RAPE MYTH ACCEPTANCE: A NON-WESTERN PERSPECTIVE

by

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ABSTRACT

This thesis examines rape myth acceptance (RMA) in non-western countries. Following the Introduction, Chapter Two presents a systematic review of the existing literature on the demographic and attitudinal factors associated with RMA in adults in non-western societies. In terms of demographic variables, men had higher levels of RMA than women and there was a negative association between education and RMA. There was variability in the results concerning religion and age. Relationships between attitudinal variables and RMA emerged in the expected positive directions, with the exception of gender egalitarianism which demonstrated a predictable inverse relationship with RMA. Although, these findings are consistent with the western literature, the paucity of available studies in non-western societies indicates a need for further research. Chapter Three presents an empirical investigation of demographic and attitudinal correlates of RMA in Jamaica. Results suggested that men and more educated people had lower RMA. A complex relationship was found between RMA and age. No relationship emerged between religion and RMA. Negative attitudes toward women were unsurprisingly positively correlated with RMA, and people who were less conservative in their views about the traditional roles of men and women were less likely to endorse rape myths. Chapter Four presents a critique of a measure of RMA, the Acceptance of Modern Myths about Sexual Aggression (AMMSA; Gerger et al., 2007). This explores some of the methodological issues associated with existing RMA measures and the rationale for the development of the AMMSA. The measure is appraised in terms of its psychometric properties. Strengths and limitations are discussed. Chapter Five is the concluding chapter that draws the thesis together. Main findings are presented, and implications for future research and practice are considered.

DEDICATION

To my mother and my aunt, words cannot describe my heartfelt gratitude. Without your countless sacrifices, continued love, support and belief in me, I would not have gotten this far. Thank you for instilling in me the importance of hard work, determination and sacrifice.

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TABLE OF CONTENTS

List of Tables iii

List of Figures iv

Chapter 1: Introduction 6

Chapter 2: Demographic and Attitudinal Factors Associated with Rape Myth Acceptance Among Adults In Non-Western Societies 15

Abstract 16

Introduction 18

Method 31

Results 43

Discussion 73

Conclusion 83

Chapter 3: Rape Myth Acceptance In Jamaica: An Emprical Investigation 86

Abstract 87

Introduction 89

Method 102

Results 109

Discussion 119

Conclusion 135

Chapter 4: The Acceptance of Modern Myths About Sexual Aggression:
A Psychometric Critique 136

Introduction 137

Background to the AMMSA 140

Characteristics of Psychological Tests 142

Limitations of the AMMSA 151

Conclusion 154

Chapter 5: Discussion And Conclusion 155

References 165

Appendix A: Electronic Database Search Syntax 193

Appendix B: Quality Assessment Form 195

Appendix C: Data Extraction Form 196

Appendix D: Participant Information Page 198

Appendix E: Participant Debrief Sheet 201

Appendix F: Demographic Questionnaire 203

Appendix G: Acceptance of Modern Myths About Sexual Aggression (AMMSA) 205

Appendix H: Ambivalent Sexism Inventory (ASI) 209

Appendix I: Hostility Towards Women Scale (HTWS) 212

LIST OF TABLES

Table 1. Study Eligibility Criteria (PICOS)……..39

Table 2. Quality Assessment Scores for Included Studies Participants…….....56

Table 3. Characteristics of Study……...57

Table 4. Data Extraction of Included Studies…….....59

Table 5. Strengths and Limitations of Included Studies…….....65

Table 6. Descriptive Statistics of the Scales with Means and Standard Deviations……111

Table 7. Summary of Standard Multiple Regression Analysis for Predictors of RMA (full sample)……...117

Table 8. Summary of Standard Multiple Regression Analysis for Predictors of RMA (males only)……...118

Table 9. Gender Inequality Index Rating and Mean AMMSA Scores according to Country……..122

LIST OF FIGURES

Figure 1. Flowchart showing selections of studies for inclusion in the review…….39

CHAPTER 1

INTRODUCTION

INTRODUCTION

> *A decent girl won't roam around at nine o'clock at night, a girl is far more responsible for rape than a boy….housework and housekeeping is for girls, not roaming in discos and bars at night doing wrong things, wearing wrong clothes….about 20% of girls are good….when being raped, she shouldn't fight back, she should just be silent and allow the rape then they'd have dropped her off after doing her, and only hit the boy.*
>
> Mukesh Singh, convicted rapist (Udwin, 2014)

Sexual violence is a global pandemic defined as,

> *any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.* (World Health Organisation [WHO], 2002, p. 149)

In Canada, approximately 472,000 were the victims of sexual assault in 2009 (Government of Canada, 2013). In the United States, 19.3% of women have been raped (Centre for Disease Control and Prevention, 2014) and in England and Wales, 85,000 women are raped every year (Ministry of Justice [MOJ], 2013). Available information from Sub-Saharan Africa indicates a prevalence rate of rape of 21% (Institute for Security Studies, 2014). These statistics are alarming. Yet, in spite of geographical location, a shared commonality amongst these countries along with many others, is that the reported prevalence does not reflect the true extent of the issue (Amnesty International, 2006; Grubb & Turner, 2012; Institute for Security Studies, 2014; Kamal, Shaikh, & Shaikh, 2010; Oh & Neville, 2004; Rehal & Maguire, 2014). For instance,

according to the National Crime Victimisation Survey (US Department of Justice, 2014) less than 50% of rapes/sexual assaults were reported to the police in 2010 (49%) and 2011 (27%). The problem of under-reporting will be further discussed in Chapter Two.

On the other hand, unique to each society are culturally constructed norms and values (Flood & Pease, 2009; Zimbroff, 2007) which unsurprisingly impact on the way in which sexual violence is labelled and responded to, both by victims and society. Interestingly however, the majority of research examining sexual violence has been reported from a largely European or North American perspective. While this has certainly advanced our understanding of the issue, generalising the experiences of western populations fails to take into account the sociocultural factors that are embedded in the realities of sexual violence across non-western societies. The following are some examples which illustrate the dynamic nature of culture and the permeating effect (WHO, 2007) it has on individual perceptions of sexual violence:

Cross-Cultural Interpretations of Sexual Violence

In South Asian and Arab cultures women are viewed as subordinate, and key features within their belief system are those of familial honour, shame, and female modesty (Werbner, 2007). Male honour and shame can be associated with the control of a woman's body and her sexuality, and where men are viewed as not 'controlling' the women in their network, there can be a loss of honour and shame on them (Gilbert, Gilbert, & Sanghera, 2004). Similarly, in recounting Beiruti women's perceptions of rape, Wehbi (2002) discussed the high price placed on virginity in Arab society. In these cultures, women are considered the gatekeepers to their virginity. Pre-marital loss of virginity whether through rape or consensual sex, not only renders women as

‘unmarriageable’ but also places them at risk of being killed or ostracised from society. Unmarriageable women are less likely to be viewed as rape victims, as there is a presumption that they have consented to sex (Wehbi, 2002). Interestingly, religious doctrine dictates that, within marriage, husbands have the sexual rights to their wives and “disobedience” is considered grounds for divorce (Wehbi, 2002).

Another study exploring sexual violence among South East Asian (Pakistani, Bangladeshi or Indian origin) women living in the UK, found that despite participants’ experiences of sexual abuse, many women were reluctant to make disclosures in order to protect the family’s honour (100%), in fear of being disowned or rejected (85%), due to the impact on marriageability (31%), in fear of further abuse (100%), and a lack of awareness of what constituted sexual violence (62%) (Rehal & Maguire, 2014). To further compound the issue, in some Asian languages there are no words to accurately describe sexual violence and abuse (Rehal & Maguire, 2014). The totality of these factors not only silences women, but implicitly contributes to a system where sexual abuse is tolerated, with impunity for perpetrators. What is more is that the cultural responses to rape reduces opportunities for victims’ recourse.

On the other hand, Latin American culture highlights different challenges from South Asian and Arab culture in terms of how male and female sexual interactions are interpreted. For instance, DeSouza and Hutz (1996) conducted a cross-cultural study amongst Brazilian and American undergraduate students to examine the differences in perceptions of female sexual intent when women turned down sexual advances. Findings revealed that Brazilians and Americans differed

in their responses about how a sexual encounter may develop, with Americans being more inclined to have interpreted continuous rejection of men's sexual advances as date-rape.

One explanation may be the 'eroticised' nature of Brazilian society (DeSouza & Hutz, 1996). Here, sexual advances are considered innocuous, and token resistance ('no means yes') may be a socially acceptable way for women to negotiate sexual encounters with men, without being considered promiscuous or 'easy' (DeSouza & Hutz, 1996). Research indicates that in situations where sexual coercion and unwanted sexual advances are perceived as normative, women can have difficulty defining their experiences as rape (particularly in intimate relationships), unless the assault adheres to the 'traditional rape script' (i.e., stranger, physical injuries, weapon) (Deming, Covan, Swan, & Billings, 2013; Weiss, 2009). Such behaviours are therefore considered less important to report (Wasti & Corina, 2002).

The above section indicates that some key distinctions exist in the interpretations of sexual violence amongst different cultures. For example, while there is a consensus that rape is an under-reported crime in both western and non-western societies, it appears that western people may be more likely to report sexual violence than non-western cultures. This has been interpreted by some as evidence of a greater awareness and understanding of sexual offences in European and North American cultures (Zimbroff, 2007). Unlike western countries, chastity is a factor entangled in other cultural dimensions (e.g., family honour, marriageability) in Asian cultures. Furthermore, the legal classification of rape in some non-western countries is very narrow and limited in the protection it offers to women in marriage (Abraham, 1999)- another clear differentiating characteristic of western countries where marital rape is a criminal offence,

and where a great deal of emphasis is placed on 'consent'. In England and Wales for instance, there is a statutory definition of 'consent' in the *Sexual Offences Act 2003* which considers an individual's choice, freedom and capacity to engage in sexual activity. Differences in the male-female sexual interactions across some societies were also presented earlier, with cultural norms and values being the determinants of appropriate codes of sexual conduct.

Gender norm stereotypes. Gender norm stereotypes vary across cultures, and are also influential on people's attitudes and beliefs toward women. Adherence to gender-biased attitudes have been found to be associated with hostile attitudes toward women, greater acceptance of interpersonal violence (Flood & Pease, 2009) and acceptance of rape myths (Suarez & Gadalla, 2010). From a feminist perspective, it is argued that violence against women is a product of gender inequality (Brownmiller, 1975; Burt, 1980). Gender inequality is ideological (beliefs and norms about women's social roles) and structural (access to resources) (Yodanis, 2004). Accordingly, in male dominated (patriarchal) societies where males are viewed as superior and strong, violence is used as a means of gaining social control over women to keep them in subordinate and passive roles (Burt, 1980; Yodanis, 2004).

In a similar vein, Chiroro, Bohner, Viki, and Jarvis (2004) assert that "rape is used as one means (among others) by which men maintain and enforce a status hierarchy that is to their own advantage and to the disadvantage of women" (p. 429). The Gender Inequality Index (GII) is a United Nations Development Programme measure which reflects the inequalities in achievement between men and women in the areas of reproductive health, empowerment and labour market. Unsurprisingly, there is a higher incidence of violence against women in countries ranking low

on the GII, in comparison to those with fewer disparities between genders (United Nations Entity for Gender Equality and the Empowerment for Women, 2010).

Collectivism vs individualism. Individualism and collectivism are described as 'cultural syndromes' that include norms, behaviours, roles, values and beliefs in different cultures (Triandis, 2001). Individualistic cultures, such as the US and other western societies, emphasise qualities such as *independence*, autonomy, self-assertion, and self-containment (Markus & Kitayama, 1991). On the other hand, collectivistic cultures promote values of *interdependence*, social cohesion and discourage disruption of harmony within the systems (Chadda & Deb, 2013). Accordingly, it is of little surprise that these distinctions also shape how sexual violence is perceived. As an example, Sigal et al.'s (2005) findings revealed that individualistic countries (i.e., Germany, Canada, Netherlands, US) were less tolerant of sexual harassment, ascribed less responsibility to the victim, and were more disparaging towards the perpetrator, in comparison to participants from collectivistic societies (i.e., Turkey, Philippines, Taiwan, Ecuador, Pakistan) who were likely more concerned with prioritising the needs of the social system over individual rights.

Likewise, in considering how people from collectivist societies cope with sexual harassment, Chan, Tang and Chan (1999) suggested that Chinese women were more likely to use less assertive strategies, and seek in-group support (friends, family) as opposed to reporting to external agencies, potentially to avoid being labelled as 'troublemakers'. It is further noted that collectivism may also lead to unacknowledged experiences of sexual harassment. These

collectivistic features are also in line with the examples presented earlier, where South East Asian cultures prioritise honour and where there is a high price placed on bringing shame on the family.

Aim of the Thesis

Having highlighted some of these cross-cultural variations, it can be argued that without empirically validating the realities of non-western countries, it would be erroneous to assume that the findings of western countries apply to the experiences of people from non-western cultures. Further, a lack of understanding of these sociocultural factors is likely to have implications for practice that is geared toward effectively reducing the incidence of sexual violence. For example, research on South Asian survivors of domestic and sexual violence indicates that their needs are not adequately met or poorly understood in the provision of support, as well as within health and mental health services in the UK (Ahmed, Reavey, & Majumdar, 2009). Ahmed et al. (2009) suggest that this may largely be due to services failing to recognise that women's experiences vary across multicultural communities, in combination with negative stereotypical constructions of minority groups. In a similar vein, Mann, Webster, Wakeling, and Keylock (2013) highlight that offenders from ethnic minority groups may refuse treatment if they perceive services to be culturally insensitive. Thus, in order to effectively intervene, while it is important to have an understanding of the cultural ideologies that shape how perpetrators justify sexual aggression, equally, professionals also need to be aware of the culturally based justifications that victims use to rationalise their own victimisation experiences as these too are likely to impact on how they label sexually assaultive experiences as well as their willingness to report incidents of sexual violence.

In this regard, this thesis aims to present a non-western perspective (i.e., cultures and societies that are beyond those of western tradition) on one aspect of sexual violence- rape. The *Sexual Offences Act 2003* (UK) defines rape as the intentional and non-consensual penetration of the vagina, mouth or anus of another person, with the perpetrator's mouth or penis. More specifically, the primary focus of this work will be on rape myth acceptance (RMA); "attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women" (Lonsway & Fitzgerald, 1994, p. 134). These negative stereotypes are associated with consequences such as victim-blaming attitudes, high levels of under-reporting, and poor psychological recovery for rape victims.

A final point concerns the choice of victim gender which has been explored throughout. While it is acknowledged that rape has indiscriminate victims, and equally, the area of sexual violence against men is a highly neglected topic (WHO, 2013), this body of work solely examines rape myths involving male perpetrators and female victims for two main reasons: First, the vast majority of victims are women (Chapleau, Oswald, & Russell, 2008; Turchik & Edwards, 2012) [e.g., aggregated data for England and Wales indicates that an average of 0.5% (85,000) females have been raped in comparison to 0.1% (12,000) of males (MOJ, 2013)]. Second, in some non-western jurisdictions the definition of rape does not recognise male victims (Dunkley, 2007; Zhou, 2015).

Structure of the Thesis

The thesis comprises five chapters. Following this introduction, Chapter Two presents a systematic review of the existing literature on RMA in non-western countries. The review seeks

to clarify the demographic and attitudinal factors that have been found to be correlated with RMA in adults in non-western societies, as well as to compare whether these findings are consistent with the findings of western research. The review provides a platform for the empirical research presented in Chapter Three.

Chapter Three presents an empirical investigation of RMA in Jamaica. The objectives of this study were to contribute to the gap in the RMA research on non-western countries, as well as to compare the findings of the Jamaican population to those identified in the western and non-western literature.

Chapter Four presents a critique of the Acceptance of Modern Myths about Sexual Aggression (AMMSA; Gerger, Kley, Bohner, & Siebler, 2007) which was utilised in Chapters Two and Three. The AMMSA is an instrument designed for measuring stereotypical attitudes and beliefs about sexual aggression, and is used to assess group differences or to predict behavioural outcomes in correlational studies. The critique explores some of the methodological issues associated with traditional RMA measures, the impetus for the development of the AMMSA. The measure is appraised in terms of its psychometric properties. The chapter concludes with the author's thoughts on the overall strengths and limitations of the AMMSA.

Chapter Five is the concluding chapter which draws the thesis together. A discussion of the thesis is presented, integrating the main findings and considering the implications for practice and future directions for research.

CHAPTER 2

DEMOGRAPHIC AND ATTITUDINAL FACTORS ASSOCIATED WITH RAPE MYTH ACCEPTANCE AMONG ADULTS IN NON-WESTERN SOCIETIES

A SYSTEMATIC LITERATURE REVIEW

ABSTRACT

Aims

This chapter aims to present a systematic review of the literature on the demographic and attitudinal factors that have been found to be associated with RMA in adults in non-western societies, and to determine whether these findings are consistent with those reported in the western literature.

Methodology

A scoping exercise was undertaken to determine the relevance of the current review. Using a systematic approach, a literature review was conducted. The process included a database search, application of inclusion and exclusion criteria, data extraction and data synthesis. Of a total of 835 citations, 13 were quality assessed. All 13 articles were included in the review, and data were extracted. Results were qualitatively synthesised and reported.

Results

Of the demographic variables explored, findings revealed that men had higher levels of RMA than women. There were complex relationships with age, education, and religion, and therefore the results were inconclusive. Although attitudinal factors were explored in a limited number of studies, results indicated that negative attitudes toward women and views supportive of gender stereotypes, were associated with greater RMA.

Conclusion

This review highlighted the presence of associations between demographic and attitudinal factors and RMA, however, firm conclusions could not be drawn on all variables explored. Despite this, it could be said with certainty that there is a paucity of non-western research investigating the relationship between demographic and attitudinal variables and RMA. Strengths and limitations of the review are considered, as well as directions for future research.

INTRODUCTION

The WHO (2013) reports that globally, 7.2% of women have experienced sexual violence in their lifetime by someone other than their partner. In England and Wales, it is estimated that 85,000 women have been the victim of sexual assault or rape every year, and since the age of 16 years, 1 in 5 women has been exposed to some type of sexual violence (MOJ, 2013). However, in spite of these alarming figures, rape is considered by many (e.g., Grubb & Turner, 2012; Institute for Security Studies, 2014) to be one of the most under-reported crimes. For example, the US Crime Victimisation Survey reports that a mere 35% of sexual offences were officially recorded in 2013 (US Department of Justice, 2014). A similar trend was observed in their 2012 report which highlighted that between 2006 and 2010, rape constituted one of the highest percentages (65%) of unreported crime (US Department of Justice, 2012). In the UK, even fewer incidents are reported, with statistics indicating a reporting rate of 15% during the combined period of 2009 to 2012 (MOJ, 2013). Another factor that further contributes to the inaccuracy of sexual crime estimates is police under-recording and 'no criming' (i.e., a decision made by police after initial recording that no crime occurred as a result of error in recording, victim retraction etc.), where it has been found that 26% of sexual offences are under-recorded by police in England and Wales (Her Majesty's Inspectorate of Constabulary, 2014).

A crucial factor associated with this high level of under-reporting is the negative reactions victims receive both from formal (e.g., doctors, police, mental health professionals, criminal justice system) and informal (e.g., friends, family, peers) support providers. In a US study of 102 female rape survivors, Ahrens, Campbell, Terner-Thames, Waco, and Sefl (2007) found that

38.7% of survivors received unsupportive reactions when they disclosed the assault. One survivor noted that the police's reaction felt like "being raped again" (p. 43). Other research has highlighted that victims' reports are treated less favourably when the assault is inconsistent with the stereotypical rape script (i.e., stranger rape, physical injury), with fewer of these cases leading to prosecution (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). It is therefore unsurprising that negative disclosure experiences are associated with greater psychological distress and prevent victims from making further disclosures (Starzynski & Ullman, 2014). Victim blaming attitudes and insensitive treatment of victims may emerge as a result of the acceptance of a constellation of stereotypes known as 'rape myths'.

Rape Myths

Having expanded on the work of Brownmiller (1975), Burt (1980) defined rape myths as "prejudicial, stereotyped or false beliefs about rape, rape victims and rapists which serve to create a climate that is hostile to rape victims" (p. 217). This definition was later criticised as being descriptive and insufficient, and Lonsway and Fitzgerald (1994) subsequently re-defined the term as "attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women" (p. 134). Common rape myths reported in the literature include: 'a woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex'; 'any healthy woman can successfully resist a rapist if she really wants to'; 'many women have an unconscious wish to be raped, and may then unconsciously set up a situation in which they are likely to be attacked'; and 'in the majority of rapes, the victim is promiscuous or had a bad reputation' (Burt, 1980).

The just world belief (JWB; Lerner, 1965) is a prominent theory which explains why individuals subscribe to these myths. It suggests that the world is an impartial and fair place, and therefore 'people get what they deserve'. This provides individuals with a false sense of control and security over their environment and in so doing, reduces any perceived threat to one's self. Similarly, perceiving rape victims as deserving of their fate reinforces the individual's view of the world as fair and just, making them immune to misfortune by virtue of their ability to manage their own actions or behaviours (Lonsway & Fitzgerald, 1994).

It is worthy to note that other works (e.g., Dalbert, 1999; Dalbert & Stoeber, 2006) in this area go further to differentiate between belief in a 'personal just world' (JWB-self; individuals believe that events occurring in *their* lives are just) and belief in a 'general just world' (JWB-other; the *world* is a just and fair place) as people tend to endorse JWB-self more strongly (Dalbert, 1999). Research by Hayes, Lorenz, and Bell (2013) reports interesting associations between the two constructs and RMA: people who had higher JWB-self endorsed fewer rape myths, whereas, people with higher JWB-other were associated with greater RMA. Although it may appear counter-intuitive, it is suggested that the causal attributions made by victims mediates the relationship between the influence of JWB and one's ability to adapt to sexual violence (Fetchenhauer, Jacobs, & Belschak, 2005). Thus, individuals high in JWB-self are more likely to attribute negative events (e.g., sexual violence, unemployment) to external circumstances ("wrong place wrong time") rather than characterological flaws ("I am someone who attracts negative events"). Thus, they display greater psychological adjustment than their counterparts who engage in self-blame (Fetchenhauer et al., 2005; Hayes et al., 2013).

Another explanation for rape myths is that they act as 'cognitive neutralisers' (Burt, 1980)- mental filters that allow men to "turn off" their inhibitions in order to offend. Research (Bohner et al., 1998; Malamuth & Check, 1985) has investigated the association between RMA and men's likelihood to commit rape, and two significant findings have emerged: First, there is a positive correlation between RMA and rape proclivity and, second, RMA is a causal antecedent of men's proclivity to rape. These findings have been interpreted in line with Burt (1978) who argued that rape myths serve as "psychological releasers or neutralizers, allowing potential rapists to turn off social prohibitions against injuring or using others when they want to commit an assault" (p. 282).

RMA may also be viewed in the context of Ward's (2000) work, which suggests that thinking styles represent implicit theories; mental frameworks developed through childhood experiences that help people to make sense of the social world, in order to predict future events (Ward & Keenan, 1999). Rape-related implicit theories bias interpretations of evidence (e.g., victim's actions), which permit and rationalise sexually aggressive behaviour (Polaschek & Ward, 2002; Ward & Kennan, 1999). Building on previous work, Polaschek and Ward (2002) proposed five implicit theories: *women are unknowable* (i.e., women are different from men and cannot be understood), *women as sex objects* (i.e., women were created to fulfil men's sexual desires/sexual gratification and/or there is discrepancy between what women say and what their bodies want), *male sex drive is uncontrollable* (i.e., men have a biological need for sex that cannot be controlled), *entitlement* (i.e., men are special/superior, their needs should be met on demand) and *dangerous world* (i.e., the world is not a safe place, people are exploitative). Furthermore, it is suggested that non-offenders also construct rape-supportive implicit theories (Ward & Keenan,

1999) which can lead to unfavourable stereotypes about perpetrators and victims. For example, women raised in a household where traditional gender role stereotypes are endorsed, may develop cognitions around men being more important and that special consideration should be given to their needs (entitlement) (Polaschek & Ward, 2000).

Not surprisingly, acceptance of rape myths encourages a victim blaming culture which denies and minimises a violent crime, by shifting the blame to the victim and absolving the actions of the perpetrator (Burt, 1980; Chapleau, Oswald, & Russell, 2007; Lanier, 2001; Yamawaki, 2009). The culture of victim blaming impacts on how rape victims are perceived by society. This includes the discretionary decisions made by police and the judicial system, and therefore exerts a powerful influence on conviction and prosecution rates (Grubb & Turner, 2012). This assertion is supported by empirical literature such as Goodman-Delahunty and Graham (2011), whose study revealed that police officers with high RMA perceived the victim as less credible, were more likely to blame her for the incident, were less likely to believe that she communicated non-consent, were less likely to consider the alleged offender as guilty, and were less likely to recommend he be charged. Chapleau and Oswald (2013) argue that as prejudicial attitudes, rape myths are cognitive schemas that influence people's interpretation of social information.

Purpose of the Current Review

A substantial body of research has investigated various correlates of rape myth acceptance (Abrams, Viki, Masser, & Bohner, 2003; Anderson, Cooper, & Okamura, 1997; Bohner, Jarvis, Eyssel, & Siebler, 2005; Deming, Covan, Swan, & Billings, 2013; Lonsway & Fitzgerald, 1994; Sussenbach & Bohner, 2011), however, the majority of studies have been largely biased towards

North American and European samples, to the exclusion of other parts of the world (Bendixen, Henrisken, & Nøstdahl, 2014; Hernandez, Lira, & Mendez, 2004; Suarez & Gadalla, 2010). In a recent meta-analysis, Suarez and Gadalla (2010) examined the factors and individual characteristics associated with RMA in North American samples, highlighting that cross-cultural variations in the research exist. The current review attempted to shed light on this area by examining the available evidence on demographic and attitudinal factors associated with RMA in non-western countries.

Overview of the Literature on Western Findings

Measures Used to Assess RMA

Various tools have been designed to measure RMA, with many demonstrating satisfactory psychometric properties (Sussenbach & Bohner, 2011). Such measures include the Rape Myth Acceptance Scale (RMAS; Burt, 1980), the Illinois Rape Myth Acceptance Scale (IRMAS; Payne, Lonsway, & Fitzgerald, 1999), and the Attitudes toward Rape Scale (ATRS; Feild, 1978). Suarez and Gadalla (2010) indicated that of the 37 studies included in their meta-analytic review, 74% used the RMAS and 16% used the IRMAS. This has been generally consistent with what has been reported in other research (Edwards, Turchik, Dardis, Reynolds, & Gidycz, 2011). However, while not without their merit, RMA measures have been subjected to criticism regarding their length, heavy use of cultural colloquialisms, ambiguity, and blatant item content (Payne et al., 1999; Sussenbach & Bohner, 2011) (a full discussion on methodological issues of current RMA measures is presented in Chapter Four). To address these issues, the Acceptance of Modern Myths about Sexual Aggression (AMMSA; Gerger, Kley, Bohner, & Siebler, 2007) was

designed, and has been used in contemporary western research (Canto, Perles, & Martin, 2014; Eyssel, Bohner, & Siebler, 2006; Sussenbach & Bohner, 2011).

RMA and demographic variables

Gender. Findings (Bendixen et al., 2014; Ferro, Cermele, & Saltzman, 2008; Hockett, Saucier, Hoffman, Smith, & Craig, 2009; Johnson, Kuck, & Schander, 1997; Newcombe, van den Eynde, Hafner, & Jolly, 2008; Talbot, Neill, & Rankin, 2010) have been generally consistent throughout the research regarding gender, with men demonstrating unequivocally higher levels of RMA than women in both student and non-student samples. In Suarez and Gadalla's (2010) review, gender also showed the strongest association with RMA, with a moderate effect size of .58.

