race and substance use have on attribution of blame and responsibility in cases of rape, the researcher concluded that the most appropriate direction would be to eliminate the covariate variable and conduct an analysis of variance

(ANOVA). The results of an ANOVA would provide an answer to all research questions aside from the question regarding the influence of rape myth acceptance (the covariate variable). Prior to the main analysis, the researcher examined assumptions for ANOVA. Considering that the assumption of normality of distribution was already assessed, the researcher performed Leven's test to examine the assumption of homogeneity of variance. The analysis revealed significant results ($F[11,30] = 3.03$, $p=.001$) indicating that variance across different conditions was not equal. Budescu (1982), Field (2015), Glass, Peckham, and Sanders (1972) and Tomarken and Serlin (1986) suggested that an ANOVA is robust against the violation of assumption of homogeneity of variance and controls well for an error rate. However, as a precautionary measure, the researcher followed Field's (2015) recommendation and utilized tests that correct for the difference in variances. The researcher utilized Brown-Forsythe *F* test (Brown & Forsythe, 1974) and Welch *F* test (Welch, 1951). Additionally, the researcher utilized Tukey's post hoc analysis, since it controls for Type I error and has demonstrated good power with a high number of independent conditions. The results of ANOVA, the Brown-Forsythe and the Welch tests, and Tukey's post hoc analysis are presented below.

Table 2

ANOVA Result for Attribution of Blame and Responsibility

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	5503.77	11	500.34	2.64	.003
Intercept	171243.87	1	171243.87	903.19	.000
Race	1144.74	2	572.39	3.02	.050
Drug	1617.07	3	539.02	2.84	.038

Race*Drug	2556.72	6	426.12	2.25	.039
Error	57638.09	304	189.56		
Total	238547.00	316			

The results from the ANOVA indicated a significant main effect for condition drug as well as a significant interaction effect between condition drug and condition race. The type of drug survivors consumed prior to the incident had a significant influence on attribution of blame and responsibility. Additionally, interaction between race and drug type was a significant factor in determining how rape survivors were perceived. Considering these significant results, the researcher conducted Brown-Forsythe and Welch's tests. SPSS does not allow Brown-Forsythe and Welch's tests to be conducted for factorial ANOVA. As a result, the researcher performed one way ANOVA for each independent variable. The results from both test indicated that survivors' race (Brown-Forsythe F[2, 205.51] =3.52, p=.031; Welch F[2, 300.96] =3.34, p=.037) and type of drug (Brown-Forsythe F[3, 169.67] =3.21, p=.024; Welch F[3, 302.41] =3.22, p=.023) significantly influence attribution of blame and responsibility.

Based on the results of Tukey's post hoc analysis, the researcher concluded that Hypothesis 1 indicating that survivors who consumed heroin would be blamed more than survivors who consumed marijuana, alcohol, and those who did not use any drugs was not supported. The results of the post hoc analysis for condition drug indicated that only survivors who consumed alcohol (M=26.64, SD=1.67, p=.015) prior to the incident were blamed significantly more than survivors who did not consume any substances (M=20.46, SD=1.51). Between group differences for heroin (M=24.68, SD=1.45), marijuana (M=22.63, SD=1.64), and 'no drug' conditions were not significant.

Next, the researcher examined whether or not Black and Hispanic survivors would be blamed more than White survivors regardless of the type of drug consumed (Hypothesis 2). Based on the results of the analysis, the researcher concluded that Hypothesis 2 was not supported. In fact, post hoc analysis for condition race revealed that White survivors (M=25.59, SD=1.33, p=.024) were blamed significantly higher for the incident than Black survivors (M=21.01, SD=1.36). The level of blame attribution between White survivors and Hispanic survivors (M=24.20, SD=1.39) as well as Black and Hispanic survivors was not significant.

In order to assess Hypothesis 3 that Black and Hispanic survivors who consumed heroin would be blamed more than any other survivors group, the researcher conducted a pairwise comparison analysis. The results of the analysis revealed that Hypothesis 3 was not supported. For condition heroin, contrary to the researcher's expectations, White survivors (M=29.60, SD=2.51, p=.012) were blamed significantly more than Hispanic survivors (M=20.60, SD=2.51). Differences between White and Black (M=23.83, SD=2.51) survivors and Hispanic and Black survivors for condition heroin was not significant. In addition to Hypothesis 3, the researcher reviewed the results from other pairwise comparison analyses. For the condition of alcohol use, Black survivors (M=18.86, SD=3.01) were blamed significantly less than White (M=30.17, SD=2.56, p=.004) and Hispanic survivors (M=30.90, SD=3.08, p=.005). Differences between White and Hispanic survivors was not significant for condition alcohol. For both condition marijuana and condition 'no drug' there were no significant differences based on survivors' race. Hypothesis 4 was not tested because the data violated assumptions for ANCOVA. Particularly, assumption of homogeneity of regression slope and independence of the covariate were violated. These violations could have significantly affected the results, and conclusions based on this analysis would not have been reliable.

