The Role of Stereotype and Moral Values in Predicting Victim Blaming

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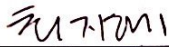
# APPROVAL PAGE

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# ABSTRACT

Previous studies in victim blaming have focused on finding a single factor that predicts victim blaming on the perceiver's side, such as their Belief in a Just World and controlling external factors like victim's identity. However, in real life, the degree and pattern of victim blaming varies depending on interactions between the external factors hidden in the former literature, such as victim's identity and situational relevance. In order to present the importance of a multi-faceted approach in understanding victim blaming, the present study explored whether victim blaming patterns differ depending on the victim's race and whether the difference in victim blaming tendency could be explained by the interaction between stereotypes and situational relevance.

As hypothesized, we found that inferiority and foreignness stereotypes around the target group predicted victim blaming, measured by perceived causality of the victim for their misfortune, differently depending on the type of misfortune imposed on the victim. Inferiority stereotype predicted estimated perceived causality of the victim, stronger than foreignness stereotype under a poverty situation, while this pattern reversed under a disease condition. Demonstrating perceived causality can change based on the interaction of stereotype and situational relevance when information of the victim's causality to their misfortune is absent, the present study also suggests the role of stereotypes in creating illusionary information around causation in victim blaming.

The study also examined the potential moderating effect of moral values on the relationship between stereotype and victim blaming. Contrary to the former literature but in line with our hypotheses, the current study found the moderating role of the endorsement of individualizing values on the relationship between inferiority stereotype and victim blaming. On the other hand, we did not find a significant moderating role of binding moral values, contrary to former literature and our hypothesis.

These findings demonstrate how various factors such as stereotypes surrounding the victim's identity, situational relevance, and observer's moral values interact to predict the dynamics of victim blaming. Implications for the findings and suggestions for future research will be discussed.

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**The Role of Stereotype and Moral Values in Predicting Victim Blaming**

The curious phenomena of victim blaming and derogation, whereby people attempt to find reasons for misfortunes in a victim's behavior and attribute negative characteristics to the victim, has been repeatedly found in the social psychology literature over the last 50 years since Lerner's initial attempt to generate such a tendency in a lab environment (Lerner & Simmons, 1965). In their experiment that replicated the infamous study design of Milgram (1963), Lerner and Simmons (1965) found that when there is no means provided to intervene in the situation, participants rated confederates who were perceived to get electric shocks for inaccurate answers for memory tasks more negatively compared to when there were options to cease the study. Lerner (e.g., 1980) explained this phenomenon of victim derogation as our attempt to restore the threatened Belief in a Just World (BJW), our fundamental delusion that people get what they deserve. Subsequent studies focusing on the impact of BJW successfully replicated such findings for victims in various situations including rape (e.g., Kleinke & Meyer, 1990), AIDS (e.g., Correia & Vala, 2003), poverty (e.g., Smith, 1985), elderly people (MacLean and Chown, 1988), unemployment (e.g., Montada, 1998), and early pregnancy loss (Stowers et al., 2021). In addition to BJW, past studies have also suggested other alternatives that explain victim derogation. This includes people's desire to defend the status quo (System Justification Theory, Jost & Hunyady, 2003), motivation to have control over the environment (Compensatory Control Theory, Kay et al., 2009), and individual differences in endorsing certain moral values (Niemi & Young, 2016).

**Victim Blaming Dynamic Changes According to the Victim's Identity**

Whilst these studies played a significant role in revealing the mechanism of victim blaming, they are not free from the recent critiques of experimental research in moral psychology for their low external validity (e.g., Hester & Gray, 2020), stemming from their focus on a single motivational factor that affects victim blaming phenomena. Hester and Gray (2020) pointed out that the details around the victim's and perceiver's identity, purposefully controlled for in most moral psychology experiments to find the impact of the predictor of interest, can change the pattern and shape of moral judgments in real life.

Vast amounts of research have highlighted the role of a victim's identity, especially race, in predicting the pattern and the level of victim blaming, mainly comparing victims of color to White victims. In a recent study (Erentzen et al., 2021), the victim's race predicted very different responses from participants for the same behavior of the victim in a racial hate crime situation. That is, a Muslim victim received harsher blaming when the victim tried to fight back when it was a racial hate crime situation compared to the passive victim who did not fight back, while the blaming tendency did not change when the victim was White. In the meantime, victims of color were found to be less derogated in general compared to White victims in a shooting incident following a minor traffic incident (Dukes & Gaither, 2017) and a hate crime (Marcus-Newhall et al., 2002). It is noteworthy that a White perpetrator who assaulted an African American victim gets blamed more compared to African American perpetrator who assaulted a White victim (Marcus-Newhall et al., 2002).

