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# Rape Myth Acceptance: Clinical Implications for Victims and the Role of Sexist Attitudes, Conformity to Gender Norms, and Closeness to a Rape Victim

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## ACCEPTANCE

This dissertation, RAPE MYTH ACCEPTANCE: CLINICAL IMPLICATIONS FOR VICTIMS AND THE ROLE OF SEXIST ATTITUDES, CONFORMITY TO GENDER NORMS, AND CLOSENESS TO A RAPE VICTIM, by JHODI-ANN MICHELLE BOWIE, 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 Counseling Psychology 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.

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RAPE MYTH ACCEPTANCE: CLINICAL IMPLICATIONS FOR VICTIMS AND THE  
ROLE OF SEXIST ATTITUDES, CONFORMITY TO GENDER NORMS, AND CLOSENESS  
TO A RAPE VICTIM

by

JHODI-ANN MICHELLE BOWIE

Under the Direction of Professor Jane Brack

ABSTRACT

The United States Department of Justice reported that approximately 284,000 individuals were victims of sexual violence in 2014 alone (Truman & Langton, 2015). Despite the prevalence of this crime, only about 34% of women in 2014 reported their victimization to the police. Several studies suggest that low reporting rates of sexual assault crimes, as well as the low rates of arrests and convictions, are in part due to a phenomenon known as “Rape Myths” (Chapleau & Oswald, 2013; Cohn, Zinzow, Resnick, & Kilpatrick, 2013; Darwinkel, Powell, & Tidmarsh, 2013; Field, 1978; Gray, 2006; Grubb & Turner, 2014; Heath, Lynch, Fritch, & Wong, 2013; Hildebrand & Najdowski, 2015). This manuscript begins with an overview of rape myth acceptance and the clinical implications of rape myths for rape victims/survivors. The

study that follows makes three major attempts. The first is to determine whether or not sexist attitudes mediate the relationship between conformity to gender norms and rape myth acceptance. The second is to examine the potential moderating effect of closeness to a rape victim in the relationships between conformity to gender norms, sexist attitudes and rape myth acceptance. Third, previous studies suggest that rape myth acceptance among African Americans is related to African American men and women's unfair treatment in the realm of rape crimes (Crenshaw, 1994). This study therefore, also investigated if experiences of racial discrimination are related to rape myth acceptance among African Americans. Participants were 618 students from a large university. Results from this sample did not support the proposed moderated mediation model. However, conformity to masculine norms and sexist attitudes were significant predictors rape myth acceptance. Being close to a rape victim was also significantly and positively correlated with rape myth acceptance. African American participants had significantly higher rape myth acceptance scores than White participants, and experiences of racism were significantly and positively related to conformity to masculine norms. The findings of this study clarify some beliefs about rape myth acceptance and its correlates. Further studies investigating the ways in which rape myth acceptance might be related to other constructs are still warranted.

INDEX WORDS: Rape Myths, Sexual Assault, Rape, Counseling, Psychotherapy, Sexism, Gender Role Conformity, Racism

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2017

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# **1 RAPE MYTH ACCEPTANCE – OVERVIEW AND CLINICAL IMPLICATIONS**

## **Introduction**

The unspeakable crimes of rape and sexual assault are undoubtedly pervasive throughout all countries, cultures, and ethnicities, and have unfortunately persisted throughout generations of humanity (Palmer, 2000). The year 2014 saw nearly 300,000 instances of rape or sexual assault with over 150,000 individual victims in the United States of America alone (Truman & Langton, 2015). Additionally, it is estimated that roughly one American is sexually assaulted every 107 seconds. Rape is defined by the Federal Bureau of Investigation (2014) 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). The United States Department of Justice (2016) defines sexual assault as “any type of sexual contact or behavior that occurs without the explicit consent of the recipient” (p. 1). Given the egregious and pervasive nature of rape, one may assume that the perpetrators of such crimes would be vigorously pursued and prosecuted in the criminal justice system. However, it is estimated that up to 98% of perpetrators will avoid a prison sentence for these crimes (Reaves, 2013). One might also expect that the victims of such crimes would receive physical and mental health services as a result of their victimization, however, Tjaden and Thoennes (1998) found that as few as 35.6% of rape victims receive medical treatment following a rape, and some studies suggest that even fewer victims receive mental health treatment following their experience of sexual assault.

This information should be particularly concerning for psychologists, counselors, and other mental health professionals for at least two reasons. The first of these being that the significant psychological effects of rape and sexual assault on its victims have been well documented (e.g. Dietrich, 2007; Goodman, Koss, & Russo, 1993). A range of depressive

symptoms have been noted in victims of sexual assault (Goodman et al., 1993). Additionally, sexual assault is the most common form of trauma experienced by women (National Center for PTSD, 2015). A comprehensive review of PTSD research found that while men experience more traumatic events than women, women suffer from post-traumatic stress symptoms at higher rates than men (Tolin & Foa, 2006). The researchers attributed this difference to the higher rates of sexual assault experienced by women; that is, the sexual assault experiences of women often lead to more significant PTSD symptoms than other types of traumatic events (Tolin & Foa, 2006). Depending on the circumstances surrounding their assault, many victims may experience feelings of guilt, shame, and self-blame, and approximately 25% of rape victims go on to experience severe and long lasting mental health outcomes (Goodman et al., 1993). Dye and Roth (1990) reported that almost one out of five of therapists' female clients have experienced sexual assault at least once in their lives. Additionally, as many as 93% of psychotherapists have had at least one client who has been a victim of sexual assault. Given the prevalence of rape and sexual assault as well as the myriad of negative emotional and psychological effects that such crimes have on their victims, it is important that mental health professionals understand these effects and at the very least, have a basic understanding of effective treatment methods for such psychological symptoms (Parcesepe, Martin, Pollock, & García-Moreno, 2015).

Secondly, mental health researchers are in a unique position as social scientists to explore the various phenomena surrounding rape through the use of empirical research. An empirical understanding of the causes of rape, the experiences of rape victims, and the systems that allow this crime to persist with impunity is imperative in the effort to reduce the prevalence of rape and mitigate its negative impact on rape victims. Several scholars have endeavored toward such an understanding (e.g., Brownmiller, 1975; Burt, 1980; Field, 1978; Lonsway & Archambault,

2012; Payne, Lonsway, & Fitzgerald, 1999; Ullman, 2007). Such research has contributed considerably to our understanding of the experiences of rape victims, as well as the injustices surrounding the prosecution of rape and sexual assault cases. For example, some researchers have explored police perceptions of rape victims and the validity of victims' reports about rape (e.g., Darwinkel, Powell, & Tidmarsh, 2013; Dellinger Page, 2010). Others have explored the impact of negative stigma surrounding rape and the role of the media in perpetuating such stigma (e.g., Franiuk, Seefelt, & Vandello, 2008; Hust, Lei, Ren, Chang, McNab, Marett, Fitts Willoughby, 2013).

One important point of note is that despite the fact that victims of sexual assault crimes are both women and men, women are three to six times more likely to be victims of sexual assault than men (National Sexual Violence Resource Center, 2015; Tjaden & Thoennes, 2006). Furthermore, men are also far more likely to be perpetrators of sexual assault than women (Tjaden & Thoennes, 2006). Given the gendered nature of sexual assault crimes, for the purpose of this paper we will focus on the rape and sexual assault in the context of such crimes being perpetrated by men against women. This is by no means an indication of the importance of sexual assault crimes committed against men, however, such crimes present vastly different dynamics and as such, the implications of sexual assault crimes perpetrated against men should be studied vigorously in their own right (Davies, Gilston, & Rogers, 2012).

### **Rape Myths: Definition**

Despite the tremendous contributions of these and many other researchers, there are still large discrepancies in the pursuit and conviction of rape and sexual assault perpetrators in comparison to the pursuit and conviction of other kinds of criminals throughout the criminal justice system (Truman & Langton, 2015). Additionally, these crimes continue to persist and

have also seen particularly high rates across college campuses nationwide (National Sexual Violence Resource Center, 2015). Some researchers have suggested that the prevalence and persistence of rape, the significant psychological impact of rape on its victims, and the surprisingly low rate of punishment for this crime may be a reflection of the widely held false beliefs and misconceptions that members of society have about rape (Brownmiller, 1975; Burt, 1980; Field, 1978). Feminist writer Susan Brownmiller (1975) became one of the first individuals to provide a comprehensive historical overview of the issues and injustices surrounding sexual assault crimes in her infamous book “Against Our Will: Men, Women, and Rape.” Field (1978) pioneered one of the first empirical studies to explore individuals’ attitudes towards rape. Burt (1980) later developed what became one of the most widely used measures for what she described as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists- in creating a climate hostile to rape victims” (p. 217). As a result of this movement, the term “Rape Myths” became widely used throughout this area of research. Rape myths can be defined as “attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women” (Lonsway & Fitzgerald, 1994, p. 134). Rape myths accompany a wide range of beliefs that may generally be conceptualized as stereotypes, and as such, a specific occurrence of sexual assault may or may not reflect the stereotype. However, in the case of rape myths, the overwhelming majority of rape incidents actually contradict these stereotypes.

Of the many rape myths that have been explored throughout the literature, several can be categorized based on their domains and functions. To begin with, several rape myths are based on the idea that victims of sexual assault commonly lie about their experience of sexual assault (Brownmiller, 1975). Some examples of such myths may include “A lot of times, girls who say

that they were raped agreed to have sex and then regret it,” “Rape accusations are often used as a way of getting back at guys,” or “A lot of times, girls who claim they were raped have emotional problems.” It is presumed that this stereotype is supported by the few cases of false accusations of rape that may be publicized by the media (Lonsway & Fitzgerald, 1994). This is contrary to the true statistic, which indicates that only about 2 – 10% of rape cases are completely unfounded (Lisak, Gardinier, Nicksa, & Cote, 2010).

Other rape myths are based on the assumption that only certain types of women are victims of rape or sexual assault and that these women are somehow responsible for their own victimization (Field, 1978). These women are often presumed to be more deviant than others or they are presumed to have done something to cause their own victimization. Some examples of such myths might include “If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand,” “When girls go to parties wearing slutty clothes, they are asking for trouble,” or “If a girl goes to a room alone with a guy at a party, it is her own fault if she gets raped.”

Some other forms of rape myths specifically justify or minimize the perpetrator’s actions related to the assault (Burt, 1991). Examples of such myths might include “Guys don’t usually intend to force sex on a girl but sometimes they get too sexually carried away,” “If a guy is drunk he might rape someone unintentionally,” or “Rape happens when a guy’s sex drive goes out of control.” Stereotyped beliefs about the circumstances under which a rape occurs are also considered to be rape myths (Field, 1978). These may include beliefs about women’s physical resistance and emotional response to rape, as well as the level of physical force or coercion used by perpetrators of rape. Examples of such myths include “If a girl doesn’t physically fight back, you can’t really say it was rape,” “A rape doesn’t happen if a girl doesn’t have any bruises or

marks,” or “If a girl doesn’t say ‘no’ she can’t claim rape.” These examples serve as a reflection of only a few of the false beliefs that an individual may hold about rape (Payne, Lonsway, & Fitzgerald, 1999).

Since the early work of Brownmiller, Field, and Burt, a plethora of researchers have studied rape myths, in an effort to better understand these prejudicial beliefs. Several researchers have also studied other closely related concepts including victim blaming and rape culture (e.g. Ferrao & Goncalves, 2015; Hildebrand & Najdowski, 2015). The terms “victim blaming,” “rape culture” and “rape myths” are similar in some ways, however, it is important to distinguish the first two from the latter for clarification. According to Ferrao and Goncalves (2015) *victim blaming* occurs when sexually victimized women are held responsible by society and by other social support structures for their victimization. Therefore, while victim blaming encompasses one aspect of rape myths, it does not reflect the entirety of the rape myth construct. Conversely, Hildebrand and Najdowski (2015) describe *rape culture* as “the perpetuation of rape myths, sexual objectification of women, and media’s legitimization of sexual aggression and violence against women (that is) pervasive throughout American society” (p. 1060). This concept includes the phenomena of rape myths, but also encompasses a wider range of social issues related to the perpetuation of rape.

### **Research Findings on Rape Myths**

The empirical research around rape myths has largely been focused on identifying and explaining differences in the rape myth acceptance of men and women, as well as identifying personality traits, belief systems, demographic variables, and societal factors that are related to the acceptance or rejection of rape myths. Studies related to gender differences in rape myth acceptance have perhaps been the most extensive throughout the rape myth literature. The most

persistent findings of such studies have indicated that men tend to endorse higher levels of acceptance of rape myths than women (e.g., Aosved & Long, 2006; Aronowitz, Lambert, & Davidoff, 2012; Bannon, Brosi, & Foubert, 2013; Gilmartin-Zena, 1987; Gray, 2006; Hammond, Berry, & Rodriguez, 2011). In their meta-analysis of rape myth studies, Hockett, Smith, Klausning, and Saucier (2016) found that men have more negative perceptions of rape victims and have higher endorsements of rape myths than women. Some researchers have proposed that such differences may be better explained by gender differences in levels of empathy (Diehl, Glaser, & Bohner, 2014). Studies also suggest that greater gender differences in rape myth acceptance were found among younger participants (adolescents) than among older participants (Hockett et al., 2016). Additionally, studies depicting victims who engaged in more forceful resistance to rape saw less extreme gender differences in attitudes towards the victim. Despite these findings, men consistently endorse higher rape myth acceptance and less favorable attitudes towards the victim than women.

Several studies have attempted to explore systemic societal factors that have likely impacted the acceptance of rape myths throughout societies. Edwards, Turchik, Dardis, Reynolds, and Gidyez (2011) provided a historical overview of the presence and prevalence of rape myth acceptance at the individual and societal levels. In their examination of the role of the judicial system in supporting rape myths, Edwards et al. (2011) found that over 30 states in America do not allow for the prosecution of marital rape, barring extreme exemptions (i.e. if spouses are living apart, if extreme physical force is used, or if the wife is incapacitated). Additionally, police officers were much less likely to believe victims who did not display the stereotypical characteristics of a rape victim (i.e., victims who were not virgins or victims who had a previous relationship with the accused). Police officers also believed that approximately

16 – 25% of all the rapes reported to them were false, a figure which in reality is likely to be closer to about 2 – 10% (Lisak et al., 2010). They also found that rape myths influence important decisions in legal cases and shape the ways in which information related to such cases is reported to the public. Over 40% of prosecuting attorneys sampled from the Midwest endorsed moderate or high levels of rape myth acceptance. In modern court cases, defense attorneys often attempt to portray the victim as untruthful or argue that the sexual act can be viewed as consensual due to the victim's behavior prior to the incident. Studies also suggest that victims may be perceived as liars or at least partially responsible for the incident if they do not sustain physical injuries after a rape (Edwards et al., 2011).

Religious institutions are also presumed to have some impact on individuals' acceptance of rape myths. Sheldon and Parent (2002) found that rape myths were endorsed by a significant number of members of the clergy. Freymeyer (1997) found that men who were higher in religiosity were more likely to accept certain rape myths than men who were less religious. Franiuk and Shain (2011) explored development and preservation of rape myths in religions outside of Christianity and Judaism. They found that the teachings and practices of Islam, Hinduism, and to a lesser extent Buddhism tend to promote rather than reject the acceptance of rape myths.

Edwards et al. (2011) also explored the historical impact of romance novels and their portrayal of rape incidents. They found that over 50% of romance novels portray rape incidents and the women who read such novels endorse higher rape myth acceptance than those who do not. News media coverage of rape cases was also determined to have an impact on societal attitudes towards rape (Edwards et al., 2011). The media tends to primarily report incidents of stranger rape; despite the fact the marital rape and intimate partner rape occur at much higher

rates than stranger rapes (Edwards et al., 2011). Exposure to such disproportionate coverage of rape cases has been associated with greater rape myth acceptance, and is likely to impact the public's perceptions of what a "legitimate rape" might look like (Edwards et al., 2011; Franiuk et al., 2008). Several other studies have explored the role of the media in society's endorsement or rejection of rape myths. Franiuk et al. (2008) found that news media headlines sometimes portray rape myths and that men are likely to be swayed in their opinions of the guilt or innocence of the accused based on the endorsement of rape myths in such headlines.

Additionally, men who were exposed to headlines endorsing rape myths were less likely to express sympathy for the victim. Hildebrand and Najdowski (2015) contended that media messages found in popular culture sometimes reflect and sustain a culture of rape, primarily by justifying sexual violence against women. Storylines from popular television shows have been shown to endorse at least five different types of rape myths, and about 46% of popular storylines endorsed the myth that women often bring about their own rape because of the way they act or dress (Brinson, 1992). Hildebrand and Najdowski (2015) contend that such portrayals of rape in the media serve to sustain false prejudicial beliefs about rape. In their study on the effects of sports media on students' acceptance of rape myths, Hust et al. (2013) found that for women, increased exposure to mainstream sports media was associated with increased endorsement of rape myths, and that this higher rape myth endorsement was associated with lower levels of bystander intervention. For men, higher levels of rape myth acceptance was also associated with lower levels of bystander intervention, as was increased exposure to mainstream sports media.