Next, the researcher examined within group differences based on survivors' race. For condition White, survivors who consumed heroin (*M*=29.60, *SD*=2.51) were blamed significantly higher than survivors who consumed marijuana (*M*=20.64, *SD*=2.75, *p*=.017) and those who did not consume any substances (*M*=21.96, *SD*=2.81, *p*=.044). White survivors who consumed alcohol (*M*=30.17, *SD*=2.56) also were blamed significantly more than survivors who consumed marijuana (*p*=.012) and those who did not take any drugs (*p*=.031). Blame attribution for White survivors who consumed marijuana and 'no drug' condition was not significantly different. For condition Hispanic, survivors who consumed alcohol (*M*=30.90, *SD*=3.08) were blamed significantly more than survivors who consumed heroine (*M*=20.60, *SD*=2.51, *p*=.01) and survivors who did not use any drugs (*M*=20.08, *SD*=2.70, *p*=.009). The results of pairwise comparison for condition Hispanic, revealed that there were not significant differences between survivors who consumed heroin, marijuana, and 'no drug' condition. Finally, for condition Black, there were no significant differences based on the type of drug consumed by survivors.

Following the analysis based on condition race and condition drug, the researcher conducted one-way ANOVAs in order to examine differences in blame attribution based on participants' demographics. Analysis of the effects participants' demographic may have on blame attribution was not included in the study hypotheses however, previous research findings indicated that these factors could influence blame attribution. Additionally, a unique demographic composition of the study sample, that significantly differed from the samples utilized in previous research, further warranted this analysis. As a result, the researcher decided to analyze the effects of these components. Male participants (*M*=25.87, *SD*=14.19) attributed blame at a significantly higher rate than female participants (*M*=21.33, *SD*=13.92, *p*=.005). Regarding participants race, Asian/Pacific Islander participants (*M*=31.11, *SD*=16.11) blamed

survivors significantly higher than White (M=19.06, SD=12.61, p<.001) and Hispanic participants (M=19.11, SD=14.62, p=.003). Additionally, Black/African American participants (M=25.30, SD=13.51, p=.005) blamed survivors significantly higher than White participants. Difference on attribution of blame between White and Hispanic participants was not significant (participants of other racial/ethnic groups were excluded from the analysis due to a small sample size). Additionally, there were no between group differences on attribution of blame based on participants' religion/spiritual orientation. Analysis of the influence participants' experience with rape/sexual assault have on attribution of blame yielded mixed results. Participants who identified that they have personally experienced rape/sexual assault (M=21.79, SD=14.76) did not attribute blame differently than participants who did not experience rape/sexual assault (M=24.10, SD=13.97, p=.237). However, participants who disclosed knowing someone who experienced rape/sexual assault (M=21.21, SD=13.02) had significantly lower attribution of blame scores than participants who did not know someone who experienced rape/sexual assault (M=27.06, SD=15.08, p<.001).

Discussion

The results of this study expand the current understanding of the effects survivors' substance use and race have on blame attribution in rape crimes. These findings support previous research results regarding survivors' substance use, contradict some prior findings related to the influence of survivors' race, and present novel evidence about the effect of multiple substances, including heroin, that have not been examined previously. Additionally, the racial diversity of the sample provided novel evidence of the effects observers' demographic characteristics have on blame attribution.

One of the most significant contributions of the study were the results regarding the effects of substance use. Present findings confirm the results of previous research that alcohol has a significant effect on attribution of blame. The results of this study substantiate findings from Cohn and colleagues (2013), Finch and Munro (2005), Grubb and Turner (2012), and Stewart and Jacquin (2010) who found that female survivors who consumed alcohol prior to the assault were blamed significantly more than female survivors who did not use any drugs. Potential explanation for such a strong influence of alcohol use on blame attribution could be related to the fact that people are generally familiar with the effects of alcohol consumption. Individuals are typically expected to know how alcohol use effects their functioning and judgement, and as a result, observers place more responsibility on survivors who willingly consumed alcohol and see their drinking as a contributory factor to the assault.

Another important finding regarding substance use is the effect of heroin consumption on blame attribution. To the researcher's knowledge, this is the first study that examined the influence of heroin use on observers' perceptions. Contrary to the researcher's predictions, heroin consumption did not significantly affect blame attribution. A potential explanation for this finding may be related to the perceived effects of heroin use. Heroin use is typically believed to have severe consequences on users' functioning and decision making. As a result of these harsh consequences, the study participants could have perceived heroin consumption to be severely incapacitating for survivors. Wall and Schuller (2000) found that in instances where survivors' incapacitation was grievous, observers believed that survivors were taken advantage of and rendered them less blameworthy. It is possible that harsh physiological and psychological consequences of heroin use had a stronger influence on observers' perceptions than stigma attached to heroin.