Although not published, our own findings that compared two racial minority groups (Asian American vs. African American) also suggested the role of the victim's

race in predicting victim-blaming patterns. After showing participants hate crime video footage, we found that exposure to an Asian victim can be extended to group derogation in a form of avoidance of Asian facial photos, in which participants push a mouse away from them in response to a picture. This tendency was not found when the victim was African American. In addition, when participants saw the African American victim, explicit racial bias was decreased after exposure to the hate crime footage, while this effect was not found for the Asian American victim (Choi & Dickter, 2022).

**Stereotypes for Explaining the Impact of Victim's Race in Victim Blaming**

These findings could be due to the interaction between the stereotype around the victim and the relevance of the situation. For instance, in Erentzen et al.'s (2021) study, the aggressive stereotype around the victim's racial group could have added reasons to blame the victim when the victim tried to fight back against the perpetrator, by giving the perceiver the impression that the victim's assertiveness could be related to the cause of the event. In a similar vein, we (Choi & Dickter, 2022) speculated that the stereotype around Asians, that they are related to cause of hate crime during the COVID-19 pandemic, could exacerbate the victim derogation tendency while the stereotypes stemming from Black Lives Matter movement, that African American victim are innocent when there is a White perpetrator, could explain why explicit and implicit racial bias were not detected when the victim of hate crime was African American.

However, not all stereotypes are adding weight to the victim's blameworthiness; the notion around the typical victim and perpetrator of hate crime - that the victim holds a minority status while the perpetrator is likely to be a White male (Craig & Waldo, 1996) - can explain the opposite pattern of less harsh blaming towards victims of color under

hate crime situation when the perpetrator was White (Marcus-Newhall et al., 2002). Another good example that implies the interaction between situation and stereotype in victim blaming is how Asian defendants receive a different level of sentencing according to the type of crime. With a model minority stereotype, Asians are treated more leniently compared to other racial minority groups at the incarceration decision when it comes to violent, drug, and public order offenses (Franklin & Fearn, 2015), but the pattern disappears when it comes to immigration offenses (Wu & Kim, 2014), potentially due to the foreignness stereotype (Zou & Cheryan, 2017) imposed on the same group. Based on these former studies, we hypothesized that only the stereotypes that add weight to the victim's deservingness of the misfortune will increase victim blaming while stereotypes irrelevant to the situation would not have the same effect on victim blaming. We also expected that this effect would be stronger in predicting victim blaming than what the demographic variable of the victim could predict, such as the victim's racial identity.

**How Stereotypes can Predict Victim Blaming**

It is also of interest to reveal how this process occurs; although former studies suggest strong correlations between stereotypes and victim blaming, there is still a gap in the literature that elucidates the detailed process of how relevant stereotypes increase victim blaming. Whilst it is not a direct theory on victim blaming, one former theory on blame (e.g., Malle et al., 2014) suggests the potential route through which stereotypes affect victim blaming. According to the Path Model of Blame (Malle et al., 2014), it is possible that relevant stereotypes can predict victim blaming as a direct

cause, facilitating the blaming process and increasing the level of perceived victim's causality, a perception that the victim may have directly caused the event.

The Path Model of Blame (Malle et al., 2014) claims that blame occurs when it is perceived that an agent caused the event that violated a norm, and subsequent judgments on the relevant criteria such as the agent's intentionality to cause the event, as well as obligation and capacity to prevent the event, arise to decide the level of the blame. This theory posits that preset values that give additional information on these criteria (causality, intentionality, obligation, capacity) can accelerate blame processing. For instance, information about the agent's characteristic (e.g., recklessness), obligation (e.g., dentist's obligation is to prevent patient's pain), and event (e.g., seeing rape as a sexual act) can facilitate blame judgments as it saves effort to acquire more information on each criterion.

While the original theory mainly targets the blaming process imposed on the agent, subsequent studies (e.g., Niemi & Young, 2014) suggested that victim blaming could also happen throughout a similar process, if the victim is perceived as an agent who has causal responsibility to the event (Niemi & Young, 2014). In multiple studies, they indeed found that ascribed causality on the victim predicted victim blaming (e.g., Niemi et al., 2016; Niemi & Young, 2016). In addition, in one of their studies, it was also found that participants with sexist attitudes were more likely to consider the victim's causal attribution to rape incidents (Niemi & Young, 2016), suggesting that stereotypes relevant to the event can facilitate the blaming process. This is in line with the assumption of the current study and also what the Path Model of Blame (Malle et al.,

2014) claims about how information related to criteria of blaming (causality, intentionality, obligation, capacity) facilitates the blaming process.