Age. There are no firm conclusions on the relationship between RMA and age. While some research supports the view that younger people have higher RMA (Ferro et al., 2008; Klein, Kennedy, & Gorzolka, 2008), there is conflicting evidence indicating higher acceptance in older populations (Burt, 1980; Nagel, Matsuo, McIntyre, & Morrison, 2005). On the other hand, Suarez and Gadalla (2010) found that the relationship between the variables was non-significant, whereas Sussenbach and Bohner (2011) found a U-shaped relationship, suggesting both a negative and positive relationship across age groups. The reasons for these disparities remain unclear.

Ethnicity. The data available on the relationship between race/ethnicity and RMA indicate a moderate effect size of -.43, with Caucasians displaying lower levels of RMA in

comparison to other ethnic groups (Suarez & Gadalla, 2010). Cultural and social factors (e.g., cultural traditions and beliefs, religious practices) have been found to influence the variance in levels of RMA across ethnicities (Williams & Holmes, 1981). For example, Devdas and Rubin (2007) reported higher levels of RMA amongst first-generation South Asian women versus second-generation South Asian American and European women. In another study, Asian American men and women (e.g., Phillipino, Japanese, Chinese, Korean, Thai) endorsed rape myths and engaged in victim blaming at comparatively higher levels than Caucasians (Mori, Bernat, Glenn, Selle, & Zarate, 1995). The authors suggest that unfavourable attitudes toward rape victims could be attributed to the fact that Asian societies are governed by patriarchal ideologies which view women's status as low. Given the variance in perceptions of rape victims which exists amongst ethnicities, Nagel et al. (2005) recommend examining the differences between socioeconomic status and education, and RMA as these relationships may yield more meaningful comparisons.

Socioeconomic status. Socioeconomic status is often measured in the context of variables such as education, income, and occupational status (Anderson et al., 1997; Lonsway & Fitzgerald, 1994), and has only been examined in a limited few studies (Anderson et al., 1997). Overall, findings reveal that higher levels of *educational attainment* are correlated with more sympathetic attitudes towards rape victims and lower levels of RMA (Burt, 1980; Nagel et al., 2005; Sussenbach & Bohner, 2011). This was further supported by Suarez and Gadalla (2010) who reported a moderate effect size for education level and RMA, amongst two studies. Additionally, the authors reported on the relationship between *occupation* and RMA, but found that this relationship had a negligible mean effect size, indicating little influence on RMA. This

is not surprising as occupation as a standalone is unlikely to share a direct relationship with RMA, unless other factors (e.g., training experience, interaction with rape victims, education) which provide greater explanatory power are considered (Lonsway & Fitzgerald, 1994).

Religiosity/religion. Religiosity is often assumed to be related to RMA in some way but findings concerning this relationship remain inconclusive. While some studies indicate a positive association between fundamentalist religious beliefs and high RMA (Mulliken, 2006), other studies have found no relationship between variables such as religious affiliation and RMA (Nagel et al., 2005), or higher levels of religiosity and RMA (Mulliken, 2006). However, religiosity is a complex concept, and variance in findings may be due to methodological differences such as operational definitions of religiosity, as well as the inconsistency in instruments used across studies (Jankowski, Johnson, & Holtz-Damron, 2011). Additionally, there is the possibility of between-religion differences [e.g., religious doctrines, people identifying with a religion to appear 'contemporary' rather than actually being a member of that particular religious faith (Boakye, 2009)] further confounding the relationship with RMA.

RMA and attitudinal factors

Sexism. Traditionally, the concept of sexism has been associated with hostile attitudes towards women. It has been argued, however, that this view overlooks the subjectively positive aspect of sexism that accompanies its antipathy (Glick & Fiske, 1996). In light of this, Glick and Fiske (1996) developed a multidimensional construct, encapsulating two aspects of sexism: hostile and benevolent sexism. Hostile sexism (HS) refers to the condemnation of women who defy traditional gender expectations (e.g., "women seek to gain power by getting control over

men”). These types of beliefs support the view of masculine domination by reinforcing that women should submit to the roles to which they have been ascribed by socially constructed gender norms (Chapleau et al., 2007). By contrast, benevolent sexism (BS) appears to portray women favourably (Chapleau et al., 2007; Glick & Fiske, 1996). For example, the notion that a woman needs and deserves to be protected by a man; BS appears to be positive (she is special and ‘deserves’), however, it is underpinned by patronising traditional sex-role stereotypes that she needs to be protected and supported (i.e., the implication that the woman is delicate and the weaker sex, therefore unable to protect herself). Accordingly, Abrams et al. (2003) posit that making a judgement that only “certain types of women or women only in certain situations” (p. 122) cannot be blamed for rape, implies that women are only raped when they deviate from traditional gender norms. Transgressions therefore, encourage sexually aggressive responses from people who hold hostile sexist beliefs (Abrams et al., 2003).

Glick and Fiske (1996) further proposed that there are three domains comprising HS and BS: paternalism, gender differentiation and heterosexuality. While factor analysis indicates that HS is a unidimensional construct, the three second order sub-factors are applicable to BS (Glick & Fiske, 1996). *Protective paternalism* refers to the belief that there is a dependency on men for women to maintain their economic and social status; women need to be protected and provided for by virtue of their ‘weaknesses’. *Complementary gender differentiation* is the view that women have different traits from men, many of which are positive and complementary to men (e.g., ‘women have a superior moral sensibility’). *Heterosexual intimacy* suggests that men have a desire for psychological closeness which evokes positive feelings in them (e.g., ‘every man ought to have a woman he adores’).

Although studies generally reveal a positive correlation between both types of sexism and RMA (Forbes, Curtis, & White, 2004; Suarez & Gadalla, 2010), other studies have found different results. For example, Davies, Gilston, and Rogers (2012) reported that male RMA was moderately and positively associated with HS, but no relationship emerged between RMA and BS using the IRMAS. Additionally, some argue that the relationship between RMA and sexism is obscured when BS and HS are explored as singular constructs. Chapleau et al. (2007) provide empirical support for this line of argument by investigating how specific components of sexism were associated with RMA. Findings indicate that HS was the strongest predictor of RMA in men and women, and although BS was positively associated with RMA as is reported in previous research, this association was due to specific sub-factors of BS (i.e., complementary gender differentiation and protective paternalism). Interestingly however, when all sub-factors were controlled for in the analysis, protective paternalism was found to be negatively associated with RMA.

Sex-role stereotyping. The extent and prevalence of sex roles and sex-role stereotypes are largely determined by variables such as cultural ideology and class (Gari, Georgouleas, Giotsa, & Stathopolou, 2009). Empirical research has consistently identified a positive relationship between RMA and sex-role stereotyping (Caron & Carter, 1997; Check & Malamuth, 1983; Lee et al., 2010, Schaefer-Hink & Thomas, 1999). For example, it has been found that women who strongly endorse sex-role stereotypes have more victim-blaming attitudes, stronger beliefs that the victim encouraged the perpetrator, and ascribe greater responsibility to the victim involved in a rape scenario, when compared to women who had lower sex-role stereotyped beliefs (Coller & Resick, 1987).

Shotland and Goodstein (1983) report similar results from their study which examined the relationship between egalitarian attitudes and the perpetuation of date rape. They found that individuals who held greater egalitarian attitudes were less inclined to perceive the victim in a rape scenario as wanting sex, attributed less victim blame, and had a greater tendency to characterise the situation as violent, when compared to their counterparts who had fewer egalitarian beliefs. Not surprisingly, people who were more traditional in their gender role beliefs, demonstrated higher levels of RMA regarding myths where the woman was viewed as culpable, those that exonerated the male, and justified acquaintance rape; as opposed to people who were more liberal in their attitudes about gender roles (Johnson et al., 1997).

Attitudes toward rape victims. Self-report measures such as the Attitudes toward Rape Victims Scale (ARVS; Ward, 1988) are typically used in research (Hockett et al., 2009; Nagel et al., 2005; White & Kurpius, 1999) to assess favourable and unfavourable attitudes toward rape victims, with specific focus on victim blaming, credibility, deservingness, denigration and trivialisation. The ARVS was informed by the ATRS (Feild, 1978) and the RMAS (Burt, 1980), which evaluate attitudes toward rape, rape victims and perpetrators (Ward, 1988), and therefore there is conceptual similarity between the measures (Lonsway & Fitzgerald, 1994). The finding that negative attitudes toward rape victims are associated with greater acceptance of rape myths (Suarez & Gadalla, 2010) is thus of little surprise.

Aims of the Current Review

This review examined the research pertaining to RMA in non-western countries. In particular, it addressed the following objectives:

- To determine the demographic and attitudinal factors that are associated with RMA in adults in non-western societies.
- To determine whether the findings of non-western countries are comparable to those identified in the literature on western countries.

METHOD

Review Protocol

The current review was guided by the recommendations set out in the Centre for Reviews and Dissemination (CRD; 2009) on undertaking reviews in healthcare. CRD (2009) suggests that specifying the methods to be used in advance by way of a review protocol, reduces the opportunities for bias in the review.

Scoping Exercise

A scoping exercise was conducted to determine the extent and need for a systematic review of the subject. An electronic search was undertaken in May 2015 using the Cochrane Database of Systematic Reviews, Campbell Systematic Reviews, PubMed, Google Scholar, and Latin American and Caribbean Health Sciences (LILACS). This process identified various reviews, however, none were restricted to non-western samples.

Anderson et al. (1997) conducted a meta-analytic review of individual differences and attitudes toward rape. This however was not limited to non-western countries and included adolescent samples. Anderson and Whiston's (2005) meta-analysis examined the effectiveness of sexual assault programmes. However, only studies using North American college students were included, and the efficacy of interventions in changing levels of RMA was not the focus of the current review. Brecklin and Forde (2001) and Flores and Hartlaub (1998) conducted meta-analyses on intervention studies. As noted, these types of studies were not the focus of the current review, and were therefore excluded.

Iconis (2008) reviewed the literature on RMA in college students, this however, was a narrative review and was not subject to the rigorous scientific design of a systematic review (CRD, 2009). Additionally, RMA was explored in the context of the United States. Lonsway and Fitzgerald (1994) published a review and critique of the RMA literature, however, similar to Iconis (2008), this did not follow a systematic approach. Murnen and Kohlman (2007) conducted a meta-analysis on studies relating athletic team and fraternity membership to attitudes and behaviours associated with sexual aggression in college men. However, the focus was restricted to western populations (i.e., Canada, US and UK), and included adolescents. As none of the articles found in the scoping exercise focussed exclusively on non-western samples, they were not included in the current review. Furthermore, the paucity of non-western studies illustrates the need for the current review.

Search Strategy

Search terms. A list of the potential search terms was initially developed by reviewing the words or phrases which were listed as keywords in previous relevant research. Possible synonyms were also considered. These included terms such as: 'rape', 'sexual harassment', 'sexual offenses', 'sexual assault' combined with 'myths', 'perceptions' and 'stereotyped attitudes'. However, during the initial scoping exercise, it was found that these terms were in fact too broad and therefore generated thousands of generic articles which were not specifically addressing the topic being explored for this review. A subject heading search also indicated that the literature was indexed with 'rape' and 'myths'.

As a result, a free text search was performed combining the term ‘rape’ with synonyms of ‘myths’ and each was linked with the Boolean operator ‘OR’. The wild card character was applied to obtain all possible permutations of the terms, and the proximity operator ‘ADJ 3’ was used to obtain articles containing the words ‘rape’ and the synonyms of ‘myths’ within a three word proximity. The proximity operator was adjusted accordingly, as it differed across databases. These were then combined using the Boolean operator ‘AND’ with the search terms ‘factors’ OR ‘variables’. Terms related to ‘cross-cultural’ were not applied as they severely limited the number of citations retrieved.

rape ADJ 3 (myth* OR attitude* OR stereotype* OR support* OR belief*)

AND

(factors OR variables)

Databases. The electronic databases were identified as relevant as they are subject-based (CRD, 2009), and have been widely used in previous reviews conducted on similar topics (e.g., Murnen & Kohlman, 2007; Suarez & Gadalla, 2010). The search was limited to 1990 onwards, as the majority of published literature on RMA began emerging in the 1990s. To reduce the potential for language bias, no language restrictions were imposed. In an effort to reduce publication bias, unpublished studies (e.g., theses, conference proceedings) were also included in the database search, as they can provide information on ongoing and completed research (CRD, 2009). Additional limits were imposed where possible on studies exclusively from western countries, as western samples were not the focus of this review. Six electronic databases were searched on May 13th, 2015:

- Applied Social Sciences Index and Abstracts
- ERIC ProQuest
- Ovid MEDLINE (1946 to May Week 2 2015)
- PsycINFO (1967 to May Week 2 2015)
- Web of Science
- SCOPUS

Appendix A provides details of the syntax used and the outputs yielded.

Searching additional sources. To ensure that the search was comprehensive, other methods were used. The reference lists of key articles were hand-searched to identify any other potential publications. Additional searches were undertaken on May 17th 2015, in Google Scholar and LILACS. The same search terms used for the electronic databases were applied in Google Scholar, however, only the term 'rape' was recognised using the LILACS database. Topic experts (n = 7), defined as those whose publications have been commonly cited in the literature, were identified during the scoping exercise and database searches, and they were contacted directly via email to request relevant grey literature (i.e., unpublished or ongoing research), or suggestions for other known experts. Correspondence was received from all experts.

Study Eligibility

Inclusion/exclusion criteria. The eligibility of studies was determined by searching through abstracts or full articles to identify whether they fulfilled the predefined inclusion/exclusion criteria. The Population, Intervention/Exposure, Comparator, Outcome and

Study design (PICOS) framework is recommended as a means of scaffolding research (CRD, 2009). However, this method could not be fully applied as the current review did not consider the effectiveness of an intervention or experimental studies. Inclusion/exclusion criteria were informed by the research question, previous meta-analytic reviews derived from the initial scoping exercise (e.g., Suarez & Gadalla, 2010), and discussion with the author's academic supervisor. Table 1 illustrates the study eligibility criteria.

Definitions and terms. The term 'adults' was defined as individuals over the age of 18 years, in accordance with the legal classification of adults in the UK. Definition of the term 'non-western' was used in the context of "cultures and societies that are beyond those of western tradition" (Brandeis University, 2015, para. 1) and are largely outside the European and North American regions such as Asia, Africa, Latin America, and the Middle East. 'Cross-cultural samples' referred to studies which included separate datasets for a western and a non-western sample. In such instances, only data from the non-western samples were extracted. Studies considering 'non-western samples residing in a western country' were not considered due to the likelihood of acculturation.

Due to the limited research in the area of RMA in non-western countries, it was decided that the majority of papers were likely to have demographic and attitudinal information as baseline measures. As a result, behavioural and situational factors were excluded from this review. 'Demographic' variables included gender, age, and religion. 'Attitudinal' factors referred to attitudes such as hostile and benevolent sexism, sex-role stereotyping, and hostility towards women. Behavioural and situational factors were not examined in this review. 'Behavioural'

Table 1

Study Eligibility Criteria

	Inclusion Criteria	**Exclusion Criteria**
Population	Adults	Adolescents only
	Non-western	Western
	Cross-cultural samples	Non-western samples residing in western countries
		Sexual offenders
Factors/Variables	Demographic	Behavioural
	Attitudinal	Situational
Outcome	RMA using a quantitative measure involving female victims and male perpetrators	RMA involving male rape myths or studies involving male victims
	Pre-intervention measures of experimental studies or intervention programmes	Post-intervention measures of experimental studies or intervention programmes
Study Design	Quantitative studies	Qualitative studies
Other	All languages	Articles published prior to 1990
	Book chapters that contain empirical studies	Articles which did not report empirical data (e.g., books, book reviews, theoretical or narrative articles, commentaries, opinion papers)
	Conference proceedings	
	Theses	

factors included rape proclivity, sexual coercion, pornography viewing etc., while ‘situational’ factors related to the environmental context in which rape occurs, or personal characteristics of the victim (Angelone, Mitchell, & Lucente, 2012) (e.g., victim attire, alcohol intoxication). This review did not aim to develop an understanding of women’s constructions and definitions of

rape, thus ‘qualitative’ studies were excluded in favour of a ‘quantitative’ approach to examining RMA, as the latter offers an objective method to reviewing findings (Castellan, 2010) through the use of psychometric measures.

Study Selection

Figure 1 illustrates the selection process for studies included in the systematic review. A total of 825 citations were generated across the six electronic databases. These were exported to the bibliographic database manager, RefWorks, and 264 duplicates were removed. Titles and abstracts were screened against the inclusion/exclusion criteria and 530 publications were removed. Rejected citations fell into two categories: (i) citations which were clearly irrelevant to the topic, and (ii) citations that addressed the topic but failed on one or more criteria (CRD, 2009). Reasons for exclusion in the current review were: topic irrelevance (n = 251), studies conducted in a western region (n = 166), studies conducted with adolescents samples only (n = 25), studies focussing on male rape myths or male rape victims (n = 6), theoretical studies or studies exploring another aspect of RMA (n = 59), studies exploring RMA in sex offenders (n = 12), and studies that did not include a quantitative measure of RMA (n = 11). Following exclusion based on the preceding, a total of 31 full text citations were accessed. Where there was ambiguity based on the title or abstract, the full article was retrieved and a decision was made as to its relevance (n = 14).

A further three papers were identified from the LILACS database and Google Scholar, and seven were obtained from experts. No additional publications were identified through hand searching reference lists.

The full texts of the 41 citations were obtained either through the University of Birmingham e-library or through direct correspondence with the authors requesting a copy of their studies. Inclusion criteria were applied using the PICOS framework (see Table 1). Reasons for exclusion at this stage were: western studies (*n* = 8), topic irrelevance (*n* = 6), study exploring some other aspect of RMA (*n* = 6), unable to access full thesis as the authors could not be traced to determine relevance (*n* = 6), and unable to obtain appropriate/reliable translation (*n* = 2). This led to 13 studies being identified for inclusion in the current review.

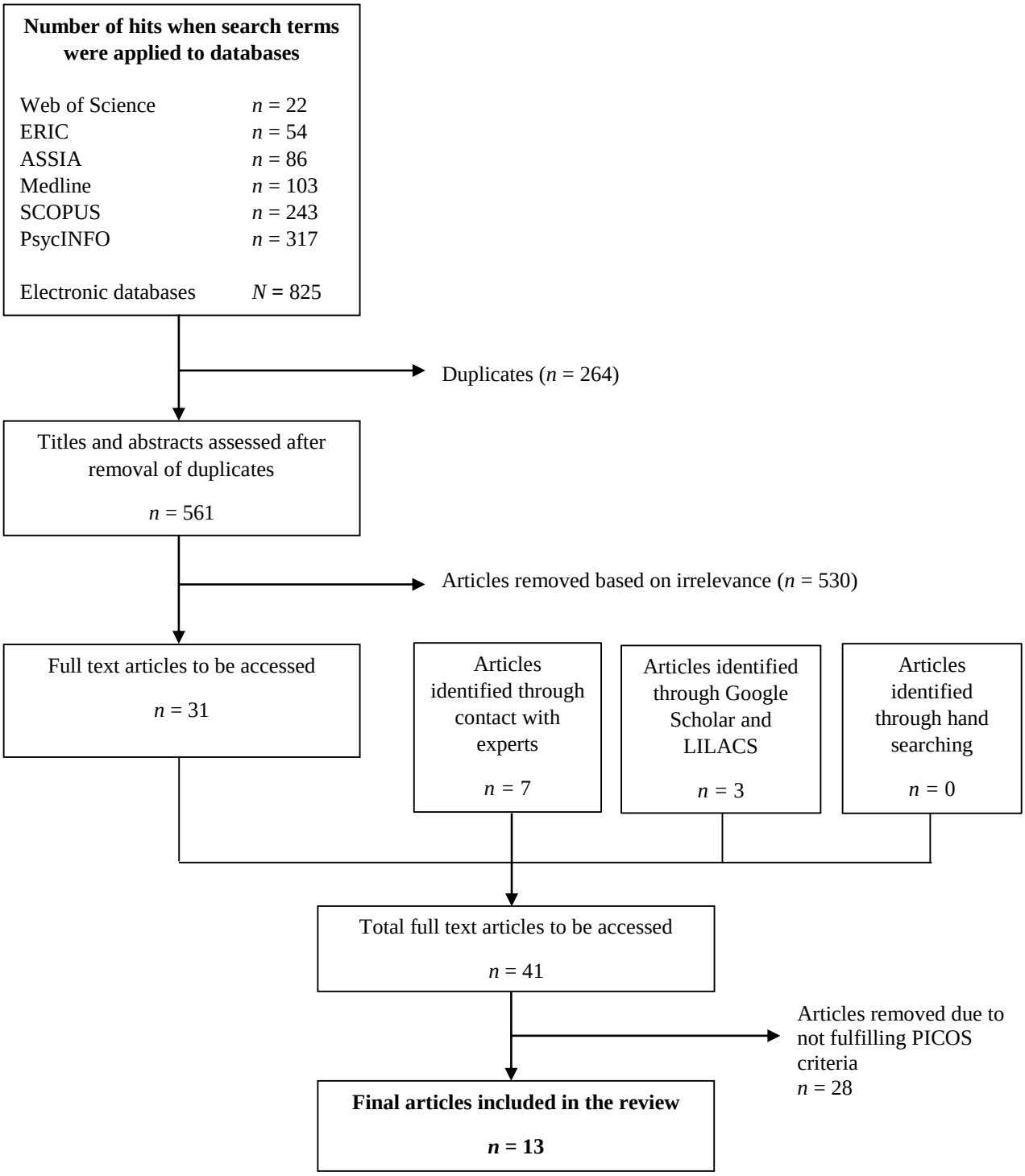

Figure 1. Flow chart showing selection of studies for inclusion in the review.

Quality Assessment

Assessment of quality examines the measures that are taken to reduce biases in the research, and provides an indication of the strength of the evidence of the studies included in the review (CRD, 2009). The quality of the 13 primary studies for the current review was assessed using a modified tool guided by the Critical Appraisal Skills Programme (2013), Effective Public Health Practice Project (2009), and CRD (2009). A sample proforma can be found in Appendix B. In the initial phase of quality assessment, studies were screened to help assessors determine whether it was worthwhile to continue assessing the study. Screening questions included, if there was a clear description of RMA and if an RMA measure was used. All studies met the screening criteria. A further 10 detailed questions addressing common methodological issues in research (i.e., selection bias, measurement bias, confounders, analysis, and outcomes) were applied to the remaining 13 studies.

Each item was appraised against a scoring system informed by CRD (2009) guidelines. If the criterion was fully met, a score of '2' was allocated, where it was only partially met a score of '1' was applied, and if the criterion was not met at all, a score of '0' was given. In instances where the assessor was unclear if the criterion had been met or not, the item was scored as 'unsure'. For each domain [selection bias (out of 6), measurement bias (out of 6), confounders (out of 2), analysis (out of 2), and outcomes (out of 4)], a score was calculated based on the respective items. A summative score (out of 20) for each study was subsequently calculated by adding the scores of each domain. The use of summative scores to differentiate between high and low quality studies has been criticised (CRD, 2009), and therefore, these were interpreted carefully in combination with individual domain scores. For instance, the domains of 'selection' and

‘measurement’ bias were assigned heavier weightings than the other three domains; the selection and recruitment of participants in an acceptable manner and the ability to generalise to the target population gives credence to a study’s overall reliability. Likewise, having a clear definition of rape myths and the use of an acceptable RMA measure (i.e., ‘measurement’ bias) ensured the study’s validity. As a result, selection and measurement bias ratings had greater influence on the overall review of quality.

Overall, the combination of scores provided both the assigned weightings of bias, and an overall assessment of the quality of the included studies (see Table 2). Despite two studies scoring lower on quality assessment (10 out of 20), they still fell in the ‘moderate’ range and were included in the review as they contributed to the gap in the evidence base among non-western countries.

Inter-rater agreement. To ensure that there was consistency in ratings, all articles were assessed by a second rater who was a medical doctor, had experience of evidence appraisal, and was not affiliated with any aspect of the studies or current review. An inter-rater reliability analysis using the Kappa Measure of Agreement was applied. As this relies on categorical data, studies’ overall scores were further categorised into ‘low’ (scores 0-9), ‘moderate’ (scores 10-15) and ‘high’ (scores 16-20), and data were analysed using SPSS (Version 21). The inter-rater reliability was found to be K = .69 ($p < .05$), which is considered to be good (Peat, 2001). Discrepancies were discussed and resolved between assessors. All articles reviewed in the quality assessment stage were included in the review.

Data Extraction

Both assessors independently performed data extraction using a predefined data extraction proforma (see Appendix C). Information extracted included: author, country of study, study design and objectives, population studied, sample characteristics, measurement of RMA used, variables explored with RMA, and the main findings of the study. The summary of quality, and strengths and limitations of the studies were also recorded.

RESULTS

A summary of the studies' characteristics, findings, strengths and limitations, and the quality assessment scores are presented in Tables 2, 3, 4 and 5. Table 5 also outlines the objectives of the included studies. As is demonstrated, these were not always consistent with the objective of the current review. For example, the main aim of 54% (n = 7) of the studies was to explore RMA and its relationship with other sociodemographic and attitudinal variables, whereas 15% (n = 2) focussed only on gender differences and RMA, and in 31% (n = 4), the relationship between RMA and its correlates was not the primary focus of the study. In this regard, the author only extracted data that were relevant to the current review.

Heterogeneity is a common issue encountered in systematic reviews of observational studies (Maguire, Hemming, Hutton, & Marson, 2008). In this review, reasons for heterogeneity included inconsistency of aims regarding the primary objectives of the studies, measures used to examine RMA, variables explored in relation to RMA, statistical analyses used, and reporting of outcomes. Consequently, there were challenges in quantitatively synthesising common themes, and conclusions were therefore drawn by adopting a narrative approach to exploring the data (CRD, 2009).

Quality Assessment of Studies

Of the 13 studies included, overall quality assessment scores ranged from 10 to 18. All studies were evaluated on the following domains: selection bias, measurement bias, control for confounders, appropriateness of statistical analyses, and reporting of outcomes. Studies which

had a minimal risk of bias scored high on these domains, and therefore were rated as overall 'good' quality. Conversely, studies with a high risk of bias, unclear analysis or poor reporting of outcomes, scored low on these domains and were correspondingly rated as 'low' quality.

Sixty nine percent (n = 9) of studies achieved a score of 16 and over, with similarity being reflected on domain scores for selection bias, measurement bias, and appropriate reporting of outcomes. Four studies achieved summative scores between 10 and 13. The individual domain scores for each study are illustrated in Table 2.

Description of Study Designs and Statistical Analyses Used

All studies were cross-sectional, thereby representing homogeneity in study design. However, there was variance in statistical analyses used. Two studies compared relationships using only mean values (Kalichman et al. 2005; Nayak, Byrne, Martin, & Abraham, 2003), while one study (Kamal, Shaikh, & Shaikh, 2010) used a Chi-square test to compare groups. The remaining ten studies used a combination of correlations, regression analyses (hierarchical or logistic), factor analysis and/or structural equation modelling to analyse and describe the relationships between the variables explored and RMA.

Descriptive Characteristics of Population

The overall size of the samples used across all studies was 5,912 (M = 454.7, SD = 356.6), with samples ranging from 46 (Oh & Neville, 2004) to 1,500 (Sierra, Santos-Iglesias, Gutierrez-Quintanilla, Bermudez, & Buela-Casal, 2010). Seven studies (Boakye, 2009; Kamal et al., 2010; Lee, Kim, & Lim, 2010; Nayak et al., 2003; Oh & Neville, 2004; Scarpati, Guerra, & Duarte,

2014; Sierra et al., 2010) reported mean ages (18.2 to 40.1 years) and the range fell between 14 and 65 years. There were no reported means for two studies (Kalichman et al., 2005; Simbayi et al., 2006), although the authors reported that 91% and 93% of participants were older than 20 years, respectively. Three studies (Rebeiz & Harb, 2010; Romero-Sanchez, Megias, & Carretero-Dios, 2013; Uji, Shono, Shikai, & Kitamura, 2007) reported mean ages but no range. One study did not provide any information on age (Costin & Kaptanoglu, 1993).

Of the total sample, 51% (n = 3,019) were male and 49% were (n = 2,893) were female. Twelve studies (Boakye, 2009; Costin & Kaptanoglu, 1993; Kalichman et al., 2005; Kamal et al., 2010; Lee et al., 2010; Nayak et al., 2003; Oh & Neville, 2004; Rebeiz & Harb, 2010; Romero-Sanchez et al., 2013; Scarpati et al., 2014; Sierra et al., 2010; Uji et al., 2007) consisted of male and female participants. However, in two of these studies (Kalichman et al., 2005; Uji et al., 2007), gender distributions were skewed toward males (76%, n = 415) and females (74%, n = 426), respectively. One study (Simbayi et al., 2006) recruited males only.

Five studies (Boakye, 2009; Oh & Neville, 2004; Rebeiz & Harb, 2010; Scarpati et al. 2014; Sierra et al., 2010) reported data on either participants' religion or frequency of religious practice. Boakye (2009) reported that the majority of the sample (96.1%) identified as either Christian (83.2%) or Muslim (12.9%), and 93.6% of the overall sample of participants considered religion to be of high importance. Overall, 56% of Oh and Neville's (2004) sample was a member of one of the following religions: Protestant (29.3%), Catholic (14.4%), Buddhist (6.3%), or other religions (1.4%). Rebeiz and Harb (2010) described their sample as comprising Christians (45%) and Muslims (45%). Approximately 53% of Scarpati et al.'s (2014) sample comprised Catholics,

with participants reporting moderate levels of religiosity (*M* = 3.09, *SD* = 1.25). Sierra et al. (2010) reported that 89% of their sample engaged in religious practice ranging from weekly to a monthly basis. None of the 13 studies reported data on ethnicity, as it was assumed that participants were ethnically homogenous.

The samples were predominantly student populations, with six studies (Kamal et al., 2010; Lee et al., 2010; Nayak et al., 2003; Rebeiz & Harb, 2010; Romero-Sanchez et al., 2013; Sierra et al, 2010) using non-specific university students only. Four studies (Boakye, 2009; Costin & Kaptanoglu, 1993; Scarpati et al., 2014; Uji et al., 2007) selected their samples according to educational background or profession, with Scarpati et al. (2014) limiting their focus to undergraduate law students only. Two studies (Kalichman et al., 2005; Simbayi et al., 2006) sampled STI clinic patients, and one study (Oh & Neville, 2004) used a general population sample.

There was variability in the location of the studies. Three studies were from Africa, of which, two (Kalichman et al., 2005; Simbayi et al., 2006) were South African and one (Boakye, 2009) was Ghanian. Three studies emerged from Latin America, specifically, Brazil (Scarpati et al., 2014); El Salvador (Sierra et al., 2010) and Colombia (Romero-Sanchez et al., 2013). Overall, there were four studies from Asia. Of these, three were from North East Asia, namely, Japan (Uji et al., 2007) and South Korea (Lee et al., 2010; Oh & Neville, 2004), and one was from South East Asia- i.e., Pakistan (Kamal et al., 2010). There were two studies from the Middle East, specifically, Lebanon (Rebeiz & Harb, 2010) and Turkey (Costin & Kaptanoglu, 1993), and one

study (Nayak et al., 2003) was a cross-national comparative study involving Japan, India and Kuwait.

Definitions of RMA

More than half of the studies (*n* = 8) defined 'rape myths' according to either Burt (1980) (Boakye, 2009; Nayak et al., 2003; Scarpati et al., 2014; Uji et al., 2007) or Lonsway and Fitzgerald (1994) (Lee et al. 2010; Kamal et al., 2010; Oh & Neville, 2004; Rebeiz & Harb, 2010). Two studies (Romero-Sanchez et al., 2013; Sierra et al., 2010) used alternative definitions by Gerger et al. (2007) and Lottes (1991), and the remaining three studies (Costin & Kaptanoglu, 1993; Kalichman et al., 2005; Simbayi et al., 2006) did not clearly define the term.

Measures Used to Assess RMA

There was variability in the RMA measures used amongst studies. Overall, the RMAS (Burt, 1980) was the most commonly used RMA measure (*n* = 5) (Kalichman et al., 2005; Nayak et al., 2003; Rebeiz & Harb, 2010; Simbayi et al., 2006; Uji et al., 2007). In all studies, the RMAS was adapted to account for cultural sensitivity and appropriateness, with reported Cronbach's alphas ranging between .70 to .84. One study (Sierra et al., 2010) used the Rape Supportive Attitudes Scale (RSAS; Lottes, 1991), with a Cronbach's alpha of .80. One study (Romero-Sanchez et al., 2013) used the AMMSA (Gerger et al., 2007). This yielded a high internal consistency score of .87. Boakye (2009) combined and adapted two widely used measures, the IRMA-SF (Payne et al., 1999) and the Attitudes toward Rape Victims Scale (ARVS; Ward, 1988), with a reported Cronbach's alpha of .85. Costin and Kaptanoglu (1993) used the Costin R-Scale (Costin, 1985), and Kamal et al. (2010) developed their own measure to assess RMA. In the latter two studies,

no information was reported on reliability scores. None of the above mentioned measures produced subscale scores.

Three studies used RMA measures which reported subscale scores. The Korean Rape Myth Acceptance Scale (KRMAS; Oh & Neville, 2004) was used in two studies (Lee et al., 2010; Oh & Neville, 2004). This scale comprises 52 items measuring four subscales: (i) *survivor* (blaming the victim for her assault, e.g., 'women should not be walking alone at night'), (ii) *perpetrator* (justification of men's sexual aggression towards women including beliefs about men's uncontrollable desire for sex), (iii) *impact* (minimisation of the impact of the rape), and (iv) *rape spontaneity* (condition in which rape occurs, e.g., dark alleys, stranger). The Cronbach's alphas were reported as .82 (Lee et al., 2010) and .64 (Oh & Neville, 2004).

One study (Scarpati et al., 2014) adapted the IRMAS (Payne et al., 1999). The original IRMAS comprises seven dimensions, however, Scarpati et al. (2014) reduced the number of items (from 42 to 34) and dimensions (from seven to four) based on translation and relevance in a Brazilian context. These four dimensions were: (i) *blaming the victim* (victims responsibility for the crime, e.g., 'when a woman is a sexual tease, eventually she is going to get into trouble), (ii*) minimising severity of rape* (rape is not important, e.g. 'a rape probably didn't happen if the woman has no bruises or marks'), (iii) *rape as an excuse* (allegations of rape are used as an excuse to justify consensual sex, e.g., 'many women find being forced to have sex very arousing'), and (iv) *male instinct* (rape is natural part of men's sexual arousal, e.g., 'rape happens when a man's sex drive gets out of control'). The Cronbach's alphas reported for each sub scale were reported as .74, .68, .71, and .64, respectively.

Relationships between Variables Explored with RMA

Demographic factors

Gender. The majority of studies (n = 12) examined the differences in RMA between genders. Of these, nine studies (Boakye, 2009; Costin & Kaptanoglu, 1993; Kamal et al., 2010; Lee et al., 2010; Oh & Neville, 2004; Rebeiz & Harb, 2010; Romero-Sanchez et al., 2013; Scarpati et al., 2014; Sierra et al., 2010) found that men had higher levels of RMA scores than women. However, only seven of these studies (Boakye, 2009; Costin & Kaptanoglu, 1993; Lee et al., 2010; Oh & Neville, 2004; Romero-Sanchez et al., 2013; Scarpati et al., 2014; Sierra et al., 2010) reported the actual mean scores for the genders, whereas the other two (Kamal et al., 2010; Rebeiz & Harb, 2010) presented this finding qualitatively. Two studies (Kalichman et al., 2005; Uji et al., 2007) found no differences between men and women. Although Nayak et al.'s (2003) cross-national study also found that males had higher RMA scores than females in Japan and India, in Kuwait, females scored higher than males (see Table 3). One study (Simbayi et al., 2006) examined males only and therefore gender differences were not applicable.

Four studies explored gender as a predictor of RMA. Rebeiz and Harb (2010) and Sierra et al. (2010) found that gender predicted higher levels of RMA, in favour of males. Sierra et al. (2010) further reported that the interaction between gender and age emerged as a significant predictor of rape supportive attitudes ($\beta = -.09$, $p < .05$): as males got older their rape supportive attitudes decreased, however, attitudes remained stable across age in females. Boakye (2009) observed similar effects, although he found that gender was significant in predicting RMA, when other factors (e.g., age, education) were taken into account the significance of this relationship decreased. Lee et al. (2010) reported that gender was a predictor of rape perpetrator myths, but

not other types of rape myths. The remaining eight studies did not consider gender as a predictor of RMA.

Age. Four studies explored the relationship between age and RMA. Boakye's (2009) results revealed a curvilinear relationship, with higher levels of RMA among the youngest age group (i.e., 14 years) which then declined to age 30; scores began to increase again at age 35 until age 50 years. Sierra et al. (2010) found that age was negatively correlated with rape supportive attitudes (r = -.09, n = 1,500, p < .01). Uji et al. (2007) found that age positively correlated with RMA (r = .182, n = 578, p <.01), although age was not a predictor of RMA in this study. These correlations may be considered 'weak' in smaller samples. By contrast, the above studies had large sample sizes (N > 100) (Pallant, 2013), yet the correlations remained small. This suggests that the magnitude of the effect sizes is small. No relationship emerged between age and RMA in the Scarpati et al. (2014) study. Age was not explored in the remainder of studies (n = 9).

Education/profession. Only three studies explored the relationship between educational background/profession and RMA. Boakye (2009) found that specialised education [i.e., psychology students (β = -.367, p <.001) and police officers (β = -.171, p < .06)] was predictive of lower levels of RMA. Costin and Kaptanogul (1993) reported that undergraduates had the highest overall means (M_{men} = 64.6, SD = 12.7; M_{women} = 57.9, SD = 10.7) when compared with other groups i.e., clerical staff (M_{men} = 60.3, SD = 14.3; M_{women} = 51.1, SD = 1.7), nurses (M_{women} = 47.2, SD = 11.3) and teachers (M_{men} = 51.5, SD = 13.8; M_{women} = 41.0, SD = 11.6). Although the authors note that there is a statistically significant difference in the mean scores between men and women in each profession, no further details were recorded regarding where

the statistical difference exists *between* groups. Uji et al. (2007) found that RMA scores were higher amongst nurses (M = 36.0, SD ± 10.8, p < .01) in comparison to other professions [i.e., health visitors (M = 27.6, SD ± 10.3), social workers (M = 26.3, SD ± 8.7), psychiatrists (M = 28.2, SD ± 6.5), psychologists (M = 22.5, SD ± 9.1), school teachers (M = 23.3, SD ± 9.5)].

Religion/religiosity. Only four studies examined the relationship between religion/religiosity and RMA. Boakye (2009) found that religion was not a predictor of RMA. Rebeiz and Harb (2010) found that religiosity (e.g., perceptions of the influence of religion on one's life, religious practice) was positively correlated r = .22, n = 300, however, it was not a predictor of RMA. Scarpati et al. (2014) found that religiosity (i.e., 'how religious are you') was only correlated with the subscale, 'blaming the victim' (r = .17, n = 281, p < .05). Sierra et al. (2010) reported that religious practice (i.e., frequency of worship) was not correlated with rape supportive beliefs. Similar to the relationship between RMA and age, these correlations are considered to be 'small' (Cohen, 1988).

Relationship status and political ideology. Sierra et al. (2010) was the only study that considered the variables, 'relationship status' and 'political ideology'. They found that participants with no stable partner (M = 45.97, SD ± 12.41, p = .04) scored higher than those with a stable partner (M = 44.52, SD ± 12.55) on the RSAS. There was a very small negative correlation between having a stable partner and rape supportive attitudes (r = -.06, n = 1500, p < .05). No relationship was found between political ideology and rape supportive attitudes.

History of sexually assaultive behaviour. Simbayi et al. (2006) reported that men who had been sexually assaultive were more likely (OR 1.1, 95% CI: 1.1-1.2, $p < .05$) to have higher levels of RMA than men who had no history of sexually assaultive behaviour. None of the other studies explored this relationship.

Attitudinal Factors

Six studies (Costin & Kaptanoglu, 1993; Lee et al., 2010; Oh & Neville, 2004; Rebeiz & Harb, 2010; Romero-Sanchez et al., 2013; Uji et al., 2007) explored the relationship between attitudinal factors and RMA. Attitudinal factors included sexism, sex-role attitudes and acceptance of violence.

Sexism. Two studies examined the relationship between sexism and RMA. Both used the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996) which comprises benevolent sexism (BS) and hostile sexism (HS) subscales. Rebeiz and Harb (2010) found that HS and BS were positively correlated with RMA ($r = .52$, $n = 300$ and $r = .30$, $n = 300$, respectively). Of the two subscales, only HS was found to be a predictor of RMA ($\beta = .10$, $p < .05$). Similarly, Romero-Sanchez et al. (2013) found positive correlations between HS ($r = .72$, $n = 311$, $p < .001$) and BS ($r = .37$, $n = 311$, $p < .001$), and RMA. They did not examine sexism as a predictor of RMA. In both studies, results indicate that there was a ‘strong’ association between HS and RMA, and a ‘moderate’ relationship between BS and RMA (Cohen, 1988).

Attitudes toward women and sex-roles. Only four studies explored the relationship between sex-roles and RMA, each using different measures. Costin and Kaptanoglu (1993) used

the Restricted Beliefs about Women's Social Roles and Rights (W-Scale: Costin, 1985) in their study to examine the relationship with RMA. The W-Scale is an adapted version of the AWS (Spence & Helmreich, 1978). The authors found that there was a strong correlation between RMA and restricted beliefs about women's social roles and rights across all groups of participants (r = .52 to .85, $p < .01$).

Oh and Neville (2004) used the Attitudes toward Sex Roles Scale Korean (ATSRS-K; Kim, 1989) which assesses the extent to which Koreans accept sex-role stereotypes. They found that the total KRMAS score (r = .65, n = 46, $p \leq .01$) and three of the subscales [i.e., survivor (r = .52, n = 46, $p \leq .01$); perpetrator (r = .54, n = 46, $p \leq .01$); impact (r = .43, n = 46, $p \leq .01$)] were positive and strongly correlated with beliefs about traditional sex roles of men and women in Korean society, as measured by the ATSRS-K. On the other hand, Uji et al. (2007) used the Scale of Egalitarian Sex Role Attitudes Short Form (SESRA-SF; Suzuki, 1994) which assesses the extent of egalitarianism in sex-role attitudes. Their exploratory factor analysis revealed that the inventory comprises two factors: *women's rights* (opposition to traditional roles of women, e.g., homemakers) and *women's independence* (women's equality to men). Results indicated that there was a strong negative correlation (r = -.55, n = 578, $p < .001$) between women's rights and RMA, suggesting that participants who were in favour of less traditional roles of women in society were less likely to endorse rape myths. On the other hand, interestingly there was a positive but small correlation between women's independence (r = .12, n = 578, $p < .05$) and RMA.

Lee et al. (2010) used the Attitudes toward Women Scale (ATWS; Spence & Helmreich, 1978) and the Sexual Double Standards Scale (SDS; Muehlenhard & Quackenbush, 1998) in their study. The ATWS assesses attitudes toward the rights and roles of women, with higher scores indicative of more traditional gender-role attitudes/ unfavourable attitudes toward women. The SDS evaluates participants' acceptance of the traditional double standard. Higher SDS scores suggest that there is a greater endorsement of the sexual double standard (i.e., men are allowed to be more sexually liberal than women) whereas lower scores reflect greater acceptance of the non-traditional sexual double standard (i.e., women are allowed more sexual freedom than men). Lee et al. (2010) found that more unfavourable attitudes towards women (ATW) was a strong predictor of rape survivor myths ($\beta = .33$, $p < .001$), rape perpetrator myths ($\beta = .25$, $p < .001$) and myths about the impact of rape ($\beta = .36$, $p < .001$). ATW was not significantly predictive of rape spontaneity myths. Greater acceptance of the SDS was a significant predictor of rape spontaneity myths ($\beta = .27$, $p < .001$).

Acceptance of violence in relationships. Oh and Neville (2004) was the only study that explored the relationship between acceptance of violence and RMA. They used the Acceptance of Violence Scale (Kim, 1989) to measure the degree to which participants endorsed men's violence toward women in intimate relationships. From their results, rape survivor myths was the only subscale that was associated with increased beliefs of acceptance of violence ($r = .43$, $n = 46$, $p \leq .01$). The strength of the association is considered to be 'moderate' (Cohen, 1988).

Attitudes toward rape victims. The relationship between attitudes toward rape victims and RMA was examined in only one study (Rebeiz & Harb, 2010), using the Attitudes toward

Rape Victims Scale (ARVS; Ward, 1988). The authors reported that negative attitudes toward rape victims was strongly correlated with RMA ($r = .82$, $n = 300$). Attitudes toward rape victims also emerged as the strongest predictor of RMA ($\beta = .75$, $p < .05$).

Table 2. *Quality Assessment Scores for Included Studies*

Authors and Year of publication	**Selection bias**	**Measurement bias**	**Adjustment for confounders**	**Appropriate analyses**	**Reporting of outcomes**	**Total quality score**
	(out of 6)	(out of 6)	(out of 2)	(out of 2)	(out of 4)	(out of 20)
Boakye (2009)	6	4	2	2	4	18
Costin & Kaptanoglu (1993)	4	3	0	2	3	12
Kalichman et al. (2005)	4	3	0	2	1	10
Kamal et al. (2010)	5	3	0	1	1	10
Lee et al. (2010)	4	6	2	2	3	17
Nayak et al. (2003)	5	6	0	2	3	16
Oh & Neville (2004)	5	5	0*	2	4	16
Rebeiz & Harb (2010)	5	5	2	2	4	18
Romero-Sanchez et al. (2013)	5	6	0*	2	3	16
Scarpati et al. (2014)	6	5	0	2	4	17
Sierra et al. (2010)	4	5	2	2	3	16
Simbayi et al. (2006)	4	4	0	2	3	13
Uji et al. (2007)	4	5	2	1	4	16

*Validation studies therefore no need for adjustment of confounders, total score out of 18.

Table 3. *Characteristics of Study Participants*

Authors and Year of publication	**Country**	**Sample size (N)**	**Type of sample**	**Gender**		**Age (years)**	
				Males *n*	Females *n*	Mean $\bar{x}$	Range
Boakye (2009)	Ghana	202	Random sample based on participants' educational/ professional background	117	85	24	14-58
Costin & Kaptanoglu (1993)	Turkey	249	Students, teachers, nurses, clerical workers	107	142	*	*
Kalichman et al. (2005)	South Africa	542	STI clinic patients	415	127	*	<20 = 49 21-25 = 163 26-35 = 276 >35 = 54
Kamal et al. (2010)	Pakistan	504	Students	247	257	$\bar{x}_{m} = 23.3$ $\bar{x}_{f} = 22.6$	20-40
Lee et al. (2010)	South Korea	327	Students	127	200	24.8	20-61
Nayak et al. (2003)	Japan India Kuwait	$N = 660$ $n_{Japan} = 235$ $n_{India} = 189$ $n_{Kuwait} = 236$	Students	$N = 315$	$N = 345$	$\bar{x}_{Japan} = 18.7$ $\bar{x}_{India} = 19.1$ $\bar{x}_{Kuwait} = 18.2$	17-24

Oh & Neville (2004)	South Korea	46	General population	27	19	38	20-65
Rebeiz & Harb (2010)	Lebanon	300	Students	128	165	20	*
Romero-Sanchez et al. (2013)	Colombia	311	Students	153	158	21	*
Scarpati et al. (2014)	Brazil	281	Law students only	119	162	23.6	20-46
Sierra et al. (2010)	El Salvador	1500	Students	700	800	$\bar{x}_m = 22.39$ $\bar{x}_f = 21.89$	18-40
Simbayi et al. (2006)	South Africa	412	STI clinic patients	412	N/A	*	<20 = 29 21-25 = 111 26-35 = 227 >35 = 45
Uji et al. (2007)	Japan	578	Human service Professionals	152	426	40.1	*

* data not reported

Table 4. *Data Extraction of Included Studies*

Authors and Year of publication	**Variables examined with RMA**	**Measures used and Reliability Coefficients (α)**		**Main Findings**	
		RMA	**Other**	**Relationship between variables and RMA**	**Variables as predictors of RMA**
Boakye (2009)	Gender, age, educational or professional background and religion.	Combined and adapted items from the IRMA-SF, and the ARVS to produce measure. (α = .85)	Demographic questionnaire	Men (*M* = 109.62, *SD* = 20.41) had higher levels of overall RMA scores than women (*M* = 102.38, *SD* = 18.93). This difference was significant with $p < .05$. There was a curvilinear relationship between age and RMA (i.e., high level of RMA in youngest age group (14 years) with a gradual decline until 30. However, it began to rise again at age 35 until age 58).	Gender was a predictor of RMA (males more likely to have higher levels of RMA than females) but this was reduced when other factors (i.e., education and religion) were considered. Specialised education [i.e., psychology students (β = -.37, $p < .001$) and police officers (β = -.17, $p < .06$)] was predictive of lower levels of RMA. Religion was not a predictor of RMA.
Costin & Kaptanoglu (1993)	Gender, occupation and social roles.	Costin's R-Scale (α = N/R)	Restrictive beliefs about women's social roles and rights (W-Scale) (α = N/R)	Mean RMA was higher in men than women across all groups. Strong correlations (r = .52 to .85, $p < .01$) emerged between RMA and restricted beliefs about women's social roles and rights. Undergraduates had the highest mean RMA scores (M_{men} = 64.6, *SD* = 12.7; M_{women} = 57.9, *SD* = 10.7)	N/A

				when compared with other groups i.e., clerical staff (M_{men} = 60.3, *SD* = 14.3; M_{women} = 51.1, *SD* = 1.7), nurses (M_{women} = 47.2, *SD* = 11.3) and teachers (M_{men} = 51.5, *SD* = 13.8, M_{women} = 41.0, *SD* = 11.6), $p < .05$.	
Kalichman et al. (2005)	Gender and gender attitudes.	Adapted items from the RMAS (α = .70)	Demographic questionnaire Adapted Attitudes toward Women Scale (AWS) (α = .63)	Men and women were found to have similar levels of RMA. Men and women endorsed gender attitudes that represented traditional, submissive and passive roles of women.	N/A
Kamal et al. (2010)	Gender	Bespoke measure α = N/R	N/A	Men had higher levels of RMA than women.	N/A
Lee et al. (2010)	Gender, attitudes toward women and sexual double standards.	KRMAS (α = .82)	Demographic questionnaire Attitude toward Women Scale (AWS) (α = .70) Sexual Double Standards Scale (α = .63)	Men (*M* = 2.39, *SD* = .31) had higher levels of overall RMA scores than women (*M* = 2.29, *SD* = .34). Rape Perpetrator myths (M_{men} = 2.22, *SD* = .52; M_{women} = 2.00, *SD* = .49) had the lowest mean scores, however, Rape Spontaneity myths had the highest mean values (M_{men} = 3.18, *SD* = .75; M_{women} = 3.07, *SD* = .66).	Gender was a predictor of Rape Perpetrator myths but not other types of rape myths. Attitudes toward women was a strong predictor of three of the four KRMAS subscales, i.e., Rape Survivor myths (β = .33, $p < .001$), Rape Perpetrator myths (β = .25, $p < .001$), and myths about the Impact of Rape (β = .36, $p < .001$).

					Sexual double standards significantly predicts Rape Spontaneity myths (β= .27, $p <$ .001).
Nayak et al. (2003)	Gender	Adapted RMAS (α = .72)	Demographic questionnaire	Overall, men had higher levels of RMA than women: India: M_{men} = 24.92, *SD* = 3.64; M_{women} = 20.73, *SD* = 3.74 Japan: M_{men} = 23.20, *SD* = 3.83; M_{women} = 21.67, *SD* = 3.43 Kuwait: M_{men} = 25.29, *SD* = 3.36; M_{women} = 25.36, *SD* = 3.12	N/A
Oh & Neville (2004)	Gender, attitudes toward sex roles and acceptance of violence.	KRMAS (α = .64)	Demographic questionnaire Acceptance of Violence Scale (AVS) (α = .71) Attitudes toward Sex Role Scale Korean (ATSRS-K) (α = .80)	Men (*M* = 2.85, *SD* = .34) had higher levels of RMA than women (*M* = 2.48, *SD* = .38). Total KRMAS significantly correlated with ATSRS-K (r = .64, $p \leq .01$). Three of the KRMAS subscales - (i.e., survivor r = .52, perpetrator r = .54, impact r = .43; $p \leq .01$) were positively related to increased beliefs in traditional sex roles (ATSRS-K). Rape survivor myths was the only subscale associated with increased	N/A

				beliefs of acceptance of violence (AVS) (r = .43, $p \leq .01$).	
Rebeiz & Harb (2010)	Gender, religion, hostile sexism (HS), benevolent sexism (BS) and attitudes toward rape victims.	Adapted RMAS (α = .84) One section of the RMA measure was omitted due to being culturally inappropriate.	Demographic questionnaire Ambivalent Sexism Inventory (ASI): HS (α = .80) BS (α = .71) Attitudes toward Rape Victims (ARVS) (α = .85) Religiosity scale (α = .93).	Men had higher levels of RMA than women. Attitudes toward rape victims was strongly correlated with RMA (r = .82) HS was positively correlated (r = .52) with RMA. BS was positively correlated (r = .30) with RMA. Religiosity was positively correlated (r = .22) with RMA.	Attitudes toward rape victims was the strongest predictor of RMA (β = .75). HS was the second strongest predictor of RMA (β = .10). Gender emerged as a predictor of RMA. Religiosity and BS were not predictors of RMA.
Romero-Sanchez et al. (2013)	Gender, HS and BS.	AMMSA (α = .87)	ASI: HS (α = .83) BS (α = .77)	Men (M = 4.6, SD = .83) had higher levels of RMA than women (M = 3.91, SD = .76, p < .05) Significant correlations between RMA and ASI, with higher correlations emerging for HS (r = .72, p < .001) than BS (r = .37, p < .001).	N/A
Scarpati et al. (2014)	Gender, age, religion	Adapted IRMAS $\alpha_{\text{blaming victim}}$ = .74 $\alpha_{\text{min. severity}}$ = .68 $\alpha_{\text{rape excuse}}$ = .71 $\alpha_{\text{male instinct}}$ = .74	Demographic questionnaire	Men had higher levels of RMA than women on three (minimising severity [(M = 1.62, SD = .59), rape as an excuse (M = 2.48, SD = .73), male instinct (M = 2.25, SD = .99)] of four subscales, p < .05.	N/A

				Religiosity was correlated with only one subscale (blaming the victim, r = .17, n = 281, p < .05) No correlation found between age and RMA.	
Sierra et al. (2010)	Gender, age, having a partner, religious practice, and political ideology.	RSAS (α =.80)	Demographic questionnaire.	Men (M = 48.54, SD = 12.68) had higher rape supportive attitudes than women (M = 42.17, SD = 11.39), p < .001. Age was negatively correlated with rape supportive attitudes (r = -.09, p = .002). Participants with no partner (M = 45.97, SD = 12.41) had higher RSAS scores compared to participants with stable partners (M = 44.52, SD = 12.55). There was a statistically significant difference, p < .05. Having a partner was correlated with RSAS scores (r = -.06, p < .05) No correlation between religion and RMA.	The interaction between gender and age was a significant predictor of rape supportive attitudes (β = -.09, p < .05).
Simbayi et al. (2006)	Self-reported history of being sexually assaultive.	Adapted RMAS (α = .70).	Demographic questionnaire.	Men who had been sexually assaultive had higher levels of RMA (OR = 1.1) than men who had no history of sexually assaultive behavior.	N/A

Uji et al. (2007)	Gender, age, profession, residential area and sex- role egalitarianism.	Adapted RMAS α = N/R Items eliminated as they were culturally irrelevant.	Demographic questionnaire Scale of Egalitarian Sex Role Attitudes (SESRA-SF) (Test re-test α = .94)	RMA scores for men (*M* = 33.1, *SD* = 10.8) and women (*M* = 33.6, *SD* = 11.3) did not differ significantly. People living in rural areas (*M* = 35.0, *SD* = 11.2) had higher levels of RMA, compared to those from urban areas (*M* = 30.7, *SD* = 10.7). RMA scores were higher among nurses (*M* = 36.0, *SD* = 10.8) compared to other professions [i.e., health visitors (*M* = 27.6, *SD* = 10.3), social workers (*M* = 26.3, *SD* = 8.7), psychiatrists (*M* = 28.2, *SD* = 6.5), psychologists (*M* = 22.5, *SD* = 9.1), school teacher (*M* = 23.3, *SD* = 9.5)]. Older age correlated with higher RMA (*r* = 0.182, p < .01). Low women's rights and high levels of women's independence were associated with high levels of RMA (as measured by the SESRA-SF).	Only profession emerged as a significant predictor of RMA scores in a regression analysis.

*Acceptance of Modern Myths about Sexual Aggression (AMMSA); Attitudes toward Rape Victims scale (ARVS); Illinois Rape Myth Acceptance Scale (IRMAS-SF); Korean Rape Myth Acceptance Scale (KRMAS); Rape Myth Acceptance Scale (RMAS); Rape Supportive Attitudes Scale (RSAS)
** N/R- data not reported

Table 5. *Strengths and Limitations of Included Studies*

Authors and Year of publication	**Title of Study**	**Study Design**	**Objectives of Study**	**Strengths of Study**	**Limitations of Study**
Boakye (2009)	Attitudes toward rape and victims of rape: A test of the feminist theory in Ghana.	Cross-sectional (observational)	To explore the usefulness of the feminist theory of rape in explaining attitudes toward rape and victims of rape in the Ghanian context. To determine the prevalence of RMA. To explore the importance of background factors to level of RMA amongst participants.	Random sampling method. Explored a range of variables associated with RMA. Although items were combined from the IRMA and the ARVS, the final measure yielded good internal consistency scores. Considered conceptual equivalence and adapted items prior to administration. Detailed reporting of outcomes with overall and subscale means. Statistical analyses (i.e., regression analyses) adjusted for known confounders (e.g., age,	Small sample size therefore results not generalisable. Non-experimental study therefore unable to control for unknown confounders. Self-report measures therefore prone to social desirability bias.

				religion, gender, education).	
Costin & Kaptanoglu (1993)	Beliefs about rape and women's social roles: A Turkish replication	Cross-sectional (observational)	To determine if RMA is correlated with restricted beliefs about women's social roles and rights.	Large sample size. Study provided information that allowed comparison among groups, gender and countries.	Did not adjust for potential confounders. Insufficient information provided about reliability coefficients for RMA measures. Limited generalisability of findings as a predominantly educated sample was used. Self-report measure therefore prone to social desirability bias.
Kalichman et al. (2005)	Gender attitudes, sexual violence, and HIV/AIDS risk among men and women in South Africa.	Cross-sectional (observational)	To examine socially constructed gender roles at the individual level among men and women receiving STI clinic services in South Africa. To examine gender attitudes and sex violence supportive beliefs among men and	Large sample size.	RMA was not clearly defined, nor was it the primary focus of the study. Skewed distribution of gender amongst participants. Overall means for the study were not reported. Participants recruited from one clinic, therefore cannot be

			women at high risk for HIV infection.		generalised to the target population. Self-report data susceptible to social desirability bias.
Kamal et al. (2010)	Comparative analysis of attitudes and perceptions about rape among male and female university students.	Cross-sectional (observational)	To assess and compare the attitudes and perceptions of male and female university students toward rape.	Large sample size and equal distribution across genders.	No information describing how items were selected to develop bespoke RMA measure, and no reliability scores reported. Convenience and non-randomised sample therefore limited generalisability. Known confounders not considered. Self-report measure, therefore prone to social desirability bias.
Lee et al. (2010)	Rape myth acceptance among Korean college students: The role of gender, attitudes toward women and sexual double standards.	Cross-sectional (observational)	To examine the factors that influence RMA amongst Korean college students.	Used a culture specific RMA tool. Large sample size.	Outcomes are not generalisable to all college students in South Korea as sample was taken from one University.

				Considered multiple variables in relation to RMA.	Sexual double standards scale had a low reliability coefficient. Self-report data susceptible to social desirability bias.
Nayak et al. (2003)	Attitudes toward violence against women: A cross-nation study.	Cross-sectional (observational)	To examine attitudes regarding violence against women from four countries.	Cross-cultural study simultaneously exploring RMA amongst three non-western countries. Large sample size with equal distribution across genders. RMA measure used was consistent across all three countries.	Some factors were not considered (e.g., influence of personal victimisation) due to being viewed as culturally insensitive or intrusive. No exploration of other variables in relation to RMA. Limited to university students therefore not generalisable to study's desired target population (i.e., general population). Self-report measure, therefore prone to social desirability bias.
Oh & Neville (2004)	Development and validation of the Korean	Cross-sectional (observational)- Validation study	To develop a culturally relevant and psychometrically sound	Equal distribution across participants' genders.	Small sample size. The internal consistency estimate for

	Rape Myth Acceptance Scale.		scale to measure RMA amongst Koreans.	Use of subscales to reflect culturally sanctioned rape myths. Specific tool developed to incorporate norms and beliefs about rape and rape victims, unique to the individual society.	one of the subscales (i.e., Rape Spontaneity myths) was low due to a limited number of items on the subscale. Self-report measure, therefore prone to social desirability bias.
Rebeiz & Harb (2010)	Perceptions of rape and attitudes toward women in a sample of Lebanese students.	Cross-sectional (observational)	To test predictors of RMA in a sample of Lebanese students. To investigate differences in rape perception when type of rape and victims characteristics are made to vary.	First study to quantitatively investigate attitudes toward rape, rape myths, and sexism in a sample from the Middle East. Explored a range of variables associated with RMA. Equal distribution across genders. Accurate and reliable measures used. Statistical analyses (i.e., regression analyses) adjusted for known	Participants recruited from a single University thereby limiting generalisability to target population. Self-report data susceptible to social desirability bias.

				confounders (e.g., age, gender).	
Romero-Sanchez et al. (2013)	Colombian version of the acceptance of modern myths about sexual aggression scale: First psychometric analysis.	Cross-sectional (observational)- Validation study	To determine the psychometric properties of the AMMSA.	Large sample size with equal distribution across genders. Good internal consistency.	Validation study therefore limited exploration of RMA and other variables. Limited to university students therefore not generalisable to study's desired target population (i.e., general population). Self-report data susceptible to social desirability bias.
Scarpati et al. (2014)	Acceptance of rape myths: Testing the structure of a short scale.	Cross-sectional (observational)	To assess the factor structure on a sample of undergraduate law students. To examine the associations with social desirability, age, religiosity, and gender differences.	Relatively equal gender distribution. Sample clearly defined, representative of target population, and detailed reporting of outcomes. Use of an RMA scale with sub-dimensions.	Self-report data susceptible to social desirability bias.
Sierra et al. (2010)	Factors associated with rape-supportive attitudes: socio-demographic variables,	Cross-sectional (observational)	To determine the influence of socio-demographic variables and estimate the impact	Very large sample size. Equal distribution across genders.	Limited to university students therefore not generalisable to study's desired target

	aggressive personality, and sexist attitudes.		of additional psychological factors on rape supportive beliefs	Explored multiple variables. Accurate and reliable measures used. Statistical analyses (i.e., regression analyses) adjusted for known confounders (e.g., age, gender).	population (i.e., general population). Self-report data susceptible to social desirability bias.
Simbayi et al. (2006)	HIV/AIDS risks among South African men who report sexually assaulting women.	Cross-sectional (observational)	To examine the prevalence of sexually assaultive behaviours reported by men, and the beliefs and social factors that differentiate sexually assaultive from non-assaultive men.	Staff administering questionnaires were trained to a high standard in survey procedures and research ethics. Large sample size.	RMA was not clearly defined, nor was it the primary focus of the study. Participants recruited from one clinic, therefore cannot be generalised to the target population. Self-report data susceptible to social desirability bias. An incentive was offered to participants which may have influenced their motivation to participate in the study.

					Self-report measure, therefore prone to social desirability bias.
Uji et al. (2007)	Rape Myth Scale (RMS): Factor structure and relationship with gender egalitarianism among Japanese professionals.	Cross-sectional (observational)	To eliminate from the RMS items that are inadequate to assess the RMA level in Japanese culture. To examine the influence of gender, age, type of profession and residential area in the score of RMA. To assess the contribution of attitude of egalitarianism using a structural equation model.	Considered multiple variables in relation to RMA. Large sample size. Statistical analyses (i.e., regression analyses) adjusted for known confounders (e.g., age, gender).	Skewed distribution of gender and professions amongst participants. Exclusion of items from the RMS (due to poor reflection of Japanese norms) potentially reduced validity. Sample limited to human service professionals, therefore not generalisable to study's desired target population (i.e., all professionals). Self-report data susceptible to social desirability bias.

DISCUSSION

To date, there has been a considerable body of research investigating the factors which contribute to RMA, however, the large majority of these studies has been conducted using western samples. As a result, the cross-cultural applicability of these findings remain uncertain. The purpose of the current review was to examine the literature on RMA in non-western countries, but more specifically, to explore the relationships between demographic and attitudinal factors, and RMA amongst adults in these societies.

This systematic review identified a total of 13 studies based on pre-defined inclusion and exclusion criteria. All studies were observational in their design, and used a quantitative measure to assess RMA. Although in the majority of studies, relationships between variables and RMA was the primary focus, the remaining few comprised studies assessing the validity of psychometric measures and relationships not directly associated with RMA. In the latter, only data that were deemed pertinent to this review were extracted. There was heterogeneity in the variables explored amongst studies in relation to RMA, analyses used, as well as the findings.

General Findings

Demographic factors. Findings of this review indicated that men were generally more accepting of rape myths than women. Of the seven studies that found this relationship, two [Costin & Kaptanoglu, 1993; Kamal et al. (2005)] were rated as ‘moderate’ quality, however, their findings were consistent with the results of the other studies that men had higher levels of RMA than women.

These findings were not surprising as a number of studies discussed ingrained belief systems within their cultures in support of sexist ideologies, patriarchal social structures, and a power imbalance between the genders. Interestingly, the findings from Kuwait, a largely Arab and tightly gender ordered society, revealed that women had higher levels of RMA than men (Nayak et al., 2003). This may be explained by Arab women holding more restrictive views about women that justify gender inequality (Haj-Yahia, 2000), and thus, RMA reduces their personal sense of perceived vulnerability to sexual assault (Grubb & Turner, 2012; Iconis, 2008). However, there may be other reasons accounting for these differences but the lack of research examining attitudes toward rape in Arab countries renders these differences unclear (Nayak, 2001).

Despite this anomaly in Kuwait, the overall findings of the current review in regards to gender, are consistent with previous research conducted by western counterparts (Gari et al., 2009; Grubb & Turner, 2012; Sussenbach & Bohner, 2011). However, although both western and non-western societies reflect similar trends (i.e., men displaying higher RMA than women), it is likely that there would be differences in their actual RMA scores. For example, non-western societies that are heavily influenced by patriarchal structures would be expected to reflect higher levels of RMA than western countries that endorse equality for both men and women. Another possible explanation for the convergence of findings may be that although western countries like the US promote gender egalitarianism, this may not always be fully enacted throughout society where practices may sometimes reflect patriarchal origins (Nayak et al., 2003). The literature on modern sexism suggests that while people reject "old fashioned discrimination and stereotypes", they may be more averse to women who make political and economic demands, and more importantly, there is a greater social awareness to

reject blatantly prejudicial comments (Swim, Aikin, Hall, & Hunter, 1995) (hence men having higher RMA than women even in western countries). A final noteworthy point regarding gender, is that although it emerged as a predictor in some studies in the current review, when other factors were controlled for (e.g., education, age) the significance of the model reduced in other studies. This interaction calls for further investigation.

The associations encountered in this review regarding age and RMA were variable. All studies were rated as 'high' quality indicating that they had minimal sources of bias and therefore good internal validity. One study found a curvilinear relationship between age and RMA, two reported positive or negative weak correlations, while Scarpati et al. (2014) did not find a correlation between the variables. Negative correlations could be explained by the findings that older participants are less likely to express more rape accepting attitudes compared to younger participants (Anderson et al., 1997). Additionally, these studies incorporated college/educated participants and it is likely that with increased age and education, the acceptance of rape myths will be lower, even after the effect of education had been accounted for. Conversely, positive correlations could reflect a generational effect (Sussenbach & Bohner, 2011), with older individuals having more entrenched, conservative views about issues such as rape, and the social roles of men and women. Furthermore, Nagel et al. (2005) reported that younger age groups are more likely to have lower levels of RMA due to greater societal awareness of violence against women.

The findings observed in the current review echo those found in western studies, as there is also a lack of consensus with respect to the association between age and RMA (Anderson et al., 1997; Lonsway & Fitzgerald, 1994; Nagel et al., 2005; Suarez & Gadalla, 2010;

Sussenbach & Bohner, 2011). It therefore appears that this relationship is complex, as chronological age alone is unlikely to be correlated with RMA (Lonsway & Fitzgerald, 1994). This may call for future research to examine other covariates, and the use of adolescent samples as Boakye (2009) demonstrated that this age group had considerably higher levels of RMA. The latter, will be of benefit since it will not be limited to university student samples, where the effect of education may be more pronounced. These may enable more conclusive judgements to be made.

The relationship between education/profession and RMA was also mixed. Studies reported that specialised education and type of profession were associated with differing levels of RMA. For example, Boakye (2009) found that psychology students and police officers (versus high school students and street hawkers), possibly as a result of their specialised training, rendered them more sensitive to victims and therefore less likely to endorse rape myths. By contrast, Uji et al. (2007) revealed that mental health nurses had higher levels of RMA compared to other professions (e.g., doctors, social workers). One explanation they offered was that the rural and isolated location of the psychiatric hospitals in Japan resulted in staff having more 'traditional' attitudes. Costin and Kaptanoglu (1993) showed that undergraduate students had higher levels of RMA in comparison to nurses, teachers and clerical workers, further highlighting the discrepancies in the non-western research.

Interestingly, Suarez and Gadalla (2010) found that higher levels of education were associated with lower levels of RMA in western samples. The inconsistencies in the research, as with age and RMA, make it difficult to reconcile the findings and to draw any firm conclusions about whether it is the level of education, type of education (i.e., specialised training), or other

possible interactional effects that are influencing the association between education and RMA (Lonsway & Fitzgerald, 1994). It is also important to highlight that only three non-western studies in the current review examined this relationship, two of which were rated as 'high' quality and the third study (Costin & Kaptanoglu, 1993) being of 'moderate' quality. This suggests that overall, the results of the relationship between education and RMA need to be interpreted with caution, first, due to the paucity of studies exploring the relationship but also given that only two of the three studies were accorded greater weightings. In this regard, ongoing research is warranted.

There have been contradictory findings in the western research concerning religion/religiosity and RMA. For example, Nagel et al. (2005) revealed that 'type of religion' (e.g., Catholic, Protestant) was not associated with RMA, whereas Sheldon and Parent (2012) found a positive association between more religiously fundamental attitudes and RMA (although their sample consisted of clergymen). In another vein, Suarez and Gadalla (2010) indicated that religiosity was not significantly associated with RMA. Likewise, despite the 'high' quality of studies included in the current review, similar discrepancies in the relationship between religion/religiosity and RMA were also observed, with no consensus found amongst studies: one study found a positive relationship, another showed no relationship and in the last study, RMA was correlated with only one of the subscales. Furthermore, the associations found were considered to be 'weak'.

There may be a number of factors that offer an explanation for these mixed results. For example, preliminary hypotheses suggest that interpretation and translation of religious texts can appear to endorse marital rape and subjugation of women [e.g., "The wife does not have

authority over her own body, but the husband does" (1 Corinthians 7:4); "For man did not come from woman, but woman from man; neither was man created for woman, but woman for man" (1 Corinthians 11: 2-10)], and even the patriarchal structure of some religions may lead to the acceptance of rape supportive beliefs (Edwards et al., 2011). Freymer (1997) also indicated that highly religious men are unlikely to consider the context in which rape occurs, and as a result, are more inclined to make indiscriminate judgements about the victim, although not condoning the act of rape itself. On the other hand, religiosity is multifaceted (Jankowski et al., 2011) and difficult to operationalise, which makes the comparison of findings challenging. Hence, while some researchers explore religion/religiosity in terms of religious denomination or frequency of worship, others conceptualise it according to religious commitment or self-ascribed importance of religion. The variability in results calls for further empirical validation.

Attitudinal factors. There is considerable empirical evidence from western studies (e.g., Chapleau et al., 2007; Douglass, 2002; Loh, Gidycz, Lobo, & Luthra. 2005) indicating a positive association between RMA and attitudes that encourage a climate of hostility towards women (e.g., sexism, violence against women, hypermasculinity, stereotypes about traditional sex roles). To further substantiate this, Suarez and Gadalla (2010) reported large overall effect sizes in a positive direction for "oppressive and adversarial attitudes toward women" (p. 2020).

In the current review, four attitudinal factors were explored- sexism, attitudes toward women and sex roles, acceptance of violence, and attitudes toward rape victims. The findings in general bore similarity to those of western studies. 'Moderate' positive associations were

found between RMA and the variables: acceptance of violence in relationships (in particular myths that blamed the victim on the K-RMAS) and BS, while there were 'strong' positive associations reported between RMA and HS, traditional sex roles, and attitudes toward rape victims. Whereas all studies were 'high' in quality, one study (Costin & Kaptanoglu, 1993) exploring the relationship between RMA and women's roles was rated as 'moderate' in quality. The results of the latter study however were not anomalous.

The overall pattern of results is not surprising as these factors are related to prejudicial attitudes toward women and their roles in society. As such, if women are viewed as inferior to men, where they are perceived to 'violate' traditional social norms, it is unsurprising that they would be blamed for placing themselves in more vulnerable positions to be raped, while conversely absolving men of any responsibility.

Strengths and Limitations of the Review

There were a number of strengths and limitations identified with the current review which are considered here. First, a range of methods were used to ensure that the search was comprehensive. For example, although no dissertations or unpublished work constituted the primary studies included in the review, there were no restrictions imposed against these during the database searches. Additionally, experts were contacted for grey literature, non-English studies (n = 3) were translated either by the author or using Google translate, and non-western databases (i.e., LILACS) were searched for relevant citations. To ensure that the syntax captured all relevant studies, search terms were identified by the author and refined by an information specialist at the University of Birmingham's library. The risks of publication and language biases were therefore greatly reduced through these efforts.

Another strength of the review was that the included studies represented a wide array of non-western societies (i.e., Latin America, Middle East, Africa and Asia) which captured the socio-cultural nuances unique to the individual societies. Research of this nature is supported by authors such as Nayak et al. (2003) who argue that, "the examination of sociocultural influences on attitudes must go beyond an examination of race, ethnic background, or country of origin to include interactions between factors that provide the social context that shapes individual beliefs and behaviours" (p. 341). Yet, there were a limited number of studies exploring variables other than gender that could have allowed concrete conclusions to be drawn. This potentially reduced the cross-cultural generalisability of the findings. For example, with only one study using a student sample to explore RMA in Lebanon, it would be impossible to assume that this represented the views of the general Lebanese population. On the other hand, this was advantageous as it clearly illustrated the dearth of research conducted on RMA in non-western countries and highlighted specific and promising targets for future research.

The quality assessment and data extraction were performed by two independent assessors, and there was acceptable inter-rater reliability. This was beneficial as the use of independent assessors, with respect to assessing the quality of included studies, likely minimised the risk of bias in the selection of studies (CRD, 2009). Sixty nine percent of the primary studies were rated as 'high' quality (i.e., quality rating score of 16+ out of 20). These studies had low selection and measurement bias, accounted for known confounders, the methodologies and analyses were appropriate, and the outcomes reported were transparent. The remaining four studies were rated as 'moderate' quality (i.e., quality score of 10-15), with the main reason for lower ratings being ambiguous reporting of methodology. For example, Kamal et al. (2010)

used a bespoke RMA measure, however, there were no details regarding how the measure was developed or any reporting of internal consistency. In addition, the rudimentary data analysis (i.e., reporting of means for gender only) of some studies was inadequate in providing meaningful findings for exploratory research. Despite the challenges, 'moderate' quality studies were included as they filled a gap in the current evidence base, providing some baseline information on RMA in these relatively unexplored countries. It is also worthy to note that the findings of 'moderate' quality studies did not deviate from the expected direction of relationships between RMA and the variables and thus, their findings were consistent with those reported in 'high' quality studies.

In assessing the relationship between the variables and RMA, it was positive that all studies used a quantitative measure of RMA. However, there was heterogeneity in the type of measures used amongst studies, and a considerable number of them adapted these measures (e.g., item omissions and translation) to account for cultural appropriateness and understanding. This could have affected the validity of the instruments used. Another strength of this review was the large sample size of 5,912 participants, added to which there was a fairly equal distribution with regards to gender, thereby minimising the risk of bias towards any particular gender.

One of the limitations encountered in this review was the heterogeneity of the variables explored. For example, the majority of studies focussed exclusively on the relationships between RMA and demographic and/or attitudinal variables, whereas the remainder of studies validated RMA measures or did not explore RMA as the primary focus, therefore rich data

could not be extracted from these. However, descriptive data were extracted as they contributed to the focus of this review.

Another weakness was that the majority of included studies used student samples, and although this may be related to sampling convenience, it is not representative of the general population. Additionally, one of the drawbacks of observational studies is their limited ability to control for unknown confounders, as in experimental designs. Therefore, while some studies adjusted for known confounders (e.g., gender, education), unknown factors may also play a contributory role on findings. Lastly, all studies used self-report measures which may have increased the risk of social desirability bias and under-reporting amongst participants. Notwithstanding these limitations, to the author's knowledge there is no previous systematic review examining RMA in non-western countries. As such, this review makes a novel contribution to the evidence base.

CONCLUSION

This was the first known study to explore the relationship between demographic and attitudinal factors, and RMA amongst adults in non-western countries. Of the 13 studies included in the review, there was heterogeneity in terms of primary objectives, variables investigated, measures used, and outcomes reported. Data were therefore synthesised narratively.

In regards to the demographic variables explored, men generally had higher levels of RMA than women. Although this pattern is consistent with western research, it is likely that the RMA scores may be different, particularly in countries where there is lower gender equality. Few studies explored the variables age, level/type of education or profession, and religiosity. Nevertheless, similar to western studies, there was a lack of consensus about these variables, and it is likely that the relationships are complex. In considering the relationship between RMA and attitudinal variables, consistent with western counterparts, negative attitudes toward women and their roles in society were positively correlated with RMA. Additionally, RMA measures which used sub-scales provided useful information about the relationships.

Implications for Future Research and Practice

These findings highlight a number of avenues for future research. There were limited studies exploring a wide range of demographic and attitudinal factors, and the majority of samples predominantly focussed on students which reduced their generalisability. Future research may wish to contribute to the paucity of literature on RMA in non-western countries by expanding on the gamut of socio-demographic and attitudinal variables, as well as broadening

the samples to include the general population, particularly to reflect the diverse age ranges and education levels/ professional training. With a more expansive body of findings, it is plausible that researchers may come to more definitive conclusions about the nature of these complex relationships. Further, a possible contributor to the inconsistencies between religion/religiosity and RMA in the literature, was the equivocal operational definition. There may be value in researchers moving towards a more transparent and quantifiable term in order to promote consistency and reduce confusion (Jankowski et al., 2011).

RMA measures have been heavily criticised in the past for their use of colloquialisms (e.g., "fair game" [RMAS]; "make out", "turn on" [IRMAS]) which limits their cross-cultural applicability (Payne et al., 1999; Sussenbach & Bohner, 2011). In a similar vein, Oh & Neville (2004) noted that other RMA measures that were intended for Korean society, failed to take into account unique cultural dimensions of rape myths in Korea (e.g., the chastity ideology which concerns the severe social sanctions levelled against women who lose their virginity). As a result, although the KRMAS was based on the IRMAS, Oh and Neville (2004) extracted IRMAS items which were not applicable to Koreans or items whose meanings would become irrelevant when translated from English to Korean, and constructed additional items that incorporated "culturally sanctioned" applications of rape myths in Korea. The latter were developed as subscales, and interestingly, the associations found between RMA and the attitudinal variables varied according to these subscales.

This strengthens the argument at the introduction of this thesis that individual societies have their own cultural norms and values that permeate their perceptions about sexual violence. It would therefore be of benefit if researchers moved toward the development of culture-specific

RMA measures that also reflect these nuances. From an intervention perspective, this may enable practitioners to target specific inaccurate cultural beliefs that perpetuate a rape supportive climate. Furthermore, a robust evidence base will provide the platform on which successful awareness programmes could be designed to reduce the incidence of secondary victimisation experienced within the wider systems (this however, will be explored in greater detail in the next chapter). Yet, before such measures could be constructed, preliminary work must involve qualitative research that allows for a better understanding of individual cultures.

CHAPTER 3

RAPE MYTH ACCEPTANCE IN JAMAICA: AN EMPRICAL INVESTIGATION

ABSTRACT

Aims

This study seeks to investigate the influence of demographic and attitudinal factors on the acceptance of rape myths in Jamaica, and to compare the findings with those reported in the western and non-western research.

Method

Participants comprised a convenience sample of 198 Jamaican men and women from the general population. A questionnaire was used to collect demographic data, in combination with a battery of measures to elicit participants' attitudes. Data were analysed using parametric and non-parametric statistical techniques in SPSS.

Results

Men had higher levels of RMA than women, and more educated people had lower RMA. A complex relationship emerged between age and RMA, possibly reflecting a generational effect or differences in levels of education. There was no association between religion and RMA. People who knew a rape victim were less likely to endorse rape myths.

In considering the relationship between attitudinal variables and RMA, results emerged in the expected directions. People who held fewer gender role stereotypes were less likely to subscribe to rape supportive beliefs. Men with more hostile attitudes toward women had a greater tendency to endorse rape myths; and higher levels of benevolent and hostile sexism were related to correspondingly high levels of RMA. The variables education, sex role

egalitarianism, hostile sexism, and benevolent sexism were found to be significant predictors of RMA. Unsurprisingly, hostile sexism emerged as the strongest predictor.

Conclusions

Although the findings of this study are generally consistent with the patterns reported in both western and non-western research, differences appear to be reflected in more pronounced RMA scores in societies which are more male dominated, as ranked by the Gender Inequality Index. Important implications for practice and research are discussed.

INTRODUCTION

The Jamaican Context

Jamaica is the third largest chain of four islands (Cuba, Hispaniola, Jamaica and Puerto Rico) known as the Greater Antilles, forming the northern boundary of the Caribbean Sea (Mordecai & Mordecai, 2001). The island is well-renowned for its rich cultural heritage and its global and regional promotion as the 'musical Mecca' of the Caribbean. There is, however, a dichotomy to its beauty. Over the years, Jamaica has gained notoriety for having one of the highest rates of violent crime internationally (Jamaicans for Justice, 2010). Moreover, the society is one which is underpinned by patriarchal structures (Bureau of Gender Affairs [BGA] & Gender Advisory Committee [GAC], 2011), and it is argued that these entrenched social and cultural attitudes promote a climate which encourages violence and discrimination against women (Amnesty International UK, 2006).

Understanding the Socio-Cultural Environment

Currently, there are mandates by the Government for gender equality and anti-discriminatory legislation (BGA & GAC, 2011). Despite this, however, statistics from local gender analyses reported in the National Policy for Gender Equity (NPGE), indicate that although Jamaican women constitute approximately 51% of the country's population, they continue to remain marginalised and under-represented across a number of social, cultural, economic and political domains (BGA & GAC, 2011).

Some Caribbean authors (e.g., Reddock, 2009; Roopnarine et al., 1995) argue that the key to tackling this gender imbalance rests in a re-definition of the male identity, and a

comprehensive understanding of the gendered stereotypes deeply embedded within the social fibre. This is of even greater importance as research in the Caribbean suggests that men have lower levels of education, poorer health outcomes, and increased levels of violence, crime and risk-taking (e.g., Plummer, 2013).

Caribbean masculinity. In their work, 'When Bad is Cool: Violence and Crime as Rites of Passage to Manhood', Plummer and Geofroy (2010) posit that from an early age, Caribbean boys are socialised to be 'risk takers' while girls are ascribed 'passive' roles. Although there is flexibility for children to deviate from the traditional gender norms, as the child matures and approaches the cusp of adulthood, there is greater pressure exerted by social agencies (e.g., family, peer groups, religious institutions, media) to conform to gender expectations, particularly in the case of boys who, by the age of 10 years, are well aware of the traditional masculine characteristics expected of them (Plummer & Geofroy, 2010).

In the Caribbean, a 'real man' is defined by physical strength and development, machismo, bravado, risk-taking, sexual dominance, and toughness (Plummer, 2009; 2013). A real man is one who,

> *can act as a traditional hunter and provider. He is able to access the symbols of masculinity, that is, wealth and power- money, brand name clothing, flashy cars, beautiful women. For the man who cannot access these symbols, the domination of women and issues of sex and sexuality, attain primacy in laying the foundation for the definition of his identity*. (Hope, 2006, p. 47)

It is therefore of little surprise that there are taboos governing the masculine 'code of conduct'. These forbidden behaviours involve characteristics considered to be the antithesis

of manhood. Men who deviate from the accepted hegemonic standards (i.e., socially constructed 'ideal' standards of masculinity) and display 'weak', 'effeminate' or 'soft' traits including their decisions regarding educational pursuits, are sanctioned through derision from both male and female peers, and also invite suspicions about homosexuality (Plummer, 2009; 2013).

This is a significant point to be considered in the context of Jamaica. A country which has been described, and supported by other writings (e.g., Gutzmore, 2004), as "heavily policed and tightly gender ordered" (Hope, 2006, p. 47); a place where the ultimate 'badman' represents the heterosexual ideal (West, 2010), and where homosexuals are denounced and overtly victimised through physical brutality and murder for undermining the masculine identity (Gutzmore, 2004; Hope, 2006; Plummer 2005). In 2006, international human rights groups deemed Jamaica the 'most homophobic place on earth' (Padgett, 2006). Almost a decade later, the country continues to garner attention for its antigay hate crimes and reluctance by the government to legislate gay rights (Strasser, 2014). A recent survey indicated that approximately 91% of Jamaicans believe that lawmakers should not repeal the buggery law ("UN Pressure", 2015).

Male sexuality. A critical dimension of masculinity is sexual prowess, and one of the implicit social obligations is having a number of female partners as a means of boosting the male status (Plummer, 2009). The term 'one burner' describes men who are monogamous, but is a derogatory label which raises questions about their sexual orientation (consequently, posing a threat to the male identity) (Plummer, 2013). Given the homophobic climate, suspicions of this nature force heterosexual males to take sexual risks (Plummer, 2005). This

idea is epitomised by Jamaican artiste, Potential Kidd's lyrics, "before mi tun ah batty man, mi prefer tun a raper [before I have sex with a man, I prefer to rape a woman]".

The above example is a powerful demonstration of one of the ways in which these gendered stereotypes of the 'real man' are reinforced- through the popular dancehall culture. Although influenced by earlier forms of Jamaican music (e.g., dub, ska, reggae), Hope (2006) states that,

> *the music culture labelled "dancehall" occupies a late twentieth-century cultural, political, ideological and economic space in Jamaica and has a definite point of disjuncture with preceding manifestations of popular Jamaican music culture…..dancehall culture is a space for the cultural creation and dissemination of symbols and ideologies that reflect and legitimize the lived realities of its adherents, particularly those from the inner cities of Jamaica.* (p. 27)

Cooper (2004) further adds that, "….In this dehumanizing caricature, women are represented as mindless bodies, (un)dressed and on display exclusively for male sexual pleasure. And men are stereotyped as dog-hearted predators stalking potential victims" (p. 16). Yet, while dancehall has been criticised for its glorification of sexual vulgarity, gun violence, misogyny, and homophobic lyrical content (Brown & Chevannes, 1998; Hope 2006; Plummer, 2013; Watson, 2011), it is argued that these 'gender politics' and patriarchal themes form a distinctive part of a "cultural dialogue" that taps into issues that affect the masculine and feminine identities both in dancehall and in the wider Jamaican context (Hope, 2006). In the context of female Jamaican artistes (e.g., Lady Saw, Spice) there are mixed perceptions about their portrayal of the art-form. On the one hand, some suggest that their lyrics and sexualised stage performances contribute to the notion of male supremacy and the denigration of women

(Brown & Chevannes, 1998), while others view it as a 'celebration' and liberation of female sexuality which is "misperceived as a pornographic devaluation of women" (Cooper, 2004, p. 17).

Given the above, it is of little surprise that dancehall music has been blamed as one of the major contributors of negative outcomes for youth (e.g., increasing violence and poor grades amongst boys) (Hope, 2006). Crawford (2010) lends empirical credibility to this argument. Using a qualitative and quantitative approach, her study examined the effects of dancehall music on adolescent sexual and violent behaviour in Jamaica. Results revealed a direct association between dancehall music and adolescent sexual and violent behaviour. Participants further noted that the violent and sexually explicit undertones of this genre of music empowers them to enact the messages conveyed in the lyrics, irrespective of whether they had previous exposure to sex and/or violence.

Sexual Violence in Jamaica

Extent of the problem: The complexity of crime data collection and reporting. According to police statistics, in 2013, there were 814 incidents of rape recorded (Planning Institute of Jamaica, 2013). While there was a 13-22% decline reported for murders, shootings, and child sexual abuse in 2011, rape was the only serious offence that was found to show a 6% increase (from 704 to 748) from the preceding year (Sinclair & Barrett, 2012). In spite of these figures, similar to other parts of the world, sexual violence in Jamaica is perceived to be an under-reported crime (Amnesty International, 2006).

Chapters One and Two illustrated the significant disparities that exist between official police statistics and actual occurrence of rape (i.e., by way of crime victimisation surveys), with percentages of under-reporting recorded as high as 65% in countries like the US (US Department of Justice, 2014). What is interesting about Jamaica however, is that despite a perception of under-reporting, the actual occurrence of rape reported in the Jamaican National Crime Victimisation Survey (JNCVS) (Government of Jamaica [GOJ], 2013) falls lower than the estimates officially recorded by the Jamaican Constabulary Force (JCF). For example, police statistics recorded 948 rapes in 2012 and 814 in 2013, whereas respondents in the JNCVS (GOJ, 2013) disclosed approximately 507 sexual assaults 'in the past twelve months'.

Although superficially these figures appear contrary to the perception about the rate of sexual violence in the country, this under-representation in the crime survey data likely reflects the complexities of Jamaican society which contribute to issues with data collection and reporting. For instance, the JNCVS interview protocol is structured by type of crime (proceeding in this order): 'motor vehicle theft'…..'assaults with a weapon', 'physical assaults' and 'sexual assault'. Given the structure of the JNCVS and the ambiguity of questions, there is the risk of: overlap in respondents' answers if they inaccurately classify a crime (e.g., sexual assault under the category of 'physical assault'), as well as under-reporting due to respondents not labelling their experiences as sexual assault/rape (e.g., suggested perpetrators on the questionnaire identifies 'family members, friends, acquaintances or strangers' but not intimate partners).

Discrepancies may also exist in the sampling methodology employed. Of the fourteen parishes [counties] in Jamaica, the percentage of respondents who experienced sexual assault

at some point in their lifetime ranged from 1.6 to 19.7%. However, results indicate that respondents from a conservative number of parishes ($n = 3$) experienced sexual assault in 'the last twelve months', with the remaining eleven parishes having '0%' of respondents reporting sexual victimisation. One can also speculate that the sampling frame used was not representative of victims of sexual violence in the country.

As is standard practice for crime survey data collection globally, respondents are interviewed in the household- a factor which can introduce 'errors of deception' (i.e., problems reporting embarrassing or difficult events) (Regoli & Hewitt, 2009), especially if the perpetrator resides in the home. Likewise, the collectivistic nature of Caribbean society may also render respondents suspicious/sceptical of an arbitrary stranger entering the home to enquire about personal issues of victimisation (even more so, the very private issue of sexual victimisation), as features of collectivism centre around seeking in-group support (vs. the interviewer who might be perceived as 'out-group') and social acceptance (Rhee, Uleman, & Lee, 1996).

The notion of in-group/out-group may also be particularly relevant to inner city communities where 'dons' [a leader with illegitimate power within the community, who obtains financial resources through illegal means: violence, extortion, drug trade] control the area. Although disputed by the government as contributing to the subculture of crime and violence, some perceive dons as having a positive effect as they act as the arbitrators of justice in the community and more importantly, they provide the basic necessities where politicians have failed (GOJ, 2006; JNCVS, 2013). As such, there may be an unspoken loyalty to maintain privacy on issues occurring within the community. Furthermore, the 'informer fi dead' [people who provide the police with information about criminal activity must be killed]

culture is extremely powerful in Jamaica and breeds reluctance in the population to speak out on issues of victimisation (Amnesty International, 2010; Charles, 2013; Leslie, 2012) due to fear of consequences such as violent reprisal including death, unsympathetic public attitudes (e.g., "she gave it away and is not rape she get" [the sex was consensual, she was not raped]; "ah she shove up herself on the man [she pursued the man], so I don't see anything wrong with that, she deserves what she get), and ostracism from the community (Brown, 2012; Hussey-Whyte, 2013).

Victims are also unlikely to report crimes because of a lack of confidence in the police. "Corruption, inefficient policing practices and human rights violations" (Amnesty International, 2006, p. 22) committed against members of the public, are reasons which have led to Jamaican citizens' distrust in the police's ability to protect their safety (Henry, 2012). The matter may be further complicated by recent media attention involving the JCF. According to the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA), although there are no official statistics to confirm, they note that there appears to be an increasing number of rape allegations being made against policemen as perpetrators (Barrett, 2013).

Understanding sexual violence in Jamaica: A culture of rape justification and silence? Inequality and discriminatory attitudes toward sexual violence manifest themselves in various ways. The law provides a good illustration of how rape is trivialised, and how the combined synergism of cultural norms, patriarchy and unequal gender dynamics impact on the treatment women receive under the judiciary (BGA & GAC, 2011). Marital rape, for example, is a statutory crime under the Sexual Offences Act, however, not all aspects of rape

are criminalised within the institution of marriage. Under the Jamaican law, a husband is considered to perpetrate rape if there is non-consensual sexual intercourse, or if it involves physical violence to his wife, *only* under certain circumstances. Such circumstances include if the couple is separated, if divorce proceedings are pending, if a restraint order has been imposed, or if he is aware that he suffers from a sexually transmitted infection (Wilson, 2012). This legislative framework was implemented in the year 2009. Hence, prior to its amendment, there were no statutes to protect married women from sexual violence, which also restricted police's legal authority to intervene (Amnesty International, 2006). It has further been argued that the 'exceptions' under the reform are based on and "glorify the archaic premise that a woman gives her consent to each act of sexual intercourse with her husband and that this consent is only deemed to have been revoked in very limited circumstances" (Wheatle, 2010, para. 11).

Homosexuality, as discussed previously, involves the same kind of victimisation for both men and women. The incidence of 'corrective' rape in Jamaica, perpetrated against "butch and more-masculine women", in an effort to 'fix' their sexual orientation is of growing concern (West, 2013). This represents another dimension to sexual violence. As an already heavily stigmatised group in the country, it exacerbates the problem of under-reporting, and reduces the victim's propensity to openly seek support from statutory services (West, 2013). Furthermore, it provides evidence for rape justification as people may hold views that the victim deserves to be raped because of socially constructed ideologies that homosexuality is wrong.

Findings (Amnesty International, 2006; Hutchinson et al., 2007) indicate that girls and women living in deprived communities succumb to the pressure of sexual coercion to perform sexual favours in exchange for money to provide for their family, to purchase school books, for free transportation or protection where the roads are unsafe. It is also not uncommon for this sub-group of the population to be subjected to gang violence if there is personal or family rivalry or if they are perceived to be 'informers' to the police (Amnesty International, 2010). For them, reprisal for breaking the silence instigates sexual aggression, and the consequences of sexual resistance could mean further violence to themselves or their families (Amnesty International, 2010). As noted earlier, the 'informer fi dead' culture plays a significant role in deterring victims and witnesses from reporting incidents of crime to the police.

While the above examples are characteristic of sexual violence within Jamaican culture, there are features which are similar to those reported in western countries. For instance, the criminal justice system and other social institutions (e.g., religious organisations) have been criticised for sustaining the negative attitudes toward rape victims (Amnesty International, 2006); a well-documented topic in the western research (e.g., Campbell, 2008; Patterson, Greeson, & Campbell, 2009; Sheldon &Parent, 2002; Sleath & Bull, 2012). Although the empirical research examining the myths Jamaicans hold about rape victims is non-existent, available evidence in the local news and by way of victim accounts, suggest that these unfavourable attitudes prevail in Jamaican society, and are endorsed by both men and women. The most common theme amongst these misperceptions concerns how a woman is dressed (Amnesty International, 2006; Brown 2012b), a factor noted as having significant influence on whether the victim is perceived as blameworthy (Krahe, 1991). This has led to reduced credibility of women in rape cases in court and by the police (Amnesty International, 2006;

NPGE, 2011). For example, one judge noted that the rate of conviction for rape was "woefully low", and while she acknowledged that a government minister was historically chastised for insinuating that a woman's attire may invite rape, she conceded that,

> *Any good defence attorney who wants to destroy a woman's credibility (in rape cases) tries to bring out how she was dressed. Was she dressed in a tight pants [trousers] or a tight skirt, and believe it or not, things like those affect the jury.* (Myers, 2005, para. 6)

Similarly, victims' experiences of reporting rape suggest that the police also subscribe to these myths about the 'social respectability' (factors influential on people's attribution of blame such as alcohol, victim clothing) of a rape victim, and are therefore "uninterested" in the report, because they believe that she is in part responsible for the assault (Amnesty International, 2006). Fear of not being believed is commonly cited as a reason that deters victims from reporting rape (Grubb & Turner, 2012). More importantly, attitudes that promulgate victim-blaming reduce victims' opportunities to access justice or seek redress.

Collectively, these influences highlight the various contexts in which sexual violence occurs in Jamaica, and how erroneous beliefs about rape and rape victims are sustained in society. Furthermore, it demonstrates the impact of rape myths on the reporting of sexual violence, and the sanctions imposed on rape victims by the community and other social institutions. The concept of rape myths, however, is also a critical one for investigation as these beliefs have been found to contribute to the commission of rape (Eyssel, Bohner, & Siebler, 2006). Research conducted on the relationship between RMA and rape proclivity indicates that men with higher levels of endorsement of rape myths report an increased propensity to commit rape (Chiroro et al., 2004; Hockett et al., 2009; Malamuth, 1983; Malamuth & Check, 1985).

Of greater importance, the evidence suggests that the causal pathway underpinning this relationship proceeds from RMA to rape proclivity (Bohner et al., 1998).

The Current Study

The interplay of social and cultural dynamics involved in shaping an individual's beliefs about rape and rape victims makes Jamaica a unique country to study. As discussed in the systematic review presented in Chapter Two, although existing research has led to a comprehensive understanding of the factors which influence the endorsement of rape supportive attitudes, one of the limitations of this body of work is its narrow focus on North-American and European populations (Boakye, 2009; Nayak et al., 2003). Additionally, the review identified only a few pieces of empirical research conducted in Asia (n = 5), the Middle East (n = 1), Africa (n = 3), and South America (n = 3). There were no studies found investigating RMA in the Caribbean. This provided the primary impetus for the current investigation. Additionally, the growing incidence of sexual violence in the country (Barrett, 2012) made this research a timely and important piece of work.

Aims of study. The aims of this study were to determine the demographic and attitudinal factors associated with RMA in Jamaica, and to examine whether these correlates were comparable to those identified in the western and non-western research.

Hypotheses and Research Questions

Demographic and attitudinal factors, and their relationship to RMA were examined using the following hypotheses:

- Men will have higher RMA than women.

- Higher levels of education will be associated with lower levels of RMA.
- Higher hostility toward women will be associated with higher RMA.
- Higher sex role egalitarianism will be associated with lower RMA.
- Higher hostile sexism will be associated with higher RMA.
- Higher benevolent sexism will be associated with higher RMA.

In addition, the following research questions were explored:

- What is the relationship between RMA and the variables age, frequency of religious worship, and knowing a victim of sexual assault?
- What are the best predictors of RMA amongst the independent variables?

METHOD

Ethical Approval

Approval was sought in consideration of: confidentiality and anonymity of participants' information, informed consent and voluntary withdrawal from the study, the sensitivity of the topics addressed in the questionnaires, the minimisation of psychological harm to participants and the treatment and disposal of data. To address issues of confidentiality and anonymity, it was proposed that participants would be assigned a unique identification code and therefore would not be required to provide any personal information throughout the study.

Regarding data treatment and disposal, approval was sought to store the data on a password protected computer accessible only by the researcher and academic staff of the Centre for Forensic and Criminological Psychology. Any correspondence from participants would be stored on an encrypted memory stick and used on computers that were not connected to the internet. Data retained, in accordance with the University of Birmingham's Code of Practice for Research, would be accessible for a period of ten years post-study, and disposed of thereafter, as per the University's policy on sanitising electronic data storage media. All other ethical issues are addressed in the 'Procedure' section.

Ethical approval for the research project was granted by the University of Birmingham's Science, Technology, Engineering and Mathematics Ethics Committee (ERN_13-0703). The study was also conducted in accordance with the guidelines stipulated by both the British Psychological Society's Code of Ethics and Conduct (2009) and the Code of Human Research Ethics (2010).

Participants

Participants were Jamaican nationals (*N* = 198) between the ages of 18 and 69 years, with a mean age of 34.1 years (*SD* = 12.2). The sample consisted of both males (*n* = 89) and females (*n* = 109), accounting for 44.9% and 55.1% respectively of the total sample.

Of the participants, 167 (84.3%) were Black, 13 (6.6%) were White, 2 (1%) were East Indian, 3 (1.5%) were Chinese, 5 (2.5%) were of mixed ethnicity, and 8 (4%) did not indicate their ethnicity. A substantial proportion of the sample, 153 (78.5%), indicated that they were members of a religious faith. These religious affiliations included 138 (84.1%) Christians, 25 (15.2%) Baptists, and 1 Rastafarian (0.6%). None of the participants identified as Muslim or Hindu.

The majority of participants, 118 (59.6%) had completed further education, 30 (15.2%) had completed secondary school, and 40 (20.2%) had completed primary school only. There were 10 (5.1%) participants who had not attended any formal schooling.

Procedure

Participants were recruited from the general population through two methods involving either direct approach by the researcher, or use of the snowball technique. Individuals who were interested in taking part in the study were given a questionnaire pack which contained an information sheet (see Appendix D) explaining the purpose of the research, how the information would be collected and the potential for the topic of the questionnaires to lead to distress. To minimise the risk of harm, participants were signposted to local counselling services which they could access free of charge to discuss any difficult thoughts or feelings

which may have emerged during the course of their participation. Participants were informed that the study was completely voluntary and that they could cease participation during the process of completion. Participants were also given the option to withdraw their consent by a fixed deadline after completing the survey, by contacting the researcher's supervisor either via telephone or email, and quoting their unique identification code.

Participants were required to tick an 'I agree' box indicating that they understood and accepted the terms of their participation, in order for inclusion in the study. To reduce the likelihood of social desirability, participants were informed that they were completing questionnaires regarding their general feelings about relationships between men and women. Additional support in explaining the items on the questionnaires was required by some participants and was therefore provided by the researcher.

On completion of the surveys, participants received a debriefing page (see Appendix E) which thanked them for their participation, explained the aim of the study, and provided them with details for local counselling services and contact information for the researcher should they have had an interest in receiving further information about the study. The debrief sheet also provided details on the deadline for withdrawal from the study and the process by which participants could do so post-completion.

Measures

Demographic factors. Participants were required to complete a demographic questionnaire (see Appendix F) as part of the battery of measures administered. These questions elicited information regarding: gender, age, level of education, profession, religious

orientation, frequency of religious worship [an indicator of religiosity used in other cross-cultural research e.g., Sierra et al. (2010)] and previous experience of sexual assault.

Rape myth acceptance. The Acceptance of Modern Myths about Sexual Aggression (AMMSA; Gerger, Kley, Bohner, & Siebler, 2007) (see Appendix G) is a 30 item, self-report measure aimed at subtly assessing respondents' acceptance of modern myths about sexual aggression. This instrument was chosen due to the subtlety of item content, in comparison to other RMA measures that are blatant or may have been deemed offensive to Jamaicans as rape is still considered a very private issue.

Respondents are required to indicate their level of agreement or disagreement on a 7-point Likert scale ranging from 1 (*totally disagree*) to 7 (*totally agree*). Example items include: "When it comes to sexual contacts, women expect men to take the lead", "Interpreting harmless gestures as 'sexual harassment' is a popular weapon in the battle of the sexes" and "As long as they don't go too far, suggestive remarks and allusions simply tell a woman that she is attractive". According to Gerger et al., (2007), the AMMSA has very high internal consistency (Cronbach's α between .90 and .95) and satisfactory test-retest reliability coefficients (between .67 and .88). In the current study, the Cronbach α coefficient yielded was .89, which is considered to be optimal (Pallant, 2013).

Sexism. The Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996) (see Appendix H) is a 22 item self-report measure which may be used as an overall measure of sexism, with hostile and benevolent components equally weighted or the two ASI subscales

may also be calculated separately. The ASI has been widely used in cross-cultural research on sexism, and was therefore selected as part of the battery of assessments.

Respondents are required to indicate their level of agreement or disagreement on a 6-point Likert scale ranging from 0 (*disagree strongly*) to 5 (*agree strongly*). Example items on the Hostile Sexism Scale include: "Most women interpret innocent remarks as being sexist", "Women are too easily offended" and "Once a woman gets a man to commit to her, she usually puts him on a tight leash". Example items on the Benevolent Sexism Scale include: "No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman", "Women should be cherished and protected by men" and "A good woman should be put on a pedestal by her man". Cronbach's alphas of .86 and .78 have been reported for hostile and benevolent sexism respectively (Sakalli-Urgurlu, Yalcin, & Glick, 2007). In the current study, the Cronbach alpha coefficients yielded were .75 for hostile sexism and .74 for benevolent sexism. Both alpha coefficients are considered to fall within the acceptable range of reliability (Pallant, 2013).

Hostile attitudes toward women. The Hostility toward Women Scale (HTWS; Check, 1984) (see Appendix I) is a 30 item self-report measure which evaluates a respondent's sex role stereotyping, adversarial sexual beliefs, sexually conservative attitudes and acceptance of aggression against women. Respondents indicate their level of agreement by selecting either *true* or *false* responses. Higher scores are indicative of greater hostility towards women. Example items include: "I used to think that most women told the truth but now I know otherwise", "Women irritate me a great deal more than they are aware" and "When it comes down to it, a lot of women are deceitful". The scale's test re-test reliability (*r*

= .83) and internal consistency (Kuder-Richardson formula 20 = .80) have been reported to be satisfactory (Check, 1984). In the current study, the KR-20 was .79, which is considered to be acceptable (Pallant, 2013).

Sex role egalitarianism. The abbreviated version of the Sex Role Egalitarianism Scale Form BB (SRES-BB; King & King, 1986) is a 25 item self-report tool which measures respondents' attitudes toward the equality of men and women assuming non-traditional roles. The major strengths in selecting the SRES were the emphasis on sex-role behaviours of *both* men and women (King & King, 1993), and the availability of an abridged version.

Items are scored on a 5-point Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). Higher summative scores are indicative of a greater endorsement of sex-role egalitarian attitudes. Example items include: "Home economics courses should be as acceptable for male students as for female students", "Women have as much ability as men to make major business decisions" and "Women are just as capable as men to run a business". The internal consistency reliability estimate has been reported as .94 (King & King, 1997). In the current study, the Cronbach alpha coefficient yielded was .91, which is considered to be optimal (Pallant, 2013).

Treatment of Data

Data were entered into IBM SPSS Statistics Editor Version 21 for analysis.

Scoring and Reliability

As stipulated in the manuals, negatively worded items on the SRES, ASI and HTWS were reverse scored prior to calculating the total scale score on each of the measures, and prior to reliability analyses. There were no reverse items on the AMMSA. Participants' scores for the AMMSA were computed from the mean across the 30 items. Similarly, the individual means were obtained for items on the hostile and benevolent subscales. Scores for the SRES and HTWS were calculated by summing all items on each scale, in accordance with the respective test manuals. The internal consistency for each of the measures was checked by calculating the Cronbach's alpha coefficient. All measures fell within the accepted range of reliability (reported in the 'Measures' section).

RESULTS

Data Screening and Cleaning

Pallant (2013) advises that it is important to check for errors and correct them in the data file prior to analysing the data. These steps were carried out with the data for the present study. The frequencies of each item that comprised the scales were examined to ensure that the values fell within the range of possible scores, and to determine whether there were any missing values. The variable, 'victim of sexual assault', was excluded from the analysis as the frequency output revealed that 77.8% (154) of participants had never been a victim of sexual assault, 9.6% (19) 'did not wish to say', and 1% (2) was attributed to missing cases. This accounted for 88.4% of the overall sample.

Out-of-range responses were corrected by corroborating the data with the original questionnaires. Missing data were replaced with the SPSS missing code '999'. Frequency calculations were subsequently repeated to ensure that the data set was error-free.

Evaluation of Assumptions

Preliminary analyses were performed to evaluate the assumptions of normality, linearity and homoscedasticity, for parametric tests. In large sample sizes, the visual appearance of the distribution using graphical descriptives is one of the more important methods for assessing normality (Field, 2005; Tabachnick & Fidell, 2001). As such, frequency histograms and normal probability plots were inspected and deemed to be reasonably normally distributed for all continuous variables, except benevolent sexism where slight skewness (-1.3, which is considered acceptable) was observed.

To assess linearity and homoscedasticity (homogeneity of variance), scatterplots between RMA and the variables were generated and inspected (Pallant, 2013). Homoscedasticity is a central assumption for statistics within the general linear model (e.g., t-tests, ANOVA and multiple regression) (Tabachnick & Fidell, 2001). The Levene's test was performed for the variables gender ($F = .44$, $p = .51$) and frequency of religious worship ($F = 1.00$, $p = .32$) to assess homogeneity of variance. The non-significant results indicated that the assumption was met. Pallant (2013) advises that there are additional assumptions which are associated with specific techniques. For multiple regression, this included checking the adequacy of the sample size, and assessing multicollinearity, outliers and independence of residuals. As a number of these assumptions could be checked by requesting the output as part of the analysis, they will be addressed below in the section on multiple regression.

Descriptive Statistics

Statistically significant differences at the $p < .01$ level were only observed for RMA, HS and SRES. The effect sizes for HS ($d = 1.44$) and SRES ($d = .82$) are considered large in accordance with Cohen's (1988) guidelines. The HTW measure was completed only by men and therefore there were no comparative scores for women. Results are presented in Table 6.

Data Analysis

Data analysis was completed using parametric and non-parametric statistical tests. Where test assumptions were met, the Independent Samples t-test and One-way between-groups ANOVA were used to examine differences between variables; and the Pearson's Product Moment correlation was used to explore relationships between variables. Where assumptions were violated, the Spearman's Rank Order Correlation was used to explore relationships

between variables. To avoid unnecessarily reducing sample size (e.g., listwise deletion), missing data for all analyses were treated by excluding cases pairwise, as suggested by Pallant (2013).

Table 6

Descriptive Statistics of the Scales with Means (M) and Standard Deviations (SD)

Scale	*M (SD)* Males	*M (SD)* Females	*p-value*
Rape Myth Acceptance	4.80 (.80)	4.11 (.81)	<.001
Sex Role Egalitarianism	79.96 (16.10)	92.67 (14.95)	<.001
Benevolent Sexism	3.66 (.68)	3.50 (.68)	.10
Hostile Sexism	3.16 (.57)	2.29 (.64)	<.001
Hostility toward Women	14.33 (5.63)	*	*

* Scale completed by males only
Minimum to maximum range of scores that could be achieved: AMMSA (1-7), HTW (0-30), SRES (25-125), HS/BS (0-5)

1. Difference in RMA between genders.

An Independent Samples t-test was conducted to compare the RMA (Mean AMMSA scores) for males and females. There was a significant difference in scores for males (M = 4.80, SD = .80) and females (M = 4.11, SD = .87); t (196) = 5.73, p < .001, two tailed). This suggests that males had higher levels of RMA than females. Using Cohen's d, the magnitude of the differences in the means (mean difference = .69, 95% CI: .45 to .93) was large (d = .82) (Cohen, 1988).

2. Relationship between education and RMA.

The Spearman's Rank Order Correlation is suitable for ordinal data (e.g., level of education) (Pallant, 2013). This statistical analysis was used to examine the relationship between

education and RMA. There was a negative correlation between the two variables, $r_s = -.40$, $n = 198$, $p < .01$, suggesting that higher levels of education are associated with lower RMA scores. The correlation is considered to be medium in size (Cohen, 1988).

3. Relationship between age and RMA.

The relationship between age and RMA was calculated using the Pearson's Product Moment correlation coefficient. There was no significant correlation between the two variables, $r = -.07$, $n = 198$, $p = .34$.

As no obvious linear relationship was revealed using the correlational analysis, a one-way between-groups ANOVA was used to further explore the impact of age on RMA. Participants were divided into four groups according to their age (Grp 1, $n = 101$: 18 to 30 years; Grp 2, $n = 27$: 31 to 40 years; Grp 3, $n = 50$: 41 to 50 years; Grp 4, $n = 20$; 51 to 70 years). These age bandings were collapsed according to decade to represent distinct social structures (i.e., young adults, middle-aged, older adults and the elderly) (Burt, 1991). There was a statistically significant difference at the $p < .05$ level in RMA scores for the four groups: $F(3, 194) = 7.15$, $p < .01$. Despite reaching statistical difference, the actual difference in mean scores between the groups was quite small.

To determine which of the groups were statistically different from each other, post-hoc comparisons using Hochberg's GT2 were conducted. Although equal variances are assumed $F(3, 194) = .54$, $p = .65$, Field (2005) recommends using this test in situations where sample sizes are unbalanced. Results indicated that the mean score for Gp 1: ages 18 to 30 ($M = 4.55$, $SD = .86$) was statistically different from Gp 2: ages 31 to 40 ($M = 3.70$, $SD = .98$) with a

large effect size (d = .92). Statistically significant differences were also observed between Gp 2 and Gp 3: ages 41 to 50 (M = 4.48, SD = .78); and between Gp 2 and Gp 4: 51 to 70 (M = 4.53, SD = .97) where large effect sizes were also found (d = .88; d = .85 respectively).

4. Frequency of religious worship and RMA.

The Spearman's Rank Order Correlation is suitable for ordinal data (e.g., frequency of religious worship) (Pallant, 2013). This statistical technique was therefore used to explore the relationship between frequency of religious worship and RMA. There was no significant correlation between the two variables, r_s = -.04, n = 165, p = .59.

5. Knowing a victim of sexual assault and RMA.

An Independent Samples t-test was conducted to compare RMA for participants who knew a victim of sexual assault (n = 87; 44.6%) and those who did not (n = 78; 40%). There was a significant difference in scores for participants who knew a victim (M = 4.18, SD = .92) and those who did not (M = 4.56, SD = .84); t (163) = -2.77, p < .01, two tailed). This suggests that participants who know a victim have lower levels of RMA than participants who do not know a victim of sexual assault. Using Cohen's d, the magnitude of the differences in the means (mean difference = -.38, 95% CI: -.65 to -.11) was medium (d = .44) (Cohen, 1988).

6. Relationship between hostility toward women and RMA.

The relationship between hostility towards women and RMA was investigated using the Pearson's Product Moment correlation coefficient. There was a positive correlation between the two variables, r = .43, n = 85, p < .01, with high levels of HTW associated with higher levels of RMA. The correlation is considered to be medium in size (Cohen, 1988).

7. Relationship between sex role egalitarianism and RMA.

The relationship between sex role egalitarianism and RMA was investigated using the Pearson's Product Moment correlation coefficient. There was a negative correlation between the two variables, $r = -.58$, $n = 197$, $p < .01$, suggesting that SRES is inversely related to RMA. The correlation is considered to be large in size (Cohen, 1988).

8. Relationship between benevolent sexism and RMA.

The relationship between benevolent sexism and RMA was investigated using the Spearman's Rank Order Correlation. There was a positive correlation between the two variables, $r_s = .40$, $n = 195$, $p < .01$, suggesting that high levels of BS are associated with higher levels of RMA. The correlation is considered to be medium in size (Cohen, 1988).

9. Relationship between hostile sexism and RMA.

The relationship between hostile sexism and RMA was investigated using the Pearson Product Moment correlation coefficient. There was a positive correlation between the two variables, $r = .66$, $n = 198$, $p < .01$. High levels of HS were associated with higher levels of RMA. The correlation was large in size (Cohen, 1988).

Multiple Regressions

Standard multiple regressions were performed to determine whether the independent variables (i.e., gender, education, hostility toward women, sex role egalitarianism, benevolent sexism and hostile sexism) were predictors of RMA. As the hostility toward women measure was completed only by males in the sample, two separate regressions were performed to examine the influence of the predictors. The first analysis was conducted with men and women (N =

198), excluding the predictor hostility toward women, and the second analysis was conducted on the samples of males only (*N* = 86).

10a. Influence of gender, education, sex role egalitarianism, benevolent sexism and hostile sexism on RMA (excluding hostility toward women) for the total sample.

Evaluation of Assumptions

Prior to conducting the analysis, statistical test assumptions were checked (Pallant, 2013). Multiple regression assumes a medium-size relationship between the independent variable and the dependent variable (Tabachnick & Fidell, 2001). Therefore, the variables 'age', and 'frequency of religious worship' were not included in the regression as prior correlational analyses revealed that they were uncorrelated with RMA. The adequacy of the total sample size was calculated using the formula provided by Tabachnick and Fidell (2001): $N > 50 + 8m$ (where m = number of independent variables). There were 198 participants and five independent variables. In accordance with the recommendations, the current sample size was sufficient.

Inspection of the normal probability plots and histograms revealed that there were no major deviations from normality, except benevolent sexism where slight skewness was observed. Authors such as Dancey and Reidy (2002), indicate that for large samples, the presence of slightly skewed variables is acceptable. Since the departure from normality was small (-1.3), the author progressed with the use of the multiple regression. Examination of the scatterplot is also recommended, and these should indicate a rectangular distribution of residuals with the

majority of scores concentrated in the centre (Pallant, 2013). There were no deviations from the recommended pattern.

Multivariate outliers were checked by inspecting the Mahalanobis distance to determine whether any variables exceeded the critical value (Tabachnick & Fidell, 2001). Tabachnick and Fidell (2001) provide a list of critical values for the Mahalanobis distance based on the number of independent variables included in the regression analysis. Two cases exceeded the critical value of 22.46. While it is not unusual to have outliers in a large sample, Pallant (2013) argues that it is crucial to consider their influence on the results for the regression model by appraising the value of the Cook's Distance. Cases with a value greater than 1 are a cause for concern (Pallant, 2013). The maximum value for all cases fell below 1, and therefore no cases were deleted as they were unlikely to have a major effect on the regression analysis (Field, 2005).

The data were examined to ensure that the independent variables were not strongly correlated with each other. Pallant (2013) advises evaluation of the tolerance and variance inflation factor (VIF) values for determining the presence of multicollinearity; with acceptable values of more than .10 for tolerance, or less than a value of 10 for VIF. The collinearity diagnostics revealed no violations in the multicollinearity assumption.

A standard multiple regression was subsequently performed between RMA as the dependent variable, and gender, education, sex role egalitarianism, benevolent sexism and hostile sexism as the independent variables. Table 7 displays the unstandardised regression coefficients (*B*),

the standardised regression coefficients (β), t- values (*t*), significance levels (sig.), and the semipartial correlation coefficients (sr_i^2).

Table 7

Summary of Standard Multiple Regression Analysis for Predictors of RMA (N = 198)

	B	β	*t*	sig.	sr_i^2
Gender	-.12	-.07	-1.09	.28	-.05
Education	-.18	-.20	-3.74	.00**	-.18
Sex Role Egalitarianism	-.01	-.15	-2.31	.02*	-.11
Benevolent Sexism	.38	.30	5.72	.00**	.27
Hostile Sexism	.46	.38	5.66	.00**	.27

Note $F(5, 188) = 49.37$, $p < .001$; $R^2 = .56$. *$p < .05$, **$p < .001$

The model was statistically significant $F(5, 188) = 49.37$, $p < .001$, and explained 56% (R Square) of the variance in RMA. The standardised beta values indicate that hostile sexism and benevolent sexism respectively, made the strongest contributions to explaining RMA. Based on the significance values, where $p < .05$, only four of the independent variables (i.e., education, sex role egalitarianism, and hostile and benevolent sexism) made a statistically significant unique contribution to the prediction of RMA. These results are consistent with the direction of the results found in the correlational tests which were previously conducted.

10b. Influence of predictors on RMA amongst males.

As this analysis used the same variables as the preceding regression analysis, it was appropriate to test the assumptions using the same procedure. In a similar manner, consideration was firstly given to the adequacy of the sample size. There were 89 cases and six independent variables. Using the calculation recommended by Tabachnick and Fidell

(2001), the inclusion of five independent variables, requires a minimum of 90 cases for testing individual predictors in a standard multiple regression and therefore, the sample size was considered sufficient. All other test assumptions were met.

A standard multiple regression was then performed between RMA as the dependent variable; and education, sex role egalitarianism, benevolent sexism, hostile sexism and hostility toward women (previously excluded) as the independent variables (see Table 8). Cases were split according to gender and therefore, the analysis was conducted on males only.

The model was statistically significant F (5, 79) = 15.02, $p < .001$, and explained 47% (R Square) of the variance in RMA. Based on the significance values, where $p < .05$, three of the independent variables (i.e., education, benevolent sexism and hostile sexism) made a statistically significant unique contribution to the prediction of RMA. The standardised beta values indicate that hostile sexism made the strongest contribution to explaining RMA.

Table 8

Summary of Standard Multiple Regression Analysis for Predictors of RMA (N = 89 males)

	B	β	*t*	sig.	sr_i^2
Education	-.21	-.26	-3.07	.00**	-.25
Sex Role Egalitarianism	-.01	-.13	-1.33	.12	-.18
Benevolent Sexism	.27	.23	2.70	.01*	.22
Hostile Sexism	.44	.32	3.55	.00**	.29
Hostility Toward Women	.03	.18	2.01	.05	.16

Note $F(5, 79) = 15.02$, $p < .001$; $R^2 = .47$. *$p < .05$, ** $p < .001$

DISCUSSION

The current study aimed to quantitatively investigate the demographic and attitudinal factors that were associated with RMA amongst a Jamaican sample, and to determine whether these findings were consistent with those previously reported in the literature undertaken in western and non-western populations. To the author's knowledge this is the first study of its kind in the English speaking Caribbean.

In considering gender, the results of the present study indicated that men endorsed higher levels of RMA than women. There may be a number of plausible explanations for these findings. Jamaica is considered a patriarchal society and men are socialised from an early age to exhibit hypermasculine traits associated with dominance, strength, stoicism, sexual promiscuity, and 'rough' and aggressive sex (Haynes-Robinson, 2012). A climate which inculcates a sense of power and entitlement; factors that have been linked to the perpetration of physical and sexual aggression against women (Burk, Burkhart, & Sikorski, 2004; Crawford, 2014).

If sexually aggressive scripts are perpetuated during socialisation, condoned through glorification in the media (e.g., "yuh haffi ram it hard, di cocky nuh fi light, damage it fi spite, not because mi pussy tight" [you have to push it hard, the penis is not supposed to be light, damage it on purpose, not because my vagina is tight]; "wheel [reference to a sexual position] on my penis that is longer than a candle, and hold onto your breasts like a handle"), and 'rewarded' by way of peer approval, 'gyal in a bungle' [having a lot of women], title of 'gallis' [endearing term for a player or ladies' man]- men may be unaware or unconcerned

(Kilmartin, 1994) that their sexual behaviour is perceived as forceful/unwanted (Murnen, Wright, & Kaluzny, 2002). Furthermore, they may misinterpret a woman's refusal as a sexual conquest or a form of token resistance (i.e., no means yes) (Krahe, Schneiberger-Olwin, & Kopin, 2000; Loh et al., 2005; Muehlenhard & Hollabaugh, 1988). Research indicates that men who believe that women use token resistance are more likely to endorse rape myths (Garcia, 1998). In consideration of the preceding, it would be of little surprise that men are downplaying sexual aggression as "just a little sex", which reduces their culpability.

Moreover, scantily clad women simulating vulgar sexual acts while dancing are commonplace in the media, dancehall stage performances, 'passa passa' [street parties], night clubs and Carnival celebrations. It is argued that the sexual objectification of women is consistent with the traditional feminine, subordinate role (Matschiner & Murnen, 1999), and contributes to the "societal propaganda" (Murnen et al., 2002) of the masculine ideology. In a study by Edmonds and Cahoon (1986), results revealed that women who were dressed more provocatively were considered by both men and women, to be more vulnerable to victimisation and more responsible for sexual assault, as opposed to conservatively dressed women. Accordingly, women are therefore considered to have some agency over the way they present themselves (Aubrey & Frisby, 2011) and overt displays of their sexuality are perceived as 'legitimate' sexual targets ('fair game') for sexual aggression (Matschiner & Murnen, 1999), as they have ignited men's desires (Weiss, 2009). Taken in combination, these factors may offer some explanation for the higher level of RMA displayed by men in the current study.

The pattern observed in Jamaica between men and women is consistent with previous research conducted in both western and non-western studies. As noted in Chapter Two, the main reason accounting for gender differences in RMA in non-western countries, was the influence of cultural traditions which promote male dominance and the oppression of women. When compared to western findings, it is possible that although gender equality is legally endorsed in western countries, it may not be fully practiced throughout all aspects of society (Nayak et al., 2003). Hence, evidence of such potentially emerges in more subtle forms (e.g., gender bias in the workplace through recruitment or promotion opportunities).

The consistency in patterns between gender and RMA among western and non-western countries may lead to some confusion as to whether the current study is suggesting that western societies are similarly embedded in a system of patriarchy. This, however, is not the case. In comparing previous cross-cultural studies that have also used the AMMSA, the evidence shows that, despite the resemblance in patterns, AMMSA scores are more pronounced in non-western countries that lack gender egalitarianism (see Table 9), a factor negatively correlated with RMA (Yamawaki, Derby, & Quieroz, 2007). For example, Germany, a western country, is rated high on the Gender Inequality Index (GII). The GII is a United Nations Development Programme measure which reflects the inequalities in achievement between men and women in the areas of reproductive health, empowerment and labour market. Countries like Germany and Spain that are ranked highly, therefore reflect fewer disparities between men and women and unsurprisingly, scores on the AMMSA indicate correspondingly low rates of RMA, in comparison to Jamaica and Colombia, which are ranked relatively low on the GII. Further, what is interesting to note is that, although still achieving lower scores than Jamaican men, Jamaican women *also* have high RMA scores

compared to women in other countries. Perhaps existing in a culture where sexual aggression and sexually coercive experiences appear normative (entertaining, endearing), Jamaican women find difficulty identifying and labelling such situations as rape or sexual assault as they do not fit the 'traditional' rape script of a stranger-ambush involving physical injury (Deming et al., 2013; Weiss, 2009).

Table 9

Gender Inequality Index (GII) Ratings and Mean AMMSA Scores According to Country

Author	Country	GII Ranking (of 152 countries)	*M (SD)* Males	*M (SD)* Females
Sussenbach & Bohner (2011)	Germany	3	2.25 (*)	2.26 (*)
Canto et al. (2014)	Spain	16	2.48 (.80)	2.20 (.70)
Megias et al. (2011)	Spain	16	3.32 (.88)	2.96 (.94)
Current study	Jamaica	88	4.80 (.80)	4.11 (.87)
Romero-Sanchez et al. (2013)	Colombia	92	4.60 (.83)	3.91 (.76)

Increasing gender inequality ↓

* data not reported

The evidence base concerning age and RMA, both in the western and non-western literature, has been inconsistent, and appears to be complex. While earlier studies reported positive and negative associations, others did not find any relationship. The current study found no correlation between the variables, although mean RMA scores differed according to age groups. Interestingly, the actual mean scores for the 18-30 and 40+ age groups did not differ significantly from each other, with these groups reflecting higher RMA scores than the 30-41 age group. There are a few plausible explanations for these differences:

First, in younger participants (18-30 years) higher RMA scores may be related to the adverse impact of dancehall culture on their generation (Crawford, 2010; Jackman, 2010), the target demographic for this genre of music. Consistent with social learning theory (Ellis, 1989), repeated exposure to sexually explicit content and the portrayal of women as "sexual playthings" (Walsh & Ellis, 2007), may desensitise people to the gravity of sexual violence. This can perpetuate rape myths and increase individuals' thresholds for tolerance, such that sexual aggression is viewed as innocuous (Forbes, 2010). Second, in explaining the lower mean RMA scores in people between 31 and 40 years, further analysis of the means for age, plotted against education indicated that this group was more educated. It is probable that these results reflect an interactional effect between education and age (i.e., as education levels within an age group increases RMA scores may potentially decrease), and/or a greater awareness of the strong societal pressure to endorse more socially acceptable items (Swim, Hall, Aikin, & Hunter, 1995).

Finally, generational effects offer a possible reason for higher RMA scores in both older and younger age groups. Sussenbach and Bohner (2011) report that older people are more likely to hold conservative views, which is in keeping with the findings of other western studies. By contrast, as noted previously, younger people exist in a generation where there is likely greater tolerance for sexual violence, in combination with influences such as dancehall music. Yet, Lonsway and Fitzgerald (1994) make an interesting argument that "there is no conceptual rationale for expecting that biological age alone would be directly related to RMA. Any relationship between the two is presumably due to some third variable that co-varies with age" (p. 144) (e.g., education, socio-political influences, psychological maturity) which reinforces the complexity of this relationship.

The findings of this study revealed that people who had higher educational attainment were less likely to endorse rape myths, also consistent with Suarez and Gadalla (2010) meta-analysis. Education was further found to be a predictor of RMA. Findings of the systematic review in Chapter Two indicated that, as with age and RMA, no firm conclusions can yet be drawn regarding the relationship between education and RMA in either the western or non-western literature. One observation that can account for the inconsistencies may relate to the way in which the variable 'education' is characterised. While some studies such as the current, examine the level of education attained by participants, others have investigated type of occupation. Consequently, discrepancies may be attributed to confounding factors such as professions which have direct contact with rape victims or type of training experience etc. (Lonsway & Fitzgerald, 1994). This area calls for further investigation as other unexplained covariates may be involved.

Lonsway and Fitzgerald (1994) note that exploring the relationship between knowing a sexual assault survivor and RMA is important due to the implications on the lives of these survivors. However, this has been the topic of very few researchers' investigations and there is variability in the western findings (Lonsway & Fitzgerald, 1994; Talbot, Neill, & Rankin, 2009). Results from the present study revealed that participants who knew a victim of sexual assault had lower mean RMA scores than participants who did not know a victim. One possibility suggested by Ellis, O'Sullivan, and Sowards (1992) is that men and women who are acquainted with a rape victim (e.g., close friend or family) are more inclined to reject rape myths and less likely to blame the victim, in comparison to people who are not acquainted with a victim, or have to contemplate a hypothetical rape scenario. As a result, knowing a victim but also having close relations to her, presumably encouraged more sympathetic

reactions from Jamaican participants. It would be interesting for future research to explore whether gender has an effect on this relationship.

There was no association found between frequency of religious worship and RMA in the current study, which further contributes to the discrepancies concerning this relationship reported in the western and non-western research. Explanations that may account for inconsistencies in the results include: methodological differences in measuring religion, as well as the possibility of confounding variables (e.g., between-group religious doctrines, cultural practices). However, until further investigations are carried out, no firm conclusions can be drawn.

The results on the influence of attitudinal variables emerged in the expected directions- people with more negative attitudes towards women were associated with higher levels of RMA. Hostile and benevolent sexism respectively, emerged as the strongest predictors of RMA, which is not surprising as they are related constructs. In considering the findings, these variables (i.e., hostility towards women, hostile and benevolent sexism) could be characterised as negative attitudes toward women, and can be similarly explained by the earlier discussion on Jamaica's tightly gender ordered society: One whose traditions of male misogyny remain influential on contemporary social structures, such that women (e.g., rape victims) are held responsible/ blameworthy if they appear to act outside their ascribed roles (Talbot et al., 2009). By contrast, Jamaican men and women who were more liberal in their views about gender roles (i.e., sex-role egalitarianism) displayed correspondingly lower levels of RMA. King and King (1993) describe egalitarians as being "tradition free"- therefore men or women do not discriminate against the other if one gender demonstrates non-traditional

behaviours. Thus logically, it is not surprising that egalitarians would be less inclined to endorse rape myths, as they are likely to view people as equal and having the same rights, irrespective of their gender. The overall attitudinal findings are stable across the western and non-western research.

Directions for Future Research

The novelty of this research provides the groundwork on which future researchers can continue to build. For example, although this study focussed on demographic and gender-ideological factors, Suarez and Gadalla's (2010) meta-analysis highlighted a positive relationship between RMA and a number of other variables such as victim-blaming attitudes, acceptance of interpersonal violence, adversarial sexual beliefs, rape proclivity etc. It would therefore be useful to extend the scope of the current research to explore additional predictors and their effect across the developmental lifespan, to determine their applicability to the Caribbean population. Further, unequal sample sizes may have contributed to the variability in findings for age. This should be taken into account when planning further research to ensure a more representative sample.

This study is correlational in nature, and therefore limited in its ability to make causal attributions. However, extensive discourse exists in the media on the role of socialisation and dancehall culture in perpetuating hypermasculine men and a culture where sexual aggression is tolerated. Yet, despite this, few researchers have endeavoured to empirically validate these hypotheses. Perhaps there is a need for research to *qualitatively* explore some of these ideologies within a Caribbean context. For example, how do sexual scripts emerge? What are the unspoken rules of heterosexual relationships- is rough sex acceptable? How do people

differentiate between ‘rape’ and ‘just a little sex’? How do women interpret these experiences? What is the relationship between the victim and the perpetrator? How does dancehall culture influence sexual relationships? These are some of the questions which, if answered, can provide a firmer grounding for effective intervention and policy change. Liaising with stakeholders to create opportunities for community focus groups may be one step closer to improving our understanding of the cultural complexities that contribute to sexual aggression, and the factors and circumstances which make it the ‘norm’.

It has been argued that RMA is too general a construct to measure and therefore, current rape myth instruments are likely to be measuring general attitudes toward rape, which potentially limits their ability to distinguish between different types of rape scenarios (e.g., stranger, acquaintance etc.) (Abrams et al., 2003; Harb & Reiz, 2009). This may have been pertinent to the current study. Additionally, taking into account the cultural context of Jamaica, there are other potential rape scenarios. For example, there is a hostile climate towards homosexuality and participants may have been considering ‘corrective’ rape scenarios in their responses. In addition, all aspects of marital rape are not criminalised. In line with Harb and Rebeiz’s (2009) suggestion, it may be worthwhile to develop an encompassing RMA measure which considers factors such as type of rape or characteristics of the victim, in order to yield more information on target scenarios (Abrams et al., 2003). The information from such investigations will also strengthen the focus of content for rape education programmes.

Implications for Practice and Policy

One of the major implications of this study concerns the social support provided to victims. There is a substantial body of literature (e.g., Ahrens, Campbell, Ternier-Thames, Wasco, &

Sefl, 2007; Campbell & Raja, 2005; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Starzynski & Ullman, 2014; Ullman & Townsend, 2007) indicating that rape victims continue to experience high levels of post-assault trauma through their interactions with formal and informal support providers. This experience, labelled 'secondary victimisation', may emerge through (i) victim blaming attitudes and insensitive treatment by professionals (e.g., endorsement of rape myths, disbelief by professionals), (ii) inadequate support (e.g., lack of tangible aid from medical staff about contraception or HIV/STI prophylactic drugs, cases being dismissed by legal personnel) and (iii) perceived unhelpfulness of services (e.g., more favourable treatment of cases consistent with a stereotypical rape script; intrusiveness of forensic medical examination) (Campbell et al., 2001).

Not surprisingly, secondary victimisation is associated with greater psychological symptomatology (e.g., PTSD, depression), self-blame, and maladaptive coping (Campbell, Dworkin, & Cabral, 2009; Littleton, 2010); and negative social reactions prevent victims from making further disclosures or pursuing other more positive outlets to support their recovery (Campbell et al., 2009; Starzynski & Ullman, 2014). In this regard, anecdotally, while there is evidence of secondary victimisation occurring throughout all echelons of Jamaican society (Amnesty International, 2006; Bryan, 2015; Myers, 2005; Sujanani, 2013), the current research lends empirical support for the existence of RMA in the country. These highlight important practice implications.

An ecological approach to understanding the impact of sexual assault takes into account the interaction of multiple systems in responding to victims' experiences, and how these systems contribute (positively or negatively) to their recovery (Campbell et al., 2009). At the societal

level, there is a need to raise awareness through education programmes that would debunk rape myths, and sensitise people about rape and the impact of negative attitudes on victims. To support these initiatives, Gladwell (2000) suggests that,

> *Simply by finding and reaching those few special people who hold so much social power, we can shape the course of social epidemics. In the end, Tipping Points are a reaffirmation of the potential for change and the power of intelligent action.* (p. 259)

Within Jamaica, this could mean eliciting the involvement of dancehall artistes such as Sean Paul, and sports athletes like Usain Bolt, who hold strong social influence. These efforts may stimulate a cultural shift about how rape is viewed, and possibly evoke more helpful reactions within immediate support networks. Positive social reactions are likely to mitigate the risk of poorer health and psychological outcomes for victims.

Having noted the above, at present, there are only a few non-profit organisations in Jamaica delivering public education on abuse toward women, and even fewer that narrowly focus on the treatment of perpetrators. However, due to the absence or unavailability (e.g., unpublished findings) of evaluation studies, the effectiveness of these programmes remains unclear. One strategy for increasing the success of programmes is to target "other oppressive beliefs concurrent with the acceptance of rape myths and sexism" (Suarez & Gadalla, 2010, p. 2027). Hostile and benevolent sexist attitudes emerged as significant predictors of RMA in the present research, possibly warranting inclusion in programme content. Men and people who were less educated were also more likely to endorse rape myths. Accordingly, these sub-groups could be prioritised for programme delivery. Future exploratory research may identify further groups for intervention. In addition, research could be extended to investigate whether there are discernible effects when gender is explored as a covariate.

A second related implication concerns victims' reluctance to access formal support post-assault. In a study by Ahrens et al. (2007), 78% of victims chose to make their initial disclosure to *informal* support providers, with reasons for disclosures including emotional support (38.3%), a form of catharsis (12.8%), receiving tangible aid (7.4%) and seeking justice (5.3%), reasons which contradict victims' self-reported experiences of formal service providers (Campbell et al., 2009).