Another important finding is related to the influence of survivors' race/ethnicity on blame attribution. The results of this study revealed that White female survivors were blamed more than Black or Hispanic female survivors. These results contradict previous research findings that indicated higher blame attribution to racial and ethnic minority survivors (Donovan, 2007; Foley, Evanic, Karnik, King, & Parks, 1995; Wyatt, 1992). An explanation of these results may be found in the racial and ethnic makeup of the study's participants. Almost 75% of the sample in this study were non-White participants, which differed significantly from the predominantly White/Caucasian samples from studies previously conducted on these topics. The results of research on cross racial experiences of empathy indicate that individuals are typically able to empathize more with people of the same racial/ethnic heritage than with persons of other races/ethnicities (Avenanti, Sirigu, & Aglioti, 2010; Sessa, Meconi, Castelli, & Dell'Acqua, 2013; Xu, Zuo, Wang, & Han, 2009). These findings on cross racial empathy could suggest that the majority of the participants in this study were able to empathize more with racial/ethnic minority survivors than with White survivors and as a result, participants attributed more blame to White survivors.

In addition to findings related to type of substance used and survivors' race, this study's results yielded unique findings regarding the influence of participants' demographic on blame attribution. Most notably, participants' race/ethnicity had a significant impact on blame attribution. Participants who identified as Asian/Pacific Islander had the highest level of blame attribution towards survivors, and their scores were significantly higher than scores of White and Hispanic participants. These results are consistent with previous research findings on rape myth acceptance, Devdas and Rubin (2007) and Kennedy and Gorzalka (2002) found that Asian American participants endorsed rape myths at a higher rate than White participants. Devdas and

Rubin hypothesized that Asian and Asian American persons accept cultural beliefs that firmly prescribe acceptable behavior for women, and that these beliefs contribute to higher rape myth acceptance. It is highly likely that the same belief system that impacted rape myth acceptance also influenced blame attribution scores. In addition to findings regarding Asian/Pacific Islander participants, the results of this study revealed that Black/African American participants blamed survivors significantly more than White participants. Similar to findings related to Asian American participants, the results of previous research indicated that Black/African American participants endorsed rape myths at a significantly higher rate than White participants. Crenshaw (1994) explained this phenomenon to be a result of historic prejudice towards Black/African American persons in relation to rape crimes. Considering this prejudicial attitude, Black/African American individuals may be more likely to be skeptical of rape accusation and, in turn, place more blame on the survivors. Another participants' demographic category that significantly influenced blame attribution was gender. Male participants blamed survivors significantly more than female participants. These findings are consistent with previous findings on blame attribution as well as acceptance of rape myths (Davies et al., 2012; Davis & Hudson, 2011; Hockett et al., 2016; Hammond et al., 2011; Suarez & Gadalla, 2011). Hockett and colleagues (2016) indicated that potential explanation for this discrepancy is that men's higher blame attribution was related to endorsement of traditional gender roles and served a purpose of maintaining social dominance.

Finally, results from this study yielded compelling findings regarding participants' experience with rape/sexual assault. The most significant is the proportion of participants that disclosed surviving rape/sexual assault. Over 33% of female participants revealed experiencing rape/sexual assault. This percentage is much higher than the 25% national average for college

age populations (National Sexual Violence Resource Center, 2015; Sinozich & Langton, 2014). Additionally, female participants who identified as Black/African American experienced rape/sexual assault at an even higher rate (38.8%). These results confirm prior findings (Bryant-Davis et al., 2009; Crouch, Hanson, Saunders, Kilpatrick, & Resnick, 2000; Ullman & Filipas, 2001) that Black/African American women (and minority women in general) experience rape/sexual assault at a higher rate. Other racial/ethnic minority participants reported lower levels of rape/sexual assault (Hispanic/Latina 22.2% and Asian/Pacific Islander 16.7%). However, sample sizes for these groups were small and may misrepresent actual rates. Another noteworthy finding regarding experience with rape/sexual assault was that participants who disclosed knowing someone who survived rape/sexual assault blamed survivors significantly less than participants who did not personally know a survivor. The results of studies previously conducted on this topic revealed inconsistent results. A portion of earlier findings (Lonsway & Fitzgerald, 1994; Ellis, O'Sullivan, & Sowards, 1992) indicated that knowing a rape survivor was correlated with lower rape myth acceptance and higher empathy. However, more recent findings (McMahon & Farmer, 2011) revealed that knowing a survivor did not have significant influence on observers' perceptions. According to the result of the present study, it appears that knowing a survivor does increase one's empathy and contribute to lower levels of blame attribution.