Based on this previous literature, we hypothesized that stereotypes would affect victim blaming by 1) increasing the level of perceived causality of the victim, the perception that the victim is responsible for the cause of the event, 2) only when the stereotype is seemingly relevant. To be specific, we hypothesized that the higher endorsement of the stereotypes relevant to specific misfortune (e.g., the foreign stereotype relevant to the misfortune of disease) will increase the notion that the victim has contributed to the cause of the misfortunes when it is hard to acquire additional relevant information about causes behind the misfortunes.

**The Role of Perceiver's Identity; Moral Values and Victim Blaming**

Added to the victim's identity, another main factor overlooked in past literature that can potentially affect the victim-blaming dynamic in real life is the perceiver's identity. In addition to the demographic factors that predict blaming attitudes such as gender identity (e.g., female participants blame rape victims less, Lang, & Stritzke, 1997; Workman & Freeburg, 1999) and race (e.g., participants blame the victim less and offender more when the victim is from the same racial group (Rozmann & Levy, 2021; Varelas & Foley 1998), perceiver's ideology, especially moral values, has been newly suggested as a main factor that can affect dynamics of victim blaming attitude (Niemi & Young, 2016; Niemi et al., 2020).

Based on the Moral Foundation Theory (MFT; Graham et al., 2009), five fundamental moral values constitute our concept of morality and guide our moral judgments: the values of harm/care, fairness/reciprocity, ingroup/loyalty,

authority/respect, and purity/sanctity. According to authors (Haidt & Graham, 2007), these five moral values act as a 'taste bud' that detects relevant issues and produces affective reactions such as liking or disliking. These values are then grouped into two different sorts according to their focus, individualizing and binding moral values (Graham et al., 2009). The first two values are grouped as individualizing moral values, as it concerns whether one's moral decision would harm other individuals or would affect fairness in interpersonal relationships, and the last three values are grouped as binding moral values, those that focus on promoting and protecting an ingroup's status and benefits (Graham et al., 2009). To be more specific, binding moral values would facilitate moral judgments that would promote respect to authority, loyalty to the ingroup, and the purity of the ingroup.

One of the crucial viewpoints of MFT is the functional account of morality, viewing moral systems as a set of tools that enable and facilitate social life by suppressing or regulating selfishness (Haidt, 2008). In the same vein as the evolutionary perspective that morality is an incidental byproduct of efforts to maximize adaptive benefits of our own (e.g., Dugatkin, 1997; Miller, 2007; Krebs, 2008), MFT asserts that moral values are the outcome of the coevolution of genes and cultural innovations that accelerated suppression of selfishness and promotion of cooperation (Richerson & Boyd, 2005; Haidt, 2008). This view that moral values are functions evolved to promote a particular set of behaviors corresponds to the recent findings that moral values are not always necessarily tied to what is considered good or right. For instance, higher endorsement of binding moral values that focus on protecting an ingroup and maintaining its integrity (Makhanova et al., 2019) predict pathogen

avoidance (e.g., Tybur et al., 2016; van Leeuwen et al., 2017), perceiving outgroups as more threatening (Hadarics & Kende, 2017), and prejudiced attitudes towards outgroup members such as migrants (Baldner et al., 2019; Hadarics & Kende, 2017; Van de Vyver et al., 2016), people with different sexes (Barnett et al., 2020; Monroe & Plant, 2019), people in poverty (Low & Wui, 2016; Nilsson et al., 2016), and gay men (Inbar et al., 2012). It was also found that the same moral values predicted extreme prejudicial behaviors towards outgroup members (Hoover et al., 2021).

