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Raped-Related Beliefs and Social Reactions

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Chapter I: Literature Review

Sexual violence is a pervasive problem throughout the United States. According to the National Intimate Partner and Sexual Violence Survey, 1 in 5 women and 1 in 71 men in the U.S have been victims of sexual violence at some point in their lives (Black et al., 2011). Although it is clearly a pervasive problem, there is disagreement as to what constitutes as an act of sexual violence and how to define different acts of sexual violence. Types of sexual violence 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 someone's exposed body parts or explicit material; Black et al., 2011). Although many types of sexual violence exist, the current study focuses specifically on rape. Black et al. (2011) defines rape 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).

This definition by Black and colleagues was chosen for the current study because many experts within the field have used this definition to define this specific incident. However, this is only one definition used to define rape. Definitions differ depending on the specific type of rape, as well as the situational aspects of the incident, and many terms are used to specify rape. For example, acquaintance rape is defined as being forcibly raped by someone who knows the victim, while drug-facilitated rape is defined as being intentionally drugged by someone with the

purpose of committing rape (Cowan, 2000). Marital rape is defined as being forcibly raped by one's spouse, while seductive rape is defined as being manipulated or coerced into engaging in sexual acts (Cowan, 2000). These subtle differences in circumstances and definitions make it difficult to understand and label the act of rape.

Because these terms and definitions are so varied, labeling rape becomes difficult. The act of labeling might involve the use of the various labels stated above (i.e. acquaintance rape, seductive rape, etc.). However, research suggests that rape victims also use non-rape related terms as well, such as a bad sexual experience or a misunderstanding (Peterson and Muehlenhard, 2004). Having various labels with subtle differences causes confusion. This confusion negatively affects the way rape victims perceive and label their own experience, as well as the way non-victims perceive and label the experiences of rape victims (Sasson & Paul, 2014). For example, if rape victims label their experience as something other than rape (i.e. a bad sexual experience, a misunderstanding, etc), they might refrain from telling anyone about the experience. 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 victims of rape (Sasson & Paul, 2014). Labeling from the perspective of non-victims is the focus of the current research study. It is important to understand factors that influence how non-victims label acts 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 from a variety of sources, such as in the media, in religious institutions, and in social norms throughout U.S. history. As recent as the 19th century, women were considered morally impure for being victims of sexual violence and many religious institutions still deny the possibility that women can be raped by a spouse. Regardless of the specific myth, rape myths serve to blame the victim and excuse the perpetrator. As noted by Ryan (2011), myths serve a function of protection. 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). In sum, this creates a culture in which rape-related beliefs are endorsed, thereby negatively affecting how rape victims are perceived.

Scripts detail how something should look or how an event should unfold (Ryan, 2011). People have scripts for a variety of objects and situations, 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. (Ryan, 2011). 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; however, when asked to describe what a rape looks like, participants usually describe what is called the “real rape” script, which includes stereotypical characteristics of rape (Ryan, 1988; 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. The perpetrator uses excessive physical force, while the victim tries to resist by physically fighting back, which results in injuries (Ryan, 2011). Although this script is the one most often described by society when considering an act of rape, most rape experiences do not resemble it. Instead, most rape victims are assaulted by someone they know and often alcohol and/or drugs are involved (Bondurant, 2001; Johnson, Kuck, & Schander, 1997). These scripts play a role in creating a culture that is based on distorted beliefs, which negatively affects how rape victims are perceived.

In sum, rape myths and rape scripts work together to create and maintain rape-related beliefs by providing a narrow definition of rape and how it transpires. In other words, rape scripts create a distorted perception of what a “real rape” should look like and rape myths are distorted beliefs that play into this perception.

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 & Mathie, 1994; Littleton, Rhatigan, & Axson, 2007; Bondurant, 2001). Kahn and Mathie (1994) were the first to draw a distinction between acknowledged and unacknowledged rape victims. The former refers to victims whose situation is classified as rape, while the latter refers to victims whose situation is not regarded as rape. According to Littleton, Rhatigan, and Axson (2007), over half of all rape victims do not acknowledge their experience as rape, which is a phenomenon that

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 experienced a non-consensual sexual encounter in their life-time through the endorsement of mannerisms describing such experiences, the majority did not acknowledge their experience as rape when directly asked whether they had ever been raped.

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 are the strongest predictors for acknowledging their own experience as rape. For example, Peterson and Muehlenhard (2004) assessed whether a participant's rape-related beliefs interacted with their personal experience to predict acknowledgment. All participants endorsed a question that met the legal definition of rape in a specific State at the time of data collection (e.g., have you "ever had sexual intercourse when they did not agree to because they were too intoxicated to stop the other person's advances or because the other person used or threatened force," p. 133). The results revealed that those who did not fight back during their personal experience, and believed that it cannot be considered 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. This suggests that when rape victims hold stereotypical rape related beliefs, and their experiences are inconsistent with the beliefs they hold, they are more likely to not acknowledge their experience as rape.

In sum, current research has demonstrated that rape myth acceptance 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 as well as the way they perceive victims (Sasson & Paul, 2014). For example, 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. The “stranger rape” vignette includes characteristics that are consistent with the “real rape” script, such as the presence of an unknown perpetrator, an unfamiliar location, and lethal weapons and injuries. The “date rape” vignette describes a victim who is attacked and forcibly raped by someone the victim has been previously romantically involved with. The “seduction rape”

vignette describes a victim who is seduced or coerced into agreeing to sexual activity. 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. These results suggest that when characteristics of a rape are inconsistent with stereotypical rape-related beliefs, non-victims are more likely to attribute blame to the victim. Similar findings were reported by Sasson and Paul (2014). They assessed certain factors that influence the way non-victims label an act of sexual violence, as well as how they attribute blame by using variations of vignettes they created. Specifically, the researchers created 16 vignettes in which they varied the identity of the perpetrator, the use of force, and the use of resistance. Each participant received one of the 16 vignettes. The researchers assessed levels of rape myth acceptance, how each participant labeled the vignette, and how each participant assigned responsibility. Results revealed that rape myth acceptance was the strongest predictor for labeling, such that those who reported higher levels of rape myth acceptance 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.

In sum, current research has demonstrated that rape related beliefs, such as those consistent with the “real rape” script, influence the way non-victims label and perceive the experiences of victims. When victim experiences are inconsistent with these rape-related beliefs, 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.

Disclosing Rape Experiences

Rape disclosure is common, as seen with victims who choose to disclose their rape to both formal (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., 2003b; Campbell, et al., 2001; Ahrens, 2006; Ahrens et al., 2007; Ahrens, Stansell, & Jennings, 2010). According to Ahrens, Stansell, and Jennings (2010), those who do not disclose their assault are more likely to experience symptoms of post-traumatic stress disorder (PTSD) and depression. This would suggest that disclosure, either to formal or informal support providers, is beneficial for rape victims.

While disclosure may lead to support and beneficial outcomes for victims, it is not guaranteed, as support providers can 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, 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 physically and/or emotionally from the victim (Ahrens et al., 2010). Research has demonstrated that victims experience different health outcomes depending on the type of response received. For example, Campbell et al. (2001) demonstrated that rape victims who reported they had received positive social reactions had lower health symptom scores (i.e. indicated less symptoms of mental/physical health difficulties), while those who received negative social reactions reported higher health symptom scores (i.e. indicated more symptoms of mental/physical health difficulties). Ahrens (2006) also demonstrated that victims who had received a negative social interaction were less likely to disclose to others

afterwards. Overall, this line of research suggests that although disclosure has been shown to reduce risk of negative outcomes, it depends more on the type of reaction received.

The Present Study

Past research has examined how rape-related beliefs affect the way victims perceive and label acts of sexual violence. This line of research has determined that rape-related beliefs are significant predictors for the way victims perceive and label acts of sexual violence (Kahn & Mathie, 1994; Bondurant, 2001; Peterson & Muehlenhard, 2004). The question of whether rape myth acceptance affects how non-victims label acts of sexual violence has received little attention, although current research is trending in that direction. For example, Sasson and Paul (2014) found that rape myth acceptance was the strongest predictor of labeling sexual violence, such that those who reported higher levels of rape myth acceptance were more likely to label rape scenarios as something other than rape. This suggests that rape-related beliefs affect victim's and non-victim's perceptions of rape-related experiences.

Because rape myth acceptance appears to influence perceptions of sexual violence, it is possible that this perception would affect how non-victims 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 symptoms of poor mental health and often stop disclosing to others all together (Ahrens et al., 2010; Ahrens, 2006). Therefore, gaining a better understanding of the relationship between non-victim 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 examining the role rape-related beliefs play in forming both perceptions and responses to victims of sexual violence.

As 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 rape myth acceptance and labeling of rape scenarios. (Grubb & Harrower, 2009; Sarmiento, 2011). 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 it as something other than rape and are also more likely to blame the victim (Sarmiento, 2011). Therefore, the current study included both a “stranger rape” and a “seduction rape” scenario. While the first scenario detailed characteristics that are consistent with the “real rape” script, the second scenario involves a victim who is initially engaged in sexual acts with the perpetrator, but does not consent to sex.

For the current study, it was hypothesized that those who reported lower levels of rape myth acceptance would be more likely to label the act of sexual violence as rape in response to both vignettes. Accordingly, those who reported higher levels of rape myth acceptance would be more likely to label the act of sexual violence as something other than 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. Moreover, when asked how they would react to the individuals in the vignettes, assuming that this was a friend who just told them what had happened to them, 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 specific advantages to using this sample in the current study. According to Black et al. (2011), sexual assault on college campuses represents a public health concern where college women are at an increased risk of becoming sexually victimized compared to other groups of women. 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, 2003a). Therefore, using female non-victims was the most appropriate sample to use for the current study.

The initial sample consisted of 129 female college students enrolled in introductory psychology courses at Murray State University. 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 indicated that they had never experienced a sexual assault. All participants responded correctly to at least two of the three attention-check 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. The majority of participants self-identified as White (81.4%). The non-White category in Table 1 includes: 11 African-American (8.5%), two Hispanic (1.6%), four Asian (3.1%), one Native American (0.8%), and five Multi-Racial (3.9%) women. Most of the sample reported that they knew someone who had been sexually assaulted (60.5%; $n = 72$). See Table 1 for additional information about the demographics of the sample.

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 the perpetrator’s part (0.9%; $n = 1$), and a miscommunication (0.9%; $n = 1$). Several parts 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 the victim’s part (2.5%; $n = 3$), a mistake on the perpetrator’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. After providing consent, participants were asked to complete a demographics questionnaire, the updated Illinois Rape

Myth Acceptance Scale (IRMA; McMahon & Farmer, 2011), and the Marlowe-Crowne Social Desirability Scale – Short Form C (MCSDS-SF; Reynolds, 1982) Participants then read two sexual assault vignettes: a “stranger rape” vignette and a “seduction rape” vignette (see Appendix A). To control for order effects, these two vignettes were counterbalanced across two different survey formats (i.e., some read the stranger rape vignette first followed by the seduction rape vignette and some did the opposite). 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 8 possible labels one that they found most descriptive for that vignette. Participants then completed the Social Response Questionnaire (SRQ; Ullman, 2000) in response to the vignette. Participants were asked to complete the same procedure for the second vignette. After completing the survey, 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 was 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 knew someone who had been a victim of sexual assault.

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. In this scenario, the perpetrator uses a weapon as well as force to restrain the victim. The victim resists, which results 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 the victim has just met at a bar. In this scenario, the victim and the perpetrator engage in sexual acts, but progresses to acts that the victim does not consent to. 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. In the second vignette, though, 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 A to read the full vignettes.

Labels. Participants were asked to label what occurred in both vignettes. After reading each vignette, participants were asked to choose one of the eight labels they believed to be the most representative of what occurred in them. This list was originally created by Peterson and Muehlenhard (2004) to examine the labeling process of rape victims. Twenty 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, modifications were made in the current study to make them more applicable for non-victims (i.e. “a mistake on my part” was changed to “a mistake on Natalie’s/Linda’s part”). Out of the 20 labels, eight 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 A for all the labels used in this study.

Rape Myth Acceptance. Participants' rape myth acceptance 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 rape myth acceptance in the general population. However, the IRMA was later updated to include modern language and more subtle items regarding rape myth acceptance (McMahon & Farmer, 2011). Therefore, the updated version of the IRMA was used in the current study.

The updated IRMA consists of 22 Likert scale items 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. Results revealed that items were loaded on to five subscales for the updated IRMA. 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' rape myth acceptance 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.

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), acceptable test-retest reliability was demonstrated, as shown 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 labeled 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.

Social Desirability. Participants' social desirability was measured using the Marlowe-Crowne Social Desirability Scale – Short Form C (MCSDS-SF; Reynolds, 1982). The MCSDS consists of 33 items 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 of Cronbach's alpha 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 disapproval and, therefore, responds in an overly socially approving manner (Reynolds, 1982).

Analytic Strategy

All statistical analyses were conducted using the Statistical Package for Social Sciences (SPSS; IBM Corporation). The current study consisted of two hypotheses. First, 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. Knowing someone who had been sexually assaulted was included as a covariate in these analyses based on significant correlations between this variable and participants' rape myth acceptance (see Table 2). 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 those who labeled the vignettes as rape would respond significantly different to the victims in those vignettes, as measured by the SRQ, rather than by 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 3 (Faul, Erdfelder, Lang, & Buchner, 2007) to determine the appropriate number of participants needed to power the current study. Statistical power refers to the number of participants needed to find an effect of a certain size. 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.

Chapter III: Results

Pearson's correlations were calculated to assess the various relationships between demographic/control variables (e.g. age, race, year in school, social desirability, and whether participant knew someone who was a victim of sexual assault), predictor variables (e.g. level of rape myth acceptance and the labels assigned to the vignettes), and outcome variables (e.g. the labels assigned to the vignettes and responses to the victims in both vignettes). 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 rape myth acceptance 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 was 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, $r = -0.17, p = .069$. As can be determined, 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, $r_s = -0.18$, $p_s = .052$). Specifically, lower scores on the negative reactions scale was associated with higher social desirability scores, which suggests that motivations to respond in a socially 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).

Hypothesis 1: Rape-Related Beliefs and Labeling

To assess whether rape-related beliefs significantly predict how one conceptualizes different scenarios of rape, 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 ($\chi^2(2) = 33.36$, $p < .001$, Nagelkerke $R^2 = .405$) and correctly classified 87.3% of cases. Only the participants' level of RMA significantly predicted the label that was 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 one point increase in rape myth acceptance scores, the chances of labeling the vignette as rape increases 1.11 times. More specifically, those who labeled the "seduction rape" vignette as rape had higher rape myth acceptance 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 apt to reject 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 ($\chi^2(2) = 0.13, p = .939$, Nagelkerke $R^2 = .003$). The model correctly classified 94.9% of cases, but caution should be used when interpreting these results, as 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 conducted 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.

Hypothesis 2: Labeling and Reactions

To assess whether those who conceptualize an act of sexual violence as rape respond significantly different than those who conceptualize sexual violence 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). Results from the independent-samples t-test also revealed that 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 ($M = 2.78$, $SD = 0.44$, $t(116) = -5.82$, $p < .00$, $d = 1.23$).

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 ($n = 6$; $M = 2.80$, $SD = 0.81$; $t(5.12) = -1.88$, $p = 0.12$, $d = 0.98$).

A series of ANCOVAs were conducted to test for order effects in the above analyses. For the positive reactions, one ANCOVA was conducted 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 the two covariates of 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 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 ($M = 3.21$, $SD = 0.51$), $t(95) = -2.45$, $p = .016$.

Chapter IV: Discussion

The current study investigated whether rape-related beliefs were a significant predictor for how a non-victim of sexual assault conceptualizes an act of sexual violence. It was hypothesized that one’s level of rape-related beliefs would significantly affect the way that non-victims label 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 were not a significant predictor for how one labeled the “stranger rape” vignette. In other words, 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 in the introduction. The “seduction rape” vignette contained characteristics that were inconsistent with the “real rape” script, such as the presence of a perpetrator the victim was sexually 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 the seduction rape 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 inconsistent with the “real rape” script, participants were more likely to blame the victim. These findings are consistent with those from the current study; in response to characteristics inconsistent with the “real rape” script, those with more rape-related beliefs are more likely to label it as something other than rape. When assimilated, 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.

Rape-related beliefs did not significantly influence how one labeled the “stranger rape” vignette, which was inconsistent with the first hypothesis. 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-related beliefs, whether it be high or low, people can recognize that this situation is rape 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. Therefore, it is possible that with a larger sample the hypothesized effect might be found. However, it is also possible that these findings simply represent the culture of these rape related beliefs. In other words, having a small number of participants who labeled this vignette as something other than rape might reflect

the fact that the “real rape” scenario is easily recognizable as an act of rape because it so often presented as rape. 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 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 exhibited more positive reactions towards rape victims. However, they indicated that the direction of this relationship is unknown. It is possible that knowing someone who has been sexually assaulted influences the beliefs one holds 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 investigated whether one’s conceptualization of a sexual assault can affect the way they respond to a victim upon disclosure. It was hypothesized that the way one labels an act of sexual violence (rape or something other than rape) would affect how they respond to a disclosure such 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. The direction of that difference was not hypothesized. 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. Similar to the results for hypothesis 1, 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 impacted 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 with the "real rape" script, 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, these results suggest that one's conceptualization regarding this vignette, which was influenced by the rape-related beliefs one held, affected the way one responded to the victim upon disclosure.

Conversely, 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. 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 rape showed no difference. As was previously stated, the "real rape" scenario is easily recognizable as an act of rape because it so often presented as rape throughout the media. As a

result, this has created a script that contains distorted beliefs as to what an act of rape should look like. Because the “real rape” vignette contained these stereotypical characteristics, it is possible that people respond positively regardless of their beliefs because it corresponds to the common portrayal of rape in the media, as well as the script they have regarding rape.

As noted by 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. 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. Results suggest that these variables are especially influential when non-victims are confronted with characteristics that are inconsistent to their rape-related beliefs. As a result, victims who have experienced a non-stereotypical form of sexual assault 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; this is especially true for women on college campuses (Bondurant, 2001; Johnson, Kuck, & Schander, 1997). It’s possible that a large portion of female rape victims receive negative reactions from non-victims, as many victims have experiences that are non-stereotypical. As 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 symptoms of poor mental health simply from disclosing their experience to others. 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 as 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 (e.g., female undergraduate college students) and represent a limitation in the current study. 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 who also can be affected by rape and sexual assault. 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. More research would be needed to determine any potential differences by racial and ethnic groups.

A limitation also exists in who was included as a non-victim. Participants were asked whether they had ever had an unwanted sexual experience. If they indicated that they had not had such an experience, they were considered a non-victim. However, it is a 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. Additionally, 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. It is also important to note that the current study assessed female non-victim's beliefs and responses toward the experiences of female victims. It is possible that results might differ if the vignettes described a male victim being attacked by a female perpetrator or male perpetrator.

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 had 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. On the contrary, 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

There are many potential directions for future research regarding this 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 regarding both male and female victims (Grubb & Harrower, 2009), therefore it is possible that results might differ for this specific population. Future research should also try to include more diversity regarding racial/ethnic groups as well as assessing 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 non-victims more or less likely to respond in a particular way. For example, one could assess whether the presence of

alcohol/drugs significantly affects how non-victims respond to a victim of sexual assault. One could also assess whether the victim's behavior or the location of the assault affects how non-victims respond to a victim of sexual assault.

The current study provides evidence that non-victim'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 on social media platforms to demonstrate how often sexual assault

occurs. Since it originated, many have posted this 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 non-victim’s rape-related beliefs can affect how one conceptualizes an act of sexual assault which can thereby 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 including 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 mental health symptoms, including symptoms of PTSD and depression, that 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: “Stranger Rape” Vignette

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 Mike's part.

_____ a miscommunication.

_____ a seduction.

Appendix A: "Seduction Rape" Vignette

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 Jason's part.

____ a miscommunication.

____ a seduction

Table 1. Demographic Variables for All Participants and Separately Based on Participants' Labeling of the Seduction Rape Vignette

Variables	Total Sample	Seduction (Labeled as Rape)	Seduction (Labeled as Not Rape)	Test Statistic	p-value
	n = 119	n = 97	n = 21		
	<i>M (SD)/ n (%)</i>	<i>M (SD)/ n (%)</i>	<i>M (SD)/ n (%)</i>		
Age	19.33 (2.07)	19.22 (2.11)	19.33 (1.24)	$t(116) = .24$.81
Race				$\chi^2(1) = .32$.57
White	96 (81%)	78 (80%)	18 (86%)		
Non-White	22 (19%)	19 (20%)	3 (14%)		
Year in School				$\chi^2(3) = .92$.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				$\chi^2(1) = .32$.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.

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