Limitations of the Study

When interpreting the results of this study, there are several limitations that must be considered. Data used in this study failed to meet the homogeneity of variance assumption. Although ANOVA is robust against this violation, and the researcher took precautionary steps when analyzing the data, the results of the study still could be biased and reliability may be

compromised. Particularly, the likelihood of Type I error may be increased and the significance of the results may be overestimated. As a result, these findings must be interpreted with this violation in mind. The sample used in this study also had limitations. This study was conducted a large, urban-based, public university in the Southeastern U.S., and thus, the findings may not be representative of other parts of the Southeast or of other regions of the country. The results of previous studies indicated that individuals' education level was negatively correlated to blame attribution (Kassing, Beesley, & Frey, 2005; Suarez & Gadalla, 2012). Considering this correlation, and the fact that entire sample consisted on college students, the study findings may not be representative of the entire population.

The study design could be a limiting factor as well. Although analogue design is typically used in the studies examining observers' perceptions, written stimulus may not have been apparent enough to appropriately highlight research conditions. As a result, participants may have overlooked treatment cues. Finally, considering sensitive nature and social implications of topics such as rape/sexual assault, blame attribution, substance use, and race, it is likely that social desirability influenced the results of this study. Furthermore, all of the data used in this project consisted of participants' self-reports which increased studies' vulnerability to the impact of social desirability.

Future Direction

Considering a portion of this study's results contradicted previous findings regarding the influence of survivors' race on blame attribution, it is imperative for this topic to be explored further. It would be particularly important to assess the interaction between survivors' and observers' race, since a portion of the results of this study could potentially be attributed to the racial/ethnic makeup of the sample. Additionally, the effect of cross racial empathy on blame

attribution grants further exploration. Although the results of previous research indicated that race had a significant influence on one's experience of empathy, these studies were not conducted in the context of rape crimes. Next, further investigation is needed about the effects of substance use. Studies exploring the influence of drugs other than alcohol on blame attribution remain scant. This investigation would be especially pertinent regarding illicit and legal drugs that are widely available on the market (e.g. cocaine, methamphetamine, prescription opioids).

Although, the results of this study indicated that heroin does not significantly influence blame attribution, further investigation into the potential discriminant effect heroin has based on survivors' race is needed. It would be important to consider the influence of heroin based on survivors' and participants' race and socioeconomic status. Additionally, it would be important to explore further the influence of participants' demographic characteristics. Particularly, it would be important to consider the effect of sociopolitical factors since these elements could have been significant contributors to the results of this study. Finally, it would be important to examine the influence of perpetrators' characteristics on blame attribution. This study only examined the effect of survivors' substance use and race however, the results of previous research have revealed that perpetrators' attributes are important factors as well (Grubb & Turner, 2012; Finch & Munro, 2005; Stormo, Lang, & Stritzke, 1997).

Conclusion

Survivor blame attribution in cases of rape remains high and continues to be a significant issue in our society. The results of this study revealed that certain factors such as survivors' substance use and race significantly influence the level of blame that is attributed by observers. The findings from this investigation provide support for previous studies regarding substance use

as well as contradicted past results on the influence of survivors' race. It is crucial that these topics be explored further as they could have serious ramifications on survivors' treatment and overall well-being. Additionally, it is imperative for researchers to expand the current scope of investigation and explore the influence of substances that have not previously been examined. In our culture, substance use is highly correlated with sexuality and rape/sexual assaults are often invalidated when substance use is present. By gaining a better understanding of the interaction between these two factors, we can develop education and intervention programs that target misconceptions related to substance use and sexual assault.

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APPENDIX A

Sample Vignette

Mary, a 25-year-old Black woman, attended her coworker's birthday party on Friday night. Soon after she got to the party, Mary's was friend told her that a few people were gathering in the back room to smoke Marijuana, and invited her to join. Mary decided to join and went to the back room with her friend. While she was smoking with the group, Tom came in. Tom works for the same company as Sarah, but is located at a different department. Mary and Tom have met once before at a company holiday party, but have not talked or have seen each other since. While smoking Marijuana together and talking for a while, Mary and Tom started flirting with each other.

After they finished smoking, Mary said that she was leaving. Tom offered to walk her home. Mary only lived across the street from her coworker, and they got to her apartment within a couple of minutes. When Mary and Tom got to her apartment, she invited him to come inside. Both Mary and Tom said that they were feeling 'high' when they walked in Mary's apartment. Inside the apartment, Tom said that he had a really good time at the party. Mary agreed and said that she enjoyed talking and spending time with him. Tom then leaned in and kissed Mary. Mary kissed him back, and they moved to her living room and continued kissing for a while. When Tom put his hand under Mary's dress, she stopped him, pushed his hand away and told him that she does not want to have sex. Tom ignored Mary and pulled her dress up and started stroking her leg. Mary told him "No" again. Tom continued ignoring Mary and forced her to have sex.