**Foreignness Stereotype and Binding Moral Values in Victim Blaming**

Supporting the functional account of binding moral values, Niemi and her colleagues (e.g., Niemi & Young, 2016; Niemi et al., 2020) found that higher endorsement of binding moral values also predict higher levels of victim blaming. In these studies, participants with a higher endorsement of binding moral values were more likely to perceive a rape victim as contaminated, as well as ascribe the causality of the event to the victim both implicitly and explicitly. Considering that binding moral values revolve around the goal of keeping the ingroup intact (Haidt, 2007), people with a higher endorsement of binding moral values could be more prone to judge individuals with the criterion of 'potentially contaminating vs. not contaminating', hence evaluating the victim as more contaminated than people with lower endorsement of binding moral values. Indeed, former studies have found that historic pathogen prevalence is associated with a higher endorsement of binding moral values (van Leeuwen et al., 2012), supporting the idea that the main function of binding moral values was to sort out the potential pathogen that could stem from the outgroup members (Makhanova et al., 2018). This (speculated) root of binding moral values explains why the higher

endorsement of binding values was found to predict prejudiced attitudes towards foreign outgroup members (e.g., Baldner et al., 2019; Hadarics & Kende, 2017; Van de Vyver et al., 2016), which can be perceived as a potential source of pathogen (e.g., Faulkner et al., 2004; Huang et al., 2011; Makhanova et al., 2020; O'Shea et al., 2020; Oaten et al., 2017). Accordingly, binding moral values were found to be related to support for the torture of outgroup members (Smith et al., 2014), discrimination against outgroup members (e.g., Hodson et al., 2012; Pizzaro & Bloom, 2012), and justified extreme prejudice towards marginalized groups such as immigrants and Muslims (Hoover et al., 2021).

Hence, we expected that binding moral values would predict harsher victim blaming when the victim is perceived as more foreign, compared to when the victim is regarded as less foreign. Further, we expected that this tendency would become stronger under the disease situation.

To be specific, we hypothesized the moderated moderation that the perceiver's endorsement of binding moral values would interact with the foreignness stereotype to predict victim-blaming attitude, and this interaction would be moderated by the type of misfortune (Figure 1a). With this goal to reveal the moderating role of moral values in the relationship between stereotypes and perceived causality, we aimed not only to replicate the previous findings that a) binding moral values predict harsher victim blaming (Niemi & Young, 2016; Niemi et al., 2020) and a justification of prejudiced behaviors (Hoover et al., 2021), but b) to expand the literature by addressing the mechanisms underlying such phenomena.

**Functional Role of Individualizing Moral Values**

One trait that distinguished Moral Foundation Theory from former literature on morality was to include binding values, formerly overlooked with the individualist approach to morality in the Western nations, into the definition of morality (Haidt, 2008). The authors argued that, while individualizing values were found in most cultures (Hauser, 2006), non-western nations also considered binding values as their core moral domains (Haidt et al., 1993; Jensen, 1998; Shweder et al., 1997) in addition to individualizing values. Binding values were also endorsed in conservative communities even within Western countries (Ault, 2005; Haidt & Graham, 2007). Hence, the inclusion of binding values into the definition of morality was an attempt to understand the moral domain obscured by "the liberal-progress narrative" that only explored and admitted individualizing values as morality (Haidt, 2008).

Considering that overcoming liberal ethnocentrism in moral psychology was one of the main goals of moral foundation theory (Alsheddi et al., 2021; Haidt, 2008), it is ironic that most of the past studies on binding moral values primarily focused on its negative impact and found its predictive role in prejudicial attitudes and behaviors as aforementioned (e.g., Hadarics & Kende, 2018; Kugler et al., 2014; Van de Vyver et al., 2016). Most of the past literature on the role of moral values in prejudice and victim blaming has highlighted the negative impact of endorsing binding moral values, comparing it to the non-significant impact of individualizing values in predicting prejudice (e.g., Hoover et al., 2021), or even reverse correlation (e.g., Kugler et al., 2014; Niemi & Young, 2016) with prejudiced attitudes.

This focus on the negative consequences of binding values could be utilized as a reason to degrade or even avoid certain moral values that are not highly endorsed in

liberal communities in Western countries. Indeed, in most of the aforementioned studies, questions on the role of binding values started from an interest in the negative aspect of conservative values (e.g., Hadarics & Kende, 2018; Hoover et al., 2021), that prejudicial attitudes and behaviors are more related to right-wing ideologies (for reviews, see Duckitt & Sibley, 2010), not from the interest in binding values itself nor interest in revealing multiple aspects of all moral values. With this negative aspect of binding values and their symbolic role in representing non-western and non-liberal parts of the world, it was even suggested that including binding values to moral values can contribute to greater liberal ethnocentrism (AlSheddi et al., 2021).

