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RAPE MYTH ACCEPTANCE, SEXISM, AND EMPATHY  
ACROSS POPULATIONS AND AS PREDICTORS OF POST-ASSAULT FUNCTIONING

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A DISSERTATION APPROVED FOR THE  
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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**Abstract**

Victim-blaming and self-blame in the literature have repeatedly been shown to impact psychological distress in individuals who have been sexually victimized. Three key variables have been implicated in victim-blaming behavior: rape myth acceptance, ambivalent sexism, and empathy. Presently, there has been an absence of research examining these variables together across populations who have been sexually victimized, perpetrated sexual victimization, experienced both, or experienced neither. Additionally, relationships between these variables and psychological distress in adults who have been sexually victimized have yet to be examined. Results were hindered by small sample sizes but confirmed gender effects across variables, suggest that rape myth acceptance may be implicated in psychological well-being of victims, and indicate that individuals who have experienced both perpetration and victimization may differ in these factors compared to other groups.

*Keywords:* victim-blaming, sexual assault, distress, victimization, perpetration

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## Introduction

Reported incident rates of rape and sexual assault increased significantly between the years of 2014 and 2015, and in 2015 there were 431,840 reported instances of rape and sexual assault in the United States alone (Truman & Morgan, 2015). Further, it was reported that 30% of the population was raped, while 50% of the population experienced attempted rape or assault between 2004 and 2015 (Truman & Morgan, 2015). While reporting rates appear to be remaining stable, it is estimated that only 32% of rape and sexual assault cases were reported in the United States during 2015 (Truman & Morgan, 2015). Reporting statistics indicate a significantly different picture than that painted by recorded incident rates, suggesting that actual incidents of rape and sexual assault, and the impact on victims and survivors, may be much more significant than what is commonly cited. Sexual assault has been linked extensively in the literature to various forms of mental health issues including posttraumatic stress, depression, anxiety, and poor physical health and suicidality (Bryan, McNaughton-Cassill, Osman, & Hernandez, 2013; Campbell, Sefl, & Ahrens, 2004).

An ecological theoretical perspective concerning sexual assault considers variables at multiple levels as having the potential to significantly impact these post-assault outcomes (Campbell, Dworkin, & Cabral, 2009). Ecological theory was initially modeled in the 1970's in an effort to contextualize human development (Bronfenbrenner, 1979). Bronfenbrenner's framework emphasizes the role of various nested social systems existing in interconnection and influencing one another which interact to then impact an individual or group. This overarching framework highlights the importance of considering various systemic factors in an effort to understand phenomena by presenting a more comprehensive understanding of the surrounding environment in which events and responses occur. Specifically, ecological theory suggests that the impact of sexual assault must be understood in relation to social and cultural factors, and it is these factors which mediate the potentially long-term negative impacts of sexual violence on

victims (Buchwald, Fletcher & Roth, 1993). Consistent with ecological theory, research regarding sexual assault has revealed considerable complex interactions among a number of contextual variables.

Several factors have been identified in the literature as demonstrating significant relationships with sexual aggression, sexual assault recovery, and sexual assault perception. Specifically, treatment by others following the reporting of sexual assault and self-blame have been linked to post assault recovery (DeCou et al., 2017; Sigurvinsdottir & Ullman, 2015; Yamawaki, 2007).

Despite an ever-growing body of literature, little research has examined how these factors manifest within sexual assault victims themselves and interact to impact post-assault distress. Further, there is a dearth of research on how these specific factors, when combined, manifest across populations of individuals who have varying histories of sexual victimization and perpetration. The purpose of the present research is to explore how these variables, including rape myth acceptance, sexism, and empathy, may impact distress experienced by individuals who have been sexually victimized, as well as how these specific factors may vary across populations, including those who have perpetrated sexual violence themselves. Findings may provide information to help develop targeted interventions, identify protective factors in individuals who have been victimized, and provide information on how perpetrators differ from the general population so as to develop better prevention programs.

## **Literature Review**

### **Ecological Theory & Sexual Violence**

Since Bronfenbrenner's (1979) initial work regarding ecological theory in the 1970's, it has since been incorporated into research concerning social issues, including that of sexual violence (Banyard, 2011; Campbell, & Johnson, 1997; Levine & Breshears 2019).

Bronfenbrenner (1979) posited the following subsystems as interacting with one another to



create the environment surrounding and subsequently impacting individuals in the broader context: individual factors, microsystems, mesosystems, exosystems, macrosystems, and chronosystems. Individual factors include biopsychosocial elements unique to the individual. He defined microsystems as experiential settings characterized by interpersonal face-to-face interactions of individuals. Examples include the home, school, work, or otherwise immediate surroundings of an individual and other individuals contained therein. Mesosystems are understood as being comprised of the various microsystems in which an individual functions and are thus a product of combined singular environments, characterized by a broader scope of more general attitudinal and beliefs systems. Exosystems are significantly more external to the individual but still serve to impact an individual, albeit indirectly. Examples of exosystems impacts may include decisions made by individuals in positions of power that subsequently impact individuals, such as interactions with police or medical staff. Lastly, macrosystems comprise the most broad, however variable, level of influence over individuals. Macrosystems reflect the values of institutional or cultural entities which may differ in application but provide a general holding ground for the subsequent, smaller, systems to exist in. Chronosystems are temporal in nature and consider the changes in the afore mentioned subsystems that individuals experience over time. Thus, considering the literature while incorporating this ecological perspective invites acknowledgement that the experiences of sexual violence victims are impacted by a number of complex interactions between variables outside of biopsychosocial factors. Indeed, much of the literature has moved to better consider these elements to including characteristics of the assault itself, the impact of interactions with friends and family as well as social institutions and organizations, greater societal beliefs, and revictimization and sexual experience histories. (Campbell, Dworkin, & Cabral, 2009). The subsequent literature review incorporates research across these subsystems, with the present study focusing on interactions between individual factors and macrosystems.

### **Self-Blame**

In 1979, a landmark framework concerning the concept of self-blame following sexual assault was proposed that conceptualized self-blame as either behaviorally based or characterologically based (Janoff-Bulman, 1979). Behaviorally based self-blame was said to occur when the assault victim blames their own modifiable behaviors for the assault. It was this aspect of modification that was initially viewed in this framework as adaptive, due to its implication for victims to feel that they still have control over their future safety through the ability to adjust future behaviors. Characterological self-blame was said to occur when the victim blames their assault on attributions of who they are as a person. This latter form of self-blame was hypothesized to contribute to higher levels of distress and poorer post-assault adjustment (Meyer & Taylor, 1986).

Research since that time has both supported and challenged aspects of this framework. A study conducted by Breitenbecher (2006) examined the factor structure of assault survivors' attributions of previous assaults. Factor analysis suggested five types of blame (three of which were not self-directed) and findings suggested that characterological self-blame, not behavioral self-blame, was associated with higher levels of distress. Similarly, a study examining mediating factors of the impact of sexual assault using complex nested models found characterological self-blame to be "highly distressing and harmful to health" and considered behavioral blame to offer some "protective factors" (Koss, Figueredo, & Prince, 2002).

Other research however has suggested that both types of self-blame play a significant role in mediating distress experience post-assault (Frazier, 1990; Arata, 1999; Ullman, 1996). A longitudinal study conducted by Frazier (2003) examined relationships between perceived control and distress among sexual assault survivors recruited from emergency rooms, and measured recovery at four points in time following assault (2 weeks, 2 months, 6 months, and 12 months). Her findings showed that individuals who reported a higher degree of behavioral self-

blame also experienced high levels of distress at all time points, and as self-blame decreased so too did level of distress. Frazier (2003) elaborated on her findings by suggesting that, contrary to Janoff-Bulman's (1979) original framework, behavioral self-blame (that is, blame regarding one's past behaviors) does not necessarily facilitate feelings of future control. Further research helps elucidate the mixed findings concerning the relationships between blame type and distress. A longitudinal, cross-sectional study (Koss & Figueredo, 2004) postulates that characterological self-blame drives initial levels of distress, while levels of behavioral self-blame were more closely related to recovery over time.

MacLeod (1999) has provided further clarification concerning types of self-blame, suggesting that both types of blame are self-attributions, with characterological self-blame representing attributions of responsibility and behavioral self-blame representing attributions of causality. These forms of self-attribution have been theoretically linked to feelings of shame following assault, yet another variable found to mediate the relationship between assault and psychological distress (DeCou, Cole, Matthews, Lynch, & Wong, 2017; DeCou, Mahoney, Kaplan & Lynch, 2018; Vidal & Petrak, 2007)

### **Victim Blaming**

The concept of victim blaming as it relates to sexual assault has generally been widely accepted in the literature as being a significant area of concern, and has received notable increased attention in recent years particularly in the area of social psychology (Grubb & Harrower 2008; Van der Bruggen & Grubb, 2014). Victim blaming may be understood as the tendency for observers to perceive sexual assault victims as undeserving of sympathy for having contributed to their own victimization. The notion of victim blaming is not necessarily unique to the issue of sexual assault, but at times appears to stand in contrast to typical reactions in response to the occurrence of other violent crimes in its deleterious effects. Victim blaming is also not an isolated occurrence, as it has been observed across settings, within the helping

professions, across genders, and across cultures (Grubb & Harrower, 2008). Victim blaming may have particularly insidious effects on the well-being of victims/survivors and their decisions to report sexual assault as it contributes to how the victim is perceived and responded to by others, which has been found to contribute to victims' overall recovery and well-being (DeCou et al., 2017; Sigurvinsdottir & Ullman, 2015; Yamawaki, 2007). Contributing factors to low reporting rates of sexual assault vary by individual, but proposed factors include fear of being negatively judged by others, concern that they will not be believed by those in the criminal justice system, and belief that reporting will not result in prosecution of the perpetrator (Gunn & Linden, 1997; Chapleau, Oswald, & Russell, 2008). Reporting rates may also be impacted by fear of re-victimization and mistreatment by police and the legal system, as public officials have also been found to manifest beliefs congruent with victim blaming behavior (Campbell & Johnson, 1997; Shaw, Campbell, Cain & Feeney, 2017; Sleath & Bull, 2012).

Research utilizing police officers as participants found that victim blaming was significantly predicted by belief in myths that women secretly want to be raped and men are unable to control themselves (Sleath & Bull, 2012). This study also found no significant differences in terms of victim blaming between officers who had received special training for responding to sexual assault victims and officers who had not received this training, suggesting that these types of beliefs may not be easily challenged and are likely produced and maintained by larger social and cultural systems. Other research found widely differing definitions of rape among police officers used in the sample, with 51% providing definitions that incorporated old laws and victim blaming beliefs (Campbell & Johnson, 1997). Additional research helped to examine how beliefs concerning victim blaming may manifest behaviorally in the criminal justice system. Research which examined the police records from 248 sexual assault cases noted language in police statements drawing upon popular rape myths blaming victims on the basis of

assault circumstances, and victim character, as well as blaming victims for the ways in which police responded to the reported assault (Shaw, Campbell, Cain & Feeney, 2017).

In a review of rape victim's experiences with legal, medical and mental health personnel post-assault, Campbell (2008) details some of these issues. She reports that rape victims are often questioned by police concerning their clothing, sexual history, and sexual behavior during the assault, and calls attention to societal systems which rely on rape myths by placing priority on "real rape" (e.g. stranger rape) cases as opposed to significantly more common instances of acquaintance rape. Campbell (2008) goes on to highlight that cases of sexual assault which do not meet stereotypic representations of stranger assault are more likely to be rejected by the criminal justice system. Examination of prosecutorial accounts of sexual assault case rejection noted several predominate features (Frohmann, 1991). Specifically, suspecting victims of having ulterior motives and using stereotypes or typifications of rape-relevant behavior appear to serve as significant deciding factors resulting in more than half of cases being rejected by prosecutors. Of the case excerpts presented, many appear to incorporate rape myths as justification for rejection.

Other significant factors found to affect victim blaming include gender, gender roles, similarity to the victim, degree of victim and perpetrator acquaintance, hindsight bias (viewing past events more clearly as preventable once the outcome is known, and race. Regarding the relationship between the victim and perpetrator, as degree of acquaintance between the victim and perpetrator increases, research has found that observer perceived severity of the assault decreases (Ben-David & Schneider, 2005). Gender of the victim is also impactful in that some research has also found women to be more likely to be viewed as victimized following an assault than men, but women have also been found to receive higher levels of general and characterological blame (Howard, 1984). On the part of the observer, a study by Kahn and colleagues (2011) regarding perceived similarity to the victim found that regardless of the gender

of the victim and perpetrator, female participants more strongly identified with the victim while male participants more strongly identified with the assailant. Further, race of the victim and perpetrator has also been found to play a significant role in victim blaming, whereby victims, whether White or Black, are blamed more if raped interracialy and opposed to intraracially (George & Martinez, 2002). Lastly, perceived degree of similarity between the observer and the victim has also been found to have a significant negative relationship with victim blaming. In a heavily cited study by Fulero and DeLara (1976) female observers who identified as similar to the victim assigned the least amount of blame to the victim, while female observers who identified as least similar to the victim assigned the most amount of blame. The degree of blame assigned by male observers fell in between the afore mentioned two groups.

Degree of victim-blaming by others has been observed to be similar in proportion to the degree of self-blame endorsed by actual victims of sexual assault (Anderson, 1999). Work by Anderson (1999) also suggested gender differences in victim-blaming behavior. In her study, it was found that both male and female participants attributed more behavioral blame to female assault victims compared to male victims, and male participants also attributed more characterological blame to female victims than they did to male victims.

It is important to note instances of victim-blaming in cases of sexual assault relative to other types of crime. Work by Felson and Palmore (2018) has provided important findings concerning how victim blame in sexual assault cases compared to instances of victim blaming in response to other types of crime. In this study, victims of sexual assault did not receive more blame than victims of other crimes. Victims were assigned less direct blame (e.g. the victim deserves some of the blame) compared to other crimes, but still received a significant level of indirect blame (e.g. she should not have put herself in that situation). The authors conceptualize these findings by considering sympathy toward victims and anger toward perpetrators as protective factors against victim-blaming, and consider hindsight bias as playing a role in

manifestation of indirect blame (failure to acknowledge that victims did not know the outcome of the situation when making their decisions). This is perhaps best understood when considering that hindsight bias is more frequently evoked when situations have a strong moral or emotional component (Hawkins & Hastie, 1990).

### **Function of blame and Bias**

The literature has explored the functional concept of victim blaming through two prominent frameworks: attribution and just world theories. Attribution theory speaks to the ways in which individuals perceive or construct causal explanations for events because of a desire and need to explain and control the world around them (Kim, Johnson, & Workman, 1994). The process of attribution however is likely subject to numerous factors including personal belief systems, lived experiences, contextual, cultural, and psychological variables. Related theories connecting attribution theory to victim blaming include the defensive attribution hypothesis and just world theory (Grubb & Turner, 2012).

Grubb and Turner (2012) explain that the defensive attribution process is evoked when individual perceptions of similarity between oneself and the victim impact the amount of blame placed on the individual. If the victim is perceived as similar to oneself, blame is reduced to account for the fear and likelihood that the observer could suffer from the same fate. Relatedly, just world theory posits that individuals have a need to believe that good things happen to good people and bad things happen to bad people, again, as a means to perceive the world as controllable and consistent. When events occur to suggest that the world may indeed be chaotic or that traumatic events may be unavoidable, blame is placed upon the victim as a means of reducing feelings of insecurity and restoring belief in a just world once again.

This function is reflected in information processing models developed to better understand and address adverse reactions in victims of sexual violence. Developed by Resick and Schnicke (1992), the information processing model suggests that interpersonal violence threatens

individual's beliefs regarding a just world and trust of self and others (Janoff-Bulman, 1989). Victims address this threat through one of three responses. Some victims may engage in assimilation, altering their beliefs about the violence by minimizing it and its impact. Others engage in accommodation by accurately adjusting existing beliefs to account for the traumatic experience (e.g. some people are not to be trusted). Lastly, some individuals may engage in over-accommodation, whereby belief systems are adjusted in extreme ways in response to the trauma (e.g. no one is to be trusted). Resick and Schnicke's research (1992) culminated in cognitive-processing therapy for the treatment of trauma, which seeks to address and challenge maladaptive instances of assimilation and over-accommodation.

### **Specific Factors**

While the aforementioned cognitive processes provide a framework for understanding the functional role of victim blaming, unique factors and beliefs have been found to inform instances of victim and self-blame that are distinct to sexual assault. A large body of research, when taken together, has repeatedly identified connections between 3 constructs that are particularly impactful concerning sexual assault and blame (both self-blame and victim blame): rape myth acceptance, sexism, and degree of empathy for victims and perpetrators (Abrams, Viki, Masser, & Bohner 2003; Chapleau, Oswald, & Russell, 2008; Grubb & Harrower, 2008; Grubb & Turner, 2012; Shaw, Campbell, Cain & Feeney, 2017; Van der Bruggen & Grubb, 2014).

### **Rape Myths**

*Rape myths* are defined as “prejudicial, stereotyped or false beliefs about rape, rape victims, and rapists” (Burt, 1980) that are “generally false, yet widely held, and that serve to justify male sexual violence against women” (Lonsway & Fitzgerald, 1994). Work by Payne, Lonsway and Fitzgerald (1999) using exploratory analysis identified a general myth component with seven subtypes of female rape myths: (1) *She asked for it*; (2) *It wasn't really rape*; (3) *He didn't mean to*; (4) *She wanted it*; (5) *She lied*; (6) *Rape is a trivial event*; and (7) *Rape is a*



*deviant event*. Examples of rape myths include the following: “If both parties are drunk, it can’t be rape” and “If a girl doesn’t physically fight back, you can’t really say it was rape” (Lonsway & Fitzgerald, 1994).

### ***Rape Myths and Sexism***

Lonsway and Fitzgerald (1994) conceptualize the persistence of these myths as being a product of sexist beliefs systems. Further research supported this conceptualization of rape myths as a product of sexism by identifying additional predictors of belief in rape myths, including acceptance of interpersonal violence, sex role stereotyping and adherence to adversarial sexual beliefs suggesting that men and women struggle for dominance, a struggle that must be won by men (Burt 1980). The common underlying ideology identified in these various predictors, again, identified by Lonsway and Fitzgerald (1995) is that of hostility toward women. Noted gender differences in their study examining hostility toward women as a significant predictive factor led them to hypothesize that rape myth acceptance serves different roles for men and women who express endorsement of said myths. For men, acceptance of rape myths is used to justify dominance over women. For women, acceptance of rape myths is used to decrease or deny feelings of vulnerability. This latter conceptualization appears consistent with attribution and just world theoretical frameworks in that rape myth belief in women may subsequently serve as a reflection of attempts to restore belief in a just world and quiet fears regarding one’s own susceptibility to harm.

### ***Rape Myths and Gender***

The rape myth construct has since been extended to consider rape myths specific to male sexual assault victims (Struckman-Johnson & Struckman-Johnson, 1992). Examples including: (a) *male rape does not happen* (e.g., “it is impossible to rape a man”), (b) *rape is the victim’s fault* (e.g., “men are to blame for not escaping”), and (c) *men would not be traumatized by rape*. Findings were similar to previous research on female rape myth acceptance suggesting that men

are more accepting of rape myths in general, regardless of the victim's gender. Further, attitudes found to facilitate female rape myth acceptance, sexism and acceptance of interpersonal violence, were found to also be strong predictors of male rape myth acceptance (Chapleau, Oswald & Russell, 2008). In this way, rape myth acceptance may function similarly for men as a protective factor and means of maintaining beliefs in a just world.

### ***Rape Myth Themes***

Both male and female rape myths identified in the literature share similar themes of minimizing the event, reducing culpability of the perpetrator and redirecting blame onto the victim. Research concerning the perception of rape myths by individuals who have been sexually victimized is mixed. Work analyzing 944 narratives of female sexual assault victims revealed that one in five women engaged in language consistent with female rape myths and made statements used to justify the assault or engage in self-blame (Weiss, 2009). Common statements made suggested the following: "male sexual aggression is natural, inevitable, or not the offender's fault when intoxicated; sexual force without "violence" or perpetrated by dates and intimate partners is not real crime; and women contribute to their own victimization by reckless behavior or by failing to resist effectively." Findings also suggested that these accounts were more likely to occur in response to assault that does not adhere to "real" typification (assault by a stranger resulting in bodily injury). Weiss hypothesizes that use of rape myth narratives by victims may serve as a protective factor initially to avoid the possibility of negative outcomes when reporting the assault, but may inadvertently increase victim self-blame and shame by circumventing the placement of blame on the perpetrator. Analysis of the narratives suggest that rape myths serve as a powerful force not only in how observers perceive sexual assault, but also in how victims perceive their own experiences.

### ***Rape Myths and Sexual Experiences***

While it is apparent that female sexual assault victims do engage in acceptance of rape myths concerning their own assault, other research has suggested that a personal history of sexual victimization mediates rape myth acceptance in general, with those who have been victimized engaging in less myth acceptance overall (Baugher, Elhai, Monroe & Gray, 2010). Researchers consider that this decrease in myth acceptance may be the result of empathy felt toward other victims. The authors also hypothesized that individuals with more severe Post-Traumatic Stress (PTSD) symptoms due to previous sexual victimization would also engage in less myth acceptance, though this was not substantiated by their findings. This particular finding is of note because it is in line with cognitive theory regarding the treatment of PTSD in that treatment targets and attempts to adjust unhelpful cognitions. In a study conducted by Mason, Riger, and Foley (2004), their findings showed that previous victimization however did not mediate the amount of blame that participants placed on other victims, nor did it mediate the degree to which participants viewed a fictional sexual assault scenario as rape when compared to participants who had not previously been sexually victimized. Unacknowledged victims (individuals who had experiences that met criteria for assault, but did not themselves view the incident as assault) actually placed more blame on the fictional victim than acknowledged sexual assault victims and participants with no assault history. It is possible then that unacknowledged victims may compare their own experiences to “real” rape typifications via rape myth acceptance and that if their experiences do not match these typifications, myth acceptance is maintained for both the self and others.

### ***Myth Acceptance and Well-Being***

In a search of the literature, few studies were found concerning the impact of rape myth acceptance on well-being. In two studies conducted in Germany and the United States, participants were exposed to newspaper articles depicting either non-violent content, or violent content of either rape or assault (Bohner, Weisbrod, Raymond, Barzvi, & Schwarz, 1993). Men

who were high in rape myth endorsement exhibited an increase in positive affect and self-esteem following exposure to a story depicting rape. Potentially because exposure to the story reinforced their belief in just world myths. Men who were low in rape myth acceptance, and women who were high in rape myth acceptance were unaffected. However, women who scored low in rape myth acceptance reported lowered self-esteem and affect following exposure to the rape depicting story. These effects were not observed in individuals who were exposed to a story depicting a violent, but non-sexual, assault. Authors share that these findings are supportive of previous theoretical frameworks suggesting that rape myths serve to promote male dominance and adversarial sexist beliefs in men, but continue to potentially serve as protective factors in some women. Conversely, a study which recruited female sexual assault survivors in South Africa as participants found that women who reported an increase in negative and critical behaviors by those in their community as well as an increase in personal rape myth acceptance demonstrated an increase in depressive symptoms and risky coping behaviors over time (Wyatt et al., 2017).

Finally, women who adhere more strongly to belief in rape myths have been found to have a lower sensitivity, that is a higher threshold for judging certain social situations as risky (e.g. situations which contain elements statistically common to sexual assault) (Yeater, Treat, Viken & McFall, 2010). While rape myths may serve as a psychological protective factor for some women, they may also serve to increase risk of physical harm.

### **Ambivalent Sexism**

The second presented construct, *ambivalent sexism* (Glick & Fiske, 1996) relates to previously mentioned sex role stereotyping (Burt 1980) and refers to attitudes toward women that may initially appear in opposition to one another, but together contribute to the perpetuation of restrictive and harmful stereotypes and sexist beliefs. Glick and Fiske (1996) conceptualize sexism as a multidimensional construct, comprised of both benevolent and hostile sexist beliefs.

Hostile sexism is conceptualized as beliefs which denigrate women and serve to maintain societal dominance of men. The authors assert however that because heterosexual men are dependent upon women to serve as wives, mothers, and sexual beings, benevolent sexist beliefs are also developed (Glick & Fiske 1996). While hostile sexism may be commonly understood as overt prejudice, benevolent sexism views women in a subjectively positive “tone”. For example, the belief that women should be placed on a pedestal by their male partner may appear positive on the surface, but like hostile sexist beliefs, is ultimately harmful. Instead of these seemingly competing belief systems producing cognitive discomfort and tension, benevolent sexist theory suggests that the two belief systems alternatively serve as a means of efficient social categorization and information processing for men who espouse the broader concept of ambivalent sexism. Women’s adherence to traditional gender roles serve as cues for categorization, with women who adhere to traditional gender roles serving to activate benevolent sexist beliefs, while women who challenge traditional gender roles serving to activate hostile sexist beliefs. In this way, benevolent sexism also serves as a tool for evaluation by categorizing women as either “good” or “bad” (Glick, Diebold, Bailey-Werner, & Zhu, 1997).

Because both types of beliefs are viewed as being activated in response to perceived overarching gender role conformity, authors found that the constructs are positively correlated suggesting that endorsement of benevolent sexist beliefs does not necessarily negate or challenge endorsement of hostile sexist beliefs. Their research found that hostile sexism in particular has been found to be correlated with rape myth acceptance in both men and women.

A continuation of relevant work has shown that benevolent sexism may also impact victim blaming. In a study by Viki and Abrams (2002), participants were presented with a describing an acquaintance rape. Participants who exhibited higher levels of benevolent sexist belief attributed more blame to the victim when the victim was described as failing to adhere to social norms acceptable to women (in this case, kissing a man who was not her husband). A

follow-up, 4-part, study yielded similar findings (Abrams, Viki, Masser & Bohner, 2003). In response to reading an acquaintance rape scenario, participants (both men and women) who indicated higher levels of benevolent sexism, but not hostile sexism, blamed the victim more than individuals who did not endorse benevolent sexist beliefs. This finding is also supported in work by Yamawaki (2007) whose study yielded similar results. In part two of the study, it was found that men who endorsed higher levels of hostile sexism evidenced a higher level of proclivity to commit sexual assault of an acquaintance (but not a stranger). Part three of the study suggested that the relationship between benevolent sexism and blame in acquaintance rape scenarios is mediated by perceptions of the victim as having behaved inappropriately. Lastly, part four of the study found that the relationship between hostile sexism and proclivity to rape was mediated by belief that the woman was only pretending to not want to have sex so as to appear modest. Because sexism has been implicated in how victims are perceived by others as well as in the behavior of perpetrators, the present study seeks to explore how this factor differs across populations with differing sexual experience histories.

In all instances found through literature review, findings support Glick and Fiske's (1997) theory regarding gender role conformity, and Viki and colleagues suggest that individuals high in benevolent sexism engage in victim blaming to preserve their belief in a just world. This may also be supported by findings that individuals high in hostile sexism appear to minimize the seriousness of sexual assault (Yamawaki, 2007). This author concludes that this is due to hostile beliefs that women exaggerate problems, are easily offended and use sex as a weapon. These findings may also be interpreted to adhere to the just world theory in an individual's attempt to retain the belief that bad things happen to bad people (in this case, women).

Research conducted exploring mediating factors of hostile sexism and rape proclivity demonstrated mixed findings however with regard to victim "type" (Masser, Viki & Power, 2006). In their findings, whether or not a potential victim adhered to traditional gender roles did

not mediate the relationship between hostile sexism and rape proclivity, however participant perception of victim resistance as “token” and inauthentic, did mediate the relationship. These findings together concerning hostile sexism, rape proclivity, and “token” resistance perception may still be considered in line with deviation from gender roles, as attempts by a victim to appear modest in response to sexual advancements is congruent with gender stereotypes, as well as adversarial male dominance sexist belief.

Unfortunately, examination of how sexist beliefs (whether benevolent, hostile, or ambivalent) held by individuals who have been sexually victimized may impact the victim’s level of mental distress have not received attention in the literature. Some research however has examined the relationship between distress and gender roles in men. This is of particular relevance due to the relationship between gender roles and sexism, and the ways in which sexism may mediate and contribute to the acceptance and perpetuation of rape myths. Adherence to traditional gender roles in men has been found to have a positive relationship with PTSD symptom severity in both male police officers (Joseph, 2008) and male military veterans (Morrison, 2012).

Because of research supporting the connection between endorsement of sexist beliefs and blame in instances of sexual assault, the present study is interested in how this variable may differ across populations with different sexual experiences histories as well as how this may be predictive of well-being in individuals.

### **Empathy**

The third concept discussed, *empathy*, has also been found to play a contributing role in the perception of rape victims. Empathy has historically been difficult to define. Duan and Hill (1996) provide an overview of empathy related research differentiating between two predominate temporal conceptualizations, and two predominate process conceptualizations. The first temporal conceptualization views empathy as a stable trait entity, that of a personality

characteristic which views individuals as having varying degrees of ability to empathize with other individuals which remains fairly stable and consistent across time. A second temporal conceptualization views empathy as a cognitive-affective state which is situationally specific and varies in response to situational stimuli.

Regarding process conceptualizations, researchers have differentiated between cognitive and affect. Affective empathy may be understood as “responding with the same emotion to another person’s emotion” while cognitive empathy may be understood as “intellectually taking the role or perspective of another person” (Gladstein, 1983). Still, others argue that empathy incorporates both cognitive and affective processes and the impact of each of these processes likely differs based on situation (Brems 1989; Gladstein 1983). In totality, empathy may be understood as a social cognitive and/or affective process that is both stable and flexible which produces “an apprehension of another’s emotional state or condition and that is congruent with it” (Duan & Hill 1996; Eisenberg & Miller, 1987).

With this understanding, empathy has been found to significantly impact the perception of sexual assault victims and perpetrators. Further, empathy toward perpetrators and empathy toward victims are conceptualized as separate concepts (Smith & Freize, 2003) The majority of studies appear to conceptualize empathy in the form of state cognitive and affective processes. Empathy towards sexual assault victims has been shown to have a negative correlation with the amount of blame and responsibility assigned to said victim, while empathy toward the perpetrator has been shown to have a positive correlation with blame assigned to the victim (Ferrao, Goncalves, Parreira, & Giger, 2013; Smith & Freize, 2003). Furthermore, women have been found to exhibit more empathy than men toward victims in sexual assault cases (Smith & Freize, 2003), perhaps due to perceived similarities. Such empathy between women and victims of sexual assault appears to increase further if female respondents have experienced rape or attempted rape (Deitz, Blackwell, Daley, & Bentley, 1982). This empathic response however



was less for individuals who acknowledged a history of being sexually victimized but did not acknowledge the assault as actual rape (unacknowledged rape victimization; Osmon, 2016), suggesting that acknowledgement plays a key role in both empathy responses to other victims as well as assignment of blame.

Unsurprisingly, just as empathy has been found to impact perception of victims and perpetrators, a cyclical relationship has been identified in the criminal justice system. Specifically, male participants exposed to non-guilty verdicts in sexual assault cases were found to exhibit less victim empathy following the exposure compared to male participants exposed to guilty verdicts (Sinclair & Bourne, 1998). Female participants in the study however did not exhibit changes in empathy in response to guilty versus not-guilty verdicts, but did evidence greater rape myth acceptance in response to guilty verdict, a phenomenon yet again attributed to just world theory. This may serve a cyclical role in that decreased empathy and increased rape myth acceptance may have the potential to influence trial outcomes which then subsequently reinforce these types of beliefs socially when individuals witness non-guilty verdicts.

Despite the connection between victim and perpetrator empathy and perception of sexual assault in the literature, specifically how this impacts perception of blame and culpability, no studies were found through literature review examining the impact of victim and perpetrator empathy on victim well-being or distress. Because empathy has been found to be such a significant predictor of blame, and because self-blame as well as perpetrator blame has been implicated in the exacerbation and maintenance of distress in victims (Frazier, 2003; Koss & Figueredo, 2004), this is also suggestive of a significant gap in the literature.

### **Related Pilot Study**

A previous study conducted by the present author (Riggin, unpublished project) utilizing pilot data from university undergraduate students (N = 36) yielded results that supported findings in the literature while also revealing relationships among types of empathy. Individuals

participated in the study via an online data using Survey Monkey. Participants completed several measures including the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996), the Updated Illinois Rape Myth Acceptance (Updated IRMA; McMahon & Farmer, 2011) inventory, the Rape-Victim Empathy Scale and (REMV) and Rape-Perpetrator Empathy Scale (REMP; Smith & Frieze, 2003).

There was a moderate significant negative correlation between scores on the IRMA-SF and the REMP,  $r = -.349, p < .05$ . There was also a moderate significant positive correlation between scores on the ASI and the REMP,  $r = .448, p < .01$ . Lastly there was a moderate significant positive correlation between scores on the REMP and the REMV,  $r = .437, p < .01$ . There were no other significant relationships identified.

There was a negative relationship between rape myth acceptance and perpetrator empathy as high scores on the IRMA-SF indicated greater rejection of rape myths. This may suggest that acceptance of rape myths may contribute to perpetrator, as opposed to victim empathy in sexual assault instances. This is also reflected in a lack of relationship found between rape myth acceptance and victim empathy. There also was a positive relationship between endorsement of ambivalent sexism and perpetrator empathy. There was no correlation between rape myth acceptance and victim empathy, nor was there a correlation between ambivalent sexism and victim empathy. As the literature has implicated these factors in victim blaming behavior, it is possible that ambivalent sexism and rape myth acceptance contribute more to perception of the perpetrator, rather than the victim, and that it is this perpetrator perception that impacts victim-blaming behavior, as individuals who endorse these beliefs appear to express more perpetrator empathy. Further, it may also be possible that victim empathy is more stable than perpetrator empathy, operating from a moralistic foundation, and is thus less easily altered. There was also no correlation between rape myth acceptance and endorsement of ambivalent sexism. This may be due to the two being unrelated constructs, or because of benevolent sexist beliefs being

subsumed in the ambivalent sexism measure. The positive relationship between perpetrator empathy and victim empathy may suggest that empathy scores on these measures reflect an individual's capacity for general empathy, and higher scores indicating perpetrator empathy may not be reflective of perpetrator support or victim-blaming. It should be noted that these findings however are preliminary utilizing only pilot data.

Conceptually, these findings clarify, and separate factors attributed to victim blaming behavior in sexual assault cases. Additionally, the findings suggest that victim blaming behavior may not solely be the result of how the victim is perceived as previous literature suggests. Importantly, the findings further suggest that individuals who endorse rape myth acceptance and ambivalent sexism may more easily empathize with perpetrators of sexual assault rather than victims.

### **Research Questions**

The literature review highlights the prevalence of sexual assault and the myriad of factors that contribute to low reporting rates and subsequent distress in survivors. Broadly, the literature considers the impact of both victim-blaming, that is blame from others, and self-blame as contributing to and maintaining increased levels of psychological distress post-assault. Three key psychological processes have been consistently identified as underlying and contributing to blame reflective of both societal beliefs (ambivalent sexism and rape myth acceptance) and internal cognitive-affective processes (empathy). Significant differences in these constructs as they relate to sexual assault have been found in relation to gender and personal sexual experiences. Further, the literature has identified the functional role that these constructs may serve for individuals utilizing attribution and just world theories and how these functions may also differ as a result of gender and personal sexual experiences. Much of the literature appears to focus on these constructs in isolation from one another, as well as isolation of participants relative to sexual victimization status (victim versus non-victim).

There is a gap in the literature, such that we do not know how these related psychological processes may exist in comparison across various populations including sexual assault survivors, perpetrators, those who have both perpetrated and victimized and those who have experienced neither. We also do not know how these related processes differ when empathy is taken into consideration relative to gender in individuals who have been sexually assaulted. Furthermore, we do not know how these psychological processes may covary in regard to subsequent psychological distress post-assault. Examination of these potential relationships may provide important insight for the development of increasingly targeted therapeutic interventions for individuals who have been sexually assaulted, as well the development of sexual assault prevention programs. For these reasons, the present research questions are as follows:

**Research Question 1 (RQ1)**

To what extent are there differences in ambivalent sexism, rape myth acceptance, victim empathy, or perpetrator empathy between these four *history* groups—individuals with a history of: (a) experiencing sexual assault, (b) perpetuating sexual assault, (c) experiencing and perpetuating sexual assault, and (d) neither experiencing or perpetuating sexual assault.

**Research Question 2 (RQ2):**

To what extent are there differences in ambivalent sexism, rape myth acceptance, victim empathy, or perpetrator empathy between genders (male, female, other)?

**Research Question 3 (RQ3):**

To what extent does ambivalent sexism, rape myth acceptance, victim empathy, perpetrator empathy, and gender predict global psychological distress in individuals with a history of experiencing sexual assault?

**Hypotheses**

Regarding research question one, it was hypothesized that individuals with a history of victimization would endorse higher significantly higher levels of victim empathy and lower

levels of perpetrator empathy when compared to individuals with a history of perpetration or a history of neither. This is congruent with previous studies suggesting that women who had previously experienced victimization expressed higher levels of empathy toward other victims (Deitz, Blackwell, Daley, & Bentley, 1982). It was also hypothesized that individuals with a history of perpetration would endorse higher levels of perpetrator empathy, ambivalent sexism, and rape myth acceptance when compared to the other three groups. Other analyses for research question one were exploratory in nature.

Regarding research question 2, it was hypothesized that individuals identifying as male would endorse lower levels of victim empathy than the other two gender identity groups, but simultaneously endorse higher levels of perpetrator empathy, ambivalent sexism, and rape myth acceptance when compared to the other two gender identity groups. This hypothesis is in line with previous research asserting gender effects (Smith, & Frieze, 2003).

Lastly, regarding research question 3, it was hypothesized that increased endorsement of rape myth acceptance, ambivalent sexism and perpetrator empathy would predict higher levels of psychological distress in victims. It was also hypothesized that increase victim empathy would serve as a protective factor and predictor lower levels of psychological distress in victims. These hypotheses are reflective of previous research suggesting that myth acceptance, sexism and empathy are related to blame (Abrams et al., 2003; Ferrao et al., 2013; Shaw et al., 2017 ). Analysis of the predictive role of gender was exploratory in nature.

## **Methods**

### **Participants**

Participants included adult individuals 18-years old or above ( $n= 305$ ), residing in the United States recruited using Mechanical Turk ( $n=201$ ) and snowball sampling on social media through Facebook & Reddit ( $n= 104$ ) (Table 1) . Of the participants recruited through Mechanical Turk, 114 identified as male (56%), 86 identified as female (42%), and 1 participant

identified as Neither/Both/Other/Gender Fluid (2%). Additionally, 6 participants reported they were African American/Black/African/Caribbean (3%), 12 were Asian/Pacific Islander (6%), 164 were White/Non-Hispanic (82%), 10 were Hispanic/Latinx (5%), 2 were Native American/American Indian/Alaskan Native (1%), 1 was Native Hawaiian (.5%), and 6 were biracial (3%), 180 of these participants reported that they were heterosexual (90%), 8 reported they were homosexual (4%), and 13 reported that they were bisexual (6%).

Of participants recruited through social media, 22 identified as male (21%), 79 identified as female (76%), and 3 identified as Neither/Both/Other/Gender Fluid (3%). Additionally, 2 participants reported they were African American/Black/African/Caribbean (2%), 3 were Asian/Pacific Islander (3%), 82 were White/Non-Hispanic (79%), 6 were Hispanic/Latinx (6%), 4 were Native American/American Indian/Alaskan Native (4%), 5 were Native Hawaiian (5%), 2 were biracial (2%) and 1 identified as Other (1%). 56 of these participants reported that they were heterosexual (54%), 2 reported they were homosexual (2%), 37 reported that they were bisexual (36%), and 9 reported their sexual orientation as None/Other (9%).

Of participants recruited through Mechanical Turk, 10 participants reported being sexually assaulted within the last 12 months (male = 4, female = 6), and 47 reported being sexually assaulted since the age of 14 (male = 12, female = 35) (Tables 2 and 3). Eight (8) participants reported perpetrating sexual assault within the last 12 months (male = 6, female = 4), and 16 reported perpetrating sexual assault since the age of 14 (male = 12, female = 4). Two (2) participants reported both being the victim of sexual assault as well as perpetrating sexual assault within the past 12 months (male = 2), and 4 participants reported being both the victim of sexual assault and perpetrator of sexual assault since the age of 14 (male = 2, female = 2).

Of the participants recruited through social media, 19 reported being sexually assaulted within the last 12 months (male = 4, female = 15), and 73 reported being sexually assaulted since the age of 14 (male = 7, female = 64, Other = 2). Four (4) participants reported perpetrating sexual

**Table 1***Demographics of Study Sample*

Factor	Total Sample	MTurk	Social Media
<b>Gender</b>			
N	305	201	104
% Male	45	56	21
% Female	54	42	76
% Other	1	2	3
<b>Race</b>			
% White/Non-Hispanic	81	82	79
% African American	3	3	2
% Asian/Pacific Islander	5	6	3
% Hispanic/Latinx	5	5	6
% Native American/Alaskan	2	1	4
% Native Hawaiian	.3	.5	0
% Bi-Racial	4	3	5
% Other	.7	0	2
% Non-White	19	18	21

*Note.* Percentages have been rounded up to the nearest decimal.

assault within the last 12 months (male =1, female = 3) and 18 reported perpetrating sexual assault since the age of 14 (male = 6, female =10, other = 2). Two (2) participants reported both being the victim of as well as perpetrating sexual assault within the past 12 months (male = 1 female = 1), and 13 participants reported both being the victim of as well as perpetrating sexual assault since the age of 14 (male = 3, female = 9, Other = 1).

For the combined sample including both participants from Mechanical Turk as well as social media, in the past 12 months, 8 participants reported perpetrating sexual assault (male =4 , female =4 ), 25 participants reported sexual assault victimization (male = 5, female = 20), 4 participants reported experiencing both victimization and perpetration (male = 3, female =1), and 268 reported experiencing neither (male = 124, female = 140, other =4). Since of the age of 14, 17 participants reported perpetration (male = 13, female = 3, other = 1), 103 participants reported victimization (male = 14, female = 88, other = 1), 17 reported experiencing both perpetration and victimization (male = 5, female = 11, other = 1), and 168 participants reported experiencing neither (male = 104, female = 63, other = 1).

**Table 2***Sexual Experience Histories of Study Sample for Past Year*

Factor	Total Sample	MTurk	Social Media
Past Year Victimization (n)			
Male	5	2	3
Female	20	6	14
Other	0	0	0
Past Year Perpetration (n)			
Male	4	4	0
Female	4	2	2
Other	0	0	0
Past Year Both (n)			
Male	3	2	1
Female	1	0	1
Other	0	0	0



## Past Year Neither (n)

Male	124	106	18
Female	140	78	62
Other	4	1	3

**Table 3***Lifetime Sexual Experience Histories of Study Sample (since age 14)*

Factor	Total Sample	MTurk	Social Media
Lifetime Victimization (n)			
Male	14	10	4
Female	88	33	55
Other	1	0	1
Lifetime Perpetration (n)			
Male	13	10	3
Female	3	2	1
Other	1	0	1
Lifetime Both (n)			
Male	5	2	3
Female	11	2	9
Other	1	0	1
Lifetime Neither (n)			
Male	104	92	12
Female	63	49	14
Other	1	1	0

## Procedure

Participants first completed the measure of psychological well-being prior to completing all other measures due to the potentially distressing nature of subsequent measure questions. Participants then completed measures of rape myth acceptance, ambivalent sexism, and victim and perpetrator empathy followed by a measure regarding their personal history of sexual experiences. Lastly, participants were asked to complete demographics questions. Measures were ordered in this fashion to minimize priming effects and the potential for reflection on personal experiences to affect responses on the other measures. For this reason, all individuals regardless of sexual victimization status completed the measure of psychological well-being.

The present study utilized the online data collection survey tool, Qualtrics, to promote ease of access and increase sample size. Participant recruitment utilized both Mechanical Turk as well as postings on social media (Facebook & Reddit). Amazon's Mechanical Turk (Mturk; Amazon, 2011) is an online data collection tool that which allows researchers to hire "Workers" to complete Human Intelligence Tasks (HITs). Use of Mturk has increased in psychological research steadily since its inception (Rouse, 2020). The strengths of Mturk use for data collection have been documented to include increased diversity in samples and responses that are of higher quality given Mturk's monetary incentivization and rating of "workers" who complete tasks fully and accurately (Goodman & Paolacci, 2017). Mturk has demonstrated good reliability when compared to other forms of sampling, ranging from .70 to .83, and has previously been used in research concerning trauma and sexual violence (Engle, Talbot, & Samuelson, 2019; Holden, Dennie, & Hicks, 2013; Johnson & Borden 2012; Sharack, Eshelman, & Messman-Moore, 2019).

The present study utilized "Master workers" on Mturk, who include Mturk "workers" who have exhibited exemplary performance across tasks that they have been hired for.

Completion of the survey took participants approximately 30 minutes. Anticipated psychological

risk as a result of participating in this study was considered to be mild as a result of the potentially sensitive nature of questions regarding individual's past sexual experiences. Information regarding the sensitive nature of the study was provided explicitly in the study's description as well the consent form. Participants who completed the study through Mturk were compensated \$6.00 each. All participants, including participants who withdrew from the study prematurely, were provided with contact information of the researcher as well as a link to Psychology Today with instructions on locating mental health service providers in their area, should they experience increased levels of distress as a result of their participation.

## **Measures**

### ***Demographics***

Participants responded to four demographics questions including gender identity (Male, Female, Neither/Other/Both/Gender Fluid), age, sexual orientation (Heterosexual, Homosexual, Bisexual, Other/None) , and race (African American/Black/African/Caribbean, Asian/Pacific Islander, White/Non-Hispanic, Hispanic/Latinx, Native American/American Indian/Alaskan Native, Native Hawaiian, Bi-Racial, Other). Responses for each demographic area utilized one question each with a single choice response option.

### ***Outcome Questionnaire– 45.2 (OQ45.2)***

The OQ45.2 (Lambert et al., 2011) is a widely used questionnaire designed to assess global functioning across three sub-domains including overall symptom distress, relational distress, and social role performance. The measure consists of 45 self-report items rated on a 5-point Likert scale (0 = never and 4 = always). A total score is calculated by summing all items with higher scores indicating higher levels of global distress. The measure exhibits good reliability with regard to total scores (.94) as well as subscale scores with reliability coefficients for individual subscales ranging from (.70 to .93) (Boswell, White, Sims, Harrist, & Romans, 2013). Additionally, the measure has demonstrated good convergent validity with client's

presenting concerns in therapy and reliability across diverse populations concerning age, gender and ethnicity utilizing university, community, and business setting samples (Boswell, White, Sims, Harrist, & Romans, 2013; Lambert et al., 2013). Sample items include the following: “I get along well with others,” “I feel fearful,” “I blame myself for things,” “I have thoughts of ending my life,” and “I am satisfied with my relationships with others.”

### ***Updated Illinois Rape Myth Acceptance Scale (IRMA)***

The Updated IRMA (McMahon & Farmer, 2011) is used to measure the degree to which individuals endorse stereotyped and false beliefs regarding rape victims and perpetrators which are hypothesized to perpetuate the acceptance of sexual violence (McMahon & Farmer, 2011). The original Illinois Rape Myth Acceptance Scale (Payne, Lonsway & Fitzgerald, 1999) has been widely used and demonstrated good levels of reliability (.93) with subscale reliability ranging from .74 to .84. This scale was subsequently updated to better reflect subtle pervasive rape myths, commonly used language and an increased focus on victim-blaming. The Updated IRMA is a self-report measure consisting of 22 items total across 4 subscales: “She Asked for It”, “He didn’t mean to”, “It Wasn’t Really Rape” and “She Lied.” Overall reliability is .87 with correlations among factors ranging from .39 to .67.

The measure demonstrates good construct validity evidenced by structure equation modeling as well as good criterion validity as it compares to relationships in the literature between the original IRMA and gender, previous experience with sexual assault educating programming and knowledge of someone who has been sexually assaulted. Each of the 22 items is rated on a 5-point Likert scale (*1 = strongly disagree* and *5 = strongly agree*). Responses were totaled to produce a cumulative score with a higher score indicating greater endorsement of rape myths. Samples of items include the following: “If a girl acts like a slut, eventually she is going to get into trouble” and “If a girl doesn’t physically fight back, you can’t really say it was rape.”

***Ambivalent Sexism Inventory (ASI)***

The ASI (Glick & Fiske, 1996) is used to measure the degree to which individual's endorse two types of beliefs about women: both hostile and benevolent sexism, which are totaled to produce a score which is reflective of overall ambivalent sexist beliefs toward women (Glick & Fiske, 1996). Authors identified hostile sexism as largely unidimensional but identified three sub-factors within benevolent sexism: Paternalism, Gender Differentiation, and Sexuality. The measure is a 22-item self-report instrument utilizing a 6-point Likert-scale ( $0 = \textit{strongly disagree}$  and  $5 = \textit{strongly agree}$ ). The measure can yield three separate scores. A total score of Ambivalent Sexism is computed by averaging the score for all items. The two subscales representing Hostile and Ambivalent sexism may also be scored independently and computed in the same way. Reliability coefficients were observed across six samples. For the ASI, coefficients range from .83 to .92. Reliability coefficients for the Hostile Sexism factor range from .80 to .97. Reliability coefficients for the Benevolent Sexism factor range from .73 to .85. Authors account for lower reliability among the Benevolent Sexism factor because of its multidimensional nature reflected in its three sub-factors.

The ASI has also demonstrated good convergent and divergent validity through correlation with Impression Management measures, Recognition of Discrimination measures and other sexism measures. Good predictive validity has also been observed in relation to men and women's attitudes of ambivalence toward women and stereotypes of women. Samples of items include the following: "Most women interpret innocent remarks or acts as being sexist," "Women seek special favors under guise of equality," and "Many women have a quality of purity that few men possess."

***Rape Victim Empathy (REMV) and Rape Perpetrator Empathy Scales (REMP)***

The REMV and REMP (Smith & Frieze, 2003) are used to measure degree of empathy felt toward both victims and perpetrators of rape (Smith & Frieze, 2003). The REMV ( $\alpha = .92$ )

and REMP ( $\alpha = .81$ ) are both self-report measures which assess victim empathy and perpetrator empathy on two separate scales. Questions probe empathy from perspectives of victims and perpetrators both during and following rape. Both scales consist of 18 items, rated on a 5-point Likert scale ( $1 = strongly disagree$  and  $5 = strongly agree$ ), with higher scores indicating higher levels of empathy. Reliability coefficients for the REMV and REMP are .92 and .81, respectively. The measure demonstrated good convergent validity with other measures of empathy and perceived rape victim responsibility. Sample items include the following: “I can understand how helpless a rape victim might feel” and “I can understand a rapist’s feelings after a rape.”

***Revised Sexual Experiences Survey Short Form Victimization and Perpetration (Revised SES-SFV, Revised SES-SFP)***

The original Sexual Experiences Survey (SES; Koss 1982) was developed to explore instances of sexual victimization and perpetration of unwanted sexual behaviors through the use of non-judgmental language and the absence of legal terminology (e.g. “assault”, “rape”). Key features include the purposeful exclusion of poorly defined or poorly agreed upon language (e.g. “rape”), and instead the SES makes use of behavioral specificity to describe unwanted sexual acts, coercion and aggression (Koss et al., 2007). The SES was subsequently revised to address issues of heterosexist bias, broaden the scope of behaviors examined by the measure and further increase behavioral specificity and the most current measure now utilizes gender neutral language (Koss et al., 2007).

The SES-SFV provides respondents with a prompt regarding the nature of the survey with assurance regarding confidentiality. The measure consists of 7 question items regarding type of sexual victimization, and each question is followed by 5-subitems regarding method used by the perpetrator to enact the victimization (e.g. force, coercion, etc.). Participants are asked to respond to each subitem by indicating on a 4-point Likert scale the frequency of victimization

across two time periods: the past 12 months and since the age of 14. The SES-SFP is structured similarly with regard to question and response format, but instead, questions explore type of sexual victimization perpetrated by the individual as well as the method by which they engaged in perpetration. Both measures can be scored to produce overall prevalence rates, as well as scored for mutually exclusive specific categories.

An investigation into the psychometric data of these measures showed that internal consistency for items on these measures eliciting women's unwanted sexual experiences "since age 14" and "in the past 12 months" was .92. The internal consistencies of items eliciting men's perpetration of unwanted sexual experiences were .98 ("since age 14") and .99 ("in the past 12 months") (Johnson, Murphy & Gidycz, 2017). Their analysis also supported the use of the updated SES in Internet and in-person formats and that data collection across these formats is comparable. Lastly, their analysis suggested good predictive validity of the measures with women with a history of sexual assault victimization reported higher rates of trauma symptomatology and men with a history of perpetration reporting higher rates of belief in extreme forms of gender norms (hypergender ideology) and hypermasculinity.

Because of the use of behaviorally specific language in the measure as opposed to legal terms, both the SES-SFV and SES-SFP can capture instances of victimization and perpetration that participants may not otherwise acknowledge as victimization or perpetration. Additionally, language used, and situations described in this measure are comparable to Bureau of Justice Statistics definitions of rape and sexual assault (Bureau of Justice Statistics, 2011) which include the following:

**"Rape** - Forced sexual intercourse including both psychological coercion as well as physical force. Forced sexual intercourse means penetration by the offender(s). Includes attempted rapes, male as well as female victims, and both heterosexual and same sex rape. Attempted rape includes verbal threats of rape."

**“Sexual assault** - A wide range of victimizations, separate from rape or attempted rape. These crimes include attacks or attempted attacks generally involving unwanted sexual contact between victim and offender. Sexual assaults may or may not involve force and include such things as grabbing or fondling. It also includes verbal threats.”

### **Analysis and Design**

Data were analyzed using SPSS 14.0 statistical software (IBM Corp., 2019). For research question 1, two 4x4 between sample designs were used. Independent variables were sexual experience history statuses (perpetration, victimization, both, neither). These history statuses were then separated into two groups based on occurrence either within the past 12 months or occurrence since age 14. Dependent variables were the Ambivalent Sexism Inventory (ASI), Updated Illinois Rape Myth Acceptance Scale (IRMA), and the Rape Victim Empathy (REMV) and Rape Perpetrator Empathy Scales (REMP). Two one-way ANOVA’s were conducted for this analysis.

For research question 2, a 3x4 between sample design was used. Independent variables were gender (male, female, other) and dependent variables were the Ambivalent Sexism Inventory (ASI), Updated Illinois Rape Myth Acceptance Scale (IRMA), and the Rape Victim Empathy (REMV) and Rape Perpetrator Empathy Scales (REMP). A one-way ANOVA was conducted for this analysis.

For research question 3, an enter method multiple regression was used for this analysis. Predictor variables were the Updated Illinois Rape Myth Acceptance Scale (IRMA), and gender. Outcome variables were the Outcome Questionnaire– 45.2 (OQ45.2) global score, and three subscales: symptom distress, interpersonal relations and social role.

### **Results**

**Correlations** To explore correlations between variables, a correlation table was generated (See Table 4). Significant positive correlations were unsurprisingly noted between the global score on



**Table 4***Participant reports of rape myth acceptance, empathy, sexism, well-being and gender:**Correlations and Descriptive Statistics (N = 305)*

Variables	1	2	3	4	5	6
1. OQ-45 Symptom Distress	–					
2. OQ-43 Interpersonal Relations	.79**	–				
3. OQ-45 Social Role	.84**	.76**	–			
4. OQ-45 Total	.98**	.89**	.90**	–		
5. IRMA	-.25**	-.18**	-.18**	-.23**	–	
6. REMP	-.00	.09	.09	.04	.01	–
7. REMV	.10	-.01	.02	.06	.18**	-.03
8. ASI Hostile Subscale	-.01	-.09	.06	.03	.01	.40**
9. ASI Benevolent Subscale	-.07	.02	.02	-.03	.11	.16**
10. ASI Total	-.04	.06	.04	.00	.07	.33**
11. Gender <sup>a</sup>	.21**	.07	.05	.16**	-.24**	-.26**

**Table 4***Continued*

Variables	7	8	9	10	11
1. ASI Hostile Subscale	-.34**	–			
2. ASI Benevolent Subscale	-.17**	.48**	–		
3. ASI Total	-.30**	.88**	.84**	–	
4. Gender	.32**	-.30**	-.26**	-.33**	–

<i>M</i>	2.38	1.57
<i>SD</i>	1.02	.52
<i>Range</i>	1 – 6	1 – 3

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the OQ-45.2 and its three subscales. As expected, significant negative correlations were noted between the Illinois Rape Myth Acceptance Scale and all scales of the OQ-45.2. A significant positive correlation was also noted between the Illinois Rape Myth Acceptance Scale and the Rape Empathy – Victim scale. There was a significant positive correlation between hostile sexism and the Rape Empathy Perpetrator scale. Similarly, there was a significant negative correlation between hostile sexism and the Rape Empathy – Victim scale. Additionally, there was a significant positive correlation between benevolent sexism and the Rape Empathy – Perpetrator scale, as well as a significant negative correlation between benevolent sexism and the Rape Empathy – Victim scale. These correlations were exploratory in nature. Endorsement of benevolent sexism and hostile sexism were also significantly, positively correlated. Overall, ambivalent sexism demonstrated a significant positive correlation with both hostile and benevolent sexism, as well as a significant positive correlation with the Rape Empathy – Perpetrator Scale and significant negative correlation with the Rape Empathy – Victim scale. Lastly, there were significant negative correlations between gender and both victim and perpetrator empathy as well as hostile, benevolent, and ambivalent sexism.

### **Between Sample Differences**

A preliminary analysis of variance revealed significant sample group differences (Mturk compared to social media) for several measures including the Ambivalent Sexism Inventory,  $F(1,303) = 18.192, p = .000$ , the Hostile Sexism subscale,  $F(1,303) = 14.505, p = .000$  and the Benevolent Sexism subscale,  $F(1,303) = 12.011, p = .001$ . Significant between group differences were also identified for the Illinois Rape Myth Acceptance Scale,  $F(1,303) = 457.381, p = .000$ ,

and the Rape Empathy Perpetrator Scale,  $F(1,303) = 6.247$ ,  $p = .013$ . The largest difference was identified on the Illinois Rape Myth Acceptance Scale between the Mturk sample ( $M = 90.78$ ), and the social media sample ( $M = 34.94$ ). All differences noted between groups for the aforementioned measures were in the form of higher scores noted in the Mturk sample group. It was hypothesized that these differences were attributable to gender affects given previous research (Burt, 1980).

A subsequent analysis of variance showed that the effect of gender was indeed significant across all variables. This is not surprising given that the Mturk sample contained 114 males and 86 females, and the Social Media sample contained 22 males and 79 females. Given that between-group differences due to gender are expected as a result of gender differences in response, the samples were combined for further analysis.

Subsequent analyses examining variance utilized a Bonferroni adjustment at  $p = .008$  level to account for the number of variables examined.

### **Research Question 1**

Two one-way ANOVA's were conducted to test research question 1 : Is there a significant difference in ambivalent sexism, rape myth acceptance, victim empathy, or perpetrator empathy between these four *history* groups—individuals with a history of: (a) experiencing sexual assault, (b) perpetuating sexual assault, (c) experiencing and perpetuating sexual assault, and (d) neither experiencing or perpetuating sexual assault.,. The first analysis of variance showed that the effect of past year status (whether or not an individual engaged in perpetration, experienced victimization, or experienced both or neither over the past 12 months) was significant across the Hostile Sexism subscale of the ASI,  $F(3,301) = 6.586$ ,  $p = .005$ , as well as the Illinois Rape Myth Acceptance Scale,  $F(3,301) = 4.360$ ,  $p = .005$ . Post hoc analyses using the Bonferroni post hoc criterion for significance indicated that there were significant differences on the Illinois Rape Myth Acceptance scale between victims of sexual assault ( $M =$

49.32) and individuals that had neither experienced victimization nor perpetration ( $M = 73.71$ ),  $p = .004$ . There was also a notable difference between individuals that had experienced both and neither on the Hostile Sexism subscale of the ASI, though this failed to meet the  $p < .008$  Bonferroni adjustment.

A second analysis of variance was also conducted to examine the effect of lifetime status (perpetration, victimization, both, or neither) since age 14 across measures. The analysis showed that the effect of lifetime status was significant across all measures, including the Illinois Rape Myth Acceptance Scale,  $F(3,301) = 17.233$ ,  $p = .000$ , the Ambivalent Sexism Inventory,  $F(3,301) = 9.108$ ,  $p = .000$ , including both the Hostile Sexism subscale,  $F(3,301) = 8.718$ ,  $p = .000$ , and Benevolent Sexism Scale,  $F(3,301) = 4.761$ ,  $p = .003$ . Further, results were also significant for the Rape Empathy Perpetrator Scale,  $F(3,301) = 4.169$ ,  $p = .006$ , and the Rape Empathy Victim Scale,  $F(3,301) = 10.050$ ,  $p = .000$ . Post hoc analyses using the Bonferroni post hoc criterion for significance indicated that there were significant differences on the Illinois Rape Myth Acceptance Scale between individuals who had experienced victimization ( $M = 56.24$ ), individuals who had experienced neither ( $M = 83.42$ ), and individuals who had experienced both ( $M = 57.24$ ). Significant differences were also found on the Rape Empathy Victimization Scale between individuals who had experienced victimization ( $M = 103.37$ ), both ( $M = 92$ ) and neither ( $M = 92.37$ ). For the Ambivalent Sexism Inventory, significant differences were found between victims ( $M = 2.01$ ) and perpetrators ( $M = 3.10$ ), as well as those who had experienced neither ( $M = 2.53$ ). These differences were reflected in the Hostile Sexism subscale between victims ( $M = 1.83$ ), perpetrators ( $M = 3.09$ ) and those who had experienced neither ( $M = 2.48$ ) as well as the Benevolent Sexism Inventory between only victims ( $M = 2.19$ ) and perpetrators ( $M = 3.12$ ).

## **Research Question 2**

In order to test research question 2 which was: Is there a significant difference in ambivalent sexism, rape myth acceptance, victim empathy, or perpetrator empathy between

genders (male, female, other) a one-way ANOVA was conducted. The analysis of variance showed that the effect of gender was significant across all measures, including the Illinois Rape Myth Acceptance Scale,  $F(2,302) = 9.39, p = .000$ , the Ambivalent Sexism Inventory,  $F(2,302) = 18.14, p = .000$ , including both the Hostile Sexism subscale,  $F(2,302) = 15.32, p = .000$ , and Benevolent Sexism Scale,  $F(2,302) = 10.83, p = .003$ . Further, results were also significant for the Rape Empathy Perpetrator Scale,  $F(2,302) = 11.11, p = .006$ , and the Rape Empathy Victim Scale,  $F(2,302) = 19.26, p = .000$ .

Post hoc analyses using the Bonferroni post hoc criterion for significance indicated that there were significant differences on the Illinois Rape Myth Acceptance Scale between males ( $M = 80.54$ ) and females ( $M = 65.16$ ) as well as on the Ambivalent Sexism Inventory between males ( $M = 2.75$ ) and females ( $M = 2.09$ ). On the Hostile Sexism subscale, significant differences were noted between males ( $M=2.71$ ) and females ( $M=1.96$ ) as well as on the Benevolent Sexism subscale between males ( $M = 2.79$ ) and females ( $M = 2.22$ ). Further, differences were noted on the Rape Empathy Victim scale between males ( $M = 87.87$ ) and Females ( $M = 101.68$ ) as well as on the Rape Empathy Perpetrator scale between males ( $M = 51.13$ ) and females ( $M = 43.08$ ). No significant differences were found between individuals identifying as Neither/Both/Other/Gender Fluid when compared to males and females.

### **Research Question 3**

In order to test research question 3, which was: How does ambivalent sexism, rape myth acceptance, victim empathy, perpetrator empathy, and gender predict global psychological well-being in individuals with a history of experiencing sexual assault, two linear regressions using an enter technique were conducted. The predictability of ambivalent sexism endorsement, rape myth acceptance, victim empathy, perpetrator empathy and gender in sexual assault victim well-being as measured by the OQ-45 was of particular interest, but due to the previous correlation matrix presented, enter regressions were utilized including only the Illinois Rape Myth

Acceptance Scale (IRMA) and gender as predictor variables.

For the first analysis examining gender and IRMA scores as predictor variables among individuals with a lifetime status of victimization (victimization since age 14), no significant predictors were found.

For the second analysis utilizing individuals with a recent victimization status (within the past year), IRMA scored accounted for 19.1% of the variance in the global OQ-45 score, this too was found to be nonsignificant, however this is likely a product of small sample size. Gender was also not found to be a significant predictor.

While gender and IRMA scores were found to be significant predictors of global OQ-45 scores for individuals that had *not* experienced victimization within the past year, it is hypothesized that this too is an artifact of gender effects and sample size. Lastly, neither gender nor IRMA scores served as significant predictors of any of the individual subscales of the OQ-45.2

### **Discussion**

The primary purpose of this study was to investigate how prominent constructs in the field relating to sexual assault varied across populations with differing sexual experience histories, compare findings from previous research regarding the effects of gender on these constructs, and better understand the relationship between these constructs and psychological well-being in victims.

Preliminary correlational analysis yielded findings in line with previous research as well as some unique differences. As endorsement of hostile sexism increased, perpetrator empathy also increased while victim empathy decreased. This is in line with previous findings suggesting that hostile sexism increases victim blame (Yamawaki, 2007). This is not surprising given the malevolence present in these belief systems. Interestingly, while an increase in benevolent sexist beliefs produced an increase in perpetrator empathy, there was no significant relationship

between these beliefs and victim empathy (either positively or negatively). This finding was a departure from previous research suggesting that benevolent sexism also resulted in decreased empathy toward victims (Viki and Abrams, 2002). This was further reflected when looking at ambivalent sexism (hostile and benevolent beliefs combined) which showed a positive correlation between perpetrator empathy and a negative correlation with victim empathy. Taken together, these findings suggest that hostile sexism has a stronger effect on victim perception than benevolent sexism and that the presence of benevolent sexist beliefs may mediate this relationship.

More unique findings related to correlational relationships showed a negative relationship between rape myth acceptance and psychological well-being, in that as rape myth acceptance increased, well-being decreased. This was true for all facets of well-being that were measured to include interpersonal relations, social role performance, and symptom distress. Mediating factors in this relationship are unknown but it is possible that social factors contributing to rape myth acceptance also negatively impact psychological well-being, and that negative social relationships either contribute to or serve to maintain these beliefs. Because rape myth acceptance has been associated with gender role adherence, it is also possible that hyper-masculinity among individuals endorsing high myth acceptance may limit help seeking behaviors.

What is perhaps most surprising regarding this finding is the negative relationship between rape myth acceptance and social role performance, given the suspected protective role of myth acceptance in preserving just world beliefs identified in the literature (Lonsway and Fitzgerald, 1995). Previous research would suggest that rape myths are widely held beliefs, maintained in part by culture, which at times serve a protective role in information processing however, the results from the current study suggest that this relationship is perhaps not as clear as previously stated. Given current social climates, it is possible that endorsement of oppressive

beliefs may be negatively impacting individual's abilities to perform socially. Contrary to previously research (Baugher, Elhai, Monroe & Gray, 2010), the present study also found that as rape myth acceptance increased, victim empathy also increased. It is possible that this is due to assumption on the part of participants that hypothetical rape victims did not engage in blame behaviors included within the rape myth acceptance measure. That is that participants may have assumed that hypothetical victims did not engage in risky behaviors or otherwise did not behave in ways that warranted blame as captured by the myth acceptance measure.

Present findings further departed from previous research in that male participants were found to have higher levels of hostile and overall ambivalent sexist beliefs than participants of other gender groups, as well as higher levels of both perpetrator and victim empathy. Previous studies have shown that males typically endorse lower levels of victim empathy than females (Smith & Freize, 2003). It is possible that this finding is the result of small sample sizes or priming effects of the empathy scales themselves. However, pilot study data suggested that empathy presents as a unified construct, in that as perpetrator empathy increases so too does victim empathy, and that these measures capture individual's overall ability to exhibit empathic responses regardless of situational context, at least in male respondents. Finally, regarding preliminary analyses, between group differences suggested no significant differences between the Mturk sample and the sample recruited through social media for the construct of victim empathy, despite notable gender differences with the Mturk sample containing more male participants.

Similarly, this may be the result of small sample sizes, priming effects, or the possibility that empathic responses operate more globally for male respondents as previously mentioned. Further, it may also be that female respondents reported less empathy toward victims in an effort to maintain just world beliefs, or that victim empathy was lowered as a result of completing the perpetrator empathy questionnaire first, resulting in lower subsequent empathy overall.



**Research Question 1**

It was hypothesized that individuals with a history of victimization would endorse significantly higher levels of victim empathy and lower levels of perpetrator empathy when compared to individuals with a history of perpetration or a history of neither.

Analysis partially supported this hypothesis in that significantly higher levels of victim empathy were endorsed by lifetime status victims compared to individuals who had experienced neither victimization nor perpetration in their lifetime as well as when compared to individuals who had experienced both in their lifetime. This was expected because past research has shown that victimization history fosters increased levels of empathy toward other victims. No significant differences were found regarding empathy toward victims when comparing victims and perpetrators. No differences were found regarding victim and perpetrator empathy across groups when considering past year status of victimization and perpetration, both likely artifacts of small sample sizes.

It was also hypothesized that individuals with a history of perpetration would endorse higher levels of perpetrator empathy, ambivalent sexism, and rape myth acceptance when compared to the other three groups. Again, analysis partially supported this hypothesis. Interestingly, no significant differences were found across any groups regarding perpetrator empathy, though this may have been different had more individuals with a history of perpetration been included in the study. When considering ambivalent sexism as a whole, both perpetrators and individuals who had experienced neither perpetration nor victimization in their lifetime endorsed significantly higher sexist beliefs when compared to victims. Past year status regarding hostile sexism indicated significantly higher endorsement by individuals that had experienced both perpetration and victimization when compared to individuals who had experienced neither. When looking at benevolent sexism however, significant differences were only identified

between victims and perpetrators. This is in line with previous studies suggesting increased hostile sexist beliefs in individuals with a proclivity for perpetration (Yamawaki, 2007).

Regarding rape myth acceptance, the hypothesis was not supported. Considering perpetration status in the last year, no significant differences were found, however victims did endorse significantly less myth endorsement than individuals that had experienced both or neither. Similarly, no significant differences were found between lifetime status perpetrators and other groups. Lifetime status victims however reported significantly less myth endorsement than individuals who had experienced neither victimization nor perpetration. Interestingly, individuals who had experienced both in their lifetime endorsed significantly less myth endorsement than individuals that had experienced neither. It is possible that no differences were identified for perpetrators and individuals that had experienced both perpetration and victimization because perpetrators and victims are aware of the circumstances surrounding the event and thus aware that rape myths are, indeed, myths.

### **Research Question 2**

It was hypothesized that individuals identifying as male would endorse lower levels of victim empathy than the other two gender identity groups, but simultaneously endorse higher levels of perpetrator empathy, ambivalent sexism, and rape myth acceptance when compared to the other two gender identity groups.

This hypothesis was supported by the data with male participants reporting significantly higher levels of rape myth acceptance, ambivalent sexism, hostile sexism, benevolent sexism and perpetrator empathy, when compared to female participants. Males also endorsed significantly less victim empathy when compared to female participants. No differences were found involving the third gender group. These well documented gender differences present in research question 2 further confirm sample size issues of the study given the absence of these gender effects in other analyses.

**Research Question 3**

Lastly, regarding research question 3, it was hypothesized that increased endorsement of rape myth acceptance, ambivalent sexism and perpetrator empathy would predict higher levels of psychological distress in victims. It was also hypothesized that increase victim empathy would serve as a protective factor and predict lower levels of psychological distress in victims. Analysis of the predictive role of gender was exploratory in nature.

Results did not support this hypothesis. Sexist belief endorsement, and empathy towards victims and perpetrators did not predict psychological well-being in victims, either lifetime or within the last year. Rape myth acceptance however approached significance as a predictor of global psychological well-being in individuals who had experienced victimization in the past year. This is important to note in that it is likely that a larger sample size would have resulted in significance. These findings are notable because the rape myths endorsed by victims are highly suggestive of blame on the part of victims. This may suggest that assault-specific blame negatively impacts victim well-being to a higher degree than global views regarding women (i.e. sexism) and empathy for others. Further, this may suggest that empathy toward other victims may not necessarily facilitate empathy toward the self.

**Limitations and Future Directions**

The single largest limitation of the present study is that of small sample size. Specifically, small samples of male victims of sexual assault, individuals who have engaged in perpetration, and individuals who have experienced both perpetration and victimization. While use of online sampling methods help to create a less homogenous sample than more traditional recruitment methods, this form of sampling is still limited when attempting to target specific populations. Use of screening questions to recruit these particular groups that are behavioral in nature and avoid legal terms (e.g. rape, sexual assault) may help in targeting these groups for study. Additionally, it may be beneficial to reach out to community organizations which offer services

specifically for male victims for recruitment. Given the potential political nature of the topics discussed, it may also be useful to utilize a brief measure investigating participants political orientations to further diversify the sample. Further, this present study relied solely on self-report measures regarding sexual experience history and thus is subject limitations regarding participant reluctance in willingness to be forthcoming about their experiences. This may be particularly true for individuals who have engaged in sexual violence perpetration in the past, or who otherwise experience significant levels of shame regarding their own victimization status.

Lastly, it is possible that priming effects occurred as a result of lack of measure order randomization. Measures were ordered purposefully with questionnaires regarding victimization presented prior to questionnaires regarding perpetration. This was done to increase disclosure in individuals with perpetration histories, ensuring they were not primed by answering questionnaires regarding victimization prior to questionnaires regarding perpetration. The Sexual Experiences Survey (Johnson, Murphy, & Gidycz, 2017) utilized in this study also does not necessarily capture more nuanced characteristics of individual's perpetration histories. Specifically, the National Center on the Sexual Behavior of Youth outlines the necessity of viewing sexual behavior in youth, even when it is harmful to others, as being qualitatively different than sexual violence perpetration in adults (National Center on the Sexual Behavior of Youth). Specifically, they caution against comparing these behaviors during childhood and adolescence to behaviors in adulthood and emphasize the contextual or, ecological, factors that often contribute to these behaviors in youth. Unfortunately, the SES (Johnson, Murphy, & Gidycz, 2017) does not capture data providing a clear distinction between problematic sexual behavior experienced and perpetrated during youth and sexual violence experiences and perpetrated during adulthood. Incorporating this distinction into future studies would help to clarify findings, as would assessing if participants have previously received treatment following perpetration or victimization.

Future studies also would be improved by attempting to recruit known perpetrators through police records, with attention paid to victim and perpetrator gender. Future studies would also benefit by examining differences in these measures specifically across perpetrators of differing gender identities and racial backgrounds as there is also a paucity of research in this area. Additionally, understanding how beliefs impact well-being would likely benefit from research examining changes across time relative to the recency of victimization. Finally, categorizing events of sexual violence based on other factors to discern severity (e.x. use of violence) may also be useful.

### **Implications and Intervention**

The present results, though impacted by limitations, still offer insight to inform clinical practice and community response, particularly when considered through the lens of ecological theory. As previously outlined, ecological theory suggests that the impacts and causes of sexual violence must be considered comprehensively across several systems: individual factors, microsystems, mesosystems, exosystems, macrosystems, and chronosystems (Bronfenbrenner, 1979). When considering the topic of sexual violence, public policy and practice are best considered in the context of interactions both between and within these systems in which individuals and in institutions are embedded.

### **Ecological Theory: Individual/Monosystemic Factors**

When considering individual factors, study findings suggest that, in particular, mental health clinicians should attend to gender and individual sexual experience history. The role of gender was significant across all measures, aside from the psychological well-being. While research suggests that sexism and rape myth acceptance may serve as a protective factor for women, the role of these same factors in maintaining just world beliefs for men come at a potential cost: that is, maintaining oppressive systems at the expense of others. Additionally, individual sexual experiences appear to have a relationship with rape myth acceptance, empathy,

and sexism. A causal relationship cannot be determined from the present study; however, it is possible that individual sexual experiences involving perpetration and/or victimization may either activate specific belief systems, or otherwise confirm belief systems already in place. This is in line with information processing theory (Resick & Schnicke, 1992), also previously outlined. Specifically, individuals who have experienced both perpetration and victimization may hold different beliefs regarding hostile sexism, rape myth acceptance, and empathy toward victims than individuals who have not experienced both of these events. For this reason, therapeutic interventions and trauma assessment may benefit from exploring not only victimization history in individuals but also perpetration history. Mental health specialists may need to pay particular attention to challenging hostile sexist beliefs in this population and work toward increasing empathy and compassion for others as, as well as for the self. In addition to challenging maladaptive beliefs in individuals who have been victimized, it may also be beneficial to pay particular attention to external factors which may contribute to these beliefs as opposed to viewing the beliefs as arising solely within the individual.

      Groupwork may serve as a valuable adjunct to individual treatment to address the needs of this population, as outlined by Ecological Theory. In particular, group therapy has been shown to be effective in challenging maladaptive personal and societal beliefs. Therefore, following initial individual therapy, it is recommended that therapists consider utilizing a group therapy modality with these populations. In addition to providing an outlet for acknowledging and challenging maladaptive beliefs, the process of groupwork encourages the development of therapeutic factors such as cohesion and the instillation of hope for the future (Yalom & Leszcz, 2005). As members view their similarity with others and witness the progress of those around them, this process helps to engender the instillation of hope and encourage compassion for others as well as the self (Yalom & Leszcz, 2005). Furthermore, cohesion developed within the therapeutic group imparts a sense of safety, particularly in a relational context which could prove

healing for this population given the highly interpersonal nature of sexual victimization and perpetration.

Further, previous research from the development of information processing theory, created specifically for treatment of victims of sexual violence, also supports the effectiveness of group therapy for the purpose of challenging myths and internalized negative beliefs. (Resick & Schnicke, 1992). In their study, all 17 women previously diagnosed with posttraumatic stress disorder no longer met diagnosis criteria following group treatment. When considering group therapy in the treatment of both victims and perpetrators, it may be beneficial for individuals who have experienced both perpetration and victimization to attend a specialized group therapy intervention designed specifically to meet their treatment needs. These groups should be conducted with an increased emphasis on safety for group members both before, during, and after treatment sessions. Further, recency of traumatic experience should be considered when addressing treatment needs within this population. Results of this study underscore the importance of creating specialized groups for adult individuals with significant childhood trauma history. This would include either those who engaged in, or those who were victims of problematic sexual behavior during childhood. Offering distinct group therapy opportunities (i.e., separate from groups for individuals who experienced these events during adulthood) may also prove beneficial.

Turning to qualitative research, Dicks (2014) found eight major themes as being emergent for the development of self-compassion in individuals who had experienced sexual victimization including affirmation of self-worth, self-acceptance, absolution of self-blame, attending to and honoring emotions, self-care, connecting with others, increasing a sense of power and recognizing their own journey of progress. The author goes on to recommend purposeful implementation of therapeutic intervention which focuses on fostering self-compassion. Many of these themes, particularly increased connection with others, honoring

emotions, and recognition of progress may be augmented and especially salient in group format settings.

This attention to self-compassion may also be particularly useful for individuals who have experienced both perpetration and victimization as a means of untangling what may be conflicted emotions and beliefs. Lastly, when considering group therapy as an augmentation of individual therapy, it may be useful to screen individuals with victimization histories relative to the recency of the event, since current findings suggest that individuals recently victimized may endorse belief systems that are different from individuals who were victimized prior to the last 12 months.

### **Ecological Theory: Microsystemic Factors**

Considering microsystemic factors, the immediate surroundings in which individuals exist (work, school, home, etc.), broadening the therapeutic scope may be of particular important. It may be particularly useful for treatment of individuals who have experienced sexual violence victimization to include psychoeducation regarding rape myths to those in their immediate vicinity may help serve as a protective factor against psychological distress. This may be particularly true for individuals who have been assaulted within the past 12 months. This may involve use of rape myth acceptance measures to assess current myth acceptance, and information and discussion aimed at dispelling these myths and challenging their accuracy, as well as identification of where these myths may have originated for individuals who are close to those who have been victimized.

Further, when considering educational settings, panel discussions and educational opportunities providing education aimed at challenging rape myth acceptance, as well as hostile sexist beliefs, identifying their source, and allowing for anonymous submissions of discussion points and questions may be useful preventatively.



### **Meso and Exosystemic Factors**

When viewing this topic through the lens of ecological theory, that of feminist theory must not be disregarded. Feminist therapy champions the notion that therapists have an ethical responsibility to challenge oppressive social systems which negatively impact clients (Morrow & Hawxhurst, 1998). To do less than this is to ensure continued negative outcomes for individuals seeking treatment. As such, there is an imperative for research concerning counseling psychology to incorporate and consider themes and elements from an ecological and social perspective.

Thus, in expanding the lens to consider mesosystemic and exosystemic levels, that is, the broader institutions in which the individual exists, professional organizations that might directly affect this population would include: education for individuals in helping professions, legal representatives, and first responders. Policy changes increasing educational requirements aimed at challenging myth acceptance and identifying individuals high in hostile sexist beliefs may be especially pertinent. This may be in the form of state boards requiring a specific number of continuing education credits hours as part of annual licensure renewal, or as screening procedures for training in these areas. In addition to traditional forms of continuing education, licensure boards could identify specialized supervisors to act as supervisors and consultants offering continuing education on an individual or small group basis to provide mental health professionals with an applied form of on-going, relational, skill-building continuing education. It should be made clear however that goals of this would not be to exclude individuals who are high in myth acceptance and hostile sexism from their professional pursuits, but rather to acknowledge that these beliefs are widely held across systems and cultures, and present an opportunity to for individuals to become better informed and more effective in their respective areas of work. A significant factor to acknowledge in considering professional policy changes is the role that some of these factors play in individual's just world beliefs and acknowledge that

challenges to these belief systems without also increasing personal cognitive flexibility is also unhelpful.

Lastly, results suggest that the role of rape myth acceptance in well-being differs temporally for individuals who have experienced victimization, playing a potentially more significant role in individuals who were assaulted in the past 12 months. Because these beliefs are reflective of common maladaptive thought patterns identified in cognitive processing therapy (Resick & Schnicke, 1992) this may suggest the need for different treatment approaches based on recency of the event. It may be useful for individuals who interact more immediately with victims (e.g. law enforcement, medical staff, etc.) to receive additional training in ways to provide education and information meant to challenge these beliefs upon contact with victims as opposed to waiting for victims to seek therapy services themselves at a later time. Additional research aimed at identifying which beliefs are most salient in individuals with a more distal assault experience versus beliefs salient in individuals recently assaulted may also allow for therapy to be briefer in nature, and thus more accessible overall.

In sum, the present study revealed possible temporal changes in factors which contribute to well-being and may suggest the need for more tailored therapeutic interventions based on the recency of sexual violence victimization. Findings also suggest that individuals who have experienced both perpetration and victimization may differ significantly in terms of beliefs and empathy from those who have experienced only victimization and from those who have only engaged in sexual violence as perpetration. Fundamentally, these differences in beliefs and empathy underscore the need to better understand these populations as discrete groups with unique needs for therapeutic intervention. Overall, the present study highlights the need for ongoing research to address the complexity of factors that affect this treatment population. It is hoped that this study furthers our understand regarding differences among and within these

groups, so as to inform the development of more effective, brief, and accessible treatments and educational opportunities for individuals with varying sexual experience histories.

## References

- Abrams, D., Viki, G. T., Masser, B., & Bohner, D. (2003). Perceptions of stranger and acquaintance rape: The role of benevolent and hostile sexism in victim blame and rape proclivity. *Journal of Personality and Social Psychology, 84*(1), 111-125.
- Amazon. (2011). Requester best practices guide. Retrieved from [http://mturkpublic.s3.amazonaws.com/docs/MTURK\\_BP.pdf](http://mturkpublic.s3.amazonaws.com/docs/MTURK_BP.pdf)
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Revision). Washington, DC: Author
- Anderson, I. (1999). Characterological and behavioral blame in conversations about female and male rape. *Journal of Language and Social Psychology, 18*(4), 377-394.
- Arata, C. M. (1999). Coping with rape: The roles of prior sexual abuse and attributions of blame. *Journal of Interpersonal Violence, 14*(1), 62-78.
- Banyard, V. L. (2011). Who will help prevent sexual violence: creating an ecological model of bystander intervention. *Psychology of Violence, 1*(3), 216-229.
- Baughner, S. H., Elhai, J. D., Monroe, J. R., & Gray, M. J. (2010). Rape myth acceptance, sexual trauma history, and posttraumatic stress disorder. *Journal of Interpersonal Violence, 25*(11), 2036-2053.
- Ben-David, S., & Schneider, O. (2005). Rape perceptions, gender role attitudes, and victim-perpetrator acquaintance. *Sex Roles, 53*(5/6), 385-399.
- Breitenbecher, K. H. (2006). The relationships among self-blame, psychological distress, and sexual victimization. *Journal of Interpersonal Violence, 21*(5), 597-611.
- Brems, C. (1989). Dimensionality of empathy and its correlates. *The Journal of Psychology, 123*(4), 329-337.

- Bohner, G., Weisbrod, C., Raymond, P., Barzvi, A., & Schwarz, N. (1993). Salience of rape affects self-esteem: The moderating role of gender and rape myth acceptance. *European Journal of Personality, 23*, 561-579.
- Boswell, D. L., White, J. K., Sims, W. D., Harrist, R. S., & Romans, J. S. C. (2013). Reliability and Validity of the Outcome Questionnaire-45.2. *Psychological Reports: Mental & Physical Health, 112*(3), 689-693.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bryan, C. J., McNaughton-Cassill, M., Osman, A., & Hernandez, A. M. (2013). The associations of physical and sexual assault with suicide risk in nonclinical military and undergraduate samples. *Suicide and Life-Threatening Behavior, 43*(2), 223–234. <https://doi.org/10.1111/sltb.12011>
- Buchwald, E., Fletcher, P., & Roth, M. (Eds). (1993). *Transforming a rape culture*. Minneapolis, MN: Milkweed.
- Bureau of Justice Statistics (2011). Rape and sexual assault. Retrieved from: <https://www.bjs.gov/index.cfm?ty=tp&tid=317>
- Burt, M. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology, 38*, 217-230
- Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, and Abuse, 10*(3), 225-246.
- Campbell, R. (2008). The psychological impact of rape victims' experiences with the legal, medical and mental health systems. *American Psychologist, 702-717*.
- Campbell, R., Sefl, T., & Ahrens, C. E. (2004). The impact of rape on women's sexual health risk behaviors. *Health Psychology, 23*(1), 67-74.

- Campbell, R., & Johnson, C. R. (1997). Police officers' perception of rape: Is there consistency between state law and individual beliefs? *Journal of Interpersonal Violence, 12*(2), 255-274.
- Chapleau, K. M., Oswald, D. L., & Russell, B. L. (2008). Male rape myths: The role of gender violence and sexism. *Journal of Interpersonal Violence, 23*, 600-615.
- Charak, R., Eshelman, L. R., & Messman-Moore, T. L. (2019). Latent classes of childhood maltreatment, adult sexual assault, and revictimization in men: Differences in masculinity, anger, and substance use. *Psychology of Men and Masculinities, 20*(4), 503-514.
- DeCou, C. R., Mahoney, C. C., Kaplan, S. P., & Lynch, S. M. (2018). Coping self-efficacy and trauma related shame mediate the association between negative social reactions to sexual assault and PTSD symptoms. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <http://dx.doi.org/10.1037/tra0000379>
- DeCou, C. R., Cole, T. T., Matthews, K. C., Lynch, S. M., & Wong, M. M. (2017). Assault-related shame mediates the association between negative social reactions to disclosure of sexual assault and psychological distress. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(2), 166-172.
- Deitz, S. R., Blackwell, K. T., Daley, P. C., & Bentley, B. J. (1982). Measurement of empathy toward rape victims and rapists. *Journal of Personality and Social Psychology, 43*(2), 372-384.
- Dicks, J. M. (2014). *Sexual assault survivors' experiences of self-compassion* [Unpublished doctoral dissertation]. University of Alberta.
- Duan, C., & Hill, C. E. (1996). The current state of empathy research. *Journal of Counseling Psychology, 43*(3), 261-274.

- Eisenberg, N., & Miller, P. A. (1987). The relation of empathy to prosocial and related behaviors. *Psychological Bulletin*, *101*(1), 91-119.
- Engle, K., Talbot, M., & Samuelson, K. W. (2019). Is Amazon's Mechanical Turk (Mturk) a comparable recruitment source for trauma studies? *Psychological Trauma: Theory, Research, Practice and Policy*. Advance online publication.  
<http://dx.doi.org/10.1037/tra0000502>
- Felson, R. B., & Palmore, C. (2018). Biases in blaming victims of rape and other crime. *Psychology of Violence*, *8*(3), 390-399.
- Ferrao, M. C., Goncalves, G., Parreira, T., & Giger, J. (2013). Rape-victim empathy scale (REMV): An exploratory study in a Portuguese sample. *Psychological Thought*, *6*(2), 283-295.
- Frazier, P. A. (2003). Perceived control and distress following sexual assault: A longitudinal test of a new model. *Journal of Personality and Social Psychology*, *84*(6), 1257-1269.
- Frazier, P. A. (1990). Victim attributions and post-rape trauma. *Journal of Personality and Social Psychology*, *59*(2), 298-304.
- Frohmann, L. (1991). Discrediting victims' allegations of sexual assault: Prosecutorial accounts of case rejections. *Social Problems* (38)2, 213-226.
- Fulero, S. M., & DeLara, C. (1976). Rape victims and attributed responsibility: A defensive attribution approach. *Victimology*, *1*(4), 551-563.
- George, W. H., & Martinez, L. J. (2002). Victim blaming in rape: Effects of victim and perpetrator race, type of rape, and participant racism. *Psychology of Women Quarterly*, *26*, 110-119.
- Gladstein, G. A. (1993). Understanding empathy: Integrating counseling, developmental, and social psychology perspectives. *Journal of Counseling Psychology*, *30*(4), 467-482.

- Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating between hostile and benevolent sexism. *Journal of Personality and Social Psychology, 70*(3), 491-512.
- Glick, P., Diebold, J., Bailey-Werner, B., & Zhu L. (1997). The two faces of Adam: Ambivalent sexism, and polarized attitudes toward women. *Personality and Social Psychology Bulletin, 23*(12), 1323-1334.
- Goodman, J. K., & Paolacci, G. (2017). Crowdsourcing consumer research. *Journal of Consumer Research, 44*, 196–210. <https://doi.org/10.1093/jcr/ucx047>
- Grubb, A., & Turner, E. (2012). Attribution of blame in rape cases: A review of rape myth acceptance, gender role conformity and substance use on victim blaming. *Aggression and Violent Behavior, 17*, 443-452.
- Grubb, A., & Harrower, J. (2008). Attribution of blame in cases of rape: An analysis of participant gender, type of rape and perceived similarity to the victim. *Aggression and Violent Behavior, 13*, 396-405.
- Gunn, R., & Linden, R. (1997). The impact of law reform on the processing of sexual assault cases. *Canadian Review of Sociology and Anthropology, 34*(2), 155-177.
- Hawkins, S. A., & Hastie, R. (1990). Hindsight: Biased judgments of past events after the outcomes are known. *Psychological Bulletin, 107*(3), 311-327.  
doi:<http://dx.doi.org.ezproxy.lib.ou.edu/10.1037/0033-2909.107.3.311>
- Holden, C. J., Dennie, T., & Hicks, A. D. (2013). Assessing the reliability of the M5-120 on Amazon's Mechanical Turk. *Computers in Human Behavior, 29*, 1749–1754.  
<https://doi.org/10.1016/j.chb.2013.02.020>
- Howard, J. A. (1984). The “normal” victim: The effects of gender stereotypes on reactions to victims. *Social Psychology Quarterly, 47*(3), 270-281.



IBM Corp. Released 2019. IBM SPSS Statistics for Windows, Version 26.0. Armonk, NY: IBM Corp.

Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, 7, 113–136.

Janoff-Bulman, R. (1979). Characterological versus behavioral self-blame: inquiries into depression and rape. *Journal of personality and social psychology*, 37(10), 1798-1809.

Johnson, S. M., Murphy, M. J., & Gidycz, C. A. (2017). Reliability and validity of the Sexual Experiences Survey–Short Forms Victimization and Perpetration. *Violence and Victims*, 32(1), 78-92.

Johnson, D. R., & Borden, L. A. (2012). Participants at your fingertips: Using Amazon’s Mechanical Turk to increase student-faculty collaborative research. *Teaching of Psychology*, 39, 245–251. <https://doi.org/10.1177/0098628312456615>

Joseph, M. D. (2008). PTSD in married police officers: Associations with individual attachment style, couple attachment behavior and masculinity. (Doctoral Dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3303043).

Kahn, A. S., Rodgers, K. A., Martin, C., Malick, H., Claytor, J., Gandolfo, M., . . . Webne, E. (2011). Gender versus gender role in attributions of blame for sexual assault. *Journal of Applied Social Psychology*, 41(2), 239-251.

Kim, K., Johnson, P., & Workman, L. E. (1994). Blaming the victim: attributions concerning sexual harassment based on clothing, just-world beliefs, and sex of objects. *Family and Consumer Sciences Research Journal*, 22, 382-400.

Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., . . . White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, 31, 357-370.

- Koss, M.P. Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2006). The Sexual Experiences Short Form Perpetration (SES-SFP). Tucson, AZ: University of Arizona
- Koss, M.P. Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2006). The Sexual Experiences Short Form Perpetration (SES-SFP). Tucson, AZ: University of Arizona.
- Koss, M. P., & Figueredo, A. J. (2004). Change in cognitive mediators of rape's impact on psychosocial health across two years of recovery. *Journal of Consulting and Clinical Psychology, 72*(6), 1063-1072.
- Koss, M. P., Figueredo, A. J., & Prince, R. J. (2002). Cognitive mediation of rape's mental, physical, and social health impact: Tests of four models in cross-sectional data. *Journal of Consulting and Clinical Psychology, 70*(4), 926-941.
- Koss, M. P., & Oros, C. J. (1982). Sexual experiences survey: A research instrument investigating sexual aggression and victimization. *Journal of Consulting and Clinical Psychology, 50*(3), 455-457.
- Lambert, M. K., Hansen, N. B., Umpress, V., Lumen, K., Okiishi, J., & Burlingame, G. M. (2011). Administration and scoring manual for the OQ-45.2. Salt Lake City, UT: OQ Measures.
- Levine, A., & Breshears, B. (2019). Discrimination at every turn: an intersectional ecological lens for rehabilitation. *Rehabilitation Psychology, 64*(2), 146-153.
- Lonsway, K. A., & Fitzgerald, L. F. (1995). Attitudinal antecedents of rape myth acceptance: a theoretical and empirical reexamination. *Journal of Personality and Social Psychology, 68*(4), 704-711.
- Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths: In Review. *Psychology of Women Quarterly, 18*, 133-164.

- MacLeod, M. D. (1999). Why did it happen to me? social cognition processes in adjustment and recovery from criminal victimization and illness. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 18(1), 18-31.
- Mason, G. R., Riger, S., & Foley, L. A. (2004). The impact of past sexual experiences on attributions of responsibility of rape. *Journal of Interpersonal Violence*, 19(10), 1157-1171.
- Masser, B., Viki, G. T., & Power, C. (2006). Hostile sexism and rape proclivity amongst men. *Sex Roles*, 54, 565-574.
- McMahon, S., & Farmer, G. L. (2011). An updated measure for assessing subtle rape myths. *Social Work Research*, 71-81.
- Meyer, C. B., & Taylor, S. E. (1986). Adjustment to rape. *Journal of Personality and Social Psychology*, 50(6), 1226-1234.
- Morrison, J. A. (2012). Masculinity moderates the relationship between symptoms of PTSD and cardiac-related health behaviors in male veterans. *Psychology of men and masculinity*, 13(2), 158-165.
- Morrow, S. L., & Hawxhurst, D. M. (1998). Feminist therapy: Integrating political analysis in counseling and psychotherapy. *Women and Therapy*, 21(2), 37-50.
- National Center on Sexual Behavior in Youth. *Guiding Principles*. <http://www.ncsby.org/content/guiding-principles-0>
- Osmon, S. J. (2016). Predicting rape victim empathy based of rape victimization and acknowledgement labeling. *Violence Against Women*, 22(7), 767-779.
- Payne, D. L., Lonsway, K. A., & Fitzgerald, L. F. (1999). Rape myth acceptance: Exploration of its structure and its measurement using the Illinois Rape Myth Acceptance Scale. *Journal of Research in Personality*, 33, 27-68.

- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385–401.
- Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology, 60*(5), 748–756.
- Rouse, S. V. (2019). Reliability of Mturk data from masters and workers. *Journal of Individual Differences, 41*(1), 30-36.
- Shaw, J., Campbell, R., Cain, D., & Fenney, H. (2017). Beyond surveys and scales: How rape myths manifest in sexual assault police records. *Psychology of violence, 7*(4), 602-614.
- Sigurvinsdottir, R., & Ullman, S. E. (2015). Social reactions, self-blame, and problem drinking in adult sexual assault survivors. *Psychology of Violence, 5*(2), 192-198.
- Sinclair, H. C., & Bourne, L. E. (1998). Cycle of blame or just world effects of legal verdicts on gender patterns in rape-myth acceptance and victim empathy. *Psychology of Women Quarterly, 22*, 575-588.
- Sleath, E., & Bull, R. (2012). Comparing rape victim and perpetrator blaming in a police officer sample. *Criminal Justice and Behavior, 39*(5), 646-665.
- Smith, C. A., & Frieze, I. H. (2003). Examining rape empathy from the perspective of the victim and the assailant. *Journal of Applied Social Psychology, 33*(3), 476-498.
- Struckman-Johnson, C., & Struckman-Johnson, D. (1992). Acceptance of male rape myths among college men and women. *Sex Roles, 27*(3/4), 85-100.
- Truman, J. L. & Morgan, R. E. U.S. Department of Justice. (2015). *Criminal victimization, 2015*. Retrieved from <https://www.bjs.gov/content/pub/pdf/cv15.pdf>
- Ullman, S. E. (1996). Social reactions, coping strategies, and self-blame attributions in adjustment to sexual assault. *Psychology of Women Quarterly, 20*, 505-526.

- Van Dam, N. T., & Earlywine, M. (2011). Validation of the center for epidemiologic studies depression scale – revised (CESD-R): Pragmatic depression assessment in the general population. *Psychiatry Research, 186*, 128-132.
- Van der Bruggen, M., & Grubb, A. (2014). A review of the literature relating to victim blaming: An analysis of the impact of observer and victim characteristics in attribution of blame in rape cases. *Aggression and Violent Behavior, 19*, 523-531.
- Vidal, M. E., & Petrak, J. (2007). Shame and adult sexual assault: a study with a group of female survivors recruited from an East London population. *Sexual and Relationship Therapy, 22*(2), 159-171.
- Viki, G. T., & Abrams, D. (2002). But she was unfaithful: Benevolent sexism and reactions to rape victims who violate traditional gender role expectations. *Sex Roles, 47*(5/6), 289-293.
- Weiss, K. G. (2009). “Boys will be boys” and other gendered accounts: An exploration of victims’ excuses and justifications for unwanted sexual contact and coercion. *Violence Against Women, 15*(7), 810-834.
- Wyatt, G. E., Davhana-Maselesele, M., Zhang, M., Wong, L. H., Nicholson, F., Sarkissian, A. D., . . . Myers, H. F. (2017). A longitudinal study of the aftermath of rape among rural South African women. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(3), 309-316.
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy*. New York: Basic Books.
- Yamawaki, N. (2007). Rape perception and the function of ambivalent sexism and gender-role traditionality. *Journal of Interpersonal Violence, 22*, 406-422.

Yeater, E. A., Treat, T. A., Viken, R. J., & McFall, R. M. (2010). Cognitive processes underlying women's risk judgments: Associations with sexual victimization history and rape myth acceptance. *Journal of Consulting and Clinical Psychology, 78*(3), 375-386.

**Appendix A: Updated Illinois Rape-Myth Acceptance Scale (Updated IRMA)**

	Strongly agree		Strongly disagree		
	1	2	3	4	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.					
2. When girls go to parties wearing slutty clothes, they are asking for trouble.					
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.					
4. If a girl acts like a slut, eventually she is going to get into trouble.					
5. When girls get raped, it's often because the way they said "no" was unclear.					
6. If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.					
<b>Subscale 2: He didn't mean to</b>					
7. When guys rape, it is usually because of their strong desire for sex.					
8. Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.					
9. Rape happens when a guy's sex drive goes out of control.					
10. If a guy is drunk, he might rape someone unintentionally.					
11. It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.					
12. If both people are drunk, it can't be rape.					
<b>Subscale 3: It wasn't really rape</b>					
13. If a girl doesn't physically resist sex—even if protesting verbally—it can't be considered rape.					
14. If a girl doesn't physically fight back, you can't really say it was rape.					
15. A rape probably doesn't happen if a girl doesn't have any bruises or marks.					
16. If the accused "rapist" doesn't have a weapon, you really can't call it rape.					
17. If a girl doesn't say "no" she can't claim rape.					
<b>Subscale 4: She lied</b>					
18. A lot of times, girls who say they were raped agreed to have sex and then regret it.					
19. Rape accusations are often used as a way of getting back at guys.					
20. A lot of times, girls who say they were raped often led the guy on and then had regrets.					
21. A lot of times, girls who claim they were raped have emotional problems.					
22. Girls who are caught cheating on their boyfriends sometimes claim it was rape.					

## Appendix B: Ambivalent Sexism Inventory (ASI)

(1) No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(2) Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality."

Disagree strongly  0  1  2  3  4  5 Agree strongly

(3) In a disaster, women ought not necessarily to be rescued before men.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(4) Most women interpret innocent remarks or acts as being sexist.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(5) Women are too easily offended.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(6) People are often truly happy in life without being romantically involved with a member of the other sex.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(7) Feminists are not seeking for women to have more power than men.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(8) Many women have a quality of purity that few men possess.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(9) Women should be cherished and protected by men.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(10) Most women fail to appreciate fully all that men do for them.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(11) Women seek to gain power by getting control over men.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(12) Every man ought to have a woman whom he adores.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(13) Men are complete without women.



Disagree strongly  0  1  2  3  4  5 Agree strongly

(14) Women exaggerate problems they have at work.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(15) Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(16) When women lose to men in a fair competition, they typically complain about being discriminated against.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(17) A good woman should be set on a pedestal by her man.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(18) There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(19) Women, compared to men, tend to have a superior moral sensibility.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(20) Men should be willing to sacrifice their own well being in order to provide financially for the women in their lives.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(21) Feminists are making entirely reasonable demands of men.

Disagree strongly  0  1  2  3  4  5 Agree strongly

(22) Women, as compared to men, tend to have a more refined sense of culture and good taste.

Disagree strongly  0  1  2  3  4  5 Agree strongly

## Appendix C: Rape Victim Empathy & Rape Perpetrator Empathy Scales

### (REMV & REMP)

#### *Final Rape-Victim Empathy Scale*

- 
1. I find it easy to take the perspective of a rape victim. (.46)<sup>a</sup>
  2. I can imagine how a victim feels during an actual rape. (.66)<sup>a</sup>
  3. I get really involved with the feelings of a rape victim in a movie. (.69)<sup>a</sup>
  4. I can understand how helpless a rape victim might feel. (.74)<sup>a</sup>
  5. I can feel a person's humiliation at being forced to have sex against their will. (.76)<sup>a</sup>
  6. Hearing about someone who has been raped makes me feel that person's upset. (.72)<sup>a</sup>
  7. It's not hard to understand the feelings of someone who is forced to have sex. (.51)<sup>a</sup>
  8. I can empathize with the shame and humiliation a rape victim feels during a trial to prove rape. (.70)<sup>b</sup>
  9. I know if I talked to someone who was raped I'd become upset. (.53)<sup>b</sup>
  10. I imagine the emotional trauma a rape victim might feel if the rape trial were publicized in the press. (.63)<sup>b</sup>
  11. I imagine the courage it takes to accuse a person in a court of rape. (.69)<sup>b</sup>
  12. I can understand why a rape victim feels bad for a long time. (.70)<sup>b</sup>
  13. I imagine the anger a person would feel after being raped. (.67)<sup>b</sup>
  - †14. I find it difficult to know what goes on in the mind of a rape victim. (.43)<sup>a</sup>
  - †15. I don't understand how a person who is raped would be upset. (.38)<sup>b</sup>
  - †16. I can't understand how someone who has been raped can blame their partner and not take some of the responsibility. (.29)<sup>b</sup>
  - †17. I can see how someone who had been raped would get upset at their rape trial. (.63)<sup>b</sup>
  - ††18. I can feel the emotional torment a rape victim suffers when dealing with the police. (.55)<sup>b</sup>
- 

*Note.* Correlation with total score is presented in parentheses. Superscripts reflect subscales. † = New item. †† = Adapted from item deleted from first scale.

*Final Rape-Perpetrator Empathy Scale*

- 
1. I find it easy to take the perspective of a person who rapes. (.37)<sup>a</sup>
  2. I can imagine how a person who rapes might feel during an actual rape. (.28)<sup>a</sup>
  3. I get really involved with the feelings of a rapist in a movie. (.50)<sup>a</sup>
  4. I can understand how powerful a rapist might feel. (.55)<sup>a</sup>
  5. Hearing about a rape, I can imagine the feelings the rapist felt. (.51)<sup>a</sup>
  6. It's not hard to understand the feelings that would drive someone to force sex on another person. (.43)<sup>a</sup>
  7. I know if I talked to someone accused of rape I'd become upset at their upset. (.35)<sup>b</sup>
  8. I can feel a person's humiliation at being accused of forcing someone to have sex. (.51)<sup>b</sup>
  9. I can empathize with the shame and humiliation an accused rapist feels during a trial to prove rape. (.64)<sup>b</sup>
  10. I imagine the anger a person would feel at being accused of rape. (.60)<sup>b</sup>
  11. I can feel the emotional trauma that a person accused of rape might feel if the rape trial were publicized in the press. (.66)<sup>b</sup>
  12. I imagine the courage it takes to defend oneself in a court against the charge of rape. (.66)<sup>b</sup>
  13. I can understand a rapist's feelings after a rape. (.48)<sup>b</sup>
  - †14. I find it difficult to know what goes on in the mind of a rapist. (.32)<sup>a</sup>
  - †15. I don't see how a person accused of rape could be upset. (.40)<sup>b</sup>
  - †16. I can't understand how someone accused of rape can blame their victim. (.39)<sup>b</sup>
  - †17. I can see how someone accused of rape would become upset at their rape trial. (.48)<sup>b</sup>
  - ††18. I can feel the emotional torment a person accused of rape suffers in dealing with the police. (.61)<sup>b</sup>
- 

*Note.* Correlation with total score is presented in parentheses. Superscripts reflect subscales. † = New item. ‡ = Adapted from item deleted from first scale.

## Appendix D: Revised Sexual Experiences Survey Short Form Victimization and Perpetration (Revised SES-SFV, Revised SES-SFP)

### SES-SFP

The following questions concern sexual experiences. We know these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope this helps you to feel comfortable answering each question honestly. Place a check mark in the box showing the number of times each experience has happened. If several experiences occurred on the same occasion--for example, if one night you told some lies and had sex with someone who was drunk, you would check both boxes a and c. The past 12 months refers to the past year going back from today. Since age 14 refers to your life starting on your 14th birthday and stopping one year ago from today.

	How many times in the past 12 months?	How many times since age 14?
<p style="text-align: center;"><b>Sexual Experiences</b></p> <p><b>1. I fondled, kissed, or rubbed up against the private areas of someone's body (lips, breast/chest, crotch or butt) or removed some of their clothes without their consent (<i>but did not attempt sexual penetration</i>) by:</b></p> <p>a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.</p> <p>b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.</p> <p>c. Taking advantage when they were too drunk or out of it to stop what was happening.</p> <p>d. Threatening to physically harm them or someone close to them.</p> <p>e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.</p>	<p>0 1 2 3+</p>	<p>0 1 2 3+</p>
<p><b>2. I had oral sex with someone or had someone perform oral sex on me without their consent by:</b></p> <p>a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.</p> <p>b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.</p> <p>c. Taking advantage when they were too drunk or out of it to stop what was happening.</p> <p>d. Threatening to physically harm them or someone close to them.</p> <p>e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.</p>	<p>0 1 2 3+</p>	<p>0 1 2 3+</p>
<p><b>3. I put my penis (men only) or I put my fingers or objects (all respondents) into a woman's vagina without her consent by:</b></p> <p>a. Telling lies, threatening to end the relationship, threatening to spread rumors</p>	<p>0 1 2 3+</p>	<p>0 1 2 3+</p>

	about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.		
	b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.		
	c. Taking advantage when they were too drunk or out of it to stop what was happening.		
	d. Threatening to physically harm them or someone close to them.		
	e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.		
4.	<b>I put in my penis (men only) or I put my fingers or objects (all respondents) into someone's butt without their consent by:</b>	0 1 0 1	2 3+2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.		
	b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.		
	c. Taking advantage when they were too drunk or out of it to stop what was happening.		
	d. Threatening to physically harm them or someone close to them.		
	e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.		
5.	<b>Even though it did not happen, I TRIED to have oral sex with someone or make them have oral sex with me without their consent by:</b>	0 1 0 1	2 3+2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.		
	b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.		
	c. Taking advantage when they were too drunk or out of it to stop what was happening.		
	d. Threatening to physically harm them or someone close to them.		
	e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.		
		<b>How many times in the past 12 months?</b>	<b>How many times since age 14?</b>
6.	<b>Even though it did not happen, I TRIED to put in my penis (men only) or I tried to put my fingers or objects (all respondents) into a woman's vagina without their consent by:</b>	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.		
	b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.		
	c. Taking advantage when they were too drunk or out of it to stop what was happening.		
	d. Threatening to physically harm them or someone close to them.		
	e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.		
7.	<b>Even though it did not happen, I TRIED to put in my penis (men only) or I tried to put my fingers or objects (all respondents) into someone's butt without their consent by:</b>	0 1 0 1	2 3+2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making		

- promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.
  - b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.
  - c. Taking advantage when they were too drunk or out of it to stop what was happening.
  - d. Threatening to physically harm them or someone close to them.
  - e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.
8. I am: Female Male My age is \_\_\_\_\_ years and \_\_\_\_\_ months.
9. Did you do any of the acts described in this survey 1 or more times? Yes No  
 If yes, what was the sex of the person or persons to whom you did them?  
     Female only  
     Male only  
     Both females and males  
     I reported no experiences
10. Do you think you may have you ever raped someone? Yes No

**SES-SFV**

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box showing the number of times each experience has happened to you. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. The past 12 months refers to the past year going back from today. Since age 14 refers to your life starting on your 14th birthday and stopping one year ago from today.

<b>Sexual Experiences</b>	<b>How many times in the past 12 months?</b>	<b>How many times since age 14?</b>
	0 1 2 3+	0 1 2 3+
<b>1. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:</b>		
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.		
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.		
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.		
d. Threatening to physically harm me or someone close to me.		
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.		
<b>2. Someone had oral sex with me or made me have oral sex with them without my consent by:</b>		
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.		
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.		

- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

<b>How many times in the past 12 months?</b>	<b>How many times since age 14?</b>
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**If you are a male, check box and skip to item 4**

3. **A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:**      0 1 2 3+                      0 1 2 3+

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

4. **A man put his penis into my butt, or someone inserted fingers or objects without my consent by:**      0 1 2 0 1 2                      3+      3+

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

5. **Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:**      0 1 2 0 1 2                      3+      3+

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

<b>How many times in the past 12 months?</b>	<b>How many times since age 14?</b>
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**If you are male, check this box and skip to item 7.**

6. **Even though it didn't happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:**      0 1 2 3+                      0 1 2 3+

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but

not using physical force, after I said I didn't want to.

c. Taking advantage of me when I was too drunk or out of it to stop what was happening.

d. Threatening to physically harm me or someone close to me.

e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

7. **Even though it didn't happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:** 0 1 2 0 1 2  
3+ 3+

a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.

c. Taking advantage of me when I was too drunk or out of it to stop what was happening.

d. Threatening to physically harm me or someone close to me.

e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

8. I am: Female Male My age is \_\_\_\_\_ years and \_\_\_\_\_ months.

9. Did any of the experiences described in this survey happen to you 1 or more times? Yes No  
What was the sex of the person or persons who did them to you?

Female only

Male only

Both females and males

I reported no experiences

10. Have you ever been raped? Yes No