In Jamaica, although there is a special unit within the Jamaica Constabulary Force which encourages victims to report sexual offences (Clarke, 1998; United Nations, 2010), investigating officers lack specialist training (Amnesty International, 2006), and victims commonly allude to the largely insensitive nature of, and their lack of confidence in the police. A search conducted on the internet was unsuccessful in identifying any extant literature outlining the type of training these police officers receive. Similarly, medical officers have also been described as lacking the requisite skills and resources to undertake thorough forensic examinations, which likely contribute to inconsistencies in the collection and analysis of forensic evidence (Amnesty International, 2006). What is more, in the absence of physical injury during examination, the victim's credibility can come into question during the legal process (Amnesty International, 2006) as the evidence falls short of that consistent with a 'typical' rape.

In this respect, at the institutional and policy level, there is scope for training professionals to enhance their knowledge and skills in dealing with victims in a respectful, empathic and supportive manner, as well as the need for co-ordinated multidisciplinary efforts to improve services offered that reduce re-traumatisation and feelings of disenfranchisement among

victims. The Sexual Assault Nurse Examiner (SANE) programme represents a positive model of forensic medical care and crisis intervention for victims of sexual assault (Campbell, Patterson, & Lichty, 2005). Existing data suggests that this 'post-assault approach' has achieved success in five domains: (i) promoting psychological recovery, (ii) provision of comprehensive and standardised medical care, (iii) consistency and accuracy in documenting forensic evidence, (iv) improving prosecution rates through expert testimony, and (v) integrating service providers to deliver more streamlined services to victims (Campbell et al., 2005). Although ongoing research is needed into its efficacy (Campbell, Bybee, Ford, & Patterson, 2008), there are a number of key learning points which can be used to guide training objectives and service delivery standards for post-rape care in Jamaica. Additionally, where victims anticipate positive social reactions they may be more likely to report the assault to the police.

Lastly, the current findings revealed a negative relationship between egalitarian views and RMA. This is supported by both western and non-western research (Oh & Neville, 2004; Uji et al., 2007) which also indicate that people who endorse less conservative views about the traditional roles of men and women in society, are less inclined to subscribe to rape supportive beliefs. The results provide evidence of the need for policymakers to implement and sustain programmes that tackle gender disparities, and work toward providing opportunities that empower women. For example, the Gender and Education Association (2013) propose a number of strategies for educational institutions that are based on "restructuring underlying systems" which contribute to inequality, and narrowly define masculinity and femininity. It is also clear that their suggestions could be adopted by other social institutions within the country. Recommendations include: challenging gender

stereotypes across the school community where discourse includes parents, staff, students, carers; developing initiatives that encourage young women to pursue higher education and career trajectories that facilitate higher earning potential; and standardised, transparent procedures for identifying and addressing sexual bullying/violence against females.

Methodological Considerations

The results of this study should be viewed in the context of its limitations. It is first important to consider the possibility of a sampling bias. Like other RMA research conducted in non-western populations, participants included in the present study were selected using a convenience sample (e.g., stopped in the street, by 'word of mouth') rather than a random sampling method. This may have sampled a specific cross section of the general population with an interest in male and female relationships. Additionally, this was a small scale study and the issue of time and funding may have limited the size of the sample as there were time constraints to collecting data overseas and financial limitations associated with purchasing psychometric measures. In consideration of the above, future studies could benefit from using larger, more representative samples.

There were challenges associated with the ambiguity and complexity of questions on the AMMSA and in some cases, additional support was required from the researcher or a Jamaican to provide an explanation of some of the questions in 'patois' [Jamaican dialect]. Payne, Lonsway and Fitzgerald (1999) cite that one of the major criticisms of rape myth measures such as the Rape Myth Acceptance Scale (Burt, 1980) and the Attitudes toward Rape Scale (Field, 1978), is their use of culturally specific colloquialisms. This was no different with the current sample where words such as 'flat' [place of residence] and 'making

out' [petting and kissing] were also difficult to interpret. Of interest, Gerger et al. (2007) expressed similar concerns with these items in their validation study of the AMMSA. The authors suggest that future research involving use of the AMMSA should consider omitting or improving the wording of the question, "Once a man and a woman have started 'making out', a woman's misgivings against sex will automatically disappear" to address the equivocality of the term 'making out' and 'misgivings'. Additionally, items such as "A lot of women strongly complain about sexual infringements for no real reason, just to appear emancipated" or "Because the fascination caused by sex is disproportionately large, our society's sensitivity to crimes in this area is disproportionate as well" may have been complex to interpret for some participants. Notably, there may have been issues regarding literacy and education levels (although the majority (75%) of participants had been educated to at least secondary school level) which contributed to these difficulties in interpretation. To account for this challenge, participants were provided with assistance from the researcher when required. It must be noted however that in spite of the above, all reliability scores fell within the acceptable range.

The overall questionnaire pack was long, comprising 115 questions in total. Participants were not offered an incentive for their participation and the process was perceived by many as lengthy and time-consuming. As a result, reader fatigue may have had an impact on participants' performance and the accuracy of their responses. Finally, in light of the sensitive nature of the topic, there may have been susceptibility to socially desirable responding, and therefore possible under-reporting. This is an inherent challenge associated with self-report data (Paunonen & LeBel, 2012). Moreover, there was an increased likelihood of socially desirable responding where participants required assistance from the researcher,

particularly in the case of male respondents as the researcher was female. Future studies may wish to include a measure such as the Paulhus Deception Scale (Paulhus, 1998) to identify the extent of participants' impression management. Although this would have been beneficial to the current study, as highlighted earlier, the questionnaire pack was already perceived as lengthy.

CONCLUSION

This study represents the first of its kind in a Jamaican context. It has informed our understanding of the demographic and attitudinal factors which appear influential on the acceptance of rape myths, and has contributed to the paucity of cross-cultural research on RMA. Sexual violence in Jamaica is multifaceted, however, deconstructing the negative stereotypes about rape and rape victims provides one step towards reducing a culture of victim-blaming, and potentially eradicating violence and discrimination against women. A number of far reaching implications have emerged from these findings. These largely focus on increasing societal awareness, training professionals, and tackling the barriers to gender inequality through research.

CHAPTER 4

THE ACCEPTANCE OF MODERN MYTHS ABOUT SEXUAL AGGRESSION: A PSYCHOMETRIC CRITIQUE

INTRODUCTION

In this chapter, the Acceptance of Modern Myths about Sexual Aggression (AMMSA; Gerger, Kley, Bohner, & Siebler, 2007) is introduced and appraised in terms of its psychometric properties. The AMMSA is an instrument designed for measuring stereotypical attitudes and beliefs about sexual aggression, and is used to assess group differences or to predict behavioural outcomes in correlational studies (G. Bohner, personal communication, January 1, 2014). This review will proceed with a discussion of some of the traditional measures of RMA, and the methodological issues which have arisen as a result in the empirical research. The background to the AMMSA will then be explored, subsequent to which a critique of the instrument will be presented.

Current Measures of RMA and Methodological Issues

One of the commonly used RMA measures both amongst western and non-western populations is the Rape Myth Acceptance Scale (RMAS; Burt, 1980). In a review of reliability reporting practices in rape myth research, of the 68 included studies, Buhi (2005) found that 57 (84%) used the 19-item RMAS and 11 (16%) used modified versions of the scale to investigate attitudes about rape or RMA. In a similar vein, Suarez and Gadalla's (2010) meta-analysis revealed that 74% (n = 27) of studies used the RMAS to investigate various correlates of RMA. Four scales have been identified by Briere, Malamuth, and Check (1985) in their factor analysis of the RMAS (i.e., *disbelief of rape claims, victim responsible for rape, rape reports as manipulation, and rape only happens to certain kinds of women*).

The Attitudes toward Rape Scale (ATR; Feild, 1978) is another well-known measure of RMA (Bohner et al., 2009; Payne, Lonsway, & Fitzgerald, 1999) consisting of 32 items. Results of Feild's (1978) factor analytic study indicated that there are eight interpretable subscales (e.g., *victim precipitation of rape, woman's responsibility in rape prevention, power as a motivation for rape, sex as a motivation for rape*), with higher scores reflecting a greater amount of the dimension. In terms of other measures of RMA, Lonsway and Fitzgerald (1994) assert that researchers have generally adapted versions of the RMAS or ATR. There are additional scales which have been designed that are distinct from the RMAS and ATR however, there is a high degree of conceptual similarity that is still retained amongst them (Lonsway & Fitzgerald, 1994).

Nonetheless, despite the wealth of empirical support for the use of RMA as a construct in understanding people's attitudes and beliefs about rape, it has been argued that there are a number of methodological flaws inherent in classic RMA measures (Gerger et al. 2007; Payne, Lonsway, & Fitzgerald, 1999). For example, measures such as the RMAS, have been heavily criticised for their ambiguity and difficult wording, length, use of cultural colloquialisms and blatant item content, all of which compromise their reliability and validity (Gerger et al., 2007; Payne et al., 1999).

The Illinois Rape Myth Acceptance Scale (IRMAS; Payne et al., 1999) was an improvement on the previously mentioned criticisms. The IRMAS is available in two versions, a 45-item scale and a 20-item short-form (IRMAS-SF; Payne et al., 1999). The long version contains seven subdomains: *she asked for it, it wasn't really rape, he didn't mean to, she wanted it, she lied, rape is a trivial event, and rape is a deviant event*. The abridged version of the IRMAS

does not contain subscales and therefore only assesses general rape myths. Suarez and Gadalla (2010) reported that 16% (n = 6) of the studies in their meta-analysis used the IRMAS.

Although the IRMAS displayed promising potential, Gerger et al. (2007) argued that particularly in student samples, scores on established RMA measures (including the IRMAS) tended to cluster toward the lower end of the scale producing skewed distributions. Where test assumptions for correlational analyses require scores to be normally distributed, skewed distributions can be problematic (Gerger et al., 2007; Pallant, 2013). Krahe (2013) notes that floor and ceiling effects are useless in helping to discern individual differences. Moreover, where scores are at the lower end of the scale, there is difficulty in establishing the efficacy of rape intervention programmes (Gerger et al., 2007). Interestingly, however, the authors noted that low means were not necessarily indicative of low RMA. They suggest that participants nowadays either have a greater awareness of more socially acceptable responses to the transparent items on traditional RMA scales, and/or the content of common rape myths have evolved over time. Taking into account these factors, the AMMSA was designed using more subtle item content. It has also demonstrated higher means and distributions which are closer to normal than previous RMA measures (Sussenbach & Bohner, 2011).

BACKGROUND TO THE AMMSA

The AMMSA is a 30 item, self-report, measure assessing respondents' acceptance of modern myths about sexual aggression. Although the scale was originally developed in German, it has since been tested and validated in English (see Gerger et al., 2007) and Spanish (see Megías, Romero-Sánchez, Durán, Moya, & Bohner, 2011; Romero-Sanchez, Megías, Carretero-Dios, & Neira, 2012), and has been used with general population and student samples.

Scale Development

The AMMSA was developed based on Swim, Aikin, Hall, and Hunter's (1995) work on modern sexism. Swim et al. (1995) suggested that nowadays, much in a similar way to racism, discriminatory attitudes toward women emerge in more subtle and covert ways, as opposed to old-fashioned sexism that appears more overtly. As a result, measuring prejudicial beliefs has become increasingly difficult due to the social pressure of not endorsing blatantly offensive comments. Guided by this assumption, Gerger et al. (2007) constructed the AMMSA with a view to designing a scale that assesses less obvious myths about rape, and less severe forms of sexual violence. Accordingly, they refined the term rape myths to mean "descriptive or prescriptive beliefs about sexual aggression (i.e., about its scope, causes, context, and consequences) that serve to deny, downplay, or justify sexually aggressive behaviour that men commit against women" (p. 425).

The validation and analysis of the evidence of the AMMSA's psychometric properties were conducted across four studies (Gerger et al., 2007). In the preliminary stages, 60 items were

generated in German for inclusion. Originally, these items reflected five content categories: *denial of the scope of the problem; antagonism toward victims' demands; lack of support for policies designed to help alleviate the effects of sexual violence; beliefs that male coercion forms a natural part of sexual relationships;* and *beliefs that exonerate male perpetrators by blaming the victim or the circumstances*. Through a process of brainstorming and discussion, redundant and irrelevant items were excluded, and the item pool was narrowed down to an intermediate pool of 43. Using item-to-total correlations, 30 items were subsequently retained for the final version of the German language AMMSA. To determine whether subscales could be created, an exploratory factor analysis was conducted. This will be discussed later in the context of construct validity.

Administration and Scoring

The process of administering and scoring the AMMSA is straightforward. Participants are asked to read items carefully and circle the item which he/she feels best represents his/her opinion. Items are scored on a 7-point Likert scale (i.e., completely disagree, disagree, disagree somewhat, neutral, agree somewhat, agree, completely agree). Administration time takes approximately 15-20 minutes. On completion, the AMMSA is scored by calculating the mean across all item scores. There are no reverse scored items. Therefore, total scores can range between 1 and 7, with higher scores reflecting higher levels of RMA.

CHARACTERISTICS OF PSYCHOLOGICAL TESTS

According to Kline (1986), "a psychological test may be described justly as a good test if it has certain characteristics. It should be at least an interval scale, be further reliable, valid and discriminating, and either have good norms or….be expertly tailored to its subjects" (p. 1). In consideration of these properties, the following aims to explore the extent to which the AMMSA adequately fulfils these criteria as a valid and reliable psychometric measure.

Type of scale

The AMMSA scales are measured at the interval level with scores for each item ranging from 1 to 7. These numbers reflect the differences between scale points which are equal at all points of the scale (Kline, 1986). Although most tests should ideally be ratio scales, Kline (1986) advises that interval scales are acceptable if statistical analyses are to be performed.

Reliability

Pallant (2013) notes that reliability is an important aspect when identifying instruments to include in a study, and is an indication of how free the measurement is from random error. In fact, it is argued that for a test to be valid, it must have good reliability (Kline, 1986). Test re-test reliability and internal consistency are two commonly used indicators of a scale's reliability (Pallant, 2013).

Test re-test reliability. Test-retest reliability concerns administering the scale to the same set of participants on two separate occasions, and calculating the correlation between the two scores. A reliability coefficient of .7 is considered acceptable (Kline, 1986). Higher

correlation coefficients suggest greater reliability (Pallant, 2013), while a test is considered to be 'unsatisfactory' below the minimum recommended value (Guilford, 1956). The AMMSA yielded satisfactory test-retest reliability coefficients ranging between .81 and .88 over a 4 to 13 week period (Gerger et al., 2007).

Internal consistency. Internal consistency represents another form of reliability, and refers to the degree to which the items comprising the scale are measuring the same construct. Cronbach's coefficient alpha (α) is the most widely reported statistic of internal consistency, and provides a calculation of the average correlation of the items comprising the scale (Pallant, 2013). Values range from 0 to 1, with higher values indicating greater reliability. The minimum recommended Cronbach's alpha is .7 (Nunnally, 1978, as cited in Pallant, 2013).

Internal consistency of the AMMSA yielded Cronbach's alpha coefficients of .95, .92, and .92 - all considered to be very high (Gerger et al., 2007). Similarly, Megías et al. (2011) report high levels of reliability ($\alpha = .91$) using a Spanish sample of university students ($N = 305$). In another cross-cultural study, Romero-Sánchez and colleagues (2013) administered the AMMSA to a sample of Colombian college students ($N = 312$). This yielded a slightly lower alpha coefficient of .87. However, while most authors are in agreement that high internal consistency is desirable, it is worth highlighting that others (e.g., Cattell & Kline, 1977) contend that high item inter-correlation reflects that only a narrow variable is being measured, and therefore although a high internal consistency is yielded, the validity will be very low (Kline, 1986). This is a point which should be taken into account in respect of the AMMSA,

as other RMA measures have been criticised in the past for their inadequacy in measuring the breadth of the construct (Lonsway & Fitzgerald, 1994).

Overall, from the available evidence, it appears that the AMMSA adequately fulfils the reliability criteria stipulated by Kline (1986) as one of the characteristics constituting a good test.

Validity

Validity is another crucial requirement of a good test, and refers to the extent to which the scale measures what it claims to measure. Test validity can be demonstrated in a number of ways.

Face validity. Face validity is concerned with whether the test appears to measure what it says it is measuring. This type of validity is subjective and does not concern true validity, however, it is useful in eliciting co-operation from participants, who are more likely to complete a test if it appears to be asking relevant questions (Kline, 1986). As noted, one of the criticisms of traditional RMA measures is their transparency and blatant wording of items (Gerger et al., 2007; Payne et al., 1999). For instance, sample items on the RMAS include: "any female can get raped", "a woman who is raped might as well relax and enjoy it", "one reason that women falsely report rape is that they frequently have a need to call attention to themselves" (Burt, 1980).

The authors of the AMMSA aimed to overcome this shortcoming by using more subtle item content in comparison to its predecessors (Gerger et al., 2007; Sussenbach & Bohner, 2011).

In this regard, the AMMSA has weaker face validity. While this may be a challenge for other tests measuring different types of constructs/traits (e.g., anger, depression), for measures like the AMMSA seeking to elicit more implicit attitudes, arguably, weak face validity is preferable, as the tests are less vulnerable to social desirability bias and demand characteristics (Howitt & Cramer, 2011; McLeod, 2013).

Concurrent validity. Another way of assessing the validity of the AMMSA is by correlating it with other established tests measuring similar constructs applied to the same group of participants at the same time (Howitt & Cramer, 2011; Kline 1986). This is known as concurrent validity. Therefore, if the AMMSA claims to measure the same construct as other existing RMA scales (which would act as a criterion), it would be expected that both scales will correlate with each other. Importantly, although Howitt and Cramer (2011) note that the higher the correlation, the greater the confidence that can be placed in the new measure, Kline (1986) advises that in cases where there are tests measuring the same variable which the new test aims to improve on, significant but modest correlations for concurrent validity are acceptable.

In Gerger et al.'s (2007) study, the AMMSA was correlated with the IRMA-SF (Payne et al., 1999) across four studies with samples ranging from 40 to 848 participants (N = 1,279). The correlations yielded were strong and positive ranging between .80 and .88. In Megías et al. (2011) study, participants completed the RMAS. Results revealed a similarly high and positively correlated (r = .57, n = 305, p < .001) pattern of scores. Romero-Sánchez et al. (2013) also compared the AMMSA with the RMAS in their study. Interestingly, they reported lower, but moderate correlations (r = .48, n = 312, p < .001). It is possible that the

lower observed correlation coefficients found in the other two studies, when compared to the findings of Gerger et al. (2007), may be as a result of the outdated items on the RMAS (Megías et al. 2011; Payne et al., 1999). By contrast, the IRMAS was designed more than a decade after its predecessor thereby likely reflecting more contemporary views about rape (Megías et al. 2011). Nevertheless, as noted earlier, when examining concurrent validity, moderate but significant correlations are ample (Kline, 1986).

Predictive validity. This type of validity refers to the test's ability to predict future events (Howitt & Crammer, 2011), by obtaining correlations between the test administered on one occasion and a later criterion (Kline, 1986). Although one of the major challenges cited with assessing predictive validity is identifying a meaningful criterion (Kline, 1986), Howitt and Crammer (2011) highlight that, "….Many psychological tests are not really intended for the prediction of future events, so their lack of validity in this respect is of no consequence. It is a bonus if a test does predict future events when it is not intended to" (p. 275).

To explore the predictive validity of the AMMSA, the authors correlated the AMMSA scores with measures of victim blame amongst male and female respondents, and in the second wave several weeks later, rape proclivity was measured using only male respondents. Regarding victim blame, all correlation coefficients were found to be significant and positive amongst both males and females who completed the English ($r_{\text{males}} = .69$, $n = 34$, $p < .01$; $r_{\text{females}} = .76$, $n = 90$, $p < .01$) and German ($r_{\text{males}} = .61$, $n = 27$, $p < .01$; $r_{\text{females}} = .43$, $n = 67$, $p < .01$) versions. As is demonstrated, the English version yielded a stronger association between the AMMSA and victim blame amongst the females on the English version, while males demonstrated similarly high correlation coefficients in both samples. Where rape proclivity

was correlated, a strong and significant correlation emerged ($r = .67$, $n = 27$, $p < .01$) for men completing the German version of the AMMSA, in comparison to the small and non-significant English version ($r = .15$, $n = 33$, $p > .05$). Gerger et al. (2007) speculate that this difference could be due to issues with conceptual equivalence (i.e., whether the construct has the same meaning across groups) (Harachi, Choi, Abbott, Catalano, & Bliesner, 2006), or as a result of chance due to the small sample size. Expanding on the latter point, Pallant (2013) notes that in a small sample, it is not uncommon to yield moderate correlations that do not reach statistical significance of $p < .05$ levels. It is useful to point out that the authors of the AMMSA have made additional suggestions for assessing predictive validity beyond their studies. For example, the utility of complementing self-report measures with real-life behaviour, through use of a computer harassment prototype (Gerger et al., 2007) or as suggested by Megías et al. (2011), self-report measures of rape proclivity.

Content validity. Content validity involves the adequacy with which a test includes all facets of the concept being measured, and is enhanced by using diverse means of eliciting potential items (e.g., research literature, established theory, etc.) (Howitt & Crammer, 2011). In their paper, Gerger et al. (2007) present a broad combination of approaches for identifying items for inclusion in the AMMSA. The scale developers allude to exploring the content of other rape myth measures in order to identify the various content categories, as well as reviewing contemporaneous literature on sexism. To complement this process, they conducted individual brainstorming sessions in order to generate a pool of 60 items for inclusion. This was subsequently followed by group discussions to determine whether the items were consistent with the concepts of myths about sexual aggression. The final 30-items

were selected according to the use of item-to-total correlations. On this basis, there appears to be good content validity.

Construct validity. Construct validity concerns testing a measure against theoretically derived hypotheses regarding all that is known about the variable, and embodies all the approaches to validity which were presented earlier (Kline, 1986; Pallant, 2013). Furthermore, it is explored by investigating its relationship with related (i.e., convergent validity), and unrelated (i.e., discriminant validity) constructs (Pallant, 2013). Thus, tests measuring the same thing should be highly correlated, whereas with unrelated constructs, there should be a weak correlation between the variables.

To measure construct validity, the AMMSA was correlated with other highly conceptually similar constructs, including hostile and benevolent sexism (HS/BS; Glicke & Fiske, 1996); and other measures eliciting rape supportive attitudes identified by Burt (1980) such as sex role stereotyping (SRS), adversarial sexual beliefs (ASB), and acceptance of interpersonal violence (AIV) (Gerger et al., 2007). Results indicated high and significant positive correlations of the AMMSA scores with constructs that were closely related (i.e., convergent validity). The correlations between rape supportive beliefs and the AMMSA emerged between .75 and .77, which are considered to be strong (Cohen, 1988). Again, strong correlations were reported between HS and the AMMSA (r = .76 to .82), and as is to be expected, slightly lower coefficients than HS were obtained between BS and the AMMA (r = .37 to .53). Notwithstanding, the strength of the correlation is still considered to be moderate in size (Cohen, 1977). A similar pattern of findings was reported in other studies between HS and BS and the AMMSA, whereby both variables showed positive correlations. For example,

Megías et al. (2011) reported correlation coefficients of $r = .71$ and $r = .58$ for HS and BS, respectively. Positive and significant correlations were also found between RMA and victim blaming, and rape proclivity (Megías et al., 2011).

To determine whether there were any distinct subdomains, Gerger et al. (2007) performed an exploratory factor analysis (EFA). This concerns another aspect of construct validity. EFA is a statistical technique used to reduce items into smaller, interpretable subscales that are relatively independent of each other, by examining inter-correlations between the variables (Pallant, 2013; Tabachnick & Fiddell, 2001). Where there is support for a factor, variables would correlate highly together for that factor, but they would not correlate with other factors. Results indicated inconsistency in factor analyses across three samples, with support for one, two and three factors. Further analyses using congruence coefficients (to determine which would yield the most similarity in patterns of the three factors), led the scale developers to conclude that the AMMSA is a unidimensional construct. Support has also been found for a single factor construct in the Colombian and Spanish versions (Megías et al., 2011; Romero-Sanchez, 2013).

In terms of discriminant validity, Gerger et al. (2007) administered an impression management scale to participants in two of the studies, wherein it was desirable that AMMSA scores were independent of social desirability bias. The authors reported uncorrelated coefficients ($r = -.06$, $r = -.03$) between the AMMSA scores and impression management, which lend support for discriminant validity.

Appropriate Norms

The final criteria of a good test is the presence of good norms (Kline, 1986) which enables the test user to meaningfully determine how a test taker performs in comparison to a subgroup of a population (Kaplan & Saccuzzo, 1989). To establish norms, the test must undergo a process of standardisation. This, in particular, highlights one of the areas that is deficient in the AMMSA. As the instrument was not designed as a diagnostic test, there are no standardised scores in which to interpret an individual's score against those of normative groups (Kline, 1986). However, despite the lack of reported norms, there continues to be emerging empirical evidence in support of its validity and reliability across western (e.g., Eyssel, Bohner, & Siebler, 2006; Sussenbach & Bohner, 2011) and non-western cultures (e.g., Romero-Sánchez et al., 2013), and genders.

Moreover, the AMMSA is a scale designed to measure attitudes and beliefs, to assess group differences or predict behavioural outcomes in correlational studies (G. Bohner, personal communication, January 1, 2014). A further interesting point put forth by Kline (1986) is that "for the use of psychological tests in the scientific study of human attributes – the psychometrics of individual differences – norms are not as useful. For this the direct, raw test-scores are satisfactory" (p. 159). It can therefore be argued that standardisation is less important for the study of RMA, where raw scores are adequate in comparing group differences, which is what the AMMSA what designed to do.

LIMITATIONS OF THE AMMSA

As was demonstrated, there is some empirical evidence to suggest that the AMMSA fulfils three of the main criteria (i.e., interval scale, valid and reliable) of a good psychological test. However, criticisms have arisen and these may be associated with the fact that the instrument is relatively new and thus, has not yet garnered as robust an evidence base in comparison to other measures, which could arguably impact on the test's overall reliability and validity.

One of the major shortcomings is the instrument's lack of generalisability. Although there are some studies which have used the AMMSA with the general population, (e.g., Gerger et al., 2007; Sussenbach & Bohner, 2011), the majority of research has been conducted with student samples. Some authors (e.g., Chapleau, Russell, & Oswald, 2008; Payne et al., 1999) contend that student populations are of particular interest due to their "susceptibility to cultural mythology regarding gender, sexuality, and violence" (Payne et al., p. 61), and given the prevalence of sexual assault on university campuses (Valenti, 2014), these findings are a significant consideration in that context. However, university students do not reflect the heterogeneous characteristics (e.g., age, education, profession) of the general population, highlighting the need for ongoing research using diverse samples. Moreover, to the author's knowledge, no research has been conducted to date on RMA amongst convicted rapists using the AMMSA. Hence, while authors such as Eyssel et al. (2006) have demonstrated that a link exists between RMA and rape proclivity, there remains question as to whether the AMMSA is a useful tool in discriminating attitudes between deviant and normative groups to inform whether the level of RMA is indeed pathological/indicative of risk.

There are also questions as to whether the AMMSA taps into the full range of distorted thinking that has been highlighted within the literature, similar to the debate over the number of distinct rape supportive beliefs that actually exist. In many ways, while there is an implicit assumption that the AMMSA assesses a variety of thinking styles or distorted attitudes, it is not explicit in terms of identifiable sub-scales. Hence, although these attitudes are conceptually distinguished in the literature, they tend to be 'massed' together within psychometric tests of this kind. In this regard, understanding whether people have different profiles in terms of thinking patterns would appear to be a logical way forward in trying to understand the aetiology and maintenance of such beliefs and attitudes. Moreover, further work may also be needed to explore the underlying dimensionality within the AMMSA, if the test is to have wider utility, and for the purposes of appropriate validation through a better understanding of its psychometric properties.

Having said this, there appear to be limited studies investigating the factor structures of rape myth measures in general (Lonsway & Fitzgerald, 1994), to determine with any certainty whether rape myths are multidimensional or otherwise. Lonsway and Fitzgerald (1994) noted in their review, that of the two studies that analysed the RMAS, unreliable factor solutions emerged, with Briere, Malamuth, and Check (1985) suggesting four factors, and Hall, Howard, and Boezio (1986) in support of three. It may be possible that rape myths have multiple facets but their high inter-relatedness makes them difficult to separate into distinct factors. Hence, as noted earlier, over time the AMMSA needs to be continually tested to determine if the purported singular construct remains stable using different statistical approaches. Furthermore, given that we might predict that different cultures may reflect

differential RMA, then it is crucial to understand in what ways cultures differ with respect to specific thinking styles.

The AMMSA has addressed some of the criticisms that have garnered researchers' attention, however one of the drawbacks associated in general with RMA measures is their inability to discriminate between different types of rape (Payne et al., 1999). Thus, where some respondents may complete the instrument in the context of acquaintance rape for instance, others may take into consideration a stranger rape scenario. These may lead to inaccurate assumptions about RMA within a population. While the majority of items on the AMMSA are explicit in denoting the type of rape scenario (e.g., "When defining "marital rape" there is no clear-cut distinction between normal conjugal intercourse and rape"), there are some items which may lead to ambiguous interpretation (e.g., "After a rape, women nowadays receive ample support", "Alcohol is often the culprit when a man rapes a woman"). The final consideration relates to the measure's cross-cultural applicability. Although some difficulties with conceptual equivalence have emerged, such as with the German sample (Gerger et al., 2007), and in the preceding empirical chapter, this is likely to be an ongoing issue for cross-cultural research where nuances can often get 'lost in translation'. Additionally, it is almost impossible to completely avoid colloquialisms (Lonsway & Fitzgerald, 1994).

CONCLUSION

This chapter provided a critique on the psychometric properties of the AMMSA. In accordance with Kline's (1986) criteria of a 'good' psychological test, the instrument must be at least an interval scale, reliable, valid, and have good norms.

The AMMSA satisfies the minimum level of measurement, and there is evidence of acceptable reliability and validity properties. On this basis, it also appears to have been an appropriate choice of psychometric measure for the research conducted in Chapter Three. While it lacks a normative group for comparing individual test scores, the AMMSA was not designed as a diagnostic/assessment tool and therefore was not subject to the principles of test standardisation. There is, however, evidence indicating that it has been a reliable and valid measure cross-culturally, and amongst some specific populations. Further, it has been suggested that in the examination of individual differences, raw scores are ample and test standardisation is of lesser importance.

Notwithstanding, the AMMSA is not without its shortcomings, which are to be expected of a relatively new instrument. As a result, there is scope for it to be further explored in order to strengthen our understanding of its psychometric properties.

CHAPTER 5

DISCUSSION AND CONCLUSION

DISCUSSION

In this final chapter, the purpose of the thesis will be reviewed in the context of the studies outlined in Chapter One. Main findings will be discussed, and recommendations will be made concerning future directions for research and practice.

Main Findings

The aim of this thesis was to explore RMA from a non-western perspective, with a particular emphasis on socio-demographic and attitudinal correlates. The investigation commenced with a systematic review of the extant non-western RMA literature presented in Chapter Two. The review considered whether the evidence base could explain the demographic and attitudinal factors associated with RMA, and the extent to which these factors were comparable to those reported in the western literature. In considering demographic factors, the review identified that overall men had higher levels of RMA than women. Although variables such as education, religion, and age were considered, no firm conclusions could be drawn as to these relationships with RMA. These inconsistencies are similar to that of western research, and thus call for further investigation due to their complexity.

With respect to attitudinal factors, the review found that sex-role stereotyping, acceptance of interpersonal violence, sexism, and attitudes toward victims were positively correlated with RMA. These patterns were consistent with results in western research. However, one of the limitations of the review was that there was marked heterogeneity amongst included studies which should be considered when interpreting the findings. Notwithstanding, the review was useful as it highlighted the paucity of research conducted in the area, despite the reportedly

high global incidence of sexual violence. It also supports the need for future research on RMA in non-western countries.

An empirical study was presented in Chapter Three. This endeavoured to contribute to the limited non-western evidence base, by examining whether certain sociodemographic (i.e., gender, age, level of education, knowing a victim of sexual assault, religion) and attitudinal factors (i.e., sex-role stereotyping, hostility towards women, hostile and benevolent sexism) were correlated with RMA in a convenience sample of men and women from Jamaica. To the author's knowledge no such study has been previously conducted in the English speaking Caribbean and thus, this represented the first of its kind. The second aim of this study was to determine whether the results were in support of those found in the systematic review, as well as the western research.

Unsurprisingly, findings supported the hypothesis with regards to gender. Men had higher levels of RMA than women, but interestingly, it was found that women also scored highly, relative to women from other countries. Frequency of religious worship was not associated with RMA. People with higher levels of education demonstrated lower levels of RMA. Although this relationship was expected, there is curiosity as to whether there may be other interactional effects, but until this is explored further, it will remain a question to be answered. The complexity and inconsistencies that have previously emerged with the variable age, led to the use of a more exploratory approach about this relationship. However, this study also encountered some interesting findings that require further investigation with other variables, in order to better articulate the interactions with RMA. The last research

question focussed on whether knowing a victim impacted on RMA. Results indicated that people who knew a victim of sexual assault demonstrated lower levels of RMA.

Concerning attitudinal variables, results emerged in the expected directions of the hypotheses. The majority of factors considered, reflected negative attitudes toward women and therefore positively correlated with RMA. By contrast, people who were less traditional in their views about the roles of men and women were less likely to endorse rape myths. Overall, findings were consistent with those reported in both the western and non-western research. Although both this study and the systematic review allude to the link between strong patriarchal views in the non-western studies explored and RMA, the thesis is not suggesting that western societies are comparable in this regard. It is however plausible that although gender equality in western countries like the US for example, is legally endorsed, it may not be fully practiced. Hence there are similar trends, but differential RMA scores.

There were limitations associated with this empirical study. These involved the use of a convenience sampling method, some ambiguity in items on the questionnaire, and the length of the battery of measures. Additionally, as with other self-report instruments, there was the likelihood of social desirability bias. Nonetheless, where possible, efforts were employed to mitigate the risks to the robustness of the study.

In Chapter Four, a critique of the Acceptance of Modern Myths about Sexual Aggression (Gerger et al., 2007), the RMA measure used in the empirical investigation, was presented. This chapter commenced with a background to the development of the AMMSA, but primarily focussed on the psychometric properties of the instrument. Limitations were

discussed which included the lack of generalisability to non-student populations and the inability to discriminate between different rape scenarios. There also remain questions as to how well the AMMSA reflects subdomains. This needs to be explored further if the test is to have a wider utility, and for the purposes of appropriate validation through a better understanding of its psychometric properties. On the other hand, a major strength identified is the subtle item content. Moreover, as one of the newer measures, the AMMSA likely reflects the changes that have occurred in the content of rape myths over the last two decades since the development of the commonly used RMAS (Burt, 1980) and other measures. As noted by Payne et al. (1999) "these scales are necessarily time and culture bound" (p. 61) and therefore continually in need of revision. Nonetheless, although there is scope for further examination into the AMMSA's psychometric properties, it was generally considered to be an appropriate psychometric measure for the empirical study carried out in Chapter Three.

Future Directions

Interestingly, many of the inconsistencies that have emerged in relationships across the western literature, were mirrored in the non-western findings, highlighting a need for further research. This relates to demographic factors especially age, education levels/ professional backgrounds and religion. Education and religion perhaps require researchers to identify possible covariates and develop clearer operational definitions, respectively, in the course of their exploratory work, as some of the discrepancies could be associated with methodological inconsistencies. This thesis also limited its focus to adults, however, there is added value in investigating samples that are more reflective of the wider population across the developmental lifespan. These may allow for more firm conclusions to be made on the complex relationship between age and RMA. Additionally, Lonsway and Fitzgerald (1994)

make an important point that merely presenting the results of statistical analyses does little in the way of furthering our understanding of the relationship between RMA and demographic variables. In this vein, it is necessary for research to clearly explain how these factors influence rape supportive beliefs. Few studies investigated the relationship between attitudinal factors and RMA, therefore future research can also be extended in this direction.

A variety of RMA measures have been used amongst non-western studies, however, in the majority of studies adaptations were made to account for cultural appropriateness and relevance. The Korean Rape Myth Acceptance Scale (Oh & Neville, 2004) illustrates a potential advantage of designing culture-specific tools that take into account the norms and values unique to individual societies, cultural beliefs that may have been unintentionally overlooked as they are less relevant to western societies where commonly used RMA measures have been designed. But there are steps which need to be taken before such measures could be constructed. For example, preliminary work should involve qualitative research that allows for a better understanding of these cultures including how rape is labelled, what defines 'normative' sexual experiences, how rape myths function in individual societies, and how rape victims are viewed. Deming et al. (2013) go further to state that such data are also critical to our understanding of why women do not report incidents of sexual assault. Importantly, these topics cannot be gender biased, and need to be understood from the perspectives of both men and women as rape myths serve different functions across genders. For women, RMA can be self-protective, as it creates a perceived invulnerability and distinguishes them from the 'negative characteristics' associated with victims. On the other hand, for men, RMA serves to justify sexually assaultive behaviours (Iconis, 2008; Ryan, 2011; Sussenbach & Bohner, 2011).

Although there is interest as to whether rape myths are a singular or multidimensional construct, few researchers have investigated the factor structure of these scales to determine their stability over time (Lonsway & Fitzgerald, 1994) and across cultures. Hence, while the use of subdomains appears to offer greater insight, especially in terms of targeting intervention on specific types of beliefs, they should be underpinned by some conceptual rationale. It is therefore important that the factor structures of currently existing RMA measures be further examined. This may allow us to resolve some of the debate around dimensionality, but also provides more robust evidence regarding the validity of these instruments.

Having discussed areas for further research, the practical applications of this thesis cannot be overlooked. RMA significantly contributes to negative attitudes toward victims, and is apparent throughout the networks of support available to them. The implications of such relate to a fear of being disbelieved, reluctance to report, high rates of attrition, poor health and psychological outcomes (Campbell, 2008). As a result, more needs to be done to raise society's awareness about these myths. This may be in the form of education programmes that prioritise the sub-groups that demonstrate a greater propensity to endorsing rape myths. As further research becomes available, other groups could be targeted. Although some are dubious about the long term efficacy of such programmes, effectiveness is possibly contingent on the content delivered in these programmes (Suarez & Gadalla, 2010). It therefore cannot be emphasised enough, the importance of conducting evaluations on the effectiveness of these endeavours and revising accordingly in light of novel findings.

Lastly, the attitudes of professionals often deter victims from coming forward. This is an area that calls for further examination in non-western countries, as there may be scope for training professionals to deal more sensitively with victims, to ensure that they receive the support that ensures a positive recovery.

CONCLUSION

Although extensive RMA research has been conducted in western countries, cultural variations influence the way in which individuals interpret and respond to sexual violence. Taking this into account, it is difficult to assume that western findings can be applied cross-culturally. This thesis contributes to a cross-cultural understanding of the demographic and attitudinal factors associated with RMA.

Amongst the demographic variables, gender appears to be the only factor that has been stable throughout the literature, with men consistently demonstrating higher levels of RMA. By contrast, the findings of variables such as age, education, and religion have been mixed. These in particular appear to be complex, and therefore no conclusive judgements can yet be drawn. It is reassuring however, that other researchers in western societies have encountered similar challenges in conceptualising the relationships between these variables with RMA. Only a limited few attitudinal factors have been examined across the 14 countries examined in this thesis. These included sexism, hostility towards women, acceptance of interpersonal violence, and sex role stereotyping. Generally, these variables reflect negative attitudes toward women and their social roles, and therefore it is not surprising that they have shown positive correlations with RMA.

Several recommendations for future research and practice have been suggested. Overall, these involved the need for further investigation of the topic with greater attention paid to exploring a wider range of variables, the use of representative samples to improve generalisability, and more thorough conceptual explanations of the findings. Additionally,

although the focus has been on quantitative research, there is a need for qualitative research to enable us to better understand how these individual societies perceive different aspects of rape. This knowledge can inform the construction of culture specific RMA measures which may tap into beliefs that are more meaningful to these cultures. In terms of applying the findings, improving society's reactions to rape victims is a priority. This may be achieved through rape education programmes and training professionals. It is envisaged that the combination of these efforts can lead to a greater cross-cultural understanding of RMA, and more importantly, a supportive and healing environment for victims both formally and informally.

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APPENDIX A

Electronic Database Search Syntax

PsycINFO (1946 to May week 2 2015)

1.	rape.mp.	8064
2.	exp Myths/	3910
3.	1 and 2	206
4.	(rape adj3 (myth* or attitud* or stereotyp* or support* or belief*)).mp.[mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]	1219
5.	3 or 4	1243
6.	(factors or variables).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]	589057
7.	5 and 6	355
8.	limit 7 to yr="1990 -Current"	317

ERIC ProQuest

all(rape w/3 (myth* OR attitude OR stereotype* OR support* OR belief*)) AND all((factors OR variables))Limits applied 54
Databases:
ERIC
Limited by:
Date: From 1990 to 2015

Ovid Medline (1946 to May Week 2 2015)

1.	rape.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]	8334
2.	myths.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]	4092
3.	1 and 2	116
4.	(rape adj3 (myth* or attitud* or stereotyp* or support* or belief*)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]	254
5.	3 and 4	90
6.	(factors or variables).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol	3401029

supplementary concept word, rare disease supplementary concept word, unique identifier]

7. 4 and 6 113

8. limit 7 to yr="1990 -Current" 103

SCOPUS

(rape W/3 (myth* OR attitude* OR stereotype* OR belief*) AND (factors OR variables)) AND PUBYEAR > 1989 AND PUBYEAR < 2016 243

Applied Social Sciences Index and Abstracts (ASSIA)

(rape NEAR/3 (myth* OR attitude* OR stereotype* OR support* OR belief*)) AND (factors OR variables)Limits applied 86
Databases:
Applied Social Sciences Index and Abstracts (ASSIA)
Limited by:
Date: From 1990 to 2015

Web of Science

TOPIC: (rape near/3 (myth* OR attitude* OR stereotype* OR support* OR belief*) AND (factors OR variables)) 22
Refined by: COUNTRIES/TERRITORIES: (UGANDA OR MEXICO OR THAILAND OR SOUTH KOREA OR ISRAEL OR TURKEY OR PEOPLES R CHINA OR KUWAIT OR JAPAN OR INDIA OR SOUTH AFRICA OR BRAZIL)
Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH Timespan=1990-2015

APPENDIX B

Quality Assessment Form

Screening Questions				
Did the study address a clearly focused question?				
Was a quantitative measure of RMA used?				
	Yes	Partial	No	Unsure
	2	1	0	Unclear
SELECTION BIAS				
Was the study sample clearly defined?				
Were the participants recruited in an acceptable way?				
Were the individuals selected likely to represent the target population?				
MEASUREMENT BIAS				
Was there a clear definition of RMA used?				
Were the methods for obtaining the outcomes clearly described?				
Were the measures reliable and valid?				
CONFOUNDERS				
If applicable, did the authors account for confounding variables?				
ANALYSIS				
Was the analysis appropriate for the study?				
OUTCOMES				
Were outcomes clearly described in relation to the research questions?				
Can the results be applied to the target population?				

APPENDIX C

Data Extraction Form

Date of Data Extraction

Record Number (to uniquely identify each study)

PUBLICATION INFORMATION

Author(s)

Title of Article

Country of Origin

STUDY CHARACTERISTICS

Aims/Objective of the study

Was RMA the primary focus? (Yes/No)

Inclusion and exclusion criteria

Recruitment method (e.g., convenience sampling)

PARTICIPANT CHARACTERISTICS

Gender of participants (corresponding size of sample)

Overall sample Size

Type of sample (e.g., students, general population)

Mean age

METHODS

Definition of RMA used (e.g., Burt 1980)

RMA Measure used (e.g., IRMAS, AMMSA), any adaptations made, reliability coefficients reported

Variables explored

Demographic variables

Attitudinal variables

Statistical analyses used to examine data

RESULTS

Main findings (e.g., mean scores, direction of correlations associated with demographic or attitudinal variables, predictor variables of RMA).

APPENDIX D

Participant Information Page

What is the study about?

The purpose of the study is to explore Jamaicans' views on relationships between men and women. It is hoped that the findings will contribute to the limited cross cultural research in this area. On a larger scale, it is hoped that in the future, there will be implications for professionals in terms of how services are provided to ensure a culturally sensitive approach to service users as well aid in the tailoring of gender awareness programmes.

Who can participate?

The study is open to both male and female Jamaican nationals, age 18 or older, who have predominantly lived in Jamaica.

If I choose to participate, what is involved?

In order to participate, you must read and understand all the information on this page. You will then be asked to complete a survey that will take approximately 20 minutes. The first few questions will require you to give some details on your demographics. You will then be required to complete a series of questions regarding your feelings towards relationships by choosing the response boxes which you feel best represent your beliefs. It is acknowledged that people have different views and thus, there is no right or wrong answer and you are encouraged to be as honest as possible.

Are there any risks?

Some of the questions relate to sexual violence. Should you feel anxious, upset or stressed by these questions you can seek support and discuss your thoughts and feelings with the agencies below:

Mico Counselling Centre:	960-1282 or 960-4777
Women's Incoporated Crisis Centre:	929-9038

Will my information be confidential and will you be able to identify me?

You will not be required to give any personal information that can identify you at any point throughout this study. All information will be kept strictly confidential. Research will be written up for publication but all findings will be aggregated and therefore, no individual can be identified.

What do I do with the questionnaire when I have finished?

On completing the questionnaire, please return to the submission box as indicated by the researcher. There will be a pile of debrief sheets available for you to take which will give you more details about the study as well as other important information.

What will happen to my information after the study?

In accordance with the University of Birmingham's Code of Practice for Research, data will be preserved and accessible for ten years post study completion. Following this period, data will be disposed of according to the University's data disposal strategy.

What will happen if I no longer want to be involved?

Your participation is voluntary and therefore you have the right to participate, decline or withdraw from the research at any stage. There will be no consequences if you change your mind about your involvement and for students, it will not affect your academic endeavours at the university.

How can I withdraw from the study if I have submitted my information?

Each participant will be given a unique code (see the top of this form), please keep this safely. You are not required to give any personal information and thus, you will remain anonymous. This unique code is strictly to enable you to withdraw your data from the study if you wish to without having to identify yourself to the researcher. To withdraw your data from the study, please contact: Dr. Jessica Woodhams, Senior Lecturer in Forensic Psychology at the University of Birmingham on +44 121 414 6937 or via email: j.woodhams@bham.ac.uk by the **30th September, 2013** quoting your unique code and stating your desire to withdraw. Your information will be discarded and will not be used in the study and no questions will be asked regarding your decision.

☐ **Please tick the box if you have read and accept the terms of your participation and that you are aware that your participation is voluntary and you can withdraw at any stage of the study.**

Who shall I contact if I have any questions or concerns about the study?

Should you have any further questions regarding this study, please contact the researcher via e-mail:

APPENDIX E

Participant Debrief Sheet

Thank you for your time and participation in this study.

What was the aim of the study?

Currently, there is extensive literature available on sexual aggression and violence against women carried out in North America and Europe but very little conducted in the Caribbean. As rape continues to be a growing problem in our society, if we are to tackle it by raising awareness and improving services offered to victims, it is essential that research seeks to develop an understanding of what shapes these negative beliefs that people hold. This research therefore seeks to identify what factors influence people's beliefs about rape.

A few reminders:

If I need support?

Some of the questions are of a sensitive nature. If you feel you need to speak to someone, the following are some useful organisations that can provide emotional support:

Mico Counselling Centre:	960-1282 or 960-4777
Women's Incoporated Crisis Centre:	929-9038

If I have questions or want more information on the findings?

Should you have any queries about the research or are interested in the outcomes of the study, please do not hesitate to contact the researcher with your request via e-mail: kimberlysk@hotmail.com or tel: (876) 569 6436

If I want to withdraw from the study after I have submitted my information?

It is important that you keep your unique code safely should you wish to withdraw. To withdraw please contact: Dr. Jessica Woodhams, Senior Lecturer in Forensic Psychology at the University of Birmingham on +44 (121) 414 6937 or via email: j.woodhams@bham.ac.uk

by the **30th September, 2013** quoting your unique code and stating your desire to withdraw. Your information will be discarded and will not be used in the study and no questions will be asked regarding your decision.

APPENDIX F

Demographic Questionnaire

1. **How old are you? _____**

2. **What is your gender?**
   - □ Male
   - □ Female

3. **What is your ethnicity?**
   - □ Black
   - □ White
   - □ Indian
   - □ Chinese
   - □ Mixed, please state_____
   - □ Other, please state_____

4. **What is your Profession/Job Title? _____**

5. **What is your highest level of education?**
   - □ I did not attend formal training
   - □ Primary
   - □ Secondary
   - □ College
   - □ Vocational
   - □ Undergraduate
   - □ Postgraduate
   - □ Other, please state_____

6. **Are you a member of a religious faith? If no, go to question 8.**
   - □ Yes
   - □ No

7a. If yes, what religion? Go to question 7b.
- □ Christian
- □ Muslim
- □ Hindu
- □ Baptist
- □ Other, please state_____

7b. How often do you practice/worship/pray?
- □ Not at all
- □ Less than once per week
- □ Once per week

□ Twice per week
□ More than 3 times per week

8. Have you ever been a victim of sexual assault?

□ Yes □ No □ Do not wish to say

9. Do you know someone who has been a victim of sexual assault?

□ Yes □ No □ Do not wish to say

APPENDIX G

Acceptance of Modern Myths about Sexual Aggression

(AMMSA; Gerger, Kley, Bohner, & Siebler, 2007)

1. When it comes to sexual contacts, women expect men to take the lead.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

2. Once a woman and a man have started "making out", a woman's misgivings about sex will disappear.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

3. A lot of women strongly complain about sexual infringements for no real reason, just to appear emancipated.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

4. To get custody for their children, women often falsely accuse their ex-husband of a tendency toward sexual violence.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

5. Interpreting harmless gestures as ''sexual harassment'' is a popular weapon in the battle of the sexes.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

6. It is a biological necessity for men to release sexual pressure from time to time.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

7. After a rape, women nowadays receive ample support.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

8. Nowadays, a large proportion of rapes is partly caused by the depiction of sexuality in the media as this raises the sex drive of potential perpetrators

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

9. If a woman invites a man to her home for a cup of coffee after a night out this means that she wants to have sex.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

10. As long as they don't go too far, suggestive remarks and allusions simply tell a woman that she is attractive

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

11. Any woman who is careless enough to walk through ''dark alleys'' at night is partly to be blamed if she is raped.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

12. When a woman starts a relationship with a man, she must be aware that the man will assert his right to have sex.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

13. Most women prefer to be praised for their looks rather than their intelligence.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

14. Because the fascination caused by sex is disproportionately large, our society's sensitivity to crimes in this area is disproportionate as well.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

15. Women like to play coy. This does not mean that they do not want sex.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

16. Many women tend to exaggerate the problem of male violence.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

17. When a man urges his female partner to have sex, this cannot be called rape.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

18. When a single woman invites a single man to her flat she signals that she is not averse to having sex.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

19. When politicians deal with the topic of rape, they do so mainly because this topic is likely to attract the attention of the media.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

20. When defining ‘‘marital rape’’, there is no clear-cut distinction between normal conjugal intercourse and rape.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

21. A man’s sexuality functions like a steam boiler-when the pressure gets too high, he has to ‘‘let off steam’’.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

22. Women often accuse their husbands of marital rape just to retaliate for a failed relationship.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

23. The discussion about sexual harassment on the job has mainly resulted in many a harmless behaviour being misinterpreted as harassment.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

24. In dating situations the general expectation is that the woman ‘‘hits the brakes’’ and the man ‘‘pushes ahead’’.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

25. Although the victims of armed robbery have to fear for their lives, they receive far less psychological support than do rape victims.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

26. Alcohol is often the culprit when a man rapes a woman.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

27. Many women tend to misinterpret a well-meant gesture as a ‘‘sexual assault’’.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

28. Nowadays, the victims of sexual violence receive sufficient help in the form of women’s shelters, therapy offers, and support groups.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

29. Instead of worrying about alleged victims of sexual violence society should rather attend to more urgent problems, such as environmental destruction.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

30. Nowadays, men who really sexually assault women are punished justly.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

APPENDIX H

Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996)

Please indicate the degree to which you agree or disagree with each statement using the following
scale:

0 = disagree strongly
1 = disagree somewhat
2 = disagree slightly
3 = agree slightly
4 = agree somewhat
5 = agree strongly.

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

   0 1 2 3 4 5

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

   0 1 2 3 4 5

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

   0 1 2 3 4 5

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

   0 1 2 3 4 5

5. Women are too easily offended.

   0 1 2 3 4 5

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

   0 1 2 3 4 5

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

0 1 2 3 4 5

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

0 1 2 3 4 5

9. Women should be cherished and protected by men.

0 1 2 3 4 5

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

0 1 2 3 4 5

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

0 1 2 3 4 5

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

0 1 2 3 4 5

13. *Men are complete without women.

0 1 2 3 4 5

14. Women exaggerate problems they have at work.

0 1 2 3 4 5

15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash. 0 1 2 3 4 5

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

0 1 2 3 4 5

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

0 1 2 3 4 5

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

0	1	2	3	4	5

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

0	1	2	3	4	5

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

0	1	2	3	4	5

21. *Feminists are making entirely reasonable demands of men.

0	1	2	3	4	5

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

0	1	2	3	4	5

* indicates reverse scored items.

Hostile sexism items: 2, 4, 5, 7, 10, 11, 14, 15, 16, 18, 21.

Benevolent sexism items: 1, 3, 6, 8, 9, 12, 13, 17, 19, 20, 22.

APPENDIX I

Hostility towards Women Scale (HTWS; Check, 1984)

		True	False
1.	I feel that many times women flirt with men just to tease or hurt them.	1	2
2.	I feel upset even by slight criticism by a woman.	1	2
3.	It doesn't really bother me when women tease me about my faults.	1	2
4.	I used to think that most women told the truth but now I know otherwise.	1	2
5.	I do not believe that women will walk all over you if you aren't willing to fight.	1	2
6.	I do not often find myself disagreeing with women.	1	2
7.	I do very few things to women that make me feel remorseful afterwards.	1	2
8.	I rarely become suspicious with women who are friendlier than I expected.	1	2
9.	There are a number of women who seem to dislike me very much.	1	2
10.	I don't agree that women always seem to get the breaks.	1	2
11.	I don't seem to get what's coming to me in my relationships with women.	1	2
12.	I generally don't get really angry when a woman makes fun of me.	1	2
13.	Women irritate me a great deal more than they are aware of.	1	2
14.	If I let women see the way I feel they would probably consider me a hard person to get along with.	1	2
15.	Lately, I've been kind of grouchy with women.	1	2
16.	I think that most women would not lie to get ahead.	1	2
17.	It is safer not to trust women.	1	2
18.	When it really comes down to it, a lot of women are deceitful.	1	2
19.	I am not easily angered by a woman.	1	2

20. I often feel that women probably think I have not lived the right kind of life.	1	2
21. I never have hostile feelings that make me feel ashamed of myself later.	1	2
22. Many times a woman appears to care but just wants to use you.	1	2
23. I am sure I get a raw deal from the women in my life.	1	2
24. I don't usually wonder what hidden reason a woman may have for doing something nice for me.	1	2
25. If women have not had it in for me, I would have been more successful in my personal relationships with them.	1	2
26. I never have the feeling that women laugh about me.	1	2
27. Very few women talk about me behind my back.	1	2
28. When I look back at what's happened to me, I don't feel at all resentful towards women in my life.	1	2
29. I never sulk when a woman makes me angry.	1	2
30. I have been rejected by too many women in my life.	1	2