Other studies have explored constructs related to privilege, power, and dominance in relation to rape myth acceptance. In a study of four nations (the United States, England, Germany, and Israel) Costin and Schwartz (1987) found that higher rape myth acceptance was

positively correlated with societal beliefs that restrict women's rights and social roles. The researchers in this study suggested that rape is an expression of a social ideology of male dominance. Chapleau and Oswald (2013) suggested that rape myth acceptance serves to intentionally maintain the status quo of privilege, power, and dominance in society. Participants who had greater opposition to ideas of equality were more likely to endorse rape myths. This was especially true if the perpetrator had a higher status than the victim (as measured by the type of college attended and degree obtained) and when there was increased perception of a threat towards the perpetrator's status. However, such higher levels of rape myth acceptance were not observed in situations in which the perpetrator held a lower status than the victim, regardless of whether or not the participants endorsed high or low opposition to equality. The study suggests that individuals may be more protective of accused perpetrators and more hostile towards victims when there is a threat to the status of the perpetrator.

Chapleau, Oswald, and Russell (2007) explored ways in which various kinds of sexist beliefs may be associated with rape myth acceptance. The results of their study indicated that greater feelings of hostile sexism towards women were positively correlated with higher levels of rape myth acceptance. Also, complementary gender differentiation, which is the "belief that women have ladylike personality traits that are uncommon in men" (p. 132), as well as beliefs regarding the importance of heterosexual intimacy were both shown to be positively associated with rape myth acceptance. Rape myth acceptance was also positively related to endorsements of women's superiority regarding domestic duties and the rationalization of women's servitude to men. Other forms of discrimination including racism, homophobia, ageism, classism, and religious intolerance have also been associated with higher levels of rape myth acceptance (Aosved & Long, 2006). Some research has suggested that general attitudes towards sex and

sexual activities are also related to rape myths. In their exploration of first and second year college students Aronowitz, Lambert, and Davidoff (2012) discovered that greater sexual knowledge and greater rejection of social norms regarding sexual behavior were both associated with greater acceptance of rape myths. Hammond et al. (2011) investigated rape myth acceptance in relation to sexual attitudes and several other variables. The results of their study revealed that scores on a measure of rape myth acceptance were a significant predictor of scores on a scale measuring sexual attitudes, with higher rape myth acceptance being positively related to more conservative sexual attitudes. However, sexual attitudes were not significantly related to participants' judgment of the responsibility of the accused or the accuser in a rape scenario.

Several researchers have also hypothesized that particular belief systems, personality traits, and thinking styles are in some way related to the endorsement of rape myths among individuals. Debowska, Boduszek, Dhingra, Kola, and Meller-Pruncka (2015) discovered that individuals who scored higher on a measure of callous affect endorsed rape myths at a higher rate than individuals who scored higher on measures of other types of psychopathy. They also discovered that individuals who experienced significant childhood violence were more likely to endorse rape myths than those who experienced less childhood violence.

Perhaps the most widely hypothesized belief system presumed to be associated with rape myth acceptance is the Just World Belief (JWB). Lerner (1980) proposed that individuals make sense of their experiences in the world through the belief that these experiences occur for a good, or at least understandable reason, and that such experiences are somewhat predictable and orderly. Based on this theory people “get what they deserve and deserve what they get” (Fetchenhauer, Jacobs, & Belschak, 2005, p. 26). When presented with an uncomfortable experience, individuals with this belief system may attempt to resolve their feelings of

discomfort in one or more of several ways: 1) they may attempt to restore justice by advocating for the punishment of the offender; 2) they may deny or reject the injustice by calling into question the credibility of the victim's claims; 3) or they may minimize the significance of the event (Lerner, Miller, & Holmes, 1976). Such beliefs may be akin to false stereotypes about rape. Individuals who endorse high JWB for others may engage in higher levels of victim blaming (Hayes, Lorenz, & Bell, 2013). Studies have shown that JWB is associated with increased attribution of responsibility to rape victims (Jones & Aronson, 1973; Lerner & Miller, 1978; Smith, Keating, Hester, & Mitchell, 1976). However, recent studies have failed to consistently replicate this finding. Hammond et al. (2011) found that JWB, in linear combination with rape myth acceptance and sexual attitudes, significantly predicted respondents' ratings of responsibility of the accused, as well as the accuser. However, JWB on its own was not significantly related to rape myth acceptance or ratings of responsibility of the accused or the accuser. Hayes et al. (2013) made the important distinction between the belief that the world is a safe and just place for the self (JWB-Self) more so than it is for others (JWB-Other). Their study demonstrated that as JWB-Self increased, endorsement of rape myths decreased. Conversely, as JWB-Other increased, so too did rape myth endorsement. These findings indicate that while just world beliefs might be related to rape myth endorsement, this relationship may be more complex than initially presumed.

### **Clinical Implications of Rape Myths**

The prevalence of rape myths throughout the United States has far reaching implications. Perhaps the most interesting of these for psychologists, counselors, and other mental health professionals is the effect that rape myths have on the emotional and psychological well-being of rape victims who may become clients. As stated above, Dye and Roth (1990) estimated that up

to 93% of therapists and mental health professionals have treated at least one person who had been sexually assaulted. This statistic means that it would be remiss of mental health professionals not to avail themselves of the specific knowledge and techniques necessary to best assist this unique population. Additionally, psychologists and other mental health professionals would benefit from an awareness of how specific types of rape myths may affect the psychological well-being of their clients. The aforementioned studies provide some information about the ways in which rape myths prevail, as well as the circumstances under which victims may be most likely to experience rape myths. Now we will look more critically at the implications of such rape myths when considering clinical work with rape victims.

As was previously mentioned, victim blaming encompasses a specific aspect of rape myths in which the victim is viewed as somehow responsible for her victimization. It is presumable therefore, that if rape victims themselves endorse such rape myths, they are likely to experience some psychological distress related to this negative perception of the self. In an exploration of the psychological processes involved following a woman's experience of sexual assault, Roth and Lebowitz (1988) found that several rape myths have the potential to influence the victim's thoughts and feelings related to their experience of rape. These thoughts, which may include presumptions about the value of a woman who has been raped, as well as the blame attributed to the victim as a result of her behaviors leading up to the rape are likely to cause the victim to experience feelings of self-blame, guilt, and shame.

Goodman, et al. (1993) suggested that during an experience of rape or sexual assault, a victim may respond by remaining as calm and as still as possible, so as to not provoke further violence from the perpetrator. Furthermore, Ullman (1998) reported that some victims of sexual assault reported losing their ability to cry or move during sexual assault. Marx, Forsyth, Gallup,

Fuse, and Lexington (2008) proposed that a biological phenomenon known as *tonic immobility* may explain this response to sexual assault. Tonic immobility is described as a state of “profound but reversible physical immobility and muscular rigidity” (p. 75). These mechanisms of self-defense may be even more likely if the victim perceives that escape from the assault is not possible. Depending on the outcomes of this strategy, women who experience tonic immobility during sexual assault may have feelings of guilt or self-blame for what they did or did not do to mitigate the assault (Goodman et al., 1993). Galliano, Noble, Puechl, and Travis (1993) found that women who exhibited less resistance to rape believed that if they had exhibited greater resistance, their assault would have been prevented. Other studies suggest that women who were less resistant or felt paralyzed during rape were more likely to experience feelings of self-blame, guilt, and self-derogation following their assault (Meyer & Taylor 1986; Mezey & Taylor 1988).

Through an examination of the experiences of rape victims, Ullman (1996) found that the majority of victims surveyed endorsed thoughts or feelings of self-blame. Feelings of self-blame for rape victims have been shown to be significantly higher than feelings of self-blame for survivors of other types of traumas (Moor & Farchi, 2011). This increased self-blame among rape survivors has also been linked to increased symptoms of PTSD compared to other types of trauma (Moor & Farchi, 2011). Several other studies have demonstrated that rape victims’ feelings of self-blame are associated with increased psychological distress, including depression and posttraumatic stress disorder (e.g. Breitenbecher, 2006; Miller, Markman, & Handley, 2007; Ullman, Peter-Hagene, & Relyea, 2014). These links between the victim’s acceptance of rape myths related to rape resistance, feelings of guilt and self-blame, and increased psychological distress, suggest that therapists working with rape survivors would do well to consider these connections in order to better assist their clients with their psychological distress. Victims may

benefit from therapeutic work that is focused on psychoeducation related to common physical responses during rape (Vickerman & Margolin, 2009). Therapeutic techniques aimed at reducing feelings of self-blame related to victims' lack of physical resistance have been shown to be fruitful in the recovery of the victim (Vickerman & Margolin, 2009).

Feelings of guilt and self-blame may be further exaggerated depending on the response of friends, family members, or other individuals upon hearing about the details of the assault.

Victims who use less forceful verbal or physical resistance to sexual assault tend to be viewed less favorably by men (Hockett et al., 2016). Therefore, women who do not aggressively resist sexual assault, as well as those who experience tonic immobility may be viewed unfavorably by friends or family members who are aware of the details of the assault. In some cases, they may even be blamed for their assault (Hockett et al., 2016). Incidents of rape that differ from the traditional view of rape are more likely to be scrutinized by others (Franiuk et al., 2008).

Victims of less stereotypical rape are more likely to be questioned or disparaged by those they come into contact with, whereas, perpetrators in such cases are more likely to receive sympathy (Hockett et al., 2016).

These negative reactions to victims are likely due to the endorsement of rape myths by these individuals (Hayes et al., 2013), particularly rape myths related to the victim's physical reactions during sexual assault (i.e., "If a girl doesn't physically resist sex – even if protesting verbally – it can't be considered rape" or "If a girl doesn't physically fight back, you can't really say it wasn't rape," McMahon & Farmer, 2011; Payne et al., 1999). Ullman (1996) found that approximately 70% of sexual assault victims experienced negative social reactions, including victim blaming, to their assault. Negative social reactions of others to victims of sexual assault were significantly associated with increased psychological distress of the victim (Ullman, 1996).

These negative reactions are likely to cause significant distress for victims and may impact their relationships with those who perceive them negatively, as well as their overall recovery throughout the therapeutic process. Therapists therefore would do well to investigate the impact that negative reactions of others may have on the psychological well-being of the victim in therapy. This may be accomplished by asking detailed questions about the client's relationships with others, as well as questions about any changes in important relationships since the client's rape. In his examination of rape myth acceptance among crisis counselors, ordinary citizens, rapists, and police officers, Field (1978) found that crisis counselors endorsed significantly lower levels of rape myth acceptance than any other group. Mental health professionals are therefore in a unique position to help victims dispel the rape myths endorsed by others around them that may have an impact on their mental health.

Rape myths also affect whether or not women report their sexual assault to the police. Women who endorse rape myths are significantly less likely to report their rape to the police (Chapleau & Oswald, 2013; Heath, Lynch, Fritch, & Wong, 2013). Egan and Wilson (2012) suggested that victims' internal locus of control was a significant predictor of reporting behavior. Lower rates of reporting are positively related to higher levels of internal locus of control. Victims with higher levels of internal locus of control may feel a greater sense of responsibility or even self-blame for the incident, resulting in a lack of reporting behavior. Variation in women's reporting practices were also related to victims' relationships with perpetrators, as well as the "status" of the perpetrator (Chapleau & Oswald, 2013; Heath et al., 2013). This is not surprising considering the connections between rape myth acceptance and reporting behavior, since a common rape myth is that a woman cannot be raped by a husband, boyfriend, or someone with whom she has previously had sex.

Along this vein, Cohn, Zinzow, Resnick, & Kilpatrick (2013) suggested that for incidents of rape involving drug or alcohol facilitated rape, victims are more likely to feel guilt, shame, and responsibility for the incident, as well as perceived negative reactions from others, including stigmatization from law enforcement officials. Cohn et al. (2013) suggest that rape incidents involving drugs or alcohol may not be perceived as traditional rape by some victims, a perception that is in line with false stereotypical beliefs about rape. Rape incidents involving the use of drugs or alcohol are also less frequently reported to the police (Cohn et al., 2013). Victims of rape incidents involving alcohol or drugs endorsed several rape myths as their reasons for not reporting the incident to the police, including a lack of “proof” that the rape occurred, not being clear that the incident was actually a crime, and not thinking the incident was serious enough to report to the police. Victims of rape incidents that involved the use of drugs and alcohol also reported “fear of being treated badly by the police, lawyers, or other members of the judicial system” (Cohn et al., 2013, p. 463). These concerns about the criminal justice system were found by Cohn, et al. to be positively related to lifetime depression and lifetime PTSD. Cohn et al. (2013) also found that feelings of shame and embarrassment were also commonly associated with lower rates of reporting to the police. Not reporting rape incidents to the police has also been linked to avoidant symptoms of PTSD, which are also important for the therapist to consider (Walsh & Bruce, 2014).

While it may not be the explicit responsibility of the therapist to convince the victim to report her rape to the police, the relationships between the victim’s lack of reporting, concerns about the judicial system, and the potential occurrence of depression and PTSD indicate that it may be important for therapists to explore the client’s rationale or reasoning for not reporting the incident to the police. Therapists may once again need to provide clients with psychoeducation

about rape. Clients may also benefit from therapists who clearly acknowledge obvious and subtle biases and flaws within parts of the judicial system when it comes to handling such cases. This form of advocacy will likely improve the therapeutic alliance, which has been shown to increase positive outcomes for therapy (Wampold, 2001). Additionally, therapists may also do well to assist the client in considering some of the consequences of not reporting their rape. Rape victims in the United States typically are eligible for support programs and services such as the Crime Victims Compensation program, which offers significant financial assistance and other forms of support for rape victims who report their victimization within a certain time frame of the incident (Walsh & Bruce, 2014). This financial assistance may be used by victims to access health and mental health services, which otherwise may not have been affordable. Access to such services may prove to be extremely beneficial in the psychological recovery of rape victims.

The experience of shame and guilt by victims of sexual assault, as well as the under reporting of these incidents by victims who endorse higher levels of rape myth acceptance means that victims in therapy may not always disclose their victimization to therapists right away. Therapists must therefore consider ways to screen for such clients during the intake process. Goodman et al. (1993) recommend that therapists include questions about sexual assault history in their intake process. Rape victims are more likely to endorse rape myths when a rape incident differs from stereotypical violent stranger rape (Deming, Covan, Swan, & Billings, 2013). Friends, family members, police officers, and other members of the judicial system are also likely to endorse rape myths in these “non-traditional” rape cases (Field, 1978; Grubb & Turner, 2014; Hildebrand & Najdowski, 2015). Therapists treating clients with “non-traditional” rape experiences may therefore need to fervently explore any rape myths endorsed by the client that

may impact her outlook on her own experience of rape, and potentially lead to greater psychological distress. At an appropriate time throughout the therapeutic process, therapists would also do well to explore the details surrounding their client's rape, in an effort to determine if the victim or those around her are more likely to endorse rape myths related to the specific incident of rape.

Some studies have determined that some victims may not necessarily identify with the term "rape," particularly if their experience of rape was not stereotypically violent (Cohn et al., 2013). Further, some studies suggest that questionnaires that ask women if they have ever been raped, typically yield lower levels of endorsement than questionnaires asking more specific behavioral questions about being forced to have sex (Falsetti & Bernat, 2000). Clients with high rape myth acceptance may not actually believe that their experience qualified as rape if, for instance, the victim was drunk when the incident occurred, if extreme physical force was not used, or if the perpetrator was a trusted spouse or partner (Cohn et al., 2013; Heath et al., 2013; Hockett et al., 2016). Therefore, when assessing for past history of sexual abuse or rape, therapists may do well to utilize more direct and behaviorally specific language about past experiences (Falsetti & Bernat, 2000). For example, a therapist might ask "Has anyone ever tried to have sex with you when you didn't want to?" "Has anyone ever forced you to have sex by threatening to hurt you?" or "Has anyone ever forced themselves on you sexually?" Therapists may also want to consider the benefits and drawbacks of having the client acknowledge her victimization. There is some evidence to suggest that victims who do not acknowledge their assault may experience greater levels of psychological distress and impaired coping than those who do acknowledge their assault (Clements & Ogle, 2009). However, evidence to the contrary also exists, since Cohn et al. (2013) found non-acknowledgment of rape

to be related to lower levels of lifetime PTSD. Depending on the client's acknowledgement or lack thereof of her own sexual assault, therapists may decide to focus more on the specific psychological symptoms related to the client's rape myth acceptance, as opposed to forcing the client to name her experience explicitly as "rape."

Therapists must also be aware of the impact that rape myths perpetuated in the judicial system may have on the psychological well-being of the victim. Police officers are less likely to authorize rape cases for prosecution if they believed that the victim was partially responsible for the incident (Darwinkel et al., 2013). They are also more likely to authorize cases with strong evidence as opposed to cases that have weaker evidence (e.g. lack of physical bruises or other forms of physical evidence) or cases that were more ambiguous. Prosecutors were also shown to be more likely to perceive a rape case as "winnable" in the presence of physical evidence that was more representative of "traditional rape" (Hildebrand & Najdowski, 2015). Police officers also perceive victims with certain characteristics as more credible than other kinds of victims (Dellinger Page, 2010). For example, women who identified as virgins or women who were business professionals were seen as more believable than women who engaged in frequent consensual sexual activities prior to their rape.

Criminal defense attorneys often utilize common rape myths to their advantage by ascribing blame to the victim or by insinuating that the victim's accounts of the incident are not credible (Orth, 2002). These rape myths also have the potential to impact jury decisions in rape cases. Jurors who espouse more traditional gender roles are more likely to attribute some blame to rape victims, especially if such victims do not conform to traditional gender roles (Grubb & Turner, 2014). These biases are heightened even further when the victim consumed alcohol prior to her rape. Gray (2006) found that jurors with high rape myth acceptance had greater

confidence in the innocence of the accused. Jurors who were exposed to pro rape myth statements (either from defense attorneys or from judges) were also less likely to find the accused guilty. Men in general, as well as those serving as jurors, may view victims less favorably when there is less physical resistance to rape (Hockett et al., 2016). This was also the case when the victim and the perpetrator had a close relationship prior to the rape. Hildebrand and Najdowski (2015) proposed that existing cognitive schemas influence how jurors perceive rape cases and their decisions to convict or acquit accused perpetrators. They argue that these biased schemas exist because of a widespread rape culture society. The human tendency toward a confirmation bias means that jurors who endorse rape myths may have predetermined hypotheses which make them more likely to attend to evidence that confirms their biases, and less likely to attend to evidence that contradicts their biases. As a result, high levels of rape myth acceptance are likely to lead to unfair outcomes in the criminal justice system that generally favor the accused perpetrator and disparage, belittle, or ignore the experiences of the victim (Hildebrand & Najdowski, 2015).