However, it might be premature to conclude that binding values are only negative and hence should be removed from the conceptual framework of moral values, before asking two following questions. First, is it true that binding values are only related to negative qualities? Second, is it only binding values rather than all of the moral values that have such negative impacts in increasing prejudices? Whilst the first question is not in the scope of the current study, it is a worthwhile topic to explore in future studies. The recent studies on the lower COVID-19 mortality in culturally tight (Gelfand et al., 2011) non-Western countries (Gelfand et al., 2021) where binding values are endorsed more (Graham et al., 2011) suggest the positive role that binding values could have on saving lives under the national level of threat. It is also noteworthy that binding values were indeed found to predict desired tightness under the threat (Di Santo et al., 2022).

**Inferiority Stereotype and Individualizing Moral Values**

The current study aimed to examine whether individualizing values, not only binding values, would also increase prejudices under specific situations. If binding

values were developed to avoid pathogens (e.g., Atari et al., 2022; Makhanova et al., 2018) and keep the ingroup intact from such threats, these values could be developed in a way that promotes immediate and negative reactions toward the foreign threat and facilitates avoidance behaviors, as shown through its relevance with prejudice towards outgroup members (e.g., Baldner et al., 2019; Hadarics & Kende, 2017; Van de Vyver et al., 2016). Likewise, if individualizing values were developed to maintain interpersonal relationships (Haidt, 2008) while maximizing personal benefits, it should predict an immediate reaction to sort out cheaters who choose their benefits over maintaining the interpersonal relationship. It is also predictable that individualizing values will be related to the tendency of 'showing' our good nature so that others can perceive us as potential partners of fair exchange, while it might not necessarily predict the genuine reaction towards the victim such as increased level of perceived causality of the victim.

Examining this speculation would help us to understand whether individualizing moral values also have functional roles as binding values or whether it is fundamentally different from binding values with separate functions and mechanisms. Either way, this would help us to reassess the former findings that only binding values which have been known to be endorsed more for politically conservative people (e.g., Graham et al., 2009) or non-Western cultures (Graham et al., 2011), are related to negative attitudes towards marginalized groups (e.g., Hadarics & Kende, 2019).

In the current study, we explored whether individualizing values, as well as binding values, would moderate the relationship between stereotypes and victim blaming, only when the suggested stereotypes are directly violating moral values. To be specific, we expected the stereotype around 'inferiority', another dimension that

constitutes racial stereotypes along with foreignness (Zou & Cheryan, 2017), would predict victim blaming in a situation where individualizing values aim to achieve - fairness protection and care - is threatened. According to Zou and Cheryan (2017), stereotypes imposed on different racial minority groups can be explained by two distinctive dimensions, foreignness and inferiority. To be specific, foreignness indicates the notions that relate certain groups to be less American, and be outside of American culture and identity, and inferiority indicates the notions that relate certain groups to possess low status. In their Racial Position Model (Zou & Cheryan, 2017), White Americans are perceived 'American and superior', while racial minority groups are perceived separately depending on the endorsement of foreignness and inferiority stereotypes. For instance, Asian Americans are perceived as superior and foreign, while African Americans are perceived as inferior and American. The subjective reports around the experiences of discrimination gathered by racial minority group members supported this model. African Americans reported more incidents where they were perceived as socially disregarded status or identities, which includes stereotypes like drug abusers, uneducated, criminals and burdens to society, while Asian Americans reported more incidents where they were perceived as foreign, which includes stereotypes like illegal immigrants, taking jobs away from Americans, and more.

The inferiority stereotype can be specifically relevant to the individualizing values, as it can threaten the situations that individualizing values tend to promote, such as fair interaction which includes reciprocation from the receiver. We expected that the notions that constitute inferiority stereotypes such as thieves and burdens to society could threaten the individualizing value, and predicted stronger levels of victim blaming for

people with higher endorsement of stereotype. In other words, we hypothesized that higher endorsement of individualizing values would predict a stronger relationship between inferiority stereotype and victim blaming (Figure 2a). We also expected that this moderation effect would get even stronger when the situation is relevant to the stereotype, such as poverty situation where the underprivileged ingroup member gets financial assistance repeatedly from the institute to which the participant belongs (Figure 2b).

## The Current Study

We aimed to examine the role of binding vs. individual moral values as well as its relationship to stereotype and victim blaming, which will be manifested through changes in perceived causality (i.e., whether participants would find the victim responsible for the cause of the misfortune, even when no information related to the cause is provided). Two different scenarios of misfortunes, disease and poverty, were used to threaten the binding values and individualizing values separately. To differ the endorsement of relevant stereotypes depending on the target group, participants were randomly assigned to one of three racial identities of a victim, Asian American, African American, and White American. As we did not have measurements for baseline victim blaming for each target group, we included the White American victim condition as a comparison condition.

We expected to see an interaction between the victim's race and the type of misfortune since we also hypothesized that the target group considered more foreign vs. inferior will differ. To be specific, we hypothesized that Asian Americans would be considered more foreign by our participants, therefore more blamed under the disease

condition, while African Americans would be considered more inferior, therefore more blamed under the poverty condition. Accordingly, we also speculated that the endorsement of each stereotype can be a significant predictor for victim blaming under different conditions, and the effect size of stereotypes as predictors can be stronger than that of the main effect of the victim's race.

Lastly, we also aimed to find moderating roles of binding vs. individualizing moral values for each misfortune type; we hypothesized that the endorsement of binding moral values would moderate the relationship between the foreignness stereotype and victim blaming, while the endorsement of individualizing moral values would moderate the relationship between the inferiority stereotype and victim blaming.

**Method**

**Participants and Procedure**

The research was approved by the Institutional Review Board at William and Mary. Based on our former study (Choi & Dickter, 2022) revealing a medium effect size ($f$ = 0.30) for the main effect of victim's identity with a college students sample, we assumed a similar but slightly lower effect size due to our use of a less blame-provoking manipulation which does not provide any details of the victim related to the misfortune. Hence, we conducted a power analysis using G*Power with 80% power with the assumed effect size to be 0.25 which yielded a total of 158 for the minimum sample size.

As we expected some attrition due to failed manipulation checks, 252 college students at William and Mary were recruited through SONA. The study was conducted

online through Qualtrics for 30 minutes, which included three different sections overall.

In the first section, participants answered a set of questionnaires on individual

differences in moral belief and stereotype endorsement. In the second section,

participants read a virtual dialogue between victims under an assigned misfortune

(disease or poverty) and another individual who can help them (a doctor or an

undergraduate director). In the last section, participants answered victim-blaming

measures. Upon completing the questionnaires, participants were given credits on

SONA.

**Measures**

**Inferiority & Foreignness Stereotype Questionnaire**

Due to the social sensitivity of the measurement, we applied direct and indirect

questioning to measure stereotypes towards our target groups, Asian American and

African American. According to previous research, indirect questioning reduces the

impact of social desirability bias (Fisher, 2013) and predicts behavior better (e.g., Hilbig

et al., 2015).

Participants were asked to rate 1) how much they agree with specific stereotypes

for the target group, and 2) how much they believe others would agree with such

stereotypes. A single-item questionnaire was as follows; "In general, how much do you

feel that <racial group> are stereotyped as each of the following by others?" and "In

general, how much do you feel that <racial group> are relevant to characteristics

below?" (1 – not at all, 7 – very much). The stereotyped traits of being 'foreign' and

'inferior' were applied to the Racial Position Model (Zou & Cheryan, 2017). The sample

traits included "drug abusers" and "uneducated" for inferior stereotypes ($\alpha$ = .94 for

African American, $\alpha$ = .84 for Asian American for indirect questioning, $\alpha$ = .93 for African American, $\alpha$ = .86 for Asian American for direct questioning), and "refusing to learn English" and "illegal immigrants" for foreign stereotypes ($\alpha$ = .84 for Asian American, $\alpha$ = .80 for African American for indirect questioning, $\alpha$ = .86 for Asian American, $\alpha$ = .82 for African American for direct questioning)

**Moral Foundation Questionnaires (Graham et al., 2008)**

To assess the endorsement of moral values, participants were asked 22 questions about their moral criteria and priorities. The first instruction asked participants to rate 11 statements for the following prompt; "When you decide whether something is right or wrong, to what extent are the following considerations relevant to your thinking? Please rate each statement". Sample items include "Whether or not someone showed a lack of respect for authority", and "Whether or not someone acts fairly". The second instruction asked participants to indicate their agreement with 11 statements, which include items such as "I am proud of my country". Cronbach's alpha was within reported range from 0.65 to 0.84 (Graham et al., 2011), $\alpha$ = .77.

**Demographic information**

Participants were asked to type their age, gender, education level, and household income, and choose between 1 for being extremely left and 7 for being extremely right for political affiliation.

**Dialogue and Victim's Photo**

Two different dialogues describing the victim's situation in the misfortunes of disease and poverty were used. Under the disease condition, the dialogue contained

the conversation between a doctor (e.g., "Can you describe your symptoms, please?") and patient A (e.g., "I have a severe fever and headache, I could barely eat for the past few days as I vomited every time I tried to eat something."), and under the disease condition, the dialogue contained the conversation between an undergraduate director (e.g., "to get a sense of whether you will be eligible to get the emergency fund, could you briefly share your current financial situation with me?") and a student (e.g., "Right now I am working two part-time jobs, but I still have a hard time paying rent on time, and I am using the campus food pantry almost every week because I cannot afford groceries and toiletries.") According to the randomly assigned condition, participants only read one story of either an Asian American, African American, or White American victim under either the disease or poverty condition. One photo of victim appears above the dialogue, a patient lying on the bed for the disease condition and a student looking at the back of food in the campus food pantry. The photo was cropped so victim's face was not visible. Based on the victim's race condition, the skin color differed. The photos used in the study are included in the Appendix A. After each dialogue participants were asked to respond to the same set of questionnaires on victim-blaming attitudes. The dialogues used in the current study are also included in the Appendix A.

**Perceived Causality**

As with stereotypes, we applied direct and indirect questioning. For indirect questioning, participants were asked to "Rate the extent to which others would believe Patient A is responsible for causing the medical condition", with an option from 1 = not at all to 7 = very much. For direct questioning, participants were asked to "Rate the

extent to which you believe Patient A is responsible for causing the medical condition"
with the same response options from 1 = not at all to 7 = very much.

## Results

Out of 252 participants, we excluded data from 76 participants who did not
complete questionnaires (n = 28), or pass the manipulation check due to not answering
which race was the victim (n =4), or submitting a wrong answer to the manipulation
check (n = 44). Participants whose data were included in the study had an average age
of 19.01 (*SD* = 0.92), with minimum age of 18 and maximum age of 23. Most of the
participants defined themselves as cisgender female (n = 104) and cisgender male (n =
68) with three people defining themselves as non-binary and one as asexual. 63% of
participants defined themselves as White American (n = 111), and 13% defined
themselves as Biracial (n = 23), 11% as Asian (n = 20), 8% as African American (n =
14), 3.4% as Hispanic (n = 6), and 1.1% as Native American (n = 2).

**Differences in pre-existing stereotypes**

First, to test our hypothesis that there are different stereotypes imposed on the
target racial groups, perceived inferiority for African Americans and perceived
foreignness for Asian Americans, a paired samples t-test was conducted for the scores
from the Inferiority & Foreign Stereotype Questionnaire. Considering the high concerns
for answering without prejudice for the college student sample, indirect and direct
questioning was used, one asking participants to answer how other people would rate
stereotypes and the other one asking participants to self-report their stereotypes. We
expected to see a difference between the race for each stereotype for the former

measure, while the latter measure would have a smaller effect for the same difference or the difference would be nonsignificant.

As expected, when participants were asked how other people would rate foreignness and inferiority of the target racial group, perceived foreignness was rated higher for Asian Americans ($M$ = 2.99, $SD$ = 0.93) than African Americans ($M$ = 1.93, $SD$ = 0.59), $t(174)$ = 14.08, $p$ < .001, while perceived inferiority was rated higher for African Americans ($M$ = 3.45, $SD$ = 1.11) than Asian Americans ($M$ = 1.49, $SD$ = 0.62), $t(174)$ = 22.77, $p$ < .001 (Figure 3).

While the pattern was the same, the self-reported stereotypes displayed smaller differences between target racial groups, with notable decreases in perceived foreignness for Asian Americans and perceived inferiority for African Americans. The average score of perceived foreignness for Asian Americans decreased to 1.68 ($SD$ = 0.69) from 2.99, showing a significant difference from the perceived foreignness for African Americans which dropped to 1.32 ($SD$ = 0.49) from 1.93, $t(174)$ = 7.68, $p$ < .001. As demonstrated in Table 1, the score for perceived inferiority for African Americans also decreased to 1.65 ($SD$ = 0.84) from 3.45, showing a significant difference from the perceived inferiority for Asian Americans which decreased to 1.19 ($SD$ = 0.40) from 1.49, $t(174)$ = 7.22, $p$ < .001 (Figure 4).

**Perceived causality**

To test our hypothesis that there will be differences in perceived causality depending on the victim's race and the type of misfortune, we conducted a between-subjects two-way ANOVA with the victim's race and the type of misfortune (disease vs.

poverty) as independent variables. Based on our findings that participants rated the foreignness stereotype higher for Asian Americans and rated the inferiority stereotype higher for African Americans, we expected to find an interaction between our conditions. Specifically, we expected that the Asian American victim, the racial group perceived as more foreign, will yield a higher score in perceived causality under the disease condition, and the African American victim, the target group perceived as inferior, will yield a higher score in perceived causality more under the poverty condition, compared to the White American victim, the control group.

Applying direct and indirect questionings, we asked participants to rate not only the perceived causality of themselves (self-reported perceived causality, SPC), but also how they expect 'others' to perceive causality (estimated perceived causality of others, EPC). We expected the result for EPC will be different from SPC, with EPC having a bigger effect size and potentially capturing more truthful attitudes of participants.

**Estimated Perceived Causality of Others (EPC).** To test our hypotheses, we first conducted two-way ANOVAs victim's race (Asian American, African American, White American) and the type of misfortune (poverty, disease) for EPC. Contrary to the hypothesis, the results from two-way ANOVA analysis on EPC for the disease condition did not yield a significant interaction between the victim's race and the type of misfortune, $F(2,170) = 0.08$, $p = .924$, $\eta_{p}^2 = .001$ (Figure 5). However, there was a significant main effect of the victim's race, $F(2, 170) = 6.54$, $p = .002$, $\eta_{p}^2 = .071$, and a marginally significant main effect with a small effect size of the type of the misfortune, $F(1, 170) = 3.50$, $p = .063$, $\eta_{p}^2 = .020$. With the significant main effect found for the victim's race, we further examined the mean difference between race conditions

to confirm the hypothesized differences between the target groups vs. the control group (White American victim group). As aforementioned, as we did not have baseline measurement for victim blaming towards target groups (Asian American victim and African American victim), the control group was used as a baseline to compare with target groups. For this purpose, Dunnett's test was performed. The result partially supported our hypothesis, as participants ascribed responsibility for the cause of the misfortune to the African American victim significantly more than White American victim, $M_{diff} = 0.59$, $SE = 0.16$, $p = .001$, the pattern we expected to observe for the poverty condition. The difference between the Asian American victim and the White American victim was marginally significant, $M_{diff} = 0.34$, $SE = 0.16$, $p = .072$. The marginally significant main effect of the type of misfortune indicated higher victim blaming under the poverty condition, $M_{diff} = 0.24$, $t(174) = 1.72$, $p = .086$.

**Estimated Self-Reported Causality (SPC).** As with EPC, a two-way ANOVA on the self-reported perceived causality (SPC) also did not reveal a significant interaction between the victim's race and the type of misfortune, $F(2, 170) = 0.73$, $p = .930$, $\eta_p^2 = .001$, while it showed a significant main effect of the victim's race, $F(2, 170) = 4.58$, $p = .012$, $\eta_p^2 = .051$ (Figure 6). Contrary to EPC, the main effect of the type of misfortune was not significant, $F(1, 170) = 0.65$, $p = .422$, $\eta_p^2 = .004$. Interestingly, the main effect of race showed a different pattern than EPC, as the perceived causality was the lowest for the African American victim ($M = 1.12$, $SD = 0.33$), followed by Asian American victim ($M = 1.32$, SD $= 0.56$), with the White American victim blamed the most ($M = 1.40$, $SD = 0.63$).

**Interaction between Victim's Race and Measurement Type (EPC vs. SPC).**

With this opposite pattern found, we ran a further analysis to see whether a different type of measurement (EPC vs. SPC) would predict a significantly different pattern of victim blaming on each condition. We ran a 2 × 2 × 3 mixed-model ANOVA, with a different measure of perceived causality (EPC vs. SPC), the type of misfortunes (Disease vs. Poverty), and the victim's race (Asian American vs. African American vs. White American). The 2-way interactions were significant, between the type of PC and the victim's race, $F(2,170) = 14.71$, $p < .001$, $\eta_p^2 = .148$, as well as between the type of PC and the type of misfortune, $F(2, 170) = 5.66$, $p = .019$, $\eta_p^2 = .037$. The three-way interaction was not significant, $F(2, 170) = 0.74$, $p = .929$, $\eta_p^2 = .001$ (Figure 7).

In terms of the type of misfortunes, EPC was higher under the poverty condition ($M_{diff} = 0.23$, $SE = 0.14$), while SPC was higher under the disease condition, ($M_{diff} = 0.60$, $SE = 0.08$). For the victim's race condition, while EPC was the highest for African American, SPC was the lowest for African American, $M_{diff} = 1.10$, $SD = 0.97$. The difference between EPC and SPC was decreasing when the victim was Asian American, $M_{diff} = 0.65$, $SD = 0.95$, and became the smallest when the victim was White American, $M_{diff} = 0.22$, $SD = 0.63$, