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Rape-Related Beliefs and Social Reactions

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RAPE-RELATED BELIEFS AND SOCIAL REACTIONS

A Thesis

Presented to

the Faculty of the Department of Psychology

Murray State University

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Of Master of Science in Clinical Psychology

by Tara Pursley

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Abstract

Many agree that sexual violence is a pervasive problem, but there is less disagreement regarding how to define or label it. Recent research has determined that rape-related beliefs are the strongest predictors for how both victims and non-victims conceptualize and label unwanted sexual experiences. What is less understood is the way that this conceptualization influences how non-victims respond to a disclosure. The current study sought to fill this gap by examining how rape-related beliefs affect the definitional and labeling process and how this process affects responses to a disclosure of sexual violence in a sample of non-victims. Participants included 119 female college students (M_{age} = 19.23, SD = 1.98; 81% White). Results revealed that endorsing distorted rape-related attitudes was a significant predictor for how one labeled one of the vignettes (i.e. "seduction rape" vignette), such that having more distorted rape-related attitudes led to labeling the experience as something other than rape (i.e. a miscommunication or a mistake). Results also revealed that this conceptualization subsequently affected responses for one of the vignettes (i.e. "seduction rape" vignette), such that those who labeled it as something other than rape were more likely to respond more negatively and less positively to the victim. These results suggest that endorsing rape-related beliefs can affect the conceptualization of an experience and that this conceptualization can affect responses to a disclosure. Implications and future directions are discussed.

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Chapter I: Literature Review

Most researchers agree that sexual violence is a pervasive problem throughout the United States, but there is disagreement regarding how often it occurs. For example, the National Intimate Partner and Sexual Violence Survey (NISVS) states that 1 in 5 women in the U.S have been victims of sexual violence at some point in their lives and that most female victims experience their first assault before the age of 25 (Black et al., 2011). However, the National Crime Victimization Survey (NCVS) states that the females ages 18 to 24 experience 4.3 victimizations per 1,000, which suggests that the prevalence rates for sexual assault are much lower (Sinozich & Langton, 2014). These large variations in reported rates are at least partially due to the way it is defined and measured across these research efforts. More specifically, the NISVS represents more of a health perspective and defines sexual assault much more broadly, while the NCVS represents more of a criminal justice perspective. Although it is clearly a pervasive problem, these differences in perspective causes confusion as to how to define sexual assault. Black et al. (2011) states that rape is defined as the following:

> "Any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent" (p. 17).

Other types of sexual violence cited by the NISVS include: sexual coercion, being made to penetrate someone else, unwanted sexual contact (e.g. unwanted touching, but not sexual penetration), and non-contact unwanted sexual experiences (e.g. being forced to look at some one's exposed body parts or explicit material) (Black et al., 2011). This definition was chosen for the current study due to its credibility within the field. However, as was shown above, this is

only one definition used to define rape and many others exist. Definitions differ in what acts are considered as rape, as well as what experiences constitute rape. Definitions also differ depending on the specific type of sexual violence that is being defined.

Because acts of sexual violence are so variable, and because definitions of these experiences often vary, labeling acts of sexual violence is difficult. This confusion affects the way rape victims perceive and label their experience, as well as the way non-victims perceive and label the experiences of victims (Sasson & Paul, 2014). Correctly defining and labeling an act of sexual violence is important, as it influences the way that it is conceptualized. If rape victims are incorrect in the way they define and label their experience, it might influence the way they disclose their experience to others. More specifically, if they do not acknowledge the experience as rape, they might never disclose that the experience occurred, or reduce it when describing it to others (Sasson & Paul, 2014). If non-victims are also incorrect in the way they define and label the experiences of victims, it might influence the way they respond to a disclosure of sexual violence. (Sasson & Paul, 2014). If they do not acknowledge the experience as rape, they might respond differently than they would if they were to acknowledge it as such. Therefore, the definitional and labeling process is important for both victims and non-victims, as they often influence each other. Labeling from the perspective of non-victims has received little attention and was the focus of the current research study. It is important to understand factors that influence how non-victims label an act of sexual violence, as well as how these factors may influence responses to a disclosure, as it directly affects the healing process for victims.

Rape Myths and Rape Scripts

Before describing the current state of labeling literature, it is important to understand the role rape myths and rape scripts play. According to Burt (1980), a rape myth is defined as,

"prejudicial, stereotyped, or false beliefs about the rape, rape victims, and rapists" (p. 217).

Examples of these myths include "only bad girls get raped," "women ask for it," and "rapists are

sex-starved, insane, or both" (Burt, 1980, p. 217). According to Ryan (2011), rape-related beliefs

are learned and exacerbated from a variety of sources, such as in the media, in religious

institutions, and in the history of the U.S. As recent as the 19th century, women were considered

morally impure for crimes of sexual violence. Additionally, many religious institutions still deny

the possibility that women can be raped by a spouse. Beliefs such as these often perpetuate and

exacerbate rape-related beliefs, which then skew perceptions of victims. Regardless of the

specific myth, rape myths serve to blame the victim and excuse the perpetrator. According to

Ryan (2011), myths serve a function of protection, which makes them more enticing. Rape

myths do this for both men and women who subscribe to them by creating distance between

themselves and the possibility of becoming a victim or a perpetrator (Ryan, 2011). Men may use

rape myths to justify sexual violence, while women may use them to deny personal vulnerability

to becoming a victim. This, in turn, decreases anxiety for those who subscribe to these rape

myths (Peterson & Muehlenhard, 2004; Ryan, 2011). Although rape myths blame the victim for

their own unwanted experience, they also help to provide distance, which is why both victims

and non-victims subscribe to them.

Scripts are schemas that detail how something should look or how an event should unfold

(Ryan, 2011). People have scripts for a variety of things, such as how one should act in the

grocery store or what a kitchen chair should look like. Rape scripts, therefore, contain

information for how an act of rape should occur. They include situational characteristics of the

rape, such as the location, identity of the perpetrator, whether a weapon is present, etc. They also

include characteristics of the victim, such as vulnerability, resistance, and whether there are

injuries present (Ryan, 2011). According to Carroll and Clark (2006), there are a variety of rape

scripts. Such as the "too much to drink" script, the "acquaintance rape" script, or the "seduction

rape" script. However, when asked to describe what a rape looks like, participants usually

describe the "real rape" script, which includes stereotypical characteristics of rape (Ryan, 1988;

Ryan, 2011). Even when prompted to describe another rape script, participants still tend to

include characteristics of the "real rape" script (Ryan, 2011). This script describes a male

perpetrator unknown to the female victim who attacks her by surprise. The victim is sober, level-

headed, and defenseless. This perpetrator uses excessive physical force, while the victim tries to

resist by physically fighting back, which results in injuries (Ryan, 2011).

In sum, rape myths and rape scripts work together to create and maintain rape-related

beliefs. These beliefs have been shown to be deeply-ingrained, causing distorted perceptions of

the victim and their experience (McMahon & Baker, 2011). Rape myths and rape scripts provide

a narrow definition of rape and how it transpires (Peterson & Muelenhard, 2004) and as a result,

victims are often blamed for their own unwanted experience, while perpetrators are excused.

This seems to be especially true for experiences that are inconsistent with said rape-related

beliefs.

Labeling Sexual Violence: Victims' Perspective

Most of the current literature regarding labeling has been centered on how victims of

sexual violence define and label their own experience. Kahn and Mathie (1994) were the first to

draw a distinction between acknowledged and unacknowledged rape victims. The former refers

to victims who endorse experiencing a non-consensual sexual experience that they classify as

rape, while the latter refers to victims who endorse experiencing a non-consensual sexual

experience that they classify as something other than rape. In other words, acknowledged rape

victims are those who have been rape and correctly classify it as rape. Unacknowledged rape victims are those who have also been raped, but incorrectly classify it as something other than rape. According to Littleton, Rhatigan, and Axsom (2007), over half of all rape victims do not acknowledge their experience as rape and this phenomenon can be seen across the literature. For example, Bondurant (2001), as well as Kahn and Mathie (1994), found that although all participants indicated that they had a non-consensual sexual experience in their life time, the majority did not acknowledge their experience as rape.

Research has found that a variety of factors influence rape acknowledgement, such as reactions received from others, the sociocultural context of the unwanted experience, and general characteristics related to the assault (Sasson & Paul, 2014). However, the literature has consistently found that stereotypical, rape-related beliefs held by the victim is the strongest predictor for acknowledging one's own experience. After asking participants to describe a rape situation, Kahn and Mathie (1994) found that unacknowledged rape victims were more likely to describe characteristics of the "real rape" script than acknowledged victims. Similarly, Bondurant (2001) found that the more a participant endorsed characteristics of the "real rape" script, the more likely they were to characterize their personal experience as something other than rape. This suggests that their beliefs influenced the perception of their own experience, such that those who subscribed to these distorted rape-related beliefs were more likely to perceive their own experience as something other than rape. Fisher, Daigle, Cullen, and Turner (2003) found that certain variables influenced whether a sexual assault experience was reported to the police, such that acts of sexual violence that consisted of excessive force, physical injuries, presence of a weapon, and an unfamiliar location were more likely to be reported to the police (Fisher et al., 2003), all of which are consistent with the "real rape" script. This suggests that

experiences that are inconsistent with this script are more likely to be unacknowledged as rape and are also more likely to go unreported.

Further research has evaluated whether rape-related beliefs act as a predictor for acknowledgement. For example, Peterson and Muehlenhard (2004) assessed whether a participant's rape-related beliefs interacted with their personal experience to predict acknowledgment. They hypothesized that the participant would be less likely to label the experience as rape if they endorsed rape-related beliefs that were consistent with their personal experience. Rape myth acceptance (RMA) was assessed, as well as each participant's experience. Participants were also asked to choose labels from a list of 20 that were most descriptive of their experience. Eighteen logistic regressions were conducted; results supported the hypothesis for two of the rape myths. Those who did not fight back during their personal experience, and believed that it cannot be considered as rape if a victim does not fight back, were less likely to acknowledge their experience as rape. Similarly, those who acted in a sexually teasing way, and believed that if the victim acts in such a way they deserved to be raped, were less likely to acknowledge their experience as rape. One possible limitation of this study is that only significant interactions were reported. Although Peterson and Muelenhard (2004) conducted 18 analyses, it is unclear as to what rape myths were found to have an insignificant interaction with the participant's experience. Therefore, it is unknown what myths appeared to not predict acknowledgement, as opposed to those that did.

In sum, current research has demonstrated that RMA is a significant predictor for whether a victim classifies their experience as rape or not rape. This suggests that rape-related beliefs, such as those consistent with the "real rape" script, influence the way victims perceive their own experience. When victims endorse distorted rape-related beliefs, they are more likely to classify

their experience as something other than rape, as opposed to those who do not endorse these

beliefs. These findings seem to be especially true for victims who have had experiences that are

inconsistent with the "real rape" script. Because rape myths and rape scripts provide such a

narrow definition of what rape is, it is likely that victims who endorse these distorted beliefs do

not believe what they experienced to be rape.

Labeling Sexual Violence: Non-Victims Perspective

Although most of the current literature has been conducted from the perspective of the

victim, non-victims endorse stereotypical, rape-related beliefs, as well. Research has shown that

the beliefs non-victims hold regarding rape affect how they label an act of sexual violence and

this label influences the way they perceive victims (Sasson & Paul, 2014). As a result, victims

are often believed to be responsible for their own victimization (Grubb & Harrower, 2009). For

example, Sarmiento (2011) assessed the presence of stereotypical rape-related beliefs among an

Italian sample. Participants were presented with two separate vignettes, which differed based on

location of the assault, identity of the perpetrator, and whether alcohol was involved. Case A had

characteristics that were consistent with the "real rape" script, while Case B had characteristics

that were inconsistent with this script. Results showed that although 62% of the sample labeled

Case B (i.e. inconsistent with the "real-rape script) as rape, only 48% believed that the

perpetrator should be arrested and prosecuted. This suggests that participants believed that the

victim's behavior "justified" the occurrence of the rape when it was inconsistent with

stereotypical rape-related beliefs, causing them to attribute blame to the victim instead of the

perpetrator. Similarly, Grubb and Harrower (2009) assessed characteristics that make someone

more likely to blame the victim by using three different vignettes: the "stranger rape" vignette,

the "date rape" vignette, and the "seduction rape" vignette. Results showed that participants were

more likely to attribute blame to the victim in the "seduction rape" vignette than they were in the "stranger rape" vignette and the "date rape" vignette. Consistent with previous research, this suggests that when characteristics of a rape are inconsistent with stereotypical rape-related beliefs, non-victims are more likely to attribute blame to the victim.

Sasson and Paul (2014) assessed factors that influence the way non-victims label an act of sexual violence, as well as how they attribute blame. They created 16 vignettes with different permutations of perpetrator force and identity, as well as resistance and reactions from the victim. After reading one of these vignettes, participants were asked to label what had occurred in one of four ways: sexual aggression, sexual assault, rape, none of these options. Participants were asked to assign responsibility to either the victim or the perpetrator and were then assessed for rape-related beliefs. Results revealed that RMA was the strongest predictor for labeling, such that those who reported higher levels of RMA were more likely to label the vignette as something other than rape. Additionally, those who labeled the vignette as rape were more likely to list stereotypical characteristics of the "real rape" script as the reason. Consistent with previous research, this suggests that distorted, rape-related beliefs affect how non-victims label the experiences of victims. When experiences are inconsistent with the real-rape script, non-victims are more likely to label the experience as something other than rape and are also more likely to place blame on the victim.

At this point, it is important to clarify the significance of including differing rape scenarios in this area of research. Because labeling is influenced by characteristics of rape (Sarmiento, 2011; Grubb & Harrower, 2009, Sasson & Paul, 2014), many have difficulty conceptualizing certain acts of sexual violence as rape. Certain experiences are more easily recognizable as rape, such as characteristics that are consistent with the "real rape" script, but

other scenarios are more difficult to recognize as such. This includes characteristics of the "date

rape," scenario or the "seduction rape" scenario (Sarmiento, 2011; Grub & Harrower, 2009;

Ryan, 2011). In the "seduction rape" scenario, the perpetrator is generally someone the victim is

acquainted with, and there is a preexisting level of romantic attraction between the two. Because

labeling is influenced by characteristics of the scenario, it is insufficient to include only one

scenario. To understand how labeling is affected by different characteristics of rape, different

scenarios must be included in this area of research.

Disclosing Sexual Assault

Rape disclosure is a common occurrence, with victims disclosing to both formal support

providers (e.g. police officers, medical personnel, counseling services) and informal support

providers (e.g. friends and family members) (Paul et al., 2013; Fisher et al., 2003; Campbell, et

al., 2001; Ahrens, 2006; Ahrens et al., 2007; Ahrens, Stansell, & Jennings, 2010). However,

research has consistently shown that rape disclosure occurs more to informal support providers.

The NCVS has demonstrated that only 20% of female college students who have been sexually

assaulted, and 37% of female non-college students who have been sexually assaulted, report their

victimization to the police (Sinozich & Langton, 2014). Fisher et al. (2003) demonstrated a much

lower reporting rate, stating that only 2.1% of victims who participated in their study reported

their victimization to the police and only 5% reported it to authorities on campus. On the other

hand, 70% of victims in this study reported that they disclosed to informal support providers,

such as friends and family members. Although victims are less likely to disclose to formal

support providers, it is encouraging that they are disclosing to at least someone. Ahrens, Stansell,

and Jennings (2010) demonstrated that those who do not disclose their assault are more likely to

experience symptoms of PTSD and depression. Additionally, Paul et al. (2013) suggests that

disclosing to an informal support provider might act as a first step to obtaining services. Paul et al. (2013) demonstrated that over two-thirds of participants who had received a rape disclosure reported that they had encouraged the victim to disclose to a formal support provider.

While disclosure may lead to support and beneficial outcomes for victims, it is not guaranteed. Although research initially demonstrated that social support leads to positive benefits, more recent findings are mixed, as support providers display a variety of reactions to a rape disclosure (Campbell et al., 2001). Positive reactions include listening to the victim's experience, comforting the victim during their time of need, providing emotional support to the victim, and helping them contact formal service providers (Ahrens et al., 2010). Negative reactions include blaming the victim for the experience, doubting that the experience occurred, accusing the victim of lying about the assault, and withdrawing from the victim, all of which correspond to rape-related beliefs (Ahrens et al, 2010). As a result, victims experience different outcomes depending on the type of response received. Campbell et al, (2001) demonstrated that positive social reactions and negative social reactions have different health outcomes. Those who reported that they had received positive social reactions (e.g. being believed and having someone listening to them talk about the assault) had lower rates of depression and health symptom scores than those who did not receive these reactions. Conversely, those who received negative social reactions (e.g. being blamed for the assault, being told to get over the assault, having someone tell them they want revenge) reported higher health symptoms than those who did not receive this reaction (Campbell et al., 2001). Ahrens et al. (2010) also demonstrated that those who received negative reactions reported more physical health symptoms, such as symptoms of depression and PTSD. Along the same lines, Ahrens (2006) found that victims who had received a negative social interaction were also less likely to disclose to others afterwards, suggesting that

negative social reactions affect more than mental and physical health outcomes. In sum, this suggests that although disclosure has been shown to reduce risk of negative outcomes, it depends more on the type of reaction received.

As was previously discussed, not acknowledging an act of sexual violence as rape is a phenomenon that occurs for both victims and non-victims due to the rape-related attitudes they hold about rape (Sarmiento, 2011; Grubb & Harrower, 2009, Sasson & Paul, 2014). When acknowledgement is considered in the context of disclosure, it takes on greater meaning. Negative social reactions to rape disclosure take on various forms, but most often, it occurs in the form of blaming the victim and excusing the perpetrator. Research looking at blame attributions have shown that when characteristics of rape do not match the "real rape" script, the victim is often blamed for their own victimization, which characterizes a negative reaction to the victim (Grubb & Harrower, 2009; Sarmiento, 2011; Sasson & Paul, 2014). Sasson and Paul (2014) demonstrated that lower empathy for the victim and higher endorsement for rape-related attitudes lead to more blame attributed to the victim. Sasson and Paul (2014) state that although it was not measured directly, it is likely that these individuals would respond more negatively to a disclosure, as they exhibited less empathy and placed more blame towards the victim. Research regarding the disclosure to non-victims is somewhat scarce (Paul et al., 2013) and few correlates have been determined. The current study aimed to address this gap by assessing the direct relationship between labeling in non-victims and their response to a disclosure of sexual assault.

The Present Study

Past research has examined how rape-related beliefs affect the way victims label acts of sexual violence, most of which has determined that rape-related beliefs are significant predictors for the way victims perceive and label acts of sexual violence. For example, past research has

found that unacknowledged rape victims are more likely to describe characteristics of the "real

rape" script than acknowledged victims and that the more a participant endorses characteristics

of the "real rape" script, the more likely they are to characterize their personal experience as

something other than rape (Kahn & Mathie, 1994; Bondurant, 2001). Additionally, Peterson and

Muehlenhard (2004) found that for two rape myths, higher RMA predicted labeling the

experience as something other than rape when characteristics of their experience corresponded to

those rape-related beliefs. These findings suggest that when a victim endorses rape-related

beliefs, these beliefs can predict the way they perceive their own experience.

The question of whether RMA affects labeling of non-victims has received little

attention, although current research is trending in that direction. For example, Sasson and Paul

(2014) determined that many factors influence how sexual violence is perceived and labeled by

non-victims, including RMA. RMA was found to be the strongest predictor in labeling acts of

sexual violence, such that those who reported higher levels of rape myth acceptance were more

likely to label the experience as something other than rape. Additionally, those who endorsed

more rape-related beliefs were more likely to ascribe blame to the victim than they were to the

perpetrator, and this was especially true when the scenario included characteristics that were

inconsistent with the "real rape" script. Similar research has further assessed these blame

attributions. For example, Grubb and Harrower (2009) found that non-victims were more likely

to attribute blame to the victim rather than the perpetrator when characteristics of the act were

inconsistent with the "real rape" script. Taken together, these findings suggest that those who

endorse more rape-related beliefs might respond more negatively to an act of disclosure, as they

were more likely to attribute blame to the victim.

Because RMA appears to influence perceptions of sexual violence, it is possible that this perception would affect how individuals respond to a disclosure of sexual violence. However, the latter is lacking in the current literature. Understanding the variables that influence how non-victims respond to a disclosure is important. Victims who receive negative reactions are more likely to experience mental health symptoms and often stop disclosing to others all together (Ahrens et al., 2010; Ahrens, 2006). Therefore, gaining a better understanding of the relationship between rape-related attitudes and responses to a disclosure can improve mental health outcomes for victims. The current study addressed this gap in the literature by providing a better understanding of the role rape-related beliefs play in forming both perceptions and responses to victims of sexual violence.

As was previously mentioned, when assessing labeling of different acts of sexual violence, it is insufficient to include only one type of scenario. Therefore, two different vignettes were included in the current study. These two vignettes were chosen for the current study based on findings from previous research regarding RMA and labeling of rape scenarios. More specifically, research has indicated that when scenarios include characteristics that are inconsistent with the "real rape" script, such as being previously acquainted with the perpetrator, participants are more likely to label as something other than rape and are also more likely to blame the victim (Sarmiento, 2011). Therefore, the current study included a "stranger rape" scenario, which detailed characteristics that are consistent with the "real rape" script, and a "seduction rape" scenario, which detailed a victim that was raped by a perpetrator she was romantically involved with.

For the current study, it was first hypothesized that one's level of RMA would affect the way that individual labels an act of sexual violence. Specifically, it was hypothesized that those

who reported higher levels of RMA would be more likely to label an act of sexual violence as

rape in response to both vignettes. Accordingly, those who reported lower levels of RMA would

be more likely to label an act of sexual violence as something other rape in response to both

vignettes. It was hypothesized that this effect would be seen across both vignettes, but that it

would be stronger in response to the "seduction rape" vignette. It was also hypothesized that this

label (rape or something other than rape) would affect the way that participants responded to a

disclosure of sexual assault. Specifically, it was hypothesized that those who labeled an act of

sexual violence as something other than rape would respond significantly different from those

who labeled the act as rape. It was hypothesized that this effect would be seen across both

vignettes, but that the effect would be stronger in response to the "seduction rape" vignette

compared to the "stranger rape" vignette.

Chapter II: Methods

Participants and Procedure

The current sample consisted of female college students enrolled in introductory psychology courses at Murray State University. There are disadvantages to using such a sample. Specifically, college undergraduates form a very specific group of people, which often makes generalizing results to other populations not valid. However, there are specific advantages to using it in the current study. According to Black et al. (2011), sexual assault on college campuses represents a public health concern and college women are at an increased risk of becoming sexually victimized. It can be argued that using this sample is necessary so that more targeted interventions can be developed and provided to a population that is in need. Research also suggests that victims are more likely to disclose their experience to female friends as opposed to formal support providers (Fisher, Daigle, & Cullen, 2003). Therefore, using female non-victims was the most appropriate sample to use for the current study.

The original sample consisted of 129 female college students. However, nine participants who indicated that they had been sexually assaulted were removed from the final sample, as well as one participant who consented but did not complete any of the measures. This resulted in a final sample of 119 participants who were used in the current analyses. The current study only included non-victims in the final sample because research with this population regarding labeling different acts of sexual assault is scarce. Additionally, research regarding responses to a disclosure of sexual assault has yet to be done with this population. Assessing labeling and responses among non-victims regarding different sexual assault experiences is important because it has the ability to negatively affect mental health outcomes among victims. By assessing these relationships among this sample, mental health outcomes might be improved for victims of

sexual assault. All participants responded correctly to at least two of the attention items that were placed throughout the survey and therefore, no participant was removed due to incorrectly answering these items.

In the final sample (N = 119), the mean age of participants was 19 years of age (*SD* = 2.07), ranging from 18 to 36 years of age. Majority of participants self-identified as White (81.4%). The non-White category in Table 1 includes: 11 African-American women (8.5%), two Hispanic women (1.6%), four Asian women (3.1%), one Native American woman (0.8%), and five Multi-Racial women (3.9%). Most of the sample reported that they knew someone who had been sexually assaulted (60.5%; n = 72).

The overwhelming majority correctly labeled the "stranger rape" vignette as rape (94.9%; n = 111). Other reported labels included: a bad sexual experience (3.4%; n = 4), a mistake on Mike's part (0.9%; n = 1), and a miscommunication (0.9%; n = 1). Most of the sample also correctly labeled the "seduction rape" vignette as rape (82.2%; n = 97). Other reported labels included: a bad sexual experience (4.2%; n = 5), a mistake on Natalie's part (2.5%; n = 3), a mistake on Jason's part (4.2%; n = 5), a miscommunication (3.4%; n = 4), and a seduction (3.4%; n = 4). See Table 1 for a comparison on demographic variables between those who labeled the "seduction rape" vignette as rape versus those who labeled it as something other than rape. No comparisons were made for the "stranger rape" vignette since very few participants endorsed a label other than rape.

In terms of the procedure for this study, participants were recruited through SONA, which is a research recruitment and data collection program used and maintained by the Murray State University Psychology department. Interested participants (all female college students) were directed to an online study where they were asked to provide informed consent (See

Appendix A). After providing consent, participants were asked to complete a series of measures, all of which can be found in Appendix B. Specifically, participants were asked to complete a demographics questionnaire, the updated Illinois Rape Myth Acceptance Scale (IRMA), and the Marlowe-Crowne Social Desirability Scale – Short Form C (MCSDS-SF). Participants then read two sexual assault vignettes: a "stranger rape" vignette and a "seduction rape" vignette. To control for order effects, these two vignettes were counterbalanced across two different survey formats. Assignment was done randomly by asking participants to indicate the last digit in their Murray State ID number (i.e. even numbers were assigned to survey version A and odd numbers were assigned to survey version B). After reading a vignette, participants were asked to choose from a list of 9 possible labels one that they found most descriptive for that vignette. Participants then completed the Social Response Questionnaire (SRQ) in response to the vignette. Participants were asked to complete the same procedure for the second vignette. Consistent with previous research (Sasson & Paul, 2014), three items were included throughout the survey to ensure adequate attention (e.g. items such as "Please mark neutral if you are reading this"). One was positioned towards the beginning of the survey, one was positioned in the middle of the survey, and the last was positioned towards the end of the survey. After that, participants were thanked and debriefed.

Materials

        Demographic Questionnaire. Participants were asked to respond to questions regarding demographic variables including their age, ethnicity, and year in school. Additionally, participants were asked if they have ever had an unwanted sexual experience in their lifetime. This question is designed to exclude these participants, as those who have had an unwanted sexual experience were not the focus of the current study. They were also asked whether they

know someone who has been a victim of sexual assault. See Appendix B for items included in this measure.

Sexual Assault Vignettes. Participants were asked to read two vignettes: a "stranger rape" vignette and a "seduction rape" vignette. These two vignettes were adopted for this study from previous research (Grubb & Harrower, 2009). The first vignette depicts a "stranger rape," in which the victim was violently attacked by an unknown perpetrator (Grubb & Harrower, 2009). In this scenario, the perpetrator uses a weapon and force to restrain the victim and the victim resists, resulting in injuries. Therefore, this vignette includes aspects that are consistent with the "real rape" scenario. The second vignette depicts a "seduction rape," in which the victim is attacked by a perpetrator that she is previously acquainted with (Grubb & Harrower, 2009). In this scenario, both the victim and the perpetrator were attracted to each other and both were under the influence of alcohol. Therefore, this vignette includes aspects that are inconsistent with a, "real rape" scenario. Grubb and Harrower (2009) excluded the word, "rape," from these two vignettes to prevent biases from affecting participants' answers, which is a key reason these vignettes were chosen for the current study. One change was made; in the second vignette, the names of the perpetrator and victim were changed to prevent confusion from the participants (e.g., different names used in the two vignettes). See Appendix B to read the full vignettes.

Labels. Participants were asked to label what occurred in each vignette. A list of nine possible labels were provided after each vignette and participants were asked to choose the label that was most descriptive. This list was originally created by Peterson and Muehlenhard (2004) to examine the labeling process of rape victims. 20 labels were used in the original study, which included: "a normal sexual experience," "rape," "something that happens to everybody," or "a crime." Because these labels were originally used with victims of sexual assault, certain

modifications were made to make them more applicable for non-victims. Out of the 20 labels,

nine were kept for the current study. The labeling variable used in this study was coded as

dichotomous such that those who labeled the act as rape were compared to those who labeled it

as something else, regardless of the label that was used. See Appendix B for all the labels used in

this study.

   Rape Myth Acceptance. Participants' RMA was measured using the Updated Illinois

Rape Myth Acceptance Scale (IRMA; McMahon & Farmer, 2011). This scale was created by

Payne et al. (1999) to measure RMA in the general population. However, the IRMA was later

updated to include modern language and more subtle items regarding RMA (McMahon &

Farmer, 2011). Therefore, the updated version of the IRMA was used in the current study.

   The updated IRMA consists of 22 questions that correspond to four different subscales,

with each subscale measuring a different type of rape myth. The answer options range from 1

(*strongly agree)* to 5 (*strongly disagree*). The first subscale, "She Asked for it," consists of six

items. This scale measures the belief that the victim acted in a way that caused the sexual assault

to happen (e.g. "when girls go to a room alone with a guy at a party, it is her own fault if she is

raped"; McMahon & Farmer, 2011). The second subscale, "It Wasn't Really Rape," consists of

five items. This scale measures the belief that an assault did not occur either because the victim

is at fault or the perpetrator is excused (e.g. "when guys rape, it is usually because of their strong

desire for sex"; McMahon & Farmer, 2011). The third subscale, "He Didn't Mean to," consists

of six items. This scale measures the belief that because the perpetrator did not mean to, it should

not be considered as rape (e.g. "if a girl does not physically fight back, you cannot really say it

was rape"; McMahon & Farmer, 2011). The fourth subscale, "She Lied," consists of five items.

This scale measures the belief that the victim lied about the unwanted sexual experience (e.g. "rape accusations are often used as a way of getting back at guys"; McMahon & Farmer, 2011).

Previous research has shown that the IRMA has good psychometric properties. Construct validity was assessed using exploratory structural equation modeling (ESEM) to ensure a specific factor structure. Although a four-factor model was originally proposed, results revealed that items loaded onto five distinct factors (McMahon & Farmer, 2011). It was revealed that the "He Didn't Mean To" factor also includes a "He Didn't Mean To: Intoxication Items" scale. Therefore, the former subscale was split into two separate subscales, resulting in five subscales for the updated IRMA. All other factors were supported. Criterion validity was assessed using a MANOVA. Specifically, McMahon and Farmer (2011) conducted a MANOVA to assess whether levels of RMA differed depending on gender, prior exposure to rape prevention programs, and knowledge of whether participants knew someone who had previously been raped. Results suggest appropriate criterion validity; men had higher rates of RMA, which is consistent with previous research. The overall Cronbach's alpha for the updated IRMA is .87 (McMahon & Farmer, 2011). The Cronbach's alphas for the five subscales are as follows: the "She Asked For It" subscale was a .73, the "He Didn't Mean To" subscale was a .70, the "He Didn't Mean To (Intoxication)" subscale was a .64, the "She Lied" subscale was a .80, and the "It Wasn't Really Rape" subscale was a .73 (McMahon & Farmer, 2011).

In the current study, participants' RMA score was computed by taking the cumulative sum of each individual's responses on all 22 items. Higher scores indicate lower acceptance of rape myths (e.g., greater rejection of rape myths), whereas lower scores indicate a higher acceptance of rape myths (e.g., less rejecting of rape myths). In the current study, the overall

Cronbach's alpha for the updated IRMA was .93. See Appendix B to view all items in the

measure.

Social Responses to Sexual Assault. Participant's responses to a disclosure of sexual

assault was measured using the Social Response Questionnaire (SRQ; Ullman, 2000). The SRQ

was originally developed to measure victim's experiences when disclosing to others, such as

friends, family, and health providers (Ullman, 2000). The SRQ is unique in that it measures both

positive and negative reactions that victims may receive when disclosing to others, whereas prior

measures only measured positive reactions (Ullman, 2000). The SRQ was modified to fit the

purpose of the current study. Specifically, it was modified to ask non-victims how they would

respond if someone were to disclose that they had been sexually assaulted (e.g. "comforted you

by telling you it would be all right or by holding you" was changed to "comfort them by telling

them it would be all right or by holding them"). The SRQ consists of 48 Likert scale items

(0=*very unlikely* to 4=*very likely*).

These 48 items correspond to 7 specific scales: emotional support, tangible aid, blame,

stigma/treated differently, control, egocentric, and distract. According to Ullman (2000),

Cronbach's alphas for each of the seven subscales range from .77 to .93, with emotional support

having the highest internal reliability and egocentric reactions having the lowest internal

reliability. The SRQ also consists of three general scales: turning against, unsupportive

acknowledgment, and positive reactions (Ullman, 2015). However, in past versions of the SRQ,

the turning against scale and the unsupportive acknowledgement scale were combined to create

an overall negative reactions scale. Because negative and positive reactions are the sole focus of

the current study, the negative reactions scale (i.e. blame, control, egocentric, distraction, treat

differently) and the positive reactions scale (i.e. emotional support/belief, tangible

aid/information support) were the two general scales used in the current study.

According to Ullman (2000), all negative reactions subscales demonstrated reasonable

intercorrelations with each other, as evidenced by Pearson product moment correlation

coefficients that ranged from .15 to .72, with the lowest intercorrelation occurring between the

egocentric subscale and the treat differently subscale and the highest intercorrelation occurring

between the treat differently subscale and the control subscale. The positive reactions subscales

demonstrated a reasonable intercorrelation, as evidenced by a Pearson product moment

correlation coefficient of .58 (Ullman, 2000). The negative reaction subscales were demonstrated

to be unrelated or negatively correlated with each of the positive reaction subscales. Acceptable

test-retest reliability was demonstrated, as evidenced by Pearson's product moment correlation

coefficients that ranged from .74 to .80. To determine convergent validity, Ullman (2000)

correlated positive and negative reactions with measures of general psychological functioning

(i.e. Posttraumatic Stress Diagnostic Scale; Foa, 1995) and self-esteem (i.e. the Rosenberg Self-

Esteem Scale; Rosenberg, 1965). Ullman (2000) suggests good convergent validity, as evidenced

by positive correlations of self-esteem measures with positive reactions subscales (.19) and

measures of psychological functioning with negative reactions subscales (.42).

In the current study, scores were computed by averaging the items in each scale in order

to create an overall positive reactions score and an overall negative reactions score. These two

scores were used to assess whether there was a significant difference regarding responses

between those who labeedl the act of sexual violence as rape and those who labeled it as

something other than rape. A Cronbach's alpha for the negative reactions scale and the positive

reactions scale was conducted to ensure appropriate reliability. The overall Cronbach's alpha for

the negative reactions scale was .87, while the overall Cronbach's alpha for the positive reactions scale was .83. See Appendix B to view all items in the measure.

Social Desirability. Participants' social desirability was measured using the Marlowe-Crowne Social Desirability Scale – Short Form C (MCSDS-SF). The MCSDS-SF consists of 33 items that were originally created by Marlowe and Crowne (1960) to examine socially approved responses that were independent of psychopathology. Reynolds (1982) later created the MCSDS-SF as a more efficient way of measuring social desirability. The MCSDS-SF consists of 13 forced-choice items (T=*True* and F=*False*). These 13 items examine the possibility of a response set, as well as if the participant is responding in a socially approving manner (e.g. "I'm always willing to admit it when I make a mistake" and "No matter whom I'm talking to, I'm always a good listener").

In previous research, internal consistency and convergent validity for the MCSDS-SF were assessed using the Kuder-Richardson formula 20. Correlation coefficients were estimated to be .76 (Reynolds, 1982). The MCSDS-SF was found to be correlated at .93 with the original, 33-item scale, suggesting appropriate convergent validity. However, in the current study, the Cronbach's alpha for the complete scale was .46. Final scores were computed by taking the total sum of all items. Scores on the MCSDS-SF range from 0-13 (Reynolds, 1982). High scores are indicative of a respondent who wants to avoid social disproval and therefore, responds in an overly socially approving manner (Reynolds, 1982). See Appendix B to view all items in the measure.

Analytic Strategy

All statistical analyses were conducted using the Statistical Package for Social Sciences (SPSS). The current study consisted of two hypotheses. It was first hypothesized that one's level of RMA would significantly affect the way an individual labels an act of sexual violence. Specifically, it was hypothesized that those who score lower on the updated IRMA scale (e.g., more accepting of rape myths; alternatively, less rejecting of rape myths) would be more likely to label the two vignettes as something other than rape, whereas those who score higher on the updated IRMA scale (e.g., less accepting of rape myths; alternatively, more rejecting of rape myths) would be more likely to label the two vignettes as rape. To test this hypothesis, two logistic regressions were conducted, one for each of the two vignettes included in this study, and knowing someone who had been sexually assaulted was included as a covariate in these analyses. Logistic regressions allowed the researchers to determine whether RMA was a significant predictor for labeling sexual violence. It was hypothesized that the logistic regressions for both vignettes would be significant, but that the effect would be larger for the "seduction rape" vignette, as assessed by odds ratio.

It was also hypothesized that responses to a disclosure of sexual assault would significantly differ depending on the label one assigns to each sexual assault vignette. Specifically, it was hypothesized that those who labeled the vignettes as rape would respond significantly different on the SRQ than those who did not label the vignettes as rape. To assess this, independent t-tests were conducted for two of the analyses (positive social reactions) while one-way between-groups analyses of covariance (ANCOVA) were conducted for the other two analyses (negative social reactions). ANCOVAs were used to control for social desirability due to the results in Table 2. It was hypothesized that this effect would be present across both types

of vignettes, but that the effect would be larger for the, "seduction rape," vignette. To determine

this, effect sizes were included for these analyses.

A power analysis was conducted in G Power (v 3.1.9.2) to determine the appropriate

number of participants needed to power the current study. This analysis revealed that 128

participants were needed to provide adequate power, evidenced by a moderate effect size of .50,

an alpha of .05, and a power ratio of .80. As mentioned previously, 129 participants were

recruited for the current study but 10 were excluded based on study requirements. Therefore, it is

possible that this study is slightly underpowered.

Chapter III: Results

Pearson's correlations were calculated to assess the various relationships between demographic/control, predictor, and outcome variables. The results are shown in Table 2. Pearson's correlations revealed that knowing someone who has been sexually assaulted was marginally significantly correlated with one's RMA score, as assessed by the IRMA, $r = 0.18$, $p = .054$. Specifically, those who knew someone who had been sexually assaulted scored higher on the IRMA (i.e. more rejecting of rape myths). Therefore, this will be controlled for in the logistic regression analyses (hypothesis 1). There was also a marginally significant correlation between age and one's level of social desirability, as assessed by the MCSDS-SF, $r = -0.17$, $p = .069$. Specifically, those who were younger were more likely to score higher on this measure, suggesting they are more concerned with responding in a socially desirable way than older individuals. Pearson's correlations also revealed that scores on the negative reactions scale on the SRQ for both vignettes were marginally significantly related to one's social desirability score on the MCSDS-SF, rs = -0.18, ps = .052). Specifically, lower scores on the negative reactions scale was associated with higher social desirability scores, which suggests that motivations to respond in a social desirable way was associated with fewer negative reactions to a disclosure of sexual assault. Therefore, social desirability will be controlled for in some of the later analyses (e.g., hypothesis 2). The other significant correlations were between predictor and outcome variables (see Table 2).

Rape-Related Beliefs and Labeling

To assess whether rape-related beliefs significantly predict how one conceptualizes different scenarios of sexual violence, a logistic regression was conducted for each vignette controlling for whether participants knew someone who had been sexually assaulted or not.

Results of a logistic regression for the "seduction rape" vignette indicated that the full model was

significant, χ^2 (2) = 33.36, $p < .001$, Nagelkerke R^2 = .405, and correctly classifying 87.3% of

cases. Only participants' level of RMA significantly predicted the label one assigned to the

"seduction rape" vignette (Wald statistic = 22.46; $\beta = 0.11$, $p < 0.001$, Odds Ratio = 1.11,

CI[1.07, 1.16]). For every increase in RMA scores, the chance of labeling the vignette as rape

went up 1.11 times. More specifically, those who labeled the "seduction rape" vignette as rape

had higher RMA scores (i.e. more rejecting of rape myths; $M = 94.76$, $SD = 11.48$) than those

who labeled this vignette as something other than rape ($M = 75.10$, $SD = 14.58$). This suggests

that participants who were more rejecting towards rape myths were more likely to conceptualize

this vignette as rape, while those who were more accepting towards rape myths were more likely

to label this vignette as something other than rape.

Results of a logistic regression for the "stranger rape" vignette indicated that the full

model was not significant, χ^2 (2) = 0.13, $p = .939$, Nagelkerke R^2 = .003. The model correctly

classified 94.9% of cases, but caution should be used when interpreting these results because

there was a small number of participants who labeled the "stranger rape" vignette as something

other than rape. Overall, these results suggest that there was no difference in IRMA scores for

those who labeled the "stranger rape" vignette as rape ($M = 91.17$, $SD = 14.28$) and those who

labeled the vignette as something other than rape ($M = 91.33$, $SD = 14.41$). This suggests that

participants, regardless of their level of rape-related beliefs, conceptualized the "stranger rape"

vignette as rape.

Since the vignettes were counterbalanced in this study, logistic regression analyses were

also ran with condition (e.g., whether participants read the "stranger rape" vignette first or

second) as a covariate. Order effects were non-significant ($ps > .075$) and did not have any impact on the results.

Labeling and Reactions

To assess whether those who conceptualize an act of sexual violence as rape respond significantly different than those who conceptualize it as something other than rape to a disclosure of sexual assault, independent-samples t-tests (positive responses) and ANCOVAs (negative responses) were conducted for each vignette. Results from the ANCOVA, controlling for social desirability, revealed that those who labeled the "seduction rape" vignette as rape gave fewer negative reactions (n = 97; $M = 0.51$, $SD = 0.36$) than those who did not label it as rape ($N = 21$; $M = 0.89$, $SD = 0.49$), $F (1, 115) = 15.39$, $p < .001$, partial eta squared = .15. Also, results from the independent-samples t-test revealed those who labeled this vignette as rape gave more positive reactions ($M = 3.31$, $SD = 0.42$) than those who did not label this vignette as rape ($M = 2.78$, $SD = 0.44$), $t (116) = -5.82$, $p < .00$, $d = 1.23$. This suggests that those who correctly labeled the vignette as rape had more positive, and less negative, reactions to a disclosure of sexual assault and the magnitude of this effect was revealed to be large.

There were no differences regarding negative reactions between those who labeled the "stranger rape" vignette as rape (n = 111; $M = 0.57$, $SD = 0.42$) compared to those who did not (n = 6; $M = 0.64$, $SD = 0.34$), $F (1, 114) = .28$, $p = .60$, partial eta squared = .04. There were also no differences regarding positive reactions between those who labeled this vignette as rape (n = 111; $M = 3.42$, $SD = 0.36$) and those who did not label this vignette as rape (n = 6; $M = 2.80$, $SD = 0.81$; $t (5.12) = -1.88$, $p = 0.12$, $d = 0.98$. This suggests that when faced with stereotypical characteristics of rape, those who labeled the vignette as rape and those who labeled it as something else responded similarly. However, caution should be used when interpreting these

results has there was a small number of participants who labeled this vignette as something other than rape.

A series of ANCOVAs were ran to test for order effects in the above analyses. For the positive reactions, one ANCOVA was ran for each vignette with condition (e.g., whether participants read the "stranger rape" vignette first or second) as a covariate. For the negative reactions, there were two covariates (condition and social desirability). In one of the analyses, condition had a significant impact on the outcomes. More specifically, there was a significant order effect for the "seduction rape" vignette and participants' positive responses to disclosure. This effect was only found among those who labeled the "seduction rape" vignette as rape but not for those who labeled it as something else. Among those who labeled the vignette as rape, participants who read the "seduction rape" vignette first followed by the "stranger rape" had significantly more positive reactions ($M = 3.42$, $SD = 0.29$) than those who read the "stranger rape" vignette first followed by the "seduction rape" vignette ($M = 3.21$, $SD = 0.51$), $t(95) = -2.45$, $p = .016$. This suggests that among those who labeled the "seduction rape" vignette as rape, reading the "stranger rape" vignette first somehow negatively influenced one's responses to the victim in the "seduction rape" vignette. However, reading the "seduction rape" first seemed to have no influence, positive or negative, on one's responses to the victim in the "stranger rape" vignette.

Chapter IV: Discussion

The current study attempted to investigate whether rape-related beliefs was a significant predictor for how one conceptualizes an act of sexual violence. It was originally hypothesized that one's level of rape-related beliefs would significantly affect the way that individual labels an act of sexual violence. This hypothesis was partially supported; rape-related beliefs was a significant predictor for how one labeled the "seduction rape" vignette. However, rape-related beliefs was not a significant predictor for how one labeled the "stranger rape" vignette. More specifically, those who labeled the "seduction rape" vignette as rape were more rejecting of rape myths compared to those who labeled it as something other than rape. However, there was no difference in how one labeled the "stranger rape" vignette based on their rape-related beliefs. This finding can most likely be explained by the significant connection between rape myths and rape scripts that was discussed previously. The "seduction rape" vignette contained characteristics that were inconsistent with the "real rape" script, such as the presence of a perpetrator the victim was romantically involved with, as well as the presence of alcohol. Those who held more rape-related beliefs were more likely to label this vignette as something other than rape (e.g., a miscommunication or a mistake) because these characteristics were inconsistent with how they conceptualized the act of rape. Therefore, their attitudes regarding rape significantly influenced how they perceived the victim, and conceptualized the experience, in this vignette.

These findings are consistent with previous research. For example, Sasson and Paul (2014) demonstrated that rape-related beliefs were the strongest predictor for how one labels an act of sexual violence. Additionally, Grubb and Harrower (2009) revealed that when presented with characteristics that are inconsistent with the "real rape" script, participants were more likely

to blame the victim. Sarmiento (2011) also revealed that in response to these inconsistent characteristics, participants are more likely to believe that the victim's behavior "justified" the occurrence of the rape. These findings are consistent with those from the current study; in response to characteristics that are inconsistent with the "real rape" script, those with more rape-related beliefs are more likely to label it as something other than rape. Taken together, these findings suggest that the beliefs non-victims hold regarding rape affect how they label an act of sexual violence and this label can influence the way they perceive victims. As a result, victims are often believed to be responsible for their own victimization and the perpetrator is often excused.

On the other hand, rape-related beliefs did not significantly influence how one labeled the "stranger rape" vignette, which was previously hypothesized. This suggests that regardless of one's level of rape-related beliefs, participants consistently labeled this vignette as rape. This is also most likely explained by the significant connection between rape myths and rape scripts. The "stranger rape" vignette contained characteristics that were consistent with the "real rape" script, as well as many rape myths, such as the presence of an unknown perpetrator with a weapon in an unfamiliar location. This suggests that regardless of one's level of rape myths, whether it be high or low, people can recognize that this type of situation is one of sexual assault because it is highly consistent with their rape-related beliefs. The analyses revealed that the overwhelming majority labeled this vignette as rape, resulting in a small number of participants that labeled this as something other than rape. It is possible that with a larger sample the hypothesized effect might be found. However, it is also possible that these findings represent the mechanisms that underlie these rape-related beliefs. In other words, having a small number of participants who labeled this vignette as something other than rape might not necessarily be a

limitation and instead, might reflect the difference in labeling various acts of sexual assault. Past

research does support this possibility. For example, Sasson and Paul (2014) determined that

91.6% of their sample correctly labeled the vignettes as rape, which is very similar to the 94.9%

of the current sample that correctly labeled the "stranger rape" vignette as rape.

Over half of the sample reported that they knew someone who had been sexually

assaulted. Correlations revealed that knowing someone who had been sexually assaulted was

positively associated with one's rape-related attitudes. In other words, knowing someone who

had been sexually assaulted was associated with more rejection of rape myths. This is consistent

with previous research. For example, a study conducted by McMahon (2011) revealed that those

who reported knowing a rape victim also had less rape-related attitudes and were more positive

to rape victims. However, they indicated that the direction of this correlation is unknown. It is

possible that knowing someone who has been sexually assaulted influences the beliefs one hold

about sexual assault, thereby creating more positive attitudes. However, it is also possible that

rape victims are motivated to disclose to individuals who have more positive attitudes regarding

rape in the first place.

The current study also attempted to investigate whether one's conceptualization of a

sexual assault can affect the way they respond to a victim upon disclosure. It was originally

hypothesized that the way one labels (rape or something other than rape) an act of sexual

violence would affect responses to a disclosure in that those who labeled an act of sexual

violence as something other than rape would respond significantly different from those who

labeled the act as rape. This hypothesis was partially supported; those who labeled the "seduction

rape" vignette as rape gave fewer negative reactions and more positive reactions than those who

labeled it as something other than rape. The magnitude of this effect was revealed to be large,

suggesting that it is relatively robust. However, there were no differences between those who labeled it as rape and those who labeled it as something other than rape regarding responses for the "stranger rape" vignette. Similar to the above results, these findings are also most likely explained by rape myths and rape scripts, which both influence one's conceptualization of sexual assault. As was previously stated, the "seduction rape" vignette contained characteristics that were inconsistent with the "real rape" script. When participants conceptualized this vignette as something other than rape, they were more likely to respond more negatively and less positively, while those who conceptualized this vignette as rape were more likely to respond less negatively and more positively. This suggests that participants were influenced by the rape-related beliefs they held, which then influenced the way they responded to the victim. Although this has never been directly assessed in the literature until now, previous research sheds some light on this. Sarmiento (2011) stated that when characteristics were inconsistent with the "real" rape script, participants were more likely to blame the victim. Because these characteristics are inconsistent, it is possible that the participants subsequently blamed the victim for the event, which then motivated them to respond more negatively and less positively. Overall, this suggests that one's conceptualization regarding this vignette, which is influenced by the rape-related beliefs one held, affected the way one responded to the victim upon disclosure.

On the other hand, there were no differences between those who labeled it as rape and those who labeled it as not rape regarding responses for the "stranger rape" vignette. These findings are also most likely explained by rape myths and rape scripts, which both influence one's conceptualization of sexual assault. As was previously stated, the "stranger rape" vignette contained characteristics that were consistent with the "real rape" script. These results suggest that one's conceptualization did not matter, as responses for those who labeled the vignette as

rape and those who labeled it as something other than raped did not differ. Because this vignette contained stereotypical characteristics, it is possible that people respond positively regardless of their beliefs because it corresponds to the script they have regarding rape. Although stated previously, it is important to highlight again that most of the sample labeled this vignette as rape. Therefore, it is possible that with more participants the hypothesized effect would be found. It is also possible, however, that this finding represents the difference regarding rape-related beliefs across various scenarios.

For one of the above analyses, condition had a significant impact on the outcome. More specifically, among those who labeled the "seduction rape" vignette as rape, participants who read the "seduction rape" vignette first followed by the "stranger rape" had significantly more positive reactions than those who read the "stranger rape" vignette first followed by the "seduction rape" vignette. A possible explanation for this finding is that the "stranger rape" vignette might have activated the "real rape" script, leading participants to compare the two experiences. In other words, the "stranger rape" vignette might have primed the "real rape" script, leading these participants to respond less favorably to the victim in the "seduction rape" vignette because it was inconsistent with the script that had been activated. Those who read the "seduction rape" vignette first were not influenced by these stereotypical characteristics before deciding how to respond, leading them to respond more positively. Another possible explanation is that participants might have engaged in some form of cognitive heuristics. For example, the anchoring bias is a type of cognitive heuristic in which an individual "anchors" to initial piece of information and subsequently uses it to make other judgements (Galotti, 2018). In other words, participants might have initially "anchored" to the "stranger rape" vignette and then used it to make judgements about the "seduction rape" vignette. This would imply that these participants

"anchored" to characteristics that were more stereotypical, leading them to respond less

positively to the victim in the "seduction rape" vignette because it was less stereotypical. It is

also possible that participants simply placed the two vignettes on a continuum. In other words,

those who read the "stranger rape" vignette first might have responded to the victim in the

"seduction rape" vignette less positively because they viewed it as a less extreme form of sexual

assault. Those who read the "seduction rape" vignette first were not influenced by these more

extreme characteristics, leading them to respond more favorably.

In sum, these results suggest that when non-victims hold stereotypical rape-related

beliefs, they are more likely to conceptualize an act of sexual violence as something other than

rape and that this conceptualization then influences responses to victims of sexual assault. These

results suggest that these variables are especially influential when non-victims are confronted

with characteristics that are inconsistent to their rape-related beliefs. This means that victims

who have experienced a sexual assault that is not stereotypical are more likely to receive

negative reactions from non-victims. This has serious implications for victims of sexual assault

because most unwanted sexual experiences do not include elements that are consistent with the

"real rape" script, and this is especially true for women on college campuses (Bondurant, 2001;

Johnson, Kuck, & Schander, 1997). This would suggest a large portion of female rape victims do

receive negative reactions from non-victims. As was previously stated, receiving negative

reactions upon disclosure often leads to more mental health symptoms, such as symptoms of

PTSD and depression (Ahrens et al., 2010). Therefore, the current results suggest that a large

portion of female rape victims experience more mental health symptoms simply from disclosing

their experience to others. Therefore, identifying variables that influence these reactions, as well

as the mechanisms behind how they influence reactions, is important to improve outcomes for victims.

Limitations

There are several limitations to the current study. The initial power analysis conducted for this study revealed that 128 participants were needed to appropriately power the analysis. Due to time restraints, as well the loss of 10 people from the original sample, only 119 participants were used in the current study. Therefore, it is possible that the current analyses were underpowered. Most of the sample labeled the "stranger rape" vignette as rape. Results were determined to be insignificant for both hypotheses, possibly because the sample size was too small. It is possible that with a larger sample, the original hypothesis might have been supported.

It is also important to highlight that the characteristics of the sample were very specific and represents a limitation in the current study. Thus, results might not generalize to other populations. For example, the sample consisted solely of female undergraduate college students. Although previous research provides support for using this sample in the current study, results might not generalize to other populations, such as male college students, or non-college students in general. Most of this sample also classified themselves as White. It is possible that attitudes regarding rape, as well as how one's conceptualization influences reactions, might differ among different racial/ethnic groups.

A limitation also exists in who was included as a non-victim. Participants were asked whether they had ever been a victim of sexual assault. If they indicated that they had not been a victim, they were considered a non-victim. However, the current study did not ask whether

participants were perpetrators of sexual violence, which also represents a category of non-victims. It is possible that perpetrators of sexual violence differ regarding rape-related beliefs, the way they conceptualize different acts of sexual violence, and how they respond to victims of sexual violence. Therefore, it is possible that results do not generalize to this population and that results might differ for them specifically. Additionally, it is well-documented phenomenon that many victims of sexual violence do not classify their experience as rape (Kahn & Mathie, 1994; Littleton, Rhatigan, and Axsom, 2007). In other words, many individuals who have been raped do not label it as rape. Therefore, it is possible that the initial question used to assess whether someone was a victim of sexual assault was insufficient. In other words, some participants might have been victims of sexual assault, but initially indicated that they were not due to how they classify their own experience. If this is the case, the sample does not solely consist of non-victims.

There were also some limitations regarding characteristics of certain measures used, as well as the design of the current study. Consistent with previous research, social desirability was assessed using the MCSDS-SF and controlled for in the above analyses. Previous research regarding the psychometrics of this measure suggested adequate internal consistency, as well as appropriate convergent validity. However, results from the current study indicated that the MCSDS-SF has poor internal consistency, which would suggest that it is a poor measure for this construct. Therefore, it is possible that social desirability might have had more of an impact than these results suggest. Additionally, the two vignettes in the current study were counterbalanced to control for order effects. However, results revealed that those who read the "stranger rape" vignette first seemed to respond less positively to the victim in the "seduction rape" vignette.

Therefore, the order of the vignettes, even though they were counterbalanced across different formats, seemed to impact the results of the study.

Future Directions

Many directions for future research come from the current study. Future research should first replicate the current analyses to ensure that results are reliable and should also include the appropriate number of participants to ensure that the analyses are adequately powered. The current study should also be replicated with other populations to ensure that findings are generalizable. For example, future research should conduct this study with a sample that includes males. Research suggests that males are more likely to endorse rape-related beliefs (Grubb & Harrower, 2009), so it is possible that results might differ for this specific population. Future research should also try to include more diversity regarding racial/ethnic groups, and it should also assess whether these results apply to non-college students.

Future research should also attempt to assess the aspects of these vignettes individually. In other words, future research could be conducted to determine what aspects of these vignettes are specifically affecting people's responses. Research has consistently indicated that stereotypical aspects of unwanted sexual experiences are more likely to be labeled as rape than experiences that are not stereotypical. However, research has not yet identified what aspects of these different experiences affect responses to a disclosure specifically. Therefore, future research should attempt to manipulate different aspects of these vignettes to determine whether there are specific characteristics that make one more or less likely to respond in a particular way.

The current study provides evidence that one's beliefs about rape, as well as their conceptualizations regarding acts of sexual violence, can significantly affect the way they respond to victims. Future research should attempt to determine whether these rape-related

attitudes can be changed and if so, how interventions could be implemented to change them. If these attitudes and distorted perceptions can be changed, victims of sexual assault will likely experience fewer mental health symptoms upon disclosing to others. Research suggests that some programs have been found to be effective in reducing or changing these rape-related attitudes, but that there is a wide variability to their effectiveness (Vladutiu et al., 2011). Specifically, they state that the audience, the facilitator, the age group at which the intervention is implemented to, the format, and the content are all variables that seem to influence whether intervention programs focused on changing rape-related attitudes are effective among adolescents and college students. Other researchers suggest that merely taking an educational approach, which is what most interventions consist of, is insufficient to changing these rape-related attitudes because they are deeply-ingrained (McMahon & Baker, 2011). Future research should attempt to determine whether interventions can reduce or change these rape-related attitudes. If these attitudes can be changed, then future research should determine how to deliver these interventions consistently and effectively, as this will most likely lead to better outcomes for victims.

Sexual assault has increasingly become a topic covered by major media outlets and many attempts have been made to increase awareness regarding sexual assault. The "Me Too" movement represents one of these efforts. This movement originated as a hashtag on social media platforms to demonstrate how often sexual assault occurs. Since it originated, many have posted this hashtag on social media, along with their personal experience with sexual assault and harassment. Previous research shows that when the media normalizes the existence of rape culture, it can create and maintain these rape-related beliefs. It seems possible, then, that the media could also be used to create a more positive culture regarding rape, especially through

activist efforts like the "Me Too" movement. Future research should determine whether movements such as the "Me Too" movement have reduced rape-related beliefs by creating a more positive culture regarding rape. This could have important implications for how rape-related attitudes can be changed, which could then improve outcomes for victims.

Conclusion

The current study provides evidence that one's rape-related beliefs can affect how one conceptualizes an act of sexual assault and this conceptualization can influence how one responds to a disclosure of sexual assault. Disclosing has been shown to be beneficial for victims, but this is not always the case. Research shows that victims receive both positive and negative reactions when disclosing to others and this includes reactions from both formal and informal support providers, which is consistent with results from the current study (Campbell et al., 2001). Upon receiving negative reactions, victims can experience a wide variety of negative health symptoms, including symptoms of PTSD and depression, and it can discourage further disclosures (Ahrens et al., 2010). Therefore, it is important to understand the variables that influence these reactions in order to improve mental health outcomes for these individuals.

Appendix A: Consent to Participate

Title: Beliefs and Reactions Regarding Interpersonal Experiences

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You are being invited to participate in a research study conducted through Murray State University. You must be at least 18 years of age, female, and have never personally experienced sexual assault in order to participate in this study. Below is an explanation of the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation.

Nature and Purpose of the Project: We are interested in examining beliefs and responses regarding interpersonal experiences.

Explanation of Procedures: You will begin by answering some basic questions about yourself. Following this, you will complete a series of brief measures about beliefs and responses regarding interpersonal experiences including sexual assault experiences. Answering these questions will take approximately 20-30 minutes.

Discomforts and Risks: The risks to you as a participant are minimal. Some of the questions are of a personal nature regarding topics such as sexual assault, and thus you may make you feel uncomfortable. Please know that you can choose to skip any questions that you do not want to answer, and can withdraw from the study at any time without penalty or prejudice from the researchers.

Benefits: There are no direct individual benefits to you beyond the opportunity to learn first-hand what it is like to participate in a research study and to learn about some of the methods involved in psychological research. A general benefit is that you will add to our knowledge of this research area.

Required Statement on Internet Research: Your responses to the questions will be completely anonymous; they will only be numerically coded and not recorded in any way that can be identified with

you. Dr. Karlsson will keep all information related to this study in an aggregate and password protected database for at least three years after completion of this study.

Refusal/Withdrawal: Your participation in this study should be completely voluntary. Your refusal to participate will involve no penalty. In addition, you have the right to withdraw at any time during the study without penalty or prejudice from the researchers.

By clicking on the button below ("I consent") you are indicating your voluntary consent to participate in this research.

MURRAY STATE
UNIVERSITY
Institutional Review Board
Approved: 2/1/18   Expires: 2/1/19

Appendix B: Survey

Demographics

1. What is your age? _____

2. What is your race/ethnic identity? Please select ALL that apply:
   - White/Caucasian
   - African/African-American
   - Hispanic/Latino
   - Asian/Asian-American
   - Alaskan/Pacific Islander
   - Other (please specify)

3. What's your year in college?
   - Freshman
   - Sophomore
   - Junior
   - Senior

4. Have you ever been sexually assaulted?
   - Yes
   - No

5. Do you know someone who has been sexually assaulted?
   - Yes
   - No

IRMA

Directions: For each statement/question below, please identify the extent to which you agree or disagree using the following scale:

	Strongly agree				Strongly disagree
	1	2	3	4	5
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.					
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.					
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.					
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.					

MCSDS-SF

Directions: Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you.

T   F   1.   It is sometimes hard for me to go on with my work if I am not encouraged.
T   F   2.   I sometimes feel resentful when I don't get my way.
T   F   3.   On a few occasions, I have given up doing something because I thought too little of my ability.
T   F   4.   There have been times when I felt like rebelling against people in authority even though I knew they were right.
T   F   5.   No matter whom I'm talking to, I'm always a good listener.
T   F   6.   There have been occasions when I took advantage of someone.
T   F   7.   I'm always willing to admit it when I make a mistake.
T   F   8.   I sometimes try to get even rather than forgive and forget.
T   F   9.   I am always courteous, even to people who are disagreeable.
T   F   10. I have never been irked when people expressed ideas very different from my own.
T   F   11. There have been times when I was quite jealous of the good fortune of others.
T   F   12. I am sometimes irritated by people who ask favors of me.
T   F   13. I have never deliberately said something that hurt someone's feelings.

Directions: **Linda is your friend.** Please read about a recent experience she had.

Linda, a 21-year-old, is a student at a local university. She is of average height and build for her age and enjoys sports and socializing. About six months ago, she was assaulted while out jogging. Linda had started jogging after her lectures on a Wednesday, in a nearby park. At the time of her assault she was wearing shorts and a loose-fitting T-shirt, and was running along one of the pathways in the park. She slowed down to catch her breath and as she walked along, an unknown man came up beside her. He was of average height and build, with dark hair, and Linda presumed him to be only slightly older than herself. The man began to talk to Linda but she thought nothing of it, as she was used to meeting new people when jogging. Linda chatted to him for a while about her jogging and after a few minutes of walking along with him, she thought she had rested enough and told him that she had to get moving again. She started moving faster when the man grabbed her arm. His expression changed as he told Linda that he had a knife. By this time it had become quite dark and Linda began to feel scared. She asked him what he wanted, only to be told to ''shut the fuck up''. She thought that maybe she could outrun him, but the man must have guessed what she was considering and punched her hard in the ribs with his fist. She was knocked to the ground and then kicked when she started to get up again. He then dragged Linda up off the ground and pushed her onto a nearby picnic table. He yanked down her shorts and underwear and proceeded to have sex with her, despite her constant protests for him to stop. When he was finished, the attacker stood up quickly, looked around and then ran off.

Directions: People label experiences in different ways. Think about Linda's experience that you read about on the previous page. Which one of the following labels do you think best describes Linda's experience?

_____ a normal sexual experience.

_____ a bad sexual experience.

_____ a good sexual experience.

_____ a rape.

_____ a mistake on Linda's part.

_____ a mistake on the Mike's part.

_____ a miscommunication.

_____ a seduction.

SRQ

HOW YOU WOULD RESPOND...

Your friend Linda comes to you to tell you about what she experienced. The following is a list of behaviors that people responding to a person with this experience often show. Please indicate how you would respond to your friend Linda by using the scale below.

0	1	2	3	4
VERY UNLIKELY	**NOT LIKELY**	**NEUTRAL**	**LIKELY**	**VERY LIKELY**

_____ 1. TELL HER IT WAS NOT HER FAULT
_____ 2. PULL AWAY FROM HER
_____ 3. WANT TO SEEK REVENGE ON THE PERPETRATOR
_____ 4. TELL OTHERS ABOUT HER EXPERIENCE WITHOUT HER PERMISSION
_____ 5. DISTRACT HER WITH OTHER THINGS
_____ 6. COMFORT HER BY TELLING HER IT WILL BE ALL RIGHT OR BY HOLDING HER
_____ 7. TELL HER YOU FEEL SORRY FOR HER
_____ 8. HELP HER GET MEDICAL CARE
_____ 9. TELL HER THAT SHE IS NOT TO BLAME
_____ 10. TREAT HER DIFFERENTLY IN SOME WAY THAN BEFORE SHE TOLD YOU
_____ 11. TRY TO TAKE CONTROL OF WHAT SHE DOES/DECISIONS SHE MAKES
_____ 12. FOCUS ON YOUR OWN NEEDS AND NEGLECT HERS
_____ 13. TELL HER TO GO ON WITH HER LIFE
_____ 14. HOLD HER OR TELL HER THAT SHE IS LOVED
_____ 15. REASSURE HER THAT SHE IS A GOOD PERSON
_____ 16. ENCOURAGE HER TO SEEK COUNSELING
_____ 17. TELL HER THAT SHE IS TO BLAME OR SHAMEFUL BECAUSE OF THIS EXPERIENCE
_____ 18. AVOID TALKING TO HER OR SPENDING TIME WITH HER
_____ 19. MAKE DECISIONS OR DO THINGS FOR HER
_____ 20. SAY THAT YOU FEEL PERSONALLY WRONGED BY HER EXPERIENCE
_____ 21. TELL HER TO STOP THINKING ABOUT IT
_____ 22. LISTEN TO HER FEELINGS
_____ 23. SEE HER SIDE OF THINGS AND NOT MAKE JUDGMENTS
_____ 24. HELP HER GET INFORMATION OF ANY KIND ABOUT COPING WITH THE EXPERIENCE
_____ 25. TELL HER THAT SHE COULD HAVE DONE MORE TO PREVENT THE EXPERIENCE FROM OCCURRING
_____ 26. ACT AS IF SHE IS DAMAGED GOODS OR SOMEHOW DIFFERENT NOW
_____ 27. TREAT HER AS IF SHE IS A CHILD OR SOMEHOW INCOMPETENT
_____ 28. EXPRESS SO MUCH ANGER AT THE PERPETRATOR THAT SHE HAS TO CALM YOU DOWN
_____ 29. TELL HER TO STOP TALKING ABOUT IT

____ 30. SHOW UNDERSTANDING OF HER EXPERIENCE
____ 31. REFRAME THE EXPERIENCE AS A CLEAR CASE OF VICTIMIZATION
____ 32. TAKE HER TO THE POLICE
____ 33. TELL HER THAT SHE IS IRRESPONSIBLE OR NOT CAUTIOUS
         ENOUGH
____ 34. MINIMIZE THE IMPORTANCE OR SERIOUSNESS OF HER EXPERIENCE
____ 35. SAY YOU KNOW HOW SHE FEELS WHEN YOU REALLY DO NOT
____ 36. WOULD BE SO UPSET THAT YOU NEED REASSURANCE FROM HER
____ 37. TRY TO DISCOURAGE HER FROM TALKING ABOUT THE EXPERIENCE
____ 38. SHARE YOUR OWN EXPERIENCE WITH HER
____ 39. WOULD BE ABLE TO REALLY ACCEPT HER ACCOUNT OF HER
EXPERIENCE
____ 40. WOULD SPEND TIME WITH HER
____ 41. TELL HER THAT SHE DID NOT DO ANYTHING WRONG
____ 42. MAKE A JOKE OR SARCASTIC COMMENT ABOUT THIS TYPE OF
         EXPERIENCE
____ 43. MAKE HER FEEL LIKE SHE DIDN'T KNOW HOW TO TAKE CARE OF
         HERSELF
____ 44. SAY YOU FEEL THAT SHE IS TAINTED BY THIS EXPERIENCE
____ 45. ENCOURAGE HER TO KEEP THE EXPERIENCE A SECRET
____ 46. WOULD SEEM LIKE YOU UNDERSTAND HOW SHE IS FEELING
____ 47. BELIEVE HER ACCOUNT OF WHAT HAPPENED
____ 48. PROVIDE INFORMATION AND DISCUSS OPTIONS

Directions: **Natalie is your friend.** Please read about a recent experience she had.

Natalie, a 21-year-old, is a student at a local university. She is of average height and build for her age and enjoys sports and socializing. Natalie had been on a night out with the girls when she spotted a man staring at her from across the bar. To begin with she thought nothing of it, and simply carried on chatting and dancing with her friends. A little later on in the night the man, who was about average height and build, with dark hair, approached her, introduced himself as Jason and offered to buy her a drink. Natalie was embarrassed to begin with, but noticed his gentle demeanor and found him very attractive, and accepted the offer of a drink. Natalie and Jason spent the rest of the evening chatting and drinking until the bar closed. Natalie chatted to Jason about her interests, which included sport and, in particular, regular jogging. Natalie's friends checked that she was OK and then went home. Jason assured them that he would make sure Natalie got home OK. Natalie lived a long way from the bar, so Jason invited Natalie to stay at his house, assuring her that he would drive her home in the morning. Natalie eventually agreed and they got a taxi back to Jason's house. When they got there, Jason showed Natalie round his house and then proceeded to pour two large glasses of red wine and put on some romantic music. It was not long before they were kissing passionately on the sofa. Natalie had told herself that she was not going to sleep with Jason, as she hardly knew him and was not in the habit of sleeping with people she had just met. Before she knew it, Jason was unbuttoning her shirt and softly stroking her breasts. They had gone through a bottle of wine and Natalie felt very drunk. Both Natalie and Jason were becoming very aroused and Jason stood up and led Natalie into the bedroom, where he proceeded to undress her. At this point Natalie told Jason to stop, but Jason ignored her. Before she knew what was happening, Jason penetrated her and proceeded to have sex with her. When Natalie woke up, she felt an immense feeling of unease at what had happened and got up and left.

Directions: People label experiences in different ways. Think about Natalie's experience that you read about on the previous page. Which one of the following labels do you think best describes Natalie's experience?

_____ a normal sexual experience.

_____ a bad sexual experience.

_____ a good sexual experience.

_____ a rape.

_____ a mistake on Natalie's part.

_____ a mistake on the Jason's part.

_____ a miscommunication.

_____ a seduction.

SRQ

HOW YOU WOULD RESPOND...

Your friend Natalie comes to you to tell you about what she experienced. The following is a list of behaviors that people responding to a person with this experience often show. Please indicate how you would respond to your friend Natalie by using the scale below.

0	1	2	3	4
VERY UNLIKELY	NOT LIKELY	NEUTRAL	LIKELY	VERY LIKELY

____ 1. TELL HER IT WAS NOT HER FAULT

____ 2. PULL AWAY FROM HER

____ 3. WANT TO SEEK REVENGE ON THE PERPETRATOR

____ 4. TELL OTHERS ABOUT HER EXPERIENCE WITHOUT HER PERMISSION

____ 5. DISTRACT HER WITH OTHER THINGS

____ 6. COMFORT HER BY TELLING HER IT WILL BE ALL RIGHT OR BY HOLDING HER

____ 7. TELL HER YOU FEEL SORRY FOR HER

____ 8. HELP HER GET MEDICAL CARE

____ 9. TELL HER THAT SHE IS NOT TO BLAME

____ 10. TREAT HER DIFFERENTLY IN SOME WAY THAN BEFORE SHE TOLD YOU

____ 11. TRY TO TAKE CONTROL OF WHAT SHE DOES/DECISIONS SHE MAKES

____ 12. FOCUS ON YOUR OWN NEEDS AND NEGLECT HERS

____ 13. TELL HER TO GO ON WITH HER LIFE

____ 14. HOLD HER OR TELL HER THAT SHE IS LOVED

____ 15. REASSURE HER THAT SHE IS A GOOD PERSON

____ 16. ENCOURAGE HER TO SEEK COUNSELING

____ 17. TELL HER THAT SHE IS TO BLAME OR SHAMEFUL BECAUSE OF THIS EXPERIENCE

____ 18. AVOID TALKING TO HER OR SPENDING TIME WITH HER

____ 19. MAKE DECISIONS OR DO THINGS FOR HER

____ 20. SAY THAT YOU FEEL PERSONALLY WRONGED BY HER EXPERIENCE

____ 21. TELL HER TO STOP THINKING ABOUT IT

____ 22. LISTEN TO HER FEELINGS

____ 23. SEE HER SIDE OF THINGS AND NOT MAKE JUDGMENTS

____ 24. HELP HER GET INFORMATION OF ANY KIND ABOUT COPING WITH THE EXPERIENCE

____ 25. TELL HER THAT SHE COULD HAVE DONE MORE TO PREVENT THE EXPERIENCE FROM OCCURRING

____ 26. ACT AS IF SHE IS DAMAGED GOODS OR SOMEHOW DIFFERENT NOW

____ 27. TREAT HER AS IF SHE IS A CHILD OR SOMEHOW INCOMPETENT

____ 28. EXPRESS SO MUCH ANGER AT THE PERPETRATOR THAT SHE HAS TO CALM YOU DOWN

____ 29. TELL HER TO STOP TALKING ABOUT IT
____ 30. SHOW UNDERSTANDING OF HER EXPERIENCE
____ 31. REFRAME THE EXPERIENCE AS A CLEAR CASE OF VICTIMIZATION
____ 32. TAKE HER TO THE POLICE
____ 33. TELL HER THAT SHE IS IRRESPONSIBLE OR NOT CAUTIOUS
ENOUGH
____ 34. MINIMIZE THE IMPORTANCE OR SERIOUSNESS OF HER EXPERIENCE
____ 35. SAY YOU KNOW HOW SHE FEELS WHEN YOU REALLY DO NOT
____ 36. WOULD BE SO UPSET THAT YOU NEED REASSURANCE FROM HER
____ 37. TRY TO DISCOURAGE HER FROM TALKING ABOUT THE EXPERIENCE
____ 38. SHARE YOUR OWN EXPERIENCE WITH HER
____ 39. WOULD BE ABLE TO REALLY ACCEPT HER ACCOUNT OF HER
EXPERIENCE
____ 40. WOULD SPEND TIME WITH HER
____ 41. TELL HER THAT SHE DID NOT DO ANYTHING WRONG
____ 42. MAKE A JOKE OR SARCASTIC COMMENT ABOUT THIS TYPE OF
EXPERIENCE
____ 43. MAKE HER FEEL LIKE SHE DIDN'T KNOW HOW TO TAKE CARE OF
HERSELF
____ 44. SAY YOU FEEL THAT SHE IS TAINTED BY THIS EXPERIENCE
____ 45. ENCOURAGE HER TO KEEP THE EXPERIENCE A SECRET
____ 46. WOULD SEEM LIKE YOU UNDERSTAND HOW SHE IS FEELING
____ 47. BELIEVE HER ACCOUNT OF WHAT HAPPENED
____ 48. PROVIDE INFORMATION AND DISCUSS OPTIONS

Table 1. Demographic Variables for All Participants

Variables	Total Sample	Seduction (Labeled as Rape)	Seduction (Labeled as Not Rape)	Test Statistic	p-value
	n = 119	n = 97	n = 21		
	M (SD)/ n (%)	*M (SD)*/ n (%)	*M (SD)*/ n (%)	Test Statistic	p-value
Age	19.33 (2.07)	19.22 (2.11)	19.33 (1.24)	t (116) = .24	.81
Race				χ^2 (1) = .32	.57
White	96 (81%)	78 (80%)	18 (86%)		
Non-White	22 (19%)	19 (20%)	3 (14%)		
Year in School				χ^2 (3) = .92	.82
Freshman	74 (62%)	60 (62%)	13 (62%)		
Sophomore	28 (23%)	24 (25%)	4 (19%)		
Junior	11 (9%)	8 (8%)	3 (14%)		
Senior	6 (5%)	5 (5%)	1 (5%)		
Know Victim				χ^2 (1) = .32	.86
Yes	71 (60%)	58 (60%)	13 (62%)		
No	47 (40%)	39 (40%)	8 (38%)		

Note. The test statistic is for comparing those who labeled the "seduction rape" vignette as rape and for those who did not label it as rape; n = sample; M = mean; SD = standard deviation; Know victim = whether participant indicated that they knew someone who had been sexually assaulted.

Table 2: Correlations for Demographic, Predictor, Control, and Outcome Variables.

Measures	1	2	3	4	5	6	7	8	9	10	11
1. Age	-										
2. Race (White vs. Non-White)	.01	-									
3. Knowing Victim	.09	-.08	-								
4. Rape Myth Acceptance	.03	.07	-.18†	-							
5. Stranger – Label (Rape vs. Not Rape)	-.15	-.09	-.03	-.00	-						
6. Seduction – Label (Rape vs. Not Rape)	-.02	.05	-.02	.53***	.09	-					
7. Stranger – Negative Reactions	.07	.12	-.16	-.51***	-.04	-.35**	-				
8. Stranger – Positive Reactions	-.10	-.10	-.04	.12	-.34***	.07	-.25**	-			
9. Seduction – Negative Reactions	.07	.12	-.16	.51***	-.04	-.35***	1.00***	-.25	-		
10. Seduction – Positive Reactions	-.04	-.08	.05	.47***	-.05	.43***	-.45***	.58***	-.45***	-	
11. Social Desirability	-.17†	-.12	-.04	.06	-.07	.08	-.18*	.14	-.18*	.14	-

Note. Knowing victim = whether participant indicated that they knew someone who had been sexually assaulted; Stranger – Label = labeling the "stranger rape" vignette as rape or as something other than rape; Seduction – Label = labeling the "seduction rape" vignette as rape or as something other than rape; Stranger – Negative Reactions = level of negative responses to victim in the "stranger rape" vignette; Stranger – Positive Reactions = level of positive responses to victim in the "stranger rape" vignette; Seduction – Negative Reactions = level of negative responses to victim in the "seduction rape" vignette; Seduction – Positive Reactions = level of positive responses to victim in the "seduction rape" vignette.
†$p < .07$; *$p < .05$, **$p < .01$, ***$p < .001$.

References

Ahrens, C. E. (2006). Being silenced: The impact of negative social reactions on the disclosure

of rape. *American Journal of Community Psychology*, (38), 263-274. doi:

10.1007/s10464-006-9069-9

Ahrens, C. E., Campbell, R., Ternier-Thames, K. K., Wasco, S. M., & Sefl, T. (2007). Deciding

whom to tell: Expectations and outcomes of rape survivors' first disclosures. *Psychology*

of Women Quarterly, 31, 38-49.

Ahrens, C. E., Stansell, J., Jennings, A. (2010). To tell or not to tell: The impact of disclosure on

sexual assault survivors' recovery. *Violence and Victims*, 25(5), 631-648. doi:

10.1891/0886-6708.25.5.631

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen,

J., & Stevens, M. R (2011). National intimate partner and sexual violence survey.

Bondurant, B. (2001). University women's acknowledgement of rape: Individual,

situational, and social factors. *Violence Against Women, 7*(3), 294.

Burt, M. (1980). Cultural myths and support for rape. *Journal of Personality and Social*

Psychology, 38(2), 217-230.

Campbell, R., Ahrens, C. E., Sefl, T., Wasco, S. M., & Barnes, H. E. (2001). Social reactions to

rape victims: Healing and hurtful effects of psychological and physical health outcomes.

Violence and Victims, 16(3).

Carroll, M. H., & Clark, M. D. (2006). Men's acquaintance rape scripts: A comparison between

a regional university and a military academy. *Sex Roles*, 55, 469-480.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of

psychopathology. *Journal of Consulting Psychology, 42*(4), 349-354.

Fisher, B. S., Daigle, L.E., Cullen, F.T., & Turner, M.G. (2003). Acknowledged sexual

victimization as rape: Results from a national-level study. *Justice Quarterly, 20*, 535-570.

Fisher, B. S., Daigle, L.E., Cullen, F.T., & Turner, M.G. (2003). Reporting sexual victimization

to the police and others: Results from a national-level study of college women. *Criminal*

Justice and Behavior, 30(1), 6-38. doi: 10. 1177/0093854802239161

Foa, E. B. (1995). Posttraumatic stress diagnostic scale manual. Minneapolis, MN: National

Computer Systems.

Galotti, K. M. (2018). *Cognitive psychology in and out of the laboratory.* Thousand Oaks, CA:

Sage Publications Inc.

Grubb, A. R., & Harrower, J. (2009). Understanding attribution of blame in cases of rape: an

analysis of participant gender, type of rape and perceived similarity to the victim. *Journal*

of Sexual Aggression, 15(1), 63-81. doi: 10.1080/13552600802641649

Johnson, B. E., Kuck, D. L., & Schander, P. R. (1997). Rape myth acceptance and

sociodemographic characteristics: A multidimensional analysis. *Sex Roles*. 36(11-12),

693-707. Doi: 10.1023/A:1025671021697

Kahn, A. S., & Mathie, V, A. (1994). Rape scripts and rape acknowledgement. *Psychology*

Of Women Quarterly, 18, 53-66.

Littleton, H. L., Rhatigan, D. L., & Axsom, D. (2007). Unacknowledged rape: How much do

We know about the hidden rape victim? *Journal of Aggression, Maltreatment, &*

Trauma, 14(4).

McMahon, S., & Farmer, L. (2011). An updated measure for assessing subtle rape myths. *Social*

Work Research, 35(2), 71-81. doi: 10.1093/swr/35.2.71

McMahon, S. (2011). Rape myth beliefs and bystander attitudes among incoming college

students. *Journal of American College Health, 59.*

McMahon, S. & Baker, K. (2011). Changing perceptions of sexual violence over time. *National Resource Center on Domestic Violence.*

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.

Paul, L. A., Walsh, K., McCauley, J. L., Ruggiero, K. J., Resnick, H. S., & Kilpatrick, D. G. (2013). College women's experiences with rape disclosure: A national study. *Violence Against Women*, 19(4), 486-502. doi: 10.1177/107780121348774

Peterson, Z. D., & Muehlenhard, C. L. (2004). Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences. *Sex Roles, 51*(3/4).

Reynolds, W. M. (1982). Development of reliable and valid short forms of the Marlowe-Crowne Social Desirability Scale. Journal of Clinical Psychology, 38, 119-125. doi:10.1002/1097 4679(198201)38:1<119::AID-JCLP2270380118>3.0.CO;2-I

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Ryan, K. M. (1988). Rape and seduction scripts. *Psychology of Women Quarterly*, 12(2), 237 -245. doi: 10.1111/j.1471-6402.1988.tb00939.x

Ryan, K. M. (2011). The relationship between rape myths and sexual scripts: The social construction of rape. *Sex Roles, 59*. doi: 10.1007/s11199-011-0033-2

Sarmiento, I. (2011). Rape stereotypes and labeling: Awareness of victimization and trauma. *Psychological Reports, 108*(1), 141-148. doi: 10.2466/07.13.16.PRO.108.1.141-148

Sasson, S., & Paul, L. A. (2014). Labeling acts of sexual violence: What roles do assault characteristics, attitudes, and life experiences play? *Behavior and Social Issues*, 23, 35 49. doi: 10.5210/bsi.v.23i0.5215

Sinozich, S., & Langton, L. (2014). Special Report: Rape and sexual assault victimization among -age females, 1995-2013. *Bureau of Justice Statistics*.

Tabachnick, B. G., & Fidell, L. S. (2007). Using multivariate statistics: Fifth edition. Boston, MA: Pearson Education and Corporation.

Ullman, S. E. (2000). Psychometric characteristics of the social reactions questionnaire: A measure of reactions to sexual assault victims. *Psychology of Women Quarterly, 24*, 257 -271.

Ullman, S. & Relyea, M. (2015). Unsupported or turned against: Understanding how two types of negative social reactions to sexual assault relate to post-assault outcomes. *Psychology of Women Quarterly*, 39(1), 37-52.

Vladutiu, C. J., Martin, S. L., & Macy, R. J. (2011). College- or university-based sexual assault prevention programs: a review of program outcomes, characteristics, and recommendations. *Trauma, Violence, and Abuse, 12*, 67-86. DOI: 10.1177/1524838010390708.