The experience of being doubted by professionals and other members of the criminal justice system has the potential to cause significant distress for the victim, and may reduce the likelihood of further disclosure (Ahrens, 2006). Victims may feel disappointed or resentful if authorities fail to prosecute their case (Herman, 2003; Koss, 2000). Furthermore, rape victims who are perceived negatively or blamed by members of the criminal justice system may experience a type of “secondary victimization” (Parsons & Bergin, 2010, p. 183). There is some evidence to suggest that such unpleasant experiences in court may further compound the trauma originally experienced by the victim as a result of the rape (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). Victims may find it helpful to discuss such invalidating and re-traumatizing

experiences in therapy; however, they may also be reluctant to do so out of fear that they will be further patronized upon disclosing their experience. Once again, therapists are uniquely positioned as an unbiased source of social support for the victim, since therapists and other mental health professionals typically uphold lower levels of rape myths than other members of society (Field, 1978). Additionally, the barriers to justice that exist as a result of rape myths may adversely impact the mental and emotional well-being of our clients (Bell & Goodman, 2001). In some cases, therapists may need to ask explicit questions about the client's experiences and feelings throughout the judicial process. Clients may become more candid about their emotional experiences throughout the judicial process in response to statements from the therapist such as, "That must have been really invalidating" or "I imagine that might have made you feel frustrated or even angry." On the contrary, however, some studies suggest that victims who are simply able to report their rape and have their abuse acknowledged and validated (regardless of the judicial outcome) are more likely to experience some catharsis and satisfaction (Feldthusen, Hankivsky, & Greaves, 2002). Therapists must therefore remain keen to the client's description of her experiences at various stages of the criminal justice process, since these are likely to significantly impact her recovery process.

### **Clinical Case Example**

A therapist working at a University counseling center has recently been assigned to a new client. Allison is a 20-year-old African American sophomore student attending the university. She is a first generation college student, a Christian, and identifies as heterosexual. Her counseling request form indicates that she is experiencing feelings of sadness, as well as other symptoms of depression. Upon reviewing Allison's student record, the therapist notices that Allison was suspended from school the previous semester. During the intake session, the

therapist asks Allison about her suspension. Allison reports that she was suspended from school for underage drinking. After some inquiry, Allison begins to describe the incidents that led to her suspension.

*Allison reports that in the previous school semester, she attended a party with friends where she saw a male student (John) with whom she was previously familiar. Allison admitted that she had a crush on John, and was excited when they began a long and flirtatious conversation at the party. Both Allison and John had been drinking beers throughout the night, and they danced together on a few occasions. Towards the end of the night, John asked Allison to accompany him back to his apartment. Allison initially hesitated but eventually agreed. She told her friends that she would take a cab home. Upon arriving at his apartment, John offered Allison a drink. She declined and said that she was already a little “buzzed,” however, John insisted and Allison eventually succumbed to the pressure. Before long, Allison and John began kissing on John’s couch. John began to take off Alison’s clothes. Allison was a bit apprehensive about this but initially did not resist. John soon climbed on top of Allison and began to attempt to have sex with her. Allison attempted to push him off and told him that did not want to “go that far.” John pleaded with Allison to have sex with him and continued to force himself onto her. Allison continued to verbally resist, but eventually grew tired due to the pressure of John’s body weight. Allison cried while John raped her. Following the incident, John told Allison to leave and Allison subsequently took a cab back to her apartment.*

*In the following days, after some persistent encouragement from one of her roommates, Allison reported the incident to the campus police, who questioned her extensively and referred her for a medical examination. Allison admitted to the police that she had been drinking alcohol, even though she was under age. Several weeks later, the police informed Allison that*

*they would not be able to move forward with her case due to a “lack of substantial evidence.” They informed her that her medical examination did not reveal any significant bruises or injuries sustained from the rape, and that there were no other witnesses to the incident. Allison pleaded with the police and insisted that she could serve as a credible witness to the incident. The police insisted that it would be her word against the perpetrator’s and that the case would likely be thrown out or lost by a prosecuting attorney. The police also informed Allison that they would be reporting her underage drinking to the University ethics committee, since she was in violation of the student code of conduct. The ethics committee ultimately decided that they would suspend Allison for drinking. When Allison informed the ethics committee about her rape, she was told that since the incident had already been reported to the police, there was nothing further that the University could do regarding the matter.*

Allison is experiencing strong feelings of guilt, shame, and self-blame as a result of her rape and the events that followed it. She is also reported several depressive symptoms, including feelings of sadness, anhedonia, fatigue, and feelings of worthlessness.

### **Case Conceptualization and Treatment Implications**

While much of the therapeutic treatment for Allison may focus on the trauma of her experience of rape, it is also important to acknowledge other psychological issues that may stem from the events that ensued following the rape, many of which are the result of rape myths. This case conceptualization will focus on such potential issues. When conceptualizing Allison’s distress from a cognitive behavioral perspective, the therapist must first come to an understanding of Allison’s beliefs regarding herself, others, and the world. Allison’s feelings of guilt stem from her belief that her actions on the night of her rape were reprehensible. Allison was punished by the university for underage drinking. She was also scolded by her parents for

drinking and for going to the perpetrator's home. These responses to Allison's rape have led to feelings of guilt and regret about her "bad behavior." Allison's feelings of guilt have also lead her to believe that she is at least partially responsible for her rape. She rationalizes that if she had not been drinking and had not accompanied John to his apartment, she would have prevented the incident from happening. It is important therefore that the therapist working Allison help her to rationally understand the distinction between her behavior on the night of the rape, and the true cause for her victimization, which is the perpetrator's own independent actions.

Cognitive behavioral techniques that assist Allison in rationalizing about who is truly responsible for the incident may therefore prove to be fruitful in mitigating Allison's feelings of guilt and self-blame. For instance, it may initially seem reasonable for Allison to rationalize that if she had not been at John's apartment, she would not have been raped. However, by this same token, someone who ends up in a car accident as a result of a drunk driver may rationalize that if they had not been driving on a particular street, they would not have been the victim of an accident. Most individuals would refute this argument and confer that the drunk driver was solely responsible for the accident. Such logical reasoning may assist Allison in recognizing that her actions were separate from John's decision and actions to rape her. Her expectations for safety were fairly reasonable, since these same actions with another man would likely not have resulted in the same outcome. Additionally, much of Allison's guilt and self-blame stems from the fact that John's responsibility for his crime has been largely minimized by those around her. Allison's claims against John were not supported by police officers, her university, or her parents. It is important therefore that the therapist working with Allison acknowledges John's wrongdoing in this situation and assists Allison in doing so as well. Focusing on John's actions

in comparison to the behavior of other men will assist Allison in recognizing John's true culpability in this situation.

It will also be important to take into account any cultural factors that may impact Allison's belief system and endorsement of rape myths. As was previously mentioned, some scholars have found that Black/African American individuals endorse rape myths at a higher level than some other racial/ethnic groups (Nagel, Matsuo, McIntyre, & Morrison, 2005). Further, scholars also highlight that individuals who endorse higher levels of religiosity also endorse higher levels of rape myth acceptance (Franiuk & Shain, 2011; Freymeyer, 1997; Sheldon & Parent, 2002). Given, Allison's racial/ethnic and religious backgrounds, it behooves her therapist to determine whether or not either of these identities might impact Allison's beliefs about her victimization. Allison may also benefit from psychoeducation about rape myths. A clear understanding of rape myths and the reasons they persist throughout society may help Allison to recognize the role that such rape myths have played in her own experience of rape. These widely held false beliefs about rape have resulted in many of the unjust consequences that Allison has faced since her rape. Allison's understanding of these myths and the influence that they have had on those around her may help her to begin to realize that much of the blame that has been placed on her by others is as a result of a prejudicial system of stereotypes about rape.

### **Conclusion**

While men have consistently demonstrated higher levels of rape myth acceptance than women, meta-analyses studies suggest that rape myths are still widely held by both men and women (e.g. Hockett et al., 2016). These rape myths persist across a variety of societal domains, including through media and entertainment, religious institutions, and throughout the criminal justice system (Darwinkel et al., 2013; Edwards et al., 2011; Hildebrand & Najdowski, 2015).

Traditional definitions of rape myths focus on the benefits accrued by male perpetrators from such myths (i.e., denying and justifying male sexual aggression; Lonsway and Fitzgerald, 1994), however, the negative impact of these stereotypical beliefs on the well-being of rape victims must not go unnoticed (Deming et al., 2013). Strong endorsement of rape myths by victims, their friends/family, and members of the judicial system is likely to result in significant psychological distress for the victim, including feelings of guilt, shame, and self-blame (Breitenbecher, 2006; Miller et al., 2007; Moor & Farchi, 2011; Ullman et al., 2014). While traditional therapeutic interventions for rape victims may focus on trauma related symptoms (Vickerman & Margolin, 2009), therapists may also find it useful to assess for and address any psychological issues that may stem from the client's or other's endorsements of rape myths. This will likely involve a comprehensive understanding of the client's beliefs and thought processes about the rape, as well as a systematic restructuring of irrational beliefs that serve to perpetuate distressing psychological symptoms.

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## **2 CONFORMITY TO GENDER NORMS AND RAPE MYTH ACCEPTANCE: EXPLORING THE MEDIATING AND MODERATING ROLES OF SEXIST ATTITUDES AND CLOSENESS TO A RAPE VICTIM**

### **Introduction**

The sexual victimization of women has occurred throughout virtually all domains of human existence. The World Health Organization reports that 35% of all adult women worldwide have experienced physical and/or sexual violence. The United States Department of Justice reported that approximately 284,000 individuals were victims of sexual violence in 2014 alone (Truman & Langton, 2015). Despite the prevalence of this crime only about 34% of women in 2014 reported their victimization to the police. In comparison, over 60% of robbery victims and over 58% of aggravated assault victims reported their victimization to the police (Truman & Langton, 2015). Furthermore, only about 21% of the rapes reported to the police lead to an arrest, and less than 40% of those arrested are convicted and sentenced for their crime (Reaves, 2013). This means that of the 79,770 rape cases reported to the police in 2013, only about 8% resulted in a conviction (Reaves, 2013; United States Department of Justice, 2013).

### **Rape Myths**

These statistics are troubling given the heinous nature of sexual assault crimes. Several researchers suggest that low reporting rates of rape and sexual assault crimes, as well as the low rates of arrests and convictions, are due, in part, to a phenomenon known as “Rape Myths” (Chapleau & Oswald, 2013; Cohn, Zinzow, Resnick, & Kilpatrick, 2013; Darwinkel, Powell, & Tidmarsh, 2013; Dellinger Page, 2010; Field, 1978; Gray, 2006; Grubb & Turner, 2014; Heath, Lynch, Fritch, & Wong, 2013; Hildebrand & Najdowski, 2015).

Field (1978) was of the first researchers to explore individual differences in attitudes towards rape and rape victims. Building on this work, Burt (1980) proposed the term “rape myths” in an effort to define widely held stereotypes and false beliefs about rape, rape victims, and perpetrators of rape. Researchers have since conducted dozens of studies related to rape myths, a term later defined by Lonsway and Fitzgerald (1994) 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). Burt (1980) presented several domains of rape myths.

Some rape myths hinge on the beliefs about rape victims themselves, including the idea that rape victims frequently lie about their experience of rape (Brownmiller, 1975) and that only certain types of women (those who are deviant) become victims of sexual assault (Field, 1978). Examples of such myths include ideas such as “A lot of times, girls who say that they were raped agreed to have sex and then regret it” and “When girls go to parties wearing slutty clothes, they are asking for trouble” (Payne, Lonsway, & Fitzgerald, 1999). Some rape myths focus more specifically on women’s reactions to rape, suggesting that a “true rape” only occurs if the victim physically and verbally resists the assault, as well as if she has bruises or marks on her body following the incident (Field, 1978). Other rape myths serve to minimize the actions of the rapist, often excusing the perpetrator’s behavior as understandable or out of his control (Burt, 1991). One example of such myths includes the idea that “Guys don’t usually intend to force sex on a girl but sometimes they get too sexually carried away” (Payne et al., 1999).

In an effort to empirically explore rape myths and its presumed correlates, several measures of rape myth acceptance were developed (Burt, 1980; Field, 1978; Payne et al., 1999). The Illinois Rape Myth Acceptance Scale (IRMAS; Payne et al., 1999) is of the most recent and

widely utilized measure of rape myth acceptance. McMahon and Farmer (2011) updated and further validated the IRMAS, which has since been utilized in several studies.

### **Gender Role Conformity and Rape Myth Acceptance**

Through the use of the IRMAS, along with other measures of rape myth acceptance, researchers have identified several demographic and other variables that have demonstrated consistent relationships with rape myth acceptance. Several researchers suggest that men tend to endorse rape myths more than women (Hockett, Smith, Klausning, & Saucier, 2016; Nagel et al., 2005; Suarez & Gadalla, 2010). However, some researchers have attempted to further explore gender differences in rape myth acceptance by exploring gender role conformity. Burt (1980) and Lonsway and Fitzgerald (1994) found that increased gender role stereotyping was associated with higher levels of rape myth acceptance. Several other studies have since found similar results (e.g. Anderson, Cooper, & Okamura, 1997; Fonow et al., 1992; Hockett et al., 2016). It is important to note, however, that all of the aforementioned studies were either conducted with predominantly White samples or failed to report the racial/ethnic composition of the samples utilized.

Bunting and Reeves (1983), Costin and Schwartz (1987), and Quackenbush (1989) explored the relationship between rape myth acceptance and the extent to which individuals ascribe to traditional gender roles. Bunting and Reeves (1983) found that men who displayed higher levels of traditional masculinity were more likely to accept rape myths. Similarly, in their examination of the beliefs of individuals across four nations, Costin and Schwartz (1987) found that societal beliefs that restrict women's social roles were positively associated with higher levels of rape myth acceptance. While the investigation of Quackenbush (1989) did not reveal similar results, their study found that individuals who identified more strongly with traditionally

feminine traits were less likely to endorse rape myths. None of these studies reported the racial/ethnic composition of their samples.

In an effort to explore predictors of sexual aggression among a predominantly White sample of college men, Locke and Mahalik (2005) explored the relationship between conformity to masculine norms and the acceptance of rape myths. Their study revealed that higher levels of rape myth acceptance were significantly and positively related to nine of eleven masculine norms, including “power over women,” “dominance,” “playboy,” “winning,” and “risk taking.” More recently, with a sample of predominantly White men and women, Sims, Noel, and Maisto (2007) found that greater endorsement of women’s traditional gender roles was linked to greater levels of victim blaming. These findings were true regardless of participant gender, indicating that while gender may play a role in the rape myth acceptance of men and women, perhaps conformity to gender role norms may contribute significantly to these gender differences. In their extensive review of rape myth literature, Grubb and Turner (2014) outlined the significance of gender role stereotyping and conformity to gender norms in influencing perceptions about rape and rape victims. These traditional beliefs are likely to result in increased blame being assigned to the victim and less blame being assigned to the perpetrator. Nevertheless, Grubb and Turner (2014) also failed to provide sufficient information regarding the racial/ethnic make up of the papers reviewed.

### **Sexist Attitudes**

In their examination of 37 rape myth studies, Suarez and Gadalla (2010) found consistent evidence that oppressive attitudes towards women and sexist attitudes were positively related to rape myth acceptance. Interestingly, hostile attitudes towards men and pro-feminist beliefs were

negatively associated with rape myth acceptance. The median percentage of White identified participants from these studies was 85%.

Burt (1980) first defined adversarial sexual beliefs, which in part measured negative beliefs about women. Endorsement of these negative beliefs about women has been consistently associated with higher levels of rape myth acceptance (Lonsway & Fitzgerald, 1994). In their exploration of rape myth attitudes and the impact of rape education intervention strategies, Fonow et al. (1992) found that among a predominantly White sample of men and women there was a significant and positive relationship between sexist attitudes and rape myth acceptance. Several early rape myth studies explored the connections between rape myth acceptance and stereotypical and sexist attitudes toward women (Lonsway & Fitzgerald, 1994). Most of these studies revealed a consistent relationship between negative stereotypical attitudes towards women and high levels of rape myth acceptance (Anderson et al., 1997; Lonsway & Fitzgerald, 1994). More recently, Chapleau, Oswald, and Russell (2007) found that hostile sexism towards women was positively associated with high levels of rape myth acceptance. Similar findings were illustrated by Aosved and Long (2006) in their exploration of rape myth acceptance and various forms of discrimination. Once again, these studies utilized samples consisting of mostly White participants.

### **Closeness to Rape Victims**

In their exploration of gender differences in rape myth acceptance with a German sample of men and women, Diehl, Glaser, and Bohner (2014) found that that women reported significantly lower levels of rape myth acceptance than men. However, these researchers proposed that this difference was significantly explained by gender differences in feelings of empathy. Women generally have higher levels of empathy than men, resulting in greater levels

of compassion towards rape victims and lower levels of rape myth acceptance (Diehl et al. 2014). These findings may lead one to question whether or not women's empathy towards rape victims stems from the identification of similarities between oneself and the rape victim. Diehl et al. (2014) further found that individuals who are presented with a rape case from the victim's perspective endorsed significantly lower levels of rape myth acceptance than those who were presented with a rape case from a neutral perspective, or from the perpetrator's perspective. The researchers proposed that when individuals are able to take the perspective of the victim, they are less likely to endorse false stereotypical beliefs about rape.

The idea that knowing a victim or survivor of rape may lead to lower levels of rape myth acceptance has been proposed by several researchers (Ellis, O'Sullivan, & Sowards, 1992; Gilmartin-Zena, 1987; Lonsway & Fitzgerald, 1994). Gilmartin-Zena (1987) found that among college students who mostly identified as White, knowing a survivor of rape predicted lower levels of rape myth acceptance. Ellis et al. (1992) also found similar results. Interestingly, Wiener, Feldman Wiener, and Grisso (1989) found that while rape empathy was not a significant predictor of perpetrator culpability, participants who were acquainted with a rape victim were significantly more likely (twice as likely) to rate the perpetrator as guilty than those who were not acquainted with a rape victim. However, several other studies have failed to replicate these findings. Burt (1980) sought to determine if the number of rape victims known to a participant would predict rape myth acceptance. While Burt's study found a negative relationship between number of victims known and levels of rape myth acceptance, this relationship was not significant. Neither Burt (1980) nor Wiener et al. (1989) reported racial/ethnic sample characteristics. More recently, with a predominantly White and Asian sample, McMahon and

Farmer (2011) also failed to find a significant relationship between knowing a rape victim and acceptance of rape myths.

To our knowledge, no such studies have attempted to look at the impact of the closeness of the relationship to the rape victim in relation to rape myth acceptance. The aforementioned inconsistent findings may be due to the fact that the researchers failed to measure the nature and closeness of the relationship between the participant and the rape victim. Additionally, many of these studies failed to utilize racially/ethnically diverse samples. The researchers in this study propose therefore, that among a diverse sample of men and women, participants who report having close relationships with rape victims will report lower levels of rape myth acceptance than those whose relationships with rape victims are more superficial or distant.

### **The Confounding Influence of Religious Commitment**

We have seen from previous research that conformity to gender role norms, sexist attitudes, and rape myth acceptance are all likely to be related constructs (Grubb & Turner, 2014; Mahalik, 2005; Sims, Noel, & Maisto, 2007). However, Glick, Lameiras, and Rodriguez Castro (2002) suggested that religious institutions have a major influence on sexist attitudes, since many religions justify gender inequality as “divinely mandated” (p. 433). After surveying individuals from a variety of religious affiliations, Burn and Busso (2005) found that religiosity and scriptural literalism were significantly and positively related to benevolent sexism. Glick et al. (2002) found that Catholic religiosity uniquely predicted benevolent sexist attitudes and Gaunt (2012) found that religiosity predicted more sexist attitudes among Jewish men and women. Similar relationships were found among individuals who practiced Islam (Taşdemir & Sakallı-Uğurlu, 2010). Furthermore, religiosity and religious doctrine are linked to rape myth acceptance (Franiuk & Shain, 2011; Freymeyer, 1997; Sheldon & Parent, 2002).

In order to better differentiate the impact of sexism and conformity to gender norms on rape myth acceptance from the impact of religious commitment on rape myth acceptance, it may be valuable for researchers to control for the potentially confounding nature of religious commitment. As such, the use of some measure of religious commitment as a covariate in some analyses may prove to be helpful.

### **Rape Myth Acceptance among Black/African American Men and Women**

Along with consistent gender differences in the acceptance of rape myths, researchers have also found differences in rape myth acceptance among racial/ethnic groups. Several rape myth studies found evidence that Blacks/African Americans tend to be more accepting of rape myths than Whites (e.g. Field, 1978; Giacomassi & Dull, 1986; Lonsway & Fitzgerald, 1994). Johnson, Kuck, and Schander (1997) found evidence that Black/African American individuals accepted some rape myths at higher rates than White individuals. More specifically, individuals who identified as Black/African American were more likely to hold false beliefs about acquaintance rape and stranger rape. Black/African American individuals were also more likely to excuse the perpetrator's behavior, although this difference was not statistically significant. In their study on cultural beliefs about rape, Lefley, Scott, Llabre, and Hicks (1993) also found that Blacks/African Americans (as well as Hispanics) were significantly more punitive towards rape victims than their White counterparts. More recently, Nagel, Matsuo, McIntyre, and Morrison (2005) found that Blacks/African Americans generally had less favorable views towards rape victims than White individuals. However, this difference was no longer significant when controlling for socio-economic status. Furthermore, while Black/African American and White men differed significantly in their attitudes towards rape victims (i.e. Black/African American men had significantly less favorable attitudes towards rape victims than White men), this

difference was not observed when comparing the attitudes of Black/African American and White women.

Sapp, Farrell, Johnson, and Hitchcock (1999) examined rape myth acceptance among Black/African American men and women. Their investigation revealed that Black/African American men held significantly more stereotypical attitudes about rape than did Black/African American women. They proposed that high levels of sexist attitudes might serve to maintain these stereotypical attitudes about rape among Black/African American men. Crenshaw (1994) proposed that traditional views of rape have been largely focused on the victimization of White women perpetrated by Black/African American men. These stereotypes have resulted in Black/African American men being targeted as rape perpetrators, perhaps resulting in a heightened level of defensiveness regarding accusations of rape; increased levels of empathy and positive attitudes towards accused perpetrators of rape; and less favorable attitudes towards rape victims. Some scholars propose that this historically biased stereotype, as well as the intricate interplay between social dominance systems such as racism and sexism, have perhaps resulted in these trends of rape myth acceptance among members of the Black/African American community (White, Strube, & Fisher, 1998). White et al. (1998) revealed that greater levels of racial identity development, as well as greater levels of feminist identity development were related to lower levels of rape myth acceptance, while lower levels of racial and feminist identity development were related to greater acceptance of rape myths among African American women. Similarly, Suarez and Gadalla (2010) found that greater levels of negative stereotypes of one's own race were associated with higher levels of rape myth acceptance.

While these studies seem to propose an explanation for racial differences in rape myth acceptance that is focused on racial identity, an exploration of the impact of the experiences of

racial discrimination seems to be lacking. Given the suggestion that traditional stereotypical views of rape unfairly targeted Black/African American men as perpetrators, and minimized/overlooked the significance of rape victimization of Black/African American women (Crenshaw, 1994; Fonow, Richardson, & Wemmerus, 1992), it would be worthwhile to explore the effects that this and other types of racial discrimination may have on the acceptance of rape myths by Black/African American men and women.

### **Present Study**

The current study attempts to further parse out the factors that contribute to rape myth acceptance, by testing a moderated mediation model that has not previously been hypothesized. Additionally, since the majority of previous studies on rape myth acceptance have utilized predominantly White samples, this study will attempt to replicate these relationships using a more diverse sample of individuals. The researcher proposes that increased conformity to gender norms, will be significantly and directly related to increased levels of rape myth acceptance among men and women. Additionally, it is proposed that this relationship will be partially mediated by sexist attitudes, such that increased gender role conformity will be significantly and directly related to increased sexist attitudes, and higher levels of sexist attitudes would lead to increased endorsement of rape myths.

The influence of knowing a rape victim has also been shown in some cases to impact individuals' rape myth acceptance (Ellis et al., 1992; Gilmarten-Zena, 1987). However, this finding has been somewhat inconsistent. The researcher proposes therefore that having a close relationship with a rape victim will moderate the relationship between sexist attitudes and rape myth acceptance, such that closer relationships with rape victims will weaken the relationship between sexist attitudes and rape myth acceptance. Having a close relationship with a rape

victim should also moderate the relationship between conformity to gender norms and rape myth acceptance in a similar manner.

Several scholars suggested that rape myth acceptance among Black/African Americans is in some way related to Black/African American men and women's unfair treatment in the realm of rape crimes (e.g. Crenshaw, 1994). The researcher will therefore attempt to determine whether or not experiences of racial discrimination influence the levels of rape myth acceptance among Black/African Americans. The researcher proposes exploratory analyses in order to determine the relationships (if any) between experiences of racial discrimination and several variables of interest (i.e., rape myth acceptance, sexist attitudes, and conformity to gender norms).

### **Research Questions**

1. Do sexist attitudes fully or partially mediate the relationship between conformity to gender norms and rape myth acceptance?
2. Does closeness to a victim of sexual assault moderate the relationship between sexist attitudes and rape myth acceptance or the relationship between conformity to gender norms and rape myth acceptance?
3. Do Black/African American participants endorse significantly higher levels of rape myth acceptance than White participants?
4. Are Black/African Americans' experiences of racial discrimination related to rape myth acceptance, endorsement of sexist attitudes, or conformity to gender norms?

## Method

### Participants

A total of 643 individuals accessed the survey. Participants who completed less than 80% of the survey were removed from the sample. Additionally, individuals who responded incorrectly to the majority of validity items placed throughout the survey were also removed. A total sample of 618 individuals remained for analyses. Approximately 41.3% of participants ( $n = 255$ ) identified as men, 57.9% ( $n = 358$ ) identified as women, 0.3% ( $n = 2$ ) identified as transwomen, and 0.5% ( $n = 3$ ) identified as other (e.g., non-binary). Participants ranged in age from 18 to 59 years ( $M = 23.04$ ,  $SD = 4.85$ ), with 40.5% identifying as Black/African American ( $n = 250$ ), 25.7% identifying as White ( $n = 159$ ), 16.8% identifying as Asian/Asian American ( $n = 104$ ), 9.2% identifying as Hispanic/Latino/Latina/Latinx ( $n = 57$ ), 5.7% identifying as Biracial/Multiracial ( $n = 35$ ), and 1.9% identifying as Other ( $n = 12$ ; e.g., Middle Eastern, Indian, Ethiopian). One individual did not respond to this item. With regard to sexual orientation, 89.3% of participants ( $n = 552$ ) identified as heterosexual/straight, 4.4% identified as bisexual ( $n = 27$ ), 2.9% identified as gay ( $n = 18$ ), 1.1% identified as Other ( $n = 7$ ; e.g., fluid, queer, pansexual), 0.8% identified as lesbian ( $n = 5$ ), 0.8% identified as asexual ( $n = 5$ ), and 0.6% ( $n = 4$ ) did not wish to share their sexual orientation. The majority of participants (69.4%;  $n = 429$ ) reported an annual income of less than \$25,000, while 15.2% reported an income of between \$25,000 and \$35,000 ( $n = 94$ ), 6.6% reported an income of between \$35,000 and \$50,000 ( $n = 41$ ), 4.9% earned between \$50,000 and \$75,000 ( $n = 30$ ), 1.9% earned more than \$100,000 ( $n = 12$ ), 1.3% earned between \$75,000 and \$100,000 ( $n = 8$ ), and 4 participants (0.6%) did not provide a response for this item. With regard to the academic level of students in the study, approximately 48% of participants ( $n = 297$ ) were seniors, 40.3% were juniors ( $n = 249$ ), 9.9%

were sophomores ( $n = 61$ ), 1% were freshmen ( $n = 6$ ), 0.3 % were graduate students ( $n = 2$ ), and 3 participants (0.5%) did not respond to this item.

## **Procedure**

The researcher obtained approval to conduct the study from the Institutional Review Board prior to beginning the study. Participants were recruited using the Georgia State University SONA research participation system. Participants were 18 years of age or older and had the option to choose from a variety of surveys listed on the SONA website. Participants were awarded one research credit for their participation in this study. Upon selecting the study, participants were presented with basic information about the study, as well as the potential risks and benefits of participating in the study. They were asked to indicate their consent to participate in the study by selecting an item that states “I Agree to Participate.” After providing consent, participants were directed to the survey where they completed several self-report measures including a demographic questionnaire, a measure of conformity to gender norms, a measure of sexist attitudes, questions about knowing a rape victim and closeness to this rape victims, a measure of religious commitment, and a measure of rape myth acceptance. Participants who identified as Black/African American were also asked to complete a measure of racial discrimination. Data was stored in a password-protected account and records will be kept private to the extent allowed by the law. Once downloaded, data was stored on firewall-protected computers. The researcher did not collect identifying information from participants.

## **Instruments**

*Demographic Information.* Participants responded to questions regarding demographics, including age, gender, race/ethnicity, sexual orientation, religious affiliation, level of education, and household income.

***Conformity to Gender Norms.*** The Conformity to Masculine Norms Inventory – 46 (CMNI-46; Parent & Moradi, 2009) was used to measure conformity to gender norms in men. The CMNI was initially developed as a measure of the extent to which men conform to “the actions, thoughts, and feelings that reflect masculinity norms in the dominant culture in the U.S. society” (Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried, & Freitas, 2003, p. 5). The CMNI-46 (Parent & Moradi, 2009) was later developed out of a need for an abbreviated version of this measure in order to facilitate broader application of this important tool. Items on the CMNI-46 are answered on a 4-point Likert scale ranging from 0 (*Strongly Disagree*) to 3 (*Strongly Agree*). The CMNI-46 is comprised of nine subscales, each measuring different types of masculine norms. These subscales include, Emotional Control, Winning, Playboy, Violence, Self-reliance, Risk-Taking, Power Over Women, Primacy of Work, and Disdain for Homosexuals. Sample items on the CMNI-46 include, “I enjoy taking risks” and “I never share my feelings.” Both subscale and total scores can be derived from the measure by summing scores obtained from different items on the measure. Scores on the CMNI-46 have demonstrated good internal consistency with a predominantly White, heterosexual, and young adult sample with an overall Cronbach’s alpha of 0.88 and subscale Cronbach’s alphas ranging from 0.77 to 0.91 (Parent & Moradi, 2009). The CMNI has demonstrated good convergent validity with a predominantly White, heterosexual, and young adult sample, since it correlated significantly with another measure of masculinity (The Brannon Masculinity Scale;  $r = 0.79$ ) (Mahalik et al., 2003).

The Conformity to Feminine Norms Inventory – 45 (CFNI-45; Parent & Moradi, 2010) was used to measure conformity to gender norms in women. The CFNI was initially developed as a measure of the extent to which women conform to societal standards about how to think, feel, and behave in a feminine way (Mahalik, Morray, Coonerty-Femiano, Ludlow, Slattery, &

Smiler, 2005). Parent & Moradi (2010) later developed the CFNI-45 as a result of a need for an abbreviated measure of conformity to feminine norms. The CFNI-45 consists of ten subscales with items rated on a 4-point Likert scale ranging from 0 (*Strongly Disagree*) to 3 (*Strongly Agree*). Subscales on the CFNI-45 include Relational, Sweet and Nice, Invest in Appearance, Domestic, Romantic Relationship, Modesty, Sexual Fidelity, Thinness, Care for Children, and Nice in Relationships. Sample items on the CFNI-45 include, “I regularly wear makeup” and “I hate telling people about my accomplishments.” Both subscale scores and total scores can be obtained by summing specific item scores. Scores obtained on the CFNI-45 have demonstrated good internal consistency with a predominantly White, heterosexual, young adult sample with an overall alpha of 0.88 and subscale alphas ranging from 0.77 to 0.92 (Parent & Moradi, 2010). Validity of the CFNI has been demonstrated with a predominantly White, heterosexual, young adult sample. Total scores on the CFNI demonstrated significant and positive correlations with the BEM Sex Role Inventory Feminist Identity ( $r = 0.40$ ) and the Feminist Identity Composite Passive Acceptance subscale ( $r = 0.26$ ), as well as a significant negative correlation with the Bem Sex Role Inventory Masculine Identity ( $r = -0.20$ ).

***Experiences of Racial Discrimination.*** The Schedule of Racist Events (SRE; Landrine & Klonoff, 1996) is a measure of the experiences of racial discrimination of Black/African American individuals. The SRE is comprised of 18 items, 17 of which measure the frequency of racist events within the past year (Recent Racist Events) and throughout the lifetime (Lifetime Racist Events), as well as the extent to which these experiences of discrimination may have been stressful for the respondent (Appraisal of Stressfulness). One item on the SRE assesses the extent to which the respondent believes her/his life would be different without experiences of racism in the past year, as well as throughout her/his lifetime. Items on the Recent and Lifetime

subscales can be summed to determine the frequency of exposure to racism throughout the past year and over the course of one's lifetime respectively. Items on the Appraisal subscale can be summed to measure the degree of stress experienced by respondents as a result of these racist events. Scores obtained on the SRE have demonstrated good reliability with a sample of young African American men and women with Cronbach's alphas of 0.95 for the Recent subscale, 0.95 for the Lifetime subscale, and 0.94 for the Appraisal subscale (Landrine & Klonoff, 1996). Sample items from the SRE include "How many times have you been treated unfairly by your *coworkers, fellow students and colleagues* because you are Black?" and "How many times have you been really angry about something racist that was done to you?" Scores on the lifetime, recent, and appraisal subscales of the SRE were significantly and positively related to scores on the Hopkins Symptom Checklist ( $r = 0.25$ ,  $r = 0.30$ , and  $r = 0.33$  respectively) demonstrating the concurrent validity of the measure (Landrine & Klonoff, 1996).

***Sexist Attitudes.*** The Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996) is a 22-item measure of hostile and benevolent sexist attitudes towards women. Hostile sexism refers to traditionally prejudicial and negative attitudes towards women, while benevolent sexism refers to "viewing women stereotypically and in restricted roles... that are subjectively positive in feeling tone" (Glick & Fiske, 1996, p. 491). While benevolent sexist attitudes sometimes elicit positive feelings for women, they are problematic, since they still reflect aspects of male dominance and stereotypically restrictive views of women. Items on the ASI measuring benevolent sexism are comprised of three subscales, including Protective Paternalism, Complementary Gender Differentiation, and Heterosexual Intimacy. Sample items on the ASI include "Women should be cherished and protected by men" and "Once a woman gets a man to commit to her, she usually tries to put him on a tight leash." Items on the ASI are answered on a 6-point Likert

scale ranging from 0 (*Disagree Strongly*) to 5 (*Agree Strongly*). Scores obtained on the ASI have demonstrated good reliability with a sample of predominantly White, heterosexual men and women with Cronbach's alphas for the overall measure ranging from ranging from 0.88 to 0.92. Scores obtained for hostile sexism displayed Cronbach's alphas ranging from 0.80 to 0.92 and scores obtained for benevolent sexism displayed Cronbach's alphas ranging from 0.73 to 0.85 (Glick & Fiske, 1996). The ASI demonstrated good convergent and predictive validity with a sample of predominantly White, heterosexual men and women. Scores on the ASI were significantly and positively related to scores on three other measures of sexism (0.63, 0.42, and 0.57). Scores on the ASI were also significantly related to modern racism (0.38 and 0.51) (Glick & Fiske, 1996).

***Knowing a Victim of Rape.*** The researcher assessed participants' knowledge of and relationships with individuals who have experienced prior sexual assault victimization. Participants were asked the following Yes/No question: "Do you personally know someone who has experienced rape/sexual assault?" Participants who responded "yes" to this question received a score of 1. Those who responded "no" to knowing a victim received a score of 2. Participants who responded, "Yes" to this question were then directed to a series of follow-up questions asking about the nature of the relationships between the participant and the known sexual assault victim (i.e., whether the participant knows a "Romantic Partner," "Family Member," "Friend," "Co-Worker," "Classmate," "Acquaintance," or "Other" who has experienced sexual assault). Participants were also asked whether or not they personally have experienced sexual assault.

***Closeness to a Rape Victim.*** Since there have been no previously developed scales to measure ones level of closeness to another individual, the researcher created an item to assess

this. After each item asking whether or not a participant knew a particular rape victim (based on knowing items above), participants were subsequently asked to rate their level of closeness to that particular victim which they endorsed knowing. They were asked to rate this closeness on a scale from 1 (*not close at all*) to 5 (*extremely close*) (see Appendix C). Since closeness was assessed for each rape victim that participants endorsed knowing, the number of closeness items varied by participant. Each participant's highest closeness rating was utilized for analyses, since summing closeness items would likely present an inaccurate representation of each individual's true level of closeness to a rape victim. For example, a participant may endorse knowing 5 rape victims, but rate their level of closeness to each victim as "1" (not close at all); while another participant may endorse knowing only one rape victims, but rate their level of closeness to that victim as "5" (extremely close). Summing items on the measure of closeness would result in both of the previously mentioned participants obtaining a summed closeness score of 5. However, this is not an accurate representation of the participants' true level of closeness to rape victims. As such, the researcher made the decision to utilize each participant's highest rating of closeness to a victim as the true measure of closeness.

***Rape Myth Acceptance.*** The updated Illinois Rape Myth Acceptance Scale (IRMAS; McMahon & Farmer, 2011; Payne, et al., 1999) is comprised of 19 items, which were answered on a 5-point Likert scale from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Item responses are summed to obtain an overall rape myth acceptance score. Total scores may range from 19 to 95, with higher scores indicating greater acceptance of rape myths. The scale is also comprised of five subscales, which capture various types of rape myths. Subscales on the updated IRMAS included It Wasn't Really Rape, which was comprised of items that deny or negate the fact that a rape actually took place; He Didn't Mean To, which consists of items that suggest that the

perpetrator did not intend to rape the victim; He Didn't Mean To - Intoxication items; She Lied, which reflects the idea that the victim is untruthful in her accounts of the rape; and She Asked For It, which is comprised of items that imply that the victim's behaviors or personal characteristics encouraged sexual assault. Scores on subscales of the updated IRMAS obtained from a sample of predominantly white undergraduate men and women have demonstrated good internal consistency, with Cronbach's alphas ranging from .64 to .80 (McMahon & Farmer, 2011). An overall Cronbach's alpha of .87 was obtained for scores on the measure. The measure also demonstrated good construct and criterion validity (McMahon & Farmer, 2011). Scores obtained on the IRMAS have demonstrated good construct validity, since they were significantly related to the Sex Role Stereotyping Scale ( $r = .55$ ), the Sexism Scale ( $r = .63$ ), the Adversarial Sexual Beliefs Scale ( $r = .74$ ), the Adversarial Heterosexual Beliefs Scale ( $r = .63$ ), the Hostility Toward Women Scale ( $r = .57$ ), the Acceptance of Interpersonal Violence Scale ( $r = .71$ ), and the Attitudes Toward Violence Scale ( $r = .50$ ) (Payne, et al., 1999).

***Religious Commitment.*** The Religious Commitment Inventory – 10 (RCI-10; Worthington, et al., 2003) was used to measure religious commitment in participants. The RCI-10 was developed as a measure of religiosity which captures both interpersonal and intrapersonal forms of religious commitment. The scale contains 10 items, each rated on a 5-point Likert scale. Participants rate the extent to which the statements provided on the measure are true for them, with options ranging from 1 (*not at all true of me*) to 5 (*totally true of me*). Some examples of items on the RCI-10 include, "I often read books and magazines about my faith" and "I enjoy working in the activities of my religious affiliation." Item ratings on the RCI-10 can be summed to obtain a total score, ranging from 10 to 50. The RCI-10 was developed for use with individuals from a variety of religious backgrounds and ethnic identities, and scores

obtained on the measure have demonstrated strong internal consistency (Cronbach's alpha = .93) and test-retest reliability (Cronbach's alpha = .87) with a sample of predominantly White, Protestant men and women. The RCI-10 demonstrated good construct, discriminant, and convergent validity. Scores on the RCI-10 were significantly higher for individuals who were more religious than for those who were non-religious. Additionally, scores on the RCI-10 were significantly correlated with scores on other measures of religiosity ( $r = .54$ ), spirituality ( $r = 0.58$ ), and religious participation ( $r = .70$ ) (Worthington et al., 2003).

### **Analyses**

To ensure accuracy and validity of the data, the researcher first performed missing data analyses and imputation procedures in order to account for missing data (missing data is discussed further in the results section) (Schlomer, Bauman, & Card, 2010). Prior to analysis the researcher tested for violations of assumptions of univariate and multivariate normality, multicollinearity, homoscedasticity, and linearity. Descriptive and correlation statistics were then utilized to analyze the composition of the data. Regression analyses were performed to further determine the relationships between variables. Finally, regression-based path analysis techniques determined the paths and directions of relationships between variables. The following hypotheses were tested:

***Hypothesis 1a.*** For men, it was hypothesized that the relationship between conformity to gender norms and rape myth acceptance would be partially mediated by sexist attitudes. That is, higher levels of conformity to masculine gender norms would be positively and significantly associated with higher levels of sexist attitudes, which in turn, would be positively and significantly associated with higher levels of rape myth acceptance.

**Hypothesis 1b.** For women, it was hypothesized that the relationship between conformity to gender norms and rape myth acceptance would be partially mediated by sexist attitudes. That is, increased conformity to feminine gender norms would be positively and significantly associated with greater sexist attitudes, which in turn, would be positively and significantly associated with higher levels of rape myth acceptance.

*Analysis:* Mediation analyses using the Andrew F. Hayes PROCESS macro (Hayes, 2013) developed for SPSS were conducted. This method of analysis used a regression-based path analysis approach in order to determine the significance of the regression coefficients in each of the various paths outlined in the models. Separate analyses were performed for men and women.

**Hypothesis 2a.** It was also hypothesized that within the previously proposed mediation models for men and women, the relationships between sexist attitudes and rape myth acceptance would be moderated by participants' closeness to a rape victim. That is, the strength of the relationship between sexist attitudes and rape myth acceptance would be weakened for participants who report having close relationships with a rape victim (see figures 1.1 & 1.2).

**Hypothesis 2b.** Additionally, the researcher hypothesized that within the previously proposed mediation models for men and women, the relationships between conformity to gender norms and rape myth acceptance would also be moderated by participants' closeness to a rape victim. That is, the strength of the relationship between conformity to gender norms and rape myth acceptance would be weakened for participants who report having close relationships with a prior rape victim (see figures 1.2 & 1.2)

*Analysis:* Moderated mediation analyses using the Andrew F. Hayes PROCESS macro developed for SPSS (Hayes, 2013) were conducted to determine the significance of the

regression coefficients in each of the various paths outlined in this model. Through this method, the researcher would determine if the conditional indirect effect of conformity to gender norms on rape myth acceptance through sexist attitudes varies significantly as a function of the moderator (closeness to a rape victim).

**Additional Analyses.** Independent samples t-tests were conducted in order to determine if there was a significant difference in the rape myth acceptance scores of Black/African American participants and White participants. The researcher also conducted exploratory correlation analyses using the Schedule of Racist Events and the other variables of interest in order to determine whether or not experiences of racial discrimination are related to rape myth acceptance, sexist attitudes, and/or conformity to gender norms. The researcher conducted separate analyses for men and women in order to determine if experiences of racial discrimination impact any of the interest variables differently for men and women.

Figure 1.1 Proposed Moderated Mediation Model for Men

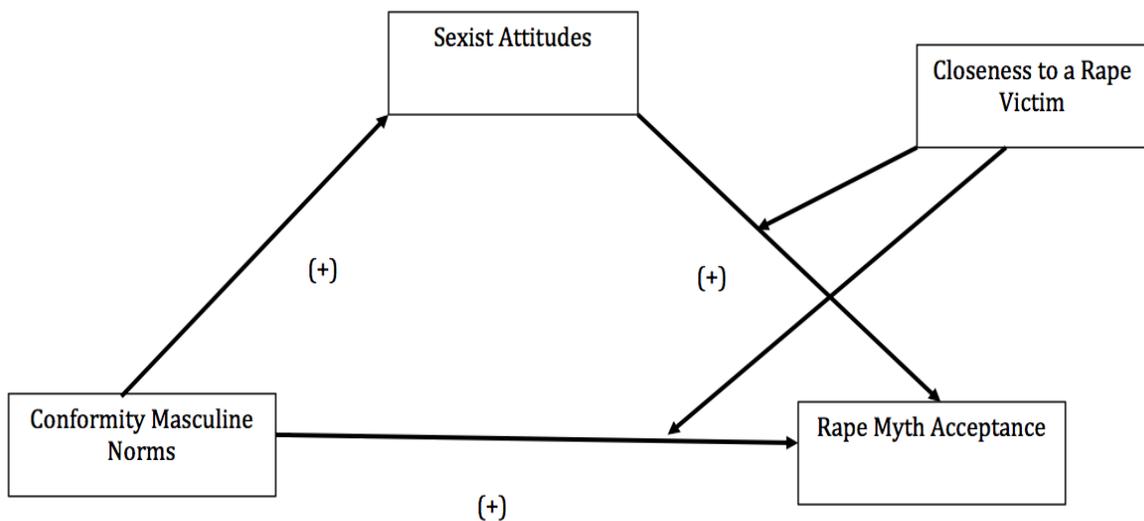
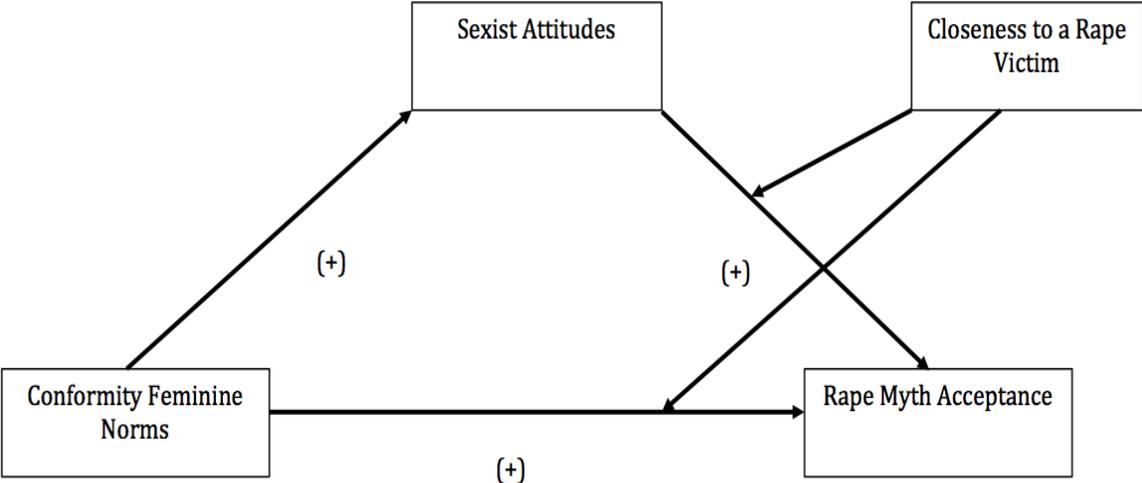


Figure 1.2 Proposed Moderated Mediation Model for Women



## Results

### Preliminary Analyses

The original sample consisted of 643 participants. Upon examination of these cases, 11 were found to have no data whatsoever and were therefore deleted. Of the remaining 632 cases, 14 were deleted since these participants did not correctly respond to at least two of the four validity check items disbursed throughout the survey (“Please select “Strongly Agree” for this item”). Individuals with more than 20% of missing data were also removed from the data set. Percentages of missing data for the remaining 618 participants were calculated and are shown in Table 1. Approximately 87 percent of participants had complete data, while 13 percent had some missing data. Missing data at the item level ranged from 0% to 2.4%. Percentages of missing data at the individual level ranged from 0% to 18.1%. Little’s MCAR test was non-significant ( $\chi^2(4569) = 2517.15, p = 1.00$ ;  $\chi^2(4320) = 2538.60, p = 1.00$ ), indicating that the data were missing completely at random. Based on the recommendations provided by Schlomer, et al. (2010), and the small amount of missing data from this sample, the decision was made to utilize expectation maximization to impute values for missing data. The data were subsequently assessed for univariate and multivariate normality. Skewness and kurtosis values were within reasonable ranges (skewness index  $< 3$ , kurtosis index  $< 10$ ; Weston & Gore, 2006). The Shapiro Wilk’s tests of normality were insignificant, indicating the presence of multivariate normality. To test for homoscedasticity (the assumption that error terms are the same across all values of the independent variables), residual scatterplots were created for each variable to ensure that the data points were a consistent distance from the best fit line (Tabachnick & Fidell, 2001). It was determined that the assumption of homoscedasticity was met. Descriptive statistics and Cronbach’s alphas for each variable are presented in table 1.

Table 1

*Means, Standard Deviations, Reliability Co-efficient, & Percentage of Missing Data*

Variable	<i>Mean</i>	<i>SD</i>	$\alpha$	<i>N</i>	% Missing
CMNI - 46	64.9	12.1	.84	258	0.26
CFNI - 45	79.0	10.5	.76	360	0.35
IRMAS	43.8	16.2	.94	618	0.16
ASI	2.4	0.53	.62	618	0.44
RCI-10	24.9	11.8	.96	618	0.11
Knowing	1.4	0.50	-	617	0.16
Closeness	2.1	2.13	-	618	0.0
SRE-Lifetime	38.8	17.8	.94	250	0.92
SRE-Recent	31.2	16.0	.94	250	0.71
SRE-Stress	41.3	20.0	.94	250	0.06

*Note.* CMNI-46 = Conformity to Masculine Norms Inventory – 46; CFNI-45 = Conformity to Feminine Norms Inventory – 45; ASI = Ambivalent Sexism Inventory; IRMAS = Updated Illinois Rape Myth Acceptance Scale; RCI-10 = Religious Commitment Inventory; Knowing = Participants’ knowledge of a rape victim; Closeness = Participants’ level of closeness to a rape victim; SRE = Schedule of Racist Events.

Table 2

*Bivariate Correlations of the Study Variables*

Variables	1	2	3	4	5	6	7	8	9	10
1) CMNI-46										
2) CFNI-45	--									
3) ASI	.16*	.12*								
4) IRMAS	.32**	-.04	.15**							
5) RCI-10	.09	.18**	.16**	.10*						
6) Knowing	.12	.04	.11**	.09*	.04					
7) Closeness	-.11	-.05	-.10*	-.12**	-.04	-.86**				
8) SRE Lifetime	.26*	.09	-.05	.06	.06	-.05	.07			
9) SRE Recent	.25*	.09	-.02	.11	.13*	.03	-.01	.86**		
10) SRE Stress	.30**	.11	-.05	.03	.10	-.07	.10	.85**	.73**	

\*. Correlation is significant at the 0.05 level

\*\* . Correlation is significant at the 0.01 level

*Note.* CMNI-46 = Conformity to Masculine Norms Inventory – 46; CFNI-45 = Conformity to Feminine Norms Inventory – 45; ASI = Ambivalent Sexism Inventory; IRMAS = Updated Illinois Rape Myth Acceptance Scale; RCI-10 = Religious Commitment Inventory; Knowing = Participants' knowledge of a rape victim; Closeness = Participants' level of closeness to a rape victim; SRE = Schedule of Racist Events.

## **Correlation Analyses**

Bivariate correlation analyses were performed on the variables of interest (see Table 2). These analyses revealed significant and positive correlations between conformity to masculine norms and rape myth acceptance. However, conformity to feminine norms was not significantly correlated with rape myth acceptance. Conformity to masculine norms and conformity to feminine norms were both significantly and positively correlated with sexist attitudes. Rape myth acceptance was also positively correlated with sexist attitudes, as has been found in previous studies (Aosved & Long, 2006; Suarez & Gadalla, 2010). Knowing a rape victim and closeness to a rape victim were also significantly correlated with rape myth acceptance, such that participants who reported knowing a rape victim (those assigned a Knowing score of 1) had significantly lower scores of rape myth acceptance than those who reported not knowing a rape victim (those assigned a Knowing score of 2); and participants who reported higher levels of closeness to a rape victim had significantly lower rape myth acceptance scores than those who reported being less close to rape victims. Finally, religious commitment was significantly and positively related to conformity to feminine norms, sexist attitudes, rape myth acceptance, and recent experiences of racism.

## **Differences Between Groups**

Analyses of variance tests revealed that men ( $M = 47.5$ ,  $SD = 14.13$ ) had significantly higher rape myth acceptance scores ( $F(3, 614) = 7.93$ ,  $p < 0.001$ ) than women ( $M = 41.2$ ,  $SD = 16.9$ ). There were no significant differences in the rape myth acceptance scores of Trans men and Trans women in comparison to other gender groups. There were also significant gender differences on the scores obtained on the Ambivalent Sexism Inventory (ASI) such that men had significantly higher ASI scores than women ( $F(3, 614) = 5.40$ ,  $p = 0.001$ ). Analyses of variance

tests were also used to assess for significant racial/ethnic differences in several variables of interest. Asians/Asian Americans ( $M = 47.8$ ,  $SD = 14.2$ ) had significantly higher rape myth acceptance scores ( $F(5, 611) = 3.04$ ,  $p = 0.010$ ) than White participants ( $M = 40.5$ ,  $SD = 14.7$ ). Results of the independent samples t-test revealed a significant difference ( $t(407) = 2.03$ ,  $p = 0.043$ ) in the rape myth acceptance scores of White participants ( $M = 40.5$ ,  $SD = 14.7$ ) and Black/African American ( $M = 43.7$ ,  $SD = 16.9$ ) participants.

### **Mediation Analyses**

For hypothesis 1, the researcher examined the mediation effects of sexist attitudes on the relationship between conformity to gender norms and rape myth acceptance for men and women separately using PROCESS for SPSS (Hayes, 2013). This method of analysis provides estimates for the direct, indirect, and total effects using bootstrapping techniques. The researcher utilized the 95% bias-corrected bootstrap confidence interval (CI) with 5,000 bootstrap samples. Confidence intervals that do not include zero reflect a significant effect at the  $p = 0.05$  level. As was previously mentioned, the RCI-10 was used as a covariate in both models. For men, conformity to masculine norms was not a significant predictor of sexist attitudes (path  $a = 0.004$ ,  $p = 0.08$ ). There was a significant direct effect (path  $c' = 0.38$ ,  $p < 0.01$ ) and a significant total effect (path  $c = 0.37$ ,  $p < 0.01$ ) of conformity to masculine norms on rape myth acceptance. However, the mediating variable, sexist attitudes, was not a significant predictor of rape myth acceptance (path  $b = -0.70$ ,  $p = 0.72$ ). Most importantly, the indirect effect of conformity to masculine norms on rape myth acceptance through the mediating variable, sexist attitudes (path  $ab = -0.003$ ) was not significant (95% bootstrap CI [-0.03, 0.02]). Further, the model only accounted for 10.6 percent of the variance in rape myth acceptance score ( $R^2 = 0.106$ ). These results suggest that our hypothesis that sexist attitudes would serve as a mediating variable in the

relationship between conformity to masculine gender norms and rape myth acceptance (H1a) is not supported. These results are summarized in figure 2.1.

For women, conformity to feminine norms was not a significant predictor of sexist attitudes (path  $a = 0.005, p = 0.09$ ). There was a significant effect of sexist attitudes on rape myth acceptance (path  $b = 5.59, p < 0.01$ ). However, the indirect effect of conformity to feminine norms on rape myth acceptance through the mediating variable sexist attitudes (path  $ab = 0.03$ ) was not significant (95% bootstrap CI [0.000, 0.079]). Additionally, there was not a significant direct effect of conformity to feminine norms on rape myth acceptance (path  $c' = -0.12, p = 0.18$ ) and most importantly, there was not a significant total effect (path  $c = -0.09, p = 0.31$ ) of conformity to feminine norms on rape myth acceptance. Further, this model accounted for a mere 1 percent of the variance in rape myth acceptance ( $R^2 = 0.016$ ). These results indicate that there was neither a significant indirect effect through the mediating variable, nor a significant total effect on rape myth acceptance, indicating that the proposed hypothesis 1b is not supported. These results are summarized in figure 2.2.

Figure 2.1. Results of Mediation Model for Men

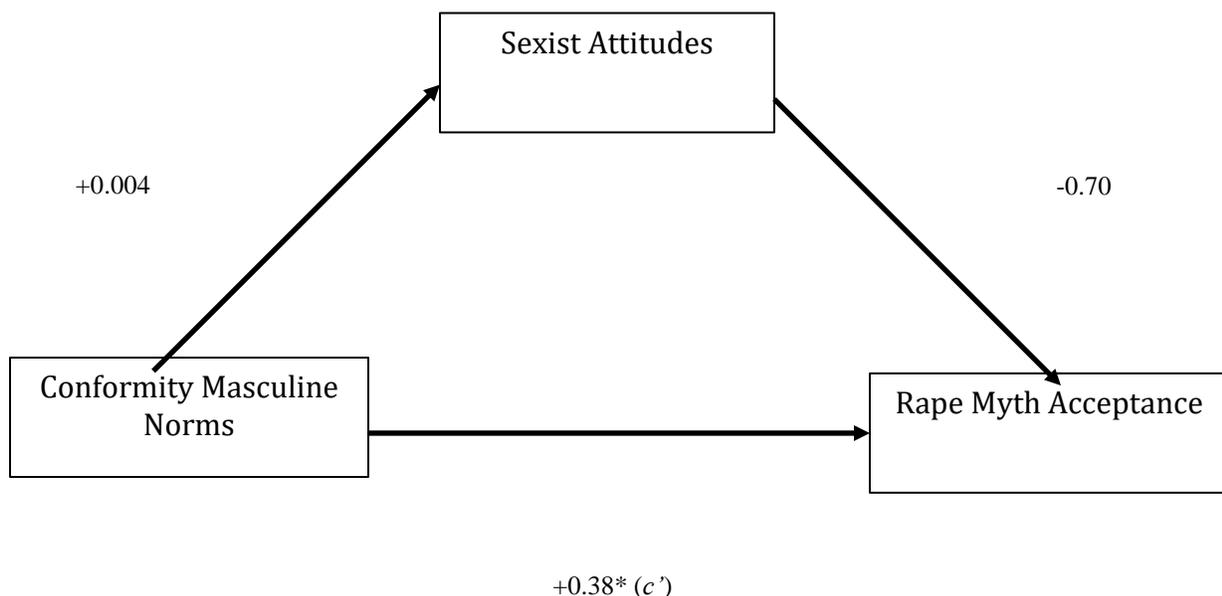
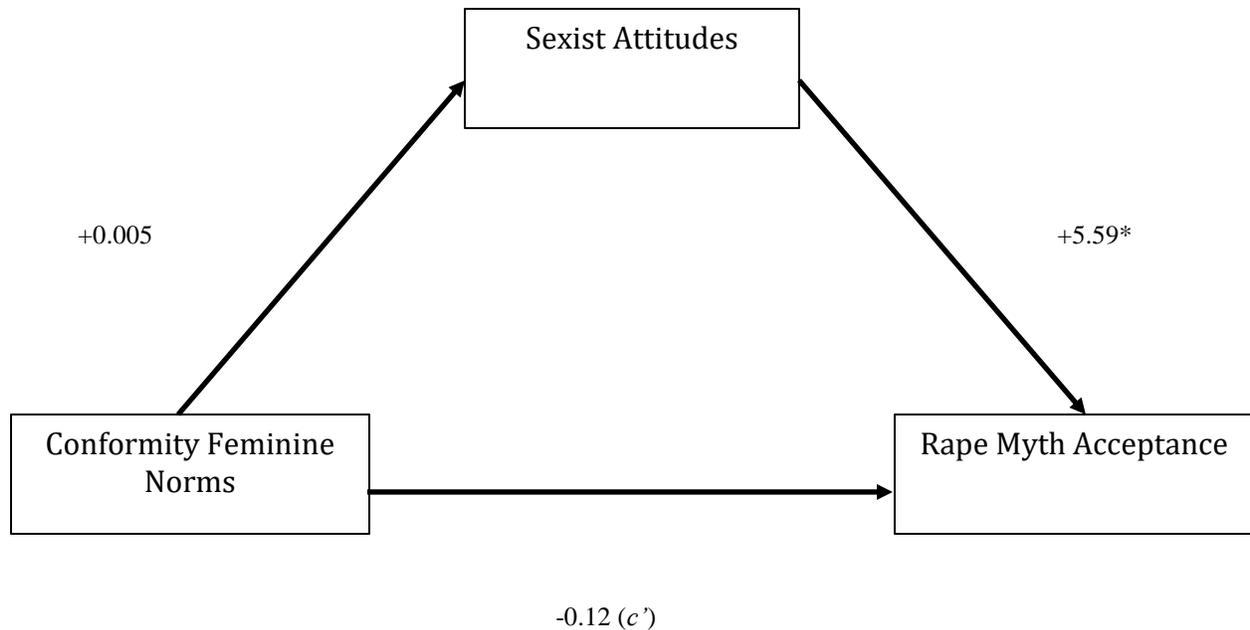


Figure 2.2. Results of Mediation Model for Women



### Moderation Analyses

The lack of support for a significant mediation model indicates that the proposed moderated mediation model would not be plausible. The researcher therefore ran several simple moderation models to test the associations between conformity to gender norms, sexist attitudes and rape myth acceptance, conditioned closeness to a rape victim. Based on the previously proposed model, it was predicted that conformity to gender norms would interact with closeness to a rape victim in order to predict rape myth acceptance, such that closeness to a rape victim would weaken the relationship between conformity to gender norms and rape myth acceptance. The researcher first ran the model for men in the sample with conformity to masculine norms as the independent variable. The RCI-10 was used as a covariate in this model. The conditional main effects significantly predicted variance in rape myth acceptance ( $R^2 = 0.10, p < 0.01$ ),

however, the interaction term was not significant ( $\Delta R^2 = 0.005, p = 0.29$ ). This means that closeness to a rape victim did not significantly moderate the relationship between conformity to masculine norms and rape myth acceptance. The second model looked at the interaction effect of conformity to feminine norms and closeness to a rape victim on rape myth acceptance. The conditional main effects significantly predicted variance in rape myth acceptance ( $R^2 = 0.03, p = 0.03$ ), however, once again, the interaction term was not significant ( $\Delta R^2 = 0.006, p = 0.11$ ). Relational closeness to a rape victim was therefore not a significant moderator in the relationship between conformity to feminine norms and rape myth acceptance.

The next regression analysis examined whether relational closeness moderated the relationship between sexist attitudes and rape myth acceptance. These results are presented in table 3. The conditional main effects of sexist attitudes and closeness to a rape victim accounted for about 4% of the variance in Step 1 ( $R^2 = 0.04, p < 0.01$ ), and the interaction term accounted for an additional 0.8% of the variance in Step 2 ( $\Delta R^2 = 0.008, p = 0.02$ ). Sexist attitudes was a significant and positive predictor of rape myth acceptance ( $B = 3.79, p < 0.01$ ) and the conditional main effect of closeness to a rape victim on rape myth acceptance was significant ( $B = -0.83, p < 0.01$ ). The interaction term was also significant ( $B = 1.26, p = 0.02$ ). Simple slope analyses revealed that at low levels of relational closeness (i.e.,  $-1 SD$ ), the effects of sexist attitudes on rape myth acceptance was not significant ( $B = 1.20, p = 0.52$ ). However, at high levels of relational closeness (i.e.,  $+1 SD$ ), sexist attitudes was associated with higher levels of rape myth acceptance ( $B = 6.48, p < 0.01$ ). These results indicated that relational closeness to a rape victim significantly moderated the relationship between sexist attitudes and rape myth acceptance, however, not in the way that was predicted. After repeating these analyses and controlling for religious commitment, the previous model was no longer significant. That is,

there was no longer a significant interaction effect of sexist attitudes and closeness to a rape victim (see table 3).

Table 3

*Hierarchical Regression Analyses*

Variables	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Sexist attitudes on rape myth acceptance				
Intercept	43.95	.64	68.5	.00
Sexist Attitudes (X)	3.79	1.23	3.07	.00
Closeness (M)	-.83	.30	-2.76	.01
Sexist Attitudes x Closeness (XM)	1.26	.56	2.25	.025
$R^2 = 0.04$ , MSE = 252 $F(3, 614) = 9.25$ , $p < 0.01$				
Variables	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Sexist attitudes on rape myth acceptance controlling for religious commitment				
Intercept	41.5	1.52	27.3	.00
Sexist Attitudes (X)	3.45	1.57	2.18	.03
Closeness (M)	-.82	.31	-2.62	.01
Sexist Attitudes x Closeness (XM)	1.28	.71	1.79	.74
Religious Commitment (C)	.10	.06	1.79	.74
$R^2 = 0.05$ , MSE = 251 $F(4, 613) = 6.65$ , $p < 0.01$				

**Black/African American Sub-Sample**

Utilizing a sizeable subsample of Black/African American participants, the researcher attempted to explore the relationships between experiences of racial discrimination and all other variables of interest. Recent and lifetime experiences of racism, as well as the stress associated with these experiences were significantly and positively related to conformity to masculine norms (see Table 2). This indicates that men who experiences more frequent occurrences of racism and greater stress associated with those experiences were more likely to report higher

levels of conformity to masculine gender norms. Further regression analyses revealed that recent experiences of racism, lifetime experiences of racism, and the stress associated with these experiences were also significant predictors of conformity to masculine norms, but not conformity to feminine norms. Additionally, recent experiences of racism were significantly and positively correlated with religious commitment ( $r = 0.131$ ).

Results of the independent samples t-test revealed that compared to White participants ( $M = 40.5$ ,  $SD = 14.7$ ), Black/African American ( $M = 43.7$ ,  $SD = 16.9$ ) participants had significantly higher rape myth acceptance scores ( $t(407) = 2.03$ ,  $p = 0.043$ ). Additionally, the rape myth acceptance scores of Black/African American men were significantly higher than the rape myth acceptance scores of Black/African American women (see table 4). Black/African American men and White men did not differ significantly on their rape myth acceptance scores. White women and Black/African American women also did not differ significantly on their acceptance of rape myths.

Table 4

*Mean Differences in Rape Myth Acceptance Scores of Black/African American and White Men and Women*

		<b>Mean</b>	<b>Mean Difference</b>	<b>Sig.</b>
<b>Black/African American Men</b>	White Women*	<b>47.45</b>	9.98*	.000
	Black/African American Women*		5.86*	.005
	White Men		3.09	.223
<b>White Men</b>	Black/African American Men	<b>44.37</b>	-3.09	.223
	Black/African American Women		2.78	.244
	White Women*		6.87*	.007
<b>Black/African American Women</b>	Black/African American Men*	<b>41.59</b>	-5.86*	.005
	White Men		-2.78	.244
	White Women		4.09	.052
<b>White Women</b>	White Men*	<b>37.47</b>	-6.87*	.007
	Black/African American Men*		-9.99*	.000
	Black/African American Women		-4.09	.052

\*. The mean difference is significant at the 0.05 level

## Discussion

The researcher provides some interesting contributions to the body of knowledge surrounding rape myths and rape myth acceptance. Correlation analyses provided several significant findings. While the relationships between sexist attitudes, conformity to gender norms, and rape myth acceptance have been established in previous studies (Grubb & Turner, 2014; Mahalik, 2005; Sims, Noel, & Maisto, 2007), the unique racial/ethnic diversity of the sample used in this study has provided validation of these relationships with diverse racial/ethnic groups. This finding suggests that prejudicial belief systems about and behaviors towards women play a role in the prejudicial and false beliefs about rape espoused by a variety of racial/ethnic groups. It therefore behooves researchers to make efforts to conduct rape myth studies with a variety of diverse groups, since findings may have implications across cultures.

Previous researchers provided inconsistent findings about whether or not knowing a rape victim was related to lower levels of rape myth acceptance (Burt, 1980; Ellis et al., 1992; Gilmartin-Zena, 1987; McMahon & Farmer, 2011; Wiener et al., 1989). However, correlation analyses conducted with this sample indicated that both knowing a rape victim, as well as one's level of closeness to a rape victim were significantly related to rape myth acceptance. Participants who reported knowing a rape victim had significantly lower rape myth acceptance than those who did not. Furthermore, this study is the first (to our knowledge) to provide an indication that the nature and closeness of the relationship to a rape victim also play a significant role in the endorsement of rape myths. These findings have significant implications for how we might address the prevalence of rape myths throughout society. It is possible that knowledge of and closeness to rape victims help to increase empathy towards victims and reduce the negative stigma often associated with rape victims. These findings provide a great deal of support for the

ideas put forth by Diehl, Glaser, and Bohner (2014). These researchers proposed that when individuals learn more details about the victim's suffering, they are less likely to believe false stereotypical beliefs about sexual harassment and more likely to feel empathy towards the victim. Sexual assault prevention and bystander intervention program may therefore benefit from finding ways to highlight victims' stories, particularly on college campuses.

The findings of this study also supported previous research suggesting that Black/African American individuals on the whole endorse higher levels of rape myth acceptance than White individuals (e.g. Lonsway & Fitzgerald, 1994; Nagel et al., 2005). However, we also saw that Black/African American men endorsed significantly higher rape myth acceptance than White women and Black/African American women (Table 4). These findings provide some support for Crenshaw's hypothesis about the connection between rape myth acceptance among Blacks/African Americans and the historically prejudicial nature of rape accusations. Crenshaw (1994) proposed that Black/African American men tend to be accused of rape more than White men and that White women's claims of rape are believed more than Black/African American women's claims. Given this proposal, it is possible that Black/African American men may be more skeptical and defensive of rape accusations, while White women display greater levels of empathy towards rape victims who they may identify with. The results of our study also revealed that Black/African American men had the highest levels of rape myth acceptance and White women had the lowest levels of rape myth acceptance. These findings also provide a great deal of support for Crenshaw's supposition. The researcher also found that Black/African American men had significantly higher rape myth acceptance score than Black/African American women, and that Black/African American women were statistically no different in their endorsement of rape myths than White men and White women. This indicates that

Crenshaw's proposed rationale for the higher endorsement of rape myths among Black/African American individuals may only be partially supported, since only Black/African American men endorse significantly higher rape myth acceptance. Black women's lower rates of endorsement of rape myths might be due to the high rates of sexual victimization experienced by the group (Smith, White, & Holland, 2003; Breiding, Black, & Ryan, 2008).

Although the difference in the rape myth acceptance scores of Black/African American women and White women were not statistically significant, Black/African American women generally had a higher average score of rape myth acceptance. Given some statistics which indicate that Black/African American women experience a higher prevalence of sexual victimization than White women, this difference, while not significant, is notable. One possible reason for this difference might lie in differences in the religious commitment of Black/African American women and White women. Black/African American men and women often experience significant psychological benefits from higher levels of religiosity (Mattis & Watson, 2008). We also see from the results of this study that high levels of religious commitment are significantly related to higher levels of rape myth acceptance and sexist attitudes. It is possible therefore, that Black/African American women may endorse higher levels of religious commitment and that this religious commitment may in some way influence their endorsement of rape myths. Black/African American women may also experience feelings of loyalty to Black/African American men, who endorse the highest levels of rape myth acceptance. It is also possible that Black/African American women may espouse a degree of loyalty to the beliefs of Black/African American men as a result of their in-group bias. Lee (1993) found that Black/African American individuals tend to judge their racial/ethnic in-group more favorably than an out-group. This means that although Black/African American women endorse

significantly lower levels of rape myth acceptance than their male counterparts, they may still engage in some amount of loyalty to the beliefs of Black/African American men. This potential in-group bias may result in Black/African American women endorsing slightly higher rape myth acceptance beliefs than White women.

Unexpectedly, we also saw significant differences in the rape myth acceptance scores of Asians/Asian Americans and Whites in our sample. While these findings were not previously hypothesized, they are consistent with findings from other studies (Devdas & Rubin, 2007; Kennedy & Gorzalka, 2002; Mori, Bernat, Glenn, Selle, & Zarate, 1995). Some researchers suggest that first and second-generation Asian and Asian American individuals may endorse cultural beliefs about how women should behave which, in turn, have an impact on their acceptance of rape myths (Devdas & Rubin, 2007). Other studies suggest that higher levels of acculturation of Asian individuals to Canadian and American cultures are associated with lower levels of rape myth acceptance (Kennedy & Gorzalka, 2002; Mori et al., 1995).

The results of our mediation analyses were surprisingly non-significant. However, the results of these tests provide us with interesting details about the specific interplay of these variables. The test of mediation for men indicated that conformity to masculine norms was a significant predictor of rape myth acceptance, however, the indirect effect of conformity to masculine norms through sexist attitudes was not significant. For women conformity to feminine norms was not at all a significant predictor of rape myth acceptance, and while there was a significant effect of sexist attitudes on rape myth acceptance, the direct, indirect, and total effects of these variables were insignificant. This indicates that conformity to gender norms does not impact rape myth acceptance for women, the same as it does for men. Additionally since, sexist

attitudes did not mediate the proposed relationships significantly, it is important to explore why this might be so.

It is important to note that the mediation model for men only accounted for about 10 percent of the variance in rape myth acceptance. Additionally, the mediation model for women accounted for a mere one percent of the variance in rape myth acceptance scores. These miniscule percentages are quite astonishing to say the least, since the vast majority of studies on rape myth acceptance earnestly emphasize the connections between sexist attitudes, conformity to gender norms, and rape myth acceptance. In fact, in their review of 37 rape myth studies, Suarez and Gadalla (2010) summarized that rape myth acceptance has been most commonly linked with hostile attitudes and behaviors towards women, as well as other oppressive belief systems. Suarez and Gadalla use the findings of their study as a robust basis to promote the development of sexual assault prevention programs that focus on addressing such oppressive belief systems. While it is clear from the results of this study that rape myth acceptance is significantly related to sexist attitudes and conformity to gender norms, the small percentages of variance explained in our mediation models indicate that these variable only paint a small picture of the factors at play that impact rape myth acceptance. It therefore behooves future researchers in this area to broaden their scope of exploration regarding correlates of rape myth acceptance. While sexual assault prevention programs that focus on the reduction of oppressive beliefs might be beneficial, they may do very little to mitigate the endorsement of rape myths by members of the public. The exploration of variables such as religiosity, media consumption, political beliefs, belief in a just world, and other unexplored variables will be critical in this endeavor. Researchers may also need to engage in more creative theoretical thought in their

conceptualization of research studies on rape myths in order to account for other variables that have yet to be explored.

It would also be remiss to ignore the fact that there is some overlap between both conformity to gender norms constructs and the measure of sexist attitudes. The measures of conformity to gender norms assess for specific personal behavioral practices, rules, and standards (Mahalik et al., 2003), while the measure of sexist attitudes assesses for prejudicial beliefs and attitudes about men and women on the whole (Glick & Fiske, 1996). Despite these differences, there is a great deal of overlap in the overarching ideologies behind both constructs. While these measures have shown to be effective in eliciting different kinds of information from individuals, perhaps for the specific purposes of this study, there may be too much overlap between both constructs. Additionally, it is likely that the relationships between the constructs in question are far simpler than originally proposed. Perhaps there are no mediating variables between conformity to gender norms and rape myth acceptance or between sexist attitudes and rape myth acceptance. In short, these relationships may be as simple as they seem.

Unexpectedly, the proposed moderations were also non-significant. Although closeness to a rape victim is related to lower levels of rape myth acceptance and lower levels of sexist attitudes, being close to a rape victim did not significantly mitigate the relationship between sexist attitudes and rape myth acceptance (after controlling for religious commitment), nor did it mitigate the relationship between conformity to gender norms and rape myth acceptance. This was quite fascinating and once again demonstrates that the variables that we presume to have a significant impact on rape myth acceptance may not play as substantial a role as we previously believed. As was previously mentioned, the developers of sexual assault prevention programs would do well to consider the myriad of other factors that may play a more significant role in the

reduction of rape myth endorsement among members of the public. These results also demonstrate that the relationships between our independent and dependent variables may be much simpler than we originally presumed. There may in fact be few, if any variables that play an intervening role in the relationships between sexist attitudes and rape myth acceptance, and conformity to gender norms and rape myth acceptance. Furthermore, these results also speak to the pervasive and potentially inflexible nature of these relationships. This is not surprising given the abundance of research that has previously connected sexist attitudes and gender role conformity to rape myth acceptance (e.g., Grubb & Turner, 2014; Suarez & Gadalla, 2010). It is clear that these findings still contribute significant and valuable insights to the literature.

### **Limitations of the Study**

The sample utilized for this study provides a great deal of diversity. However, the composition of the sample still presents some restrictions. This study utilized students from a public university. Previous studies suggest that individuals with higher levels of education tend to endorse lower levels of rape myth acceptance (Kassing, Beesley, & Frey, 2005; Suarez & Gadalla, 2010). This suggests that the results obtained from our sample may not be entirely representative of the larger population, and that in fact, mean figures obtained for rape myth acceptance may in reality be higher than seen from this sample. Additionally, the sample was somewhat limited in relation to other diverse identities (e.g., gender identity and sexual orientation).

This study also utilized a cross-sectional design which limits the assumptions that can be made about causation and the direction of influence of each of our variables. In order to more confidently make such assumptions, the use of quasi-experimental designs or longitudinal studies should be employed.

The closeness variable utilized in this study was perhaps the first of its kind. This variable utilized ratings provided by individual participants about how close they were to a rape victim. This rating is likely to be fairly subjective and we cannot be certain of the validity and reliability of this rating across participants. The results obtained from this variable must therefore be interpreted with caution, since one individual's rating of closeness to a rape victim may have a different meaning from a similar rating provided by another individual. Since this variable was found to be significantly related to rape myth acceptance and several other variables in the study, its usefulness for future studies should not go unnoticed. Researchers may benefit from finding more creative and psychometrically sound ways to measure this variable for use in future studies.

Many of the variables utilized in this study consisted of several subscales. For example, each measure of conformity to gender norms contains nine subscales, while the dependent variable (rape myth acceptance) contains five subscales. This study utilized analyses involving total scale scores and not individual subscale scores. The results of our analyses utilizing total scale scores were not significant, however, it is possible that the use of specific subscale scores may provide us with more meaningful findings. Given the great number of possible permutations that can be derived from such subscales, and the limited scope of this study, the researcher was unable to explore all such possible analyses. However, future researchers may find value in examining the relationships between specific subscales.

Finally, it is important to consider that measures related to sexual violence may be influenced by social desirability. In their exploration of rape myths and other constructs, Aosved and Long (2006) found a small but significant correlation between rape myth acceptance scores and scores on a measure of social desirability. These researchers therefore utilized a measure of

social desirability as a covariate in their analyses. Although the researchers found no differences in their results after including this covariate, future researchers may find it useful to control for social desirability in studies related to sexual violence.

### **Future Directions**

Although our proposed moderated mediation was not supported in this study, it behooves researchers to continue to explore the variety of constructs related to rape myth acceptance and the ways in which these constructs may be interrelated. In particular, religious commitment was significantly related to sexist attitudes, conformity to gender norms, and rape myth acceptance. One may therefore explore the potential mediating roles of sexist attitudes and conformity to gender norms in the relationship between religious commitment and rape myth acceptance. The significant differences in rape myth acceptance among different racial/ethnic groups also indicates that racial/ethnic groupings may play a significant moderating role in one or more of the previously proposed rape myth relationships. These and other such explorations will assist researchers in understanding the complex and/or simple ways in which rape myth acceptance is related to other constructs.

The evidence of significant racial/ethnic differences in rape myth acceptance warrants even further follow up. An understanding of cultural factors that may contribute to these differences is critical when considering how researchers and practitioners can work to reduce rape myth prevalence among specific cultural groups. Such an understanding may allow researchers to begin to generate and test culturally sensitive and culturally specific rape awareness outreach programs.

Finally, knowledge of and closeness to rape victims seem to affect rape myth acceptance. These findings may also prove to be important in assisting researchers to develop and examine

effective rape myth reduction initiatives. This might mean the developing a widespread public forum in which sexual assault victims and survivors may share their stories and experiences of sexual assault (anonymously or otherwise). These stories may help to combat common stereotypes about how, when, why, and to whom sexual assault occurs.

### **Conclusion**

The endorsement of rape myths by individuals throughout society remains problematic and warrants unrelenting investigation and opposition. The results of this study have provided us with new information about the correlates and predictors of rape myth acceptance, as well as the potential simplicity of these correlational and predictive relationships. This study has also provided us with new and important information about the roles of racism, religious commitment, and closeness to a rape victim on rape myth acceptance. Although this information provides some value, it is important for rape myth researchers to continue to explore correlates and predictors of rape myth acceptance, as well as the ways in which these variables interact with one another. Doing so helps us to understand what contributes to the pervasiveness of rape myth acceptance among individuals. This understanding may ultimately lead to the development of effective sexual assault awareness programs, which may eventually assist in reducing such rape myth prevalence. It is the hope that a reduction in the prevalence of rape myths may aid in reducing the prevalence of sexual assault crimes and increasing the rates of conviction for such atrocious crimes.

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## APPENDICES

### Appendix A

#### Demographic Survey

1. What gender do you identify with?
  - a. Man
  - b. Woman
  - c. Transgender Man
  - d. Transgender Woman
  - e. Other
  
2. What is your age?  
\_\_\_\_\_
  
3. What ethnicity do you identify with?
  - a. Asian/Asian-American
  - b. Black/African-American
  - c. Latino/Hispanic
  - d. Native American/American-Indian
  - e. White/Caucasian
  - f. Biracial/Multiracial
  - g. Other (Specify\_\_\_\_\_)
  
4. What is your marital status?
  - a. Single
  - b. Married/Partnered
  - c. Divorced
  - d. Separated
  - e. Widowed
  
5. What religion do you affiliate with?
  - a. Christian (Protestant)
  - b. Christian (Catholic)
  - c. Jewish
  - d. Muslim
  - e. Buddhist
  - f. Hindu
  - g. Agnostic
  - h. Atheist
  - i. Other
  - j. None

6. What is your estimated yearly income?
- a. Less than \$25,000
  - b. Between \$25,000 and \$35,000
  - c. Between \$35,000 and \$50,000
  - d. Between \$50,000 and \$75,000
  - e. Between \$75,000 and \$100,000
  - f. More than \$100,000

7. What is your sexual orientation?
- a. Gay
  - b. Straight
  - c. Lesbian
  - d. Bi-Sexual
  - e. Asexual
  - f. Other \_\_\_\_\_
  - g. I do not wish to share

8. What is your academic level?
- a. Freshman
  - b. Sophomore
  - c. Junior
  - d. Senior
  - e. Graduate Student

9. What is your major? (state if undecided)

\_\_\_\_\_

## **Appendix B**

### Knowing a Rape Victim

1. Do you personally know someone who has experienced rape/sexual assault?
  - a. Yes
  - b. No

**Appendix C**

Closeness to a Rape Victim

1. Have you had a **romantic partner** who experienced rape/sexual assault? Yes No

1b. If yes, how close are you to this person?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not Close at All</b>	<b>A Little Bit Close</b>	<b>Fairly Close</b>	<b>Very Close</b>	<b>Extremely Close</b>

2. Do you know a **family member** who experienced rape/sexual assault? Yes No

2b. If yes, how close are you to this person?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not Close at All</b>	<b>A Little Bit Close</b>	<b>Fairly Close</b>	<b>Very Close</b>	<b>Extremely Close</b>

3. Do you know a **close friend** who experienced rape/sexual assault? Yes No

3b. If yes, how close are you to this person?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not Close at All</b>	<b>A Little Bit Close</b>	<b>Fairly Close</b>	<b>Very Close</b>	<b>Extremely Close</b>

4. Do you know a **co-worker** who experienced rape/sexual assault? Yes No

4b. If yes, how close are you to this person?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not Close at All</b>	<b>A Little Bit Close</b>	<b>Fairly Close</b>	<b>Very Close</b>	<b>Extremely Close</b>

5. Do you know a **classmate** who experienced rape/sexual assault? Yes No

5b. If yes, how close are you to this person?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not Close at All</b>	<b>A Little Bit Close</b>	<b>Fairly Close</b>	<b>Very Close</b>	<b>Extremely Close</b>

6. Do you know an **acquaintance** who experienced rape/sexual assault? Yes No

6b. If yes, how close are you to this person?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not Close at All</b>	<b>A Little Bit Close</b>	<b>Fairly Close</b>	<b>Very Close</b>	<b>Extremely Close</b>

7. Do you know **any other person** who experienced rape/sexual assault? Yes No  
Specify who: \_\_\_\_\_

7b. If yes, how close are you to this person?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not Close at All</b>	<b>A Little Bit Close</b>	<b>Fairly Close</b>	<b>Very Close</b>	<b>Extremely Close</b>

8. Have you **yourself** personally experienced rape/sexual assault? Yes No

## Appendix D

### CMNI - 46

The following pages contain a series of statements about how people might think, feel or behave. The statements are designed to measure attitudes, beliefs, and behaviors associated with both traditional and non-traditional masculine gender roles.

**Thinking about your own actions, feelings and beliefs**, please indicate how much **you personally agree or disagree with each statement** by circling SD for "Strongly Disagree", D for "Disagree", A for "Agree", or SA for "Strongly agree" to the right of the statement. There are no right or wrong responses to the statements. You should give the responses that most accurately describe your personal actions, feelings and beliefs. It is best if you respond with your first impression when answering.

- |  |           |
|--|-----------|
| 1. In general, I will do anything to win                       | SD D A SA |
| 2. If I could, I would frequently change sexual partners       | SDD A SA  |
| 3. I hate asking for help                                      | SD D A SA |
| 4. I believe that violence is never justified                  | SD D A SA |
| 5. Being thought of as gay is not a bad thing                  | SDDA SA   |
| 6. In general, I do not like risky situations                  | SDD A SA  |
| 7. Winning is not my first priority                            | SD D ASA  |
| 8. I enjoy taking risks  | SD D A SA |
| 9. I am disgusted by any kind of violence                      | SD D A SA |
| 10. I ask for help when I need it                              | SD D A SA |
| 11. My work is the most important part of my life              | SD D A SA |
| 12. I would only have sex if I was in a committed relationship | SD D A SA |
| 13. I bring up my feelings when talking to others              | SD D A SA |
| 14. I would be furious if someone thought I was gay            | SD D A SA |
| 15. I don't mind losing  | SD D A SA |
| 16. I take risks   | SD D A SA |
| 17. It would not bother me at all if someone thought I was gay | SD D A SA |
| 18. I never share my feelings                                  | SD D A SA |
| 19. Sometimes violent action is necessary                      | SD D A SA |
| 20. In general, I control the women in my life                 | SD D A SA |
| 21. I would feel good if I had many sexual partners            | SD D A SA |
| 22. It is important for me to win                              | SD D A SA |

23. I don't like giving all my attention to work	SD D A SA
24. It would be awful if people thought I was gay	SD D A SA
25. I like to talk about my feelings	SD D A SA
26. I never ask for help	SD D A SA
27. More often than not, losing does not bother me	SD D A SA
28. I frequently put myself in risky situations	SD D A SA
29. Women should be subservient to men	SD D A SA
30. I am willing to get into a physical fight if necessary	SD D A SA
31. I feel good when work is my first priority	SD D A SA
32. I tend to keep my feelings to myself	SD D A SA
33. Winning is not important to me	SD D A SA
34. Violence is almost never justified	SD D A SA
35. I am happiest when I'm risking danger	SD D A SA
36. It would be enjoyable to date more than one person at a time	SD D A SA
37. I would feel uncomfortable if someone thought I was gay	SD D A SA
38. I am not ashamed to ask for help	SD D A SA
39. Work comes first	SD D A SA
40. I tend to share my feelings	SD D A SA
41. No matter what the situation I would never act violently	SD D A SA
42. Things tend to be better when men are in charge	SD D A SA
43. It bothers me when I have to ask for help	SD D A SA
44. I love it when men are in charge of women	SD D A SA
45. I hate it when people ask me to talk about my feelings	SD D A SA
46. I try to avoid being perceived as gay	SD D A SA

## Appendix E

### CFNI – 45

The following pages contain a series of statements about how people might think, feel or behave. The statements are designed to measure attitudes, beliefs, and behaviors associated with both traditional and non-traditional feminine gender roles.

**Thinking about your own actions, feelings and beliefs**, please indicate how much **you personally agree or disagree with each statement** by circling SD for "Strongly Disagree", D for "Disagree", A for "Agree", or SA for "Strongly agree" to the right of the statement. There are no right or wrong responses to the statements. You should give the responses that most accurately describe your personal actions, feelings and beliefs. It is best if you respond with your first impression when answering.

- |  |           |
|--|-----------|
| 1. I would be happier if I was thinner                                 | SD D A SA |
| 2. It is important to keep your living space clean                     | SD D A SA |
| 3. I spend more than 30 minutes a day doing my hair and make-up        | SD D A SA |
| 4. I tell everyone about my accomplishments                            | SD D A SA |
| 5. I clean my home on a regular basis                                  | SD D A SA |
| 6. I feel attractive without makeup                                    | SD D A SA |
| 7. I believe that my friendships should be maintained at all costs     | SD D A SA |
| 8. I find children annoying  | SD D A SA |
| 9. I would feel guilty if I had a one-night stand                      | SD D A SA |
| 10. When I succeed, I tell my friends about it                         | SD D A SA |
| 11. Having a romantic relationship is essential in life                | SD D A SA |
| 12. I enjoy spending time making my living space look nice             | SD D A SA |
| 13. Being nice to others is extremely important                        | SD D A SA |
| 14. I regularly wear makeup  | SD D A SA |
| 15. I don't go out of my way to keep in touch with friends             | SD D A SA |
| 16. Most people enjoy children more than I do                          | SD D A SA |
| 17. I would like to lose a few pounds                                  | SD D A SA |
| 18. It is not necessary to be in a committed relationship to have sex  | SD D A SA |
| 19. I hate telling people about my accomplishments                     | SD D A SA |
| 20. I get ready in the morning without looking in the mirror very much | SD D A SA |
| 21. I would feel burdened if I had to maintain a lot of friendships    | SD D A SA |

22. I would feel comfortable having casual sex	SDD A SA
23. I make it a point to get together with my friends regularly	SD D A SA
24. I always downplay my achievements	SD D A SA
25. Being in a romantic relationship is important	SD D A SA
26. I don't care if my living space looks messy	SD D A SA
27. I never wear make-up	SD D A SA
28. I always try to make people feel special	SD D A SA
29. I am not afraid to tell people about my achievements	SD D A SA
30. My life plans do not rely on my having a romantic relationship	SD D A SA
31. I am always trying to lose weight	SD D A SA
32. I would only have sex with the person I love	SD D A SA
33. When I have a romantic relationship, I enjoy focusing my energies on it	SD D A SA
34. There is no point to cleaning because things will get dirty again	SD D A SA
35. I am not afraid to hurt people's feelings to get what I want	SD D A SA
36. Taking care of children is extremely fulfilling	SD D A SA
37. I would be perfectly happy with myself even if I gained weight	SD D A SA
38. If I were single, my life would be complete without a partner	SD D A SA
39. I rarely go out of my way to act nice	SD D A SA
40. I actively avoid children	SD D A SA
41. I am terrified of gaining weight	SD D A SA
42. I would only have sex if I was in a committed relationship like marriage	SD D A SA
43. I like being around children	SD D A SA
44. I don't feel guilty if I lose contact with a friend	SD D A SA
45. I would be ashamed if someone thought I was mean	SD D A SA

## Appendix F

### The Ambivalent Sexism Inventory (ASI)

Below is a series of statements concerning men and women and their relationships in contemporary society. Please indicate the degree to which you agree or disagree with each statement using the following scale: 0 = disagree strongly; 1 = disagree somewhat; 2 = disagree slightly; 3 = agree slightly; 4 = agree somewhat; 5 = agree strongly.

	Disagree Strongly	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Agree Strongly
1. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.	0	1	2	3	4	5
2. Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality."	0	1	2	3	4	5
3. In a disaster, women ought not necessarily to be rescued before men.	0	1	2	3	4	5
4. Most women interpret innocent remarks or acts as being sexist.	0	1	2	3	4	5
5. Women are too easily offended.	0	1	2	3	4	5
6. People are often truly happy in life without being romantically involved with a member of the other sex.	0	1	2	3	4	5
7. Feminists are not seeking for women to have more power than men.	0	1	2	3	4	5

8. Many women have a quality of purity that few men possess.	0	1	2	3	4	5
9. Women should be cherished and protected by men.	0	1	2	3	4	5
10. Most women fail to appreciate fully all that men do for them.	0	1	2	3	4	5
11. Women seek to gain power by getting control over men.	0	1	2	3	4	5
12. Every man ought to have a woman whom he adores.	0	1	2	3	4	5
13. Men are complete without women.	0	1	2	3	4	5
14. Women exaggerate problems they have at work.	0	1	2	3	4	5
15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.	0	1	2	3	4	5
16. When women lose to men in a fair competition, they typically complain about being discriminated against.	0	1	2	3	4	5
17. A good woman should be set on a pedestal by her man.	0	1	2	3	4	5
18. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male	0	1	2	3	4	5

advances.

19. Women, compared to men, tend to have a superior moral sensibility.	0	1	2	3	4	5
20. Men should be willing to sacrifice their own well being in order to provide financially for the women in their lives.	0	1	2	3	4	5
21. Feminists are making entirely reasonable demands of men.	0	1	2	3	4	5
22. Women, as compared to men, tend to have a more refined sense of culture and good taste.	0	1	2	3	4	5

## Appendix G

### Update Illinois Rape Myth Acceptance Scale

	Strongly Agree 1	2	3	4	Strongly Disagree 5
<b>Subscale 1: She asked for it</b>					
1. If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand.	1	2	3	4	5
2. When girls go to parties wearing slutty clothes, they are asking for trouble.	1	2	3	4	5
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she gets raped.	1	2	3	4	5
4. If a girl acts like a slut, eventually she is going to get into trouble.	1	2	3	4	5
<b>Subscale 2: He didn't mean to</b>					
5. When guys rape, it is usually because of their strong desire for sex.	1	2	3	4	5
6. Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.	1	2	3	4	5
7. Rape happens when a guy's sex drive goes out of control.	1	2	3	4	5
<b>Subscale 3: He didn't mean to (intoxication)</b>					
8. If a guy is drunk, he might rape someone unintentionally.	1	2	3	4	5
9. It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.	1	2	3	4	5
10. If both people are drunk, it can't be rape.	1	2	3	4	5
<b>Subscale 4: It wasn't really rape</b>					
11. If a girl doesn't physically resist sex – even if protesting verbally – it can't be considered rape.	1	2	3	4	5

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 12. If a girl doesn't physically fight back, you can't really say it was rape.    | 1 | 2 | 3 | 4 | 5 |
| 13. If the accused "rapist" doesn't have a weapon, you can't really call it rape. | 1 | 2 | 3 | 4 | 5 |
| 14. If a girl doesn't say "no" she can't claim rape.                              | 1 | 2 | 3 | 4 | 5 |

**Subscale 5: She lied**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 15. A lot of times, girls who say they were raped agreed to have sex and then regret it.     | 1 | 2 | 3 | 4 | 5 |
| 16. Rape accusations are often used as a way of getting back at guys.                        | 1 | 2 | 3 | 4 | 5 |
| 17. A lot of times, girls who say they were raped often led the guy on and then had regrets. | 1 | 2 | 3 | 4 | 5 |
| 18. A lot of times, girls who claim they were raped have emotional problems.                 | 1 | 2 | 3 | 4 | 5 |
| 19. Girls who are caught cheating on their boyfriends sometimes claim it was rape.           | 1 | 2 | 3 | 4 | 5 |





**8. How many times have you been treated unfairly by *institutions* (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment office and others) because you are Black?**

*How many times in the past year?*      1      2      3      4      5      6

*How many times in your entire life?*      1      2      3      4      5      6

*How stressful was this for you?*      Not at all      1      2      3      4      5      6      Extremely

**9. How many times have you been treated unfairly by *people that you thought were your friends* because you are Black?**

*How many times in the past year?*      1      2      3      4      5      6

*How many times in your entire life?*      1      2      3      4      5      6

*How stressful was this for you?*      Not at all      1      2      3      4      5      6      Extremely

**10. How many times have you been *accused or suspected of doing something wrong* (such as stealing, cheating, not doing your share of work, or breaking the law) because you were Black?**

*How many times in the past year?*      1      2      3      4      5      6

*How many times in your entire life?*      1      2      3      4      5      6

*How stressful was this for you?*      Not at all      1      2      3      4      5      6      Extremely

**11. How many times have people *misunderstood your intentions and motives* because you are Black?**

*How many times in the past year?*      1      2      3      4      5      6

*How many times in your entire life?*      1      2      3      4      5      6

*How stressful was this for you?*      Not at all      1      2      3      4      5      6      Extremely





## Appendix I

### Religious Commitment Inventory – 10

Instructions: Read each of the following statements. Using the scale to the right, CIRCLE the response that best describes how true each statement is for you.

	<b>Not at all</b> true of me 1	<b>Some</b> true of me 2	<b>Moderately</b> true of me 3	<b>Mostly</b> true of me 4	<b>Totally</b> true of me 5
1. I often read books and magazines about my faith.	1	2	3	4	5
2. I make financial contributions to my religious organization.	1	2	3	4	5
3. I spend time trying to grow in understanding of my faith.	1	2	3	4	5
4. Religion is especially important to me because it answers many questions about the meaning of life.	1	2	3	4	5
5. My religious beliefs lie behind my whole approach to life.	1	2	3	4	5
6. I enjoy spending time with others of my religious affiliation.	1	2	3	4	5
7. Religious beliefs influence all my dealings in life.	1	2	3	4	5
8. It is important to me to spend periods of time in private religious thought and reflection.	1	2	3	4	5
9. I enjoy working in the activities of my religious affiliation.	1	2	3	4	5
10. I keep well informed about my local religious group and have some influence in its decisions.	1	2	3	4	5

## Appendix J

### INSTITUTIONAL REVIEW BOARD

Mail: P.O. Box 3999  
Atlanta, Georgia 30302-3999  
Phone: 404/413-3500  
Fax: 404/413-3504

In Person: Dahlberg Hall  
30 Courtland St, Suite 217



October 20, 2016

Principal Investigator: Gregory Brack

Key Personnel: Bowie, Jhodi-Ann Michelle; Brack, Gregory; Dew, Brian

Study Department: GSU - Georgia State University, GSU - Counseling & Psychological Svc

Study Title: RAPE MYTH ACCEPTANCE: EXPLORING THE ROLE OF GENDER NORM CONFORMITY, SEXISM, RACISM, AND CLOSENESS TO A RAPE VICTIM

Submission Type: Exempt Protocol Category 2

IRB Number: H17163

Reference Number: 340829

Approval Date: 10/20/2016

Expiration Date: 10/19/2019

The above referenced study has been determined by the Institutional Review Board (IRB) to be exempt from federal regulations as defined in 45 CFR 46 and has been evaluated for the following:

1. determination that it falls within one of more of the six exempt categories allowed by the institution; and
2. determination that the research meets the organization's ethical standards

If there is a change to your study, you should notify the IRB through an Amendment Application before the change is implemented. The IRB will determine whether your research protocol continues to qualify for exemption or if a new submission of an expedited or full board application is required.

Exempt protocols must be renewed at the end of three years if the study is ongoing. When the study is complete, a Study Closure Form must be submitted to the IRB.

Any unanticipated/adverse events or problems resulting from this investigation must be reported immediately to the University Institutional Review Board. For more information, please visit our website at [www.gsu.edu/irb](http://www.gsu.edu/irb).

Sincerely,



Susan Vogtner, IRB Member

**Federal Wide Assurance Number: 00000129**

## Appendix K

### Georgia State University Department of Counseling and Psychological Services Informed Consent

**Title:** Attitudes about Rape and other Belief Systems

**Principal Investigator:** Jane Brack, Ph.D.

**Student Principal Investigator:** Jhodi-Ann Bowie, M.Ed.

**Sponsor:**

**I. Purpose:**

You are invited to participate in a research study. The purpose of this study is to investigate the views of undergraduate participants as it relates to perceptions of rape and sexual assault. You are invited to participate because you are at least 18 years old and you are an undergraduate student at Georgia State University. A total of 1000 participants will be asked to participate in this study. Participation will require about 40 minutes of your time.

**II. Procedures:**

If you decide to participate, you will be asked to complete a survey that will take approximately 40 minutes to complete. The survey will be completed with an online Qualtrics – created survey. You will not be paid for your participation in this study. As a GSU student you may receive research credit for your participation. You will be asked questions about your personal beliefs and practices related to gender, as well as your thoughts about rape. You may also be asked questions about your experiences of being treated unfairly. You will **not** be required to provide your name for this study. Additionally, all the information you provide will be kept confidential.

**III. Risk:**

In this study, we do not anticipate that you will have any more risks than you would in a normal day of life. However, some participants may experience some discomfort when answering questions about their thoughts about rape. If this occurs you have to option to discontinue your participation in this study at any time. If you experience any major emotional discomfort, you may contact the Georgia State University Counseling Center, the Grady Rape Crisis Center, and the Georgia Crisis and Access Line (GCAL) in order to receive free counseling services. The locations and/or phone numbers for these services are listed below.

**Georgia State University Counseling Center**

Location:

Citizen's Trust Building

(Next to the University Commons)

75 Piedmont Ave, N.E.

Suite 200A – Counseling & Testing Center  
Suite 240 – Student Health Promotion  
Phone Numbers:  
Main Reception Line: 404-413-1640  
Main Fax Line: 404-413-1653  
Office Hours:  
Tuesday and Wednesday: 8:30 a.m. - 7 p.m.  
Monday, Thursday and Friday: 8:30 a.m. – 5 p.m.  
During Semester Breaks: 8:30 a.m. - 5 p.m. Monday through Friday

**Grady Rape Crisis Center**

Atlanta, GA 30303  
(404) 616-4861 Crisis  
(404) 616-3521 Admin  
(404) 616-5882 Fax

**Georgia Crisis & Access Line (GCAL):**

1-800-715-4225

Georgia offers a statewide toll-free call center for consumers to access services. The call center operates 24/7 and has the capacity to screen and assess callers for intensity of service response.

**IV. Benefits:**

Participation in this study may or may not benefit you personally. This is one of several different studies available to you. Overall we hope to gain information about how people think about rape and sexual assault in relation to their own personal belief systems.

**V. Compensation:**

You will receive 1.00 research credit for your participation in this study. You will still receive research credit if you skip questions or decide to stop participating in the study.

**VI. Voluntary Participation and Withdrawal:**

Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. You will not lose any benefits to which you are otherwise entitled (e.g., course credits).

**VII. Confidentiality:**

We will keep your records private to the extent allowed by law. Dr. Jane Brack and Ms. Jhodi-Ann Bowie will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board, the Office for Human Research Protection (OHRP)). Please remember that data sent over the Internet may not be secure. We will use a

participant number rather than your name on study records. The information you provide will be stored on a computer that is password-protected on a highly secure firewalled network. Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. You are encouraged to take the survey in a private location so others cannot see your screen.

**VIII. Contact Person:**

Contact Dr. Jane Brack at 404-413-8165 or at [gbrack@gsu.edu](mailto:gbrack@gsu.edu) if you have questions, concerns or complaints about this study. You can also call if you think you have been harmed by the study. Call Susan Vogtner in the Georgia State University Office of Research Integrity at 404-413-3513 or [svogtner1@gsu.edu](mailto:svogtner1@gsu.edu) if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

**IX. Copy of Consent Form**

You may print a copy of this consent form to keep so that you can refer to the information and numbers provided. You may do so by holding down the “ctrl” key and the letter “p” key at the same time.

If you are willing to volunteer for this research, please click “I agree” below (you must indicate consent in order to go on to the next page).

“I agree” to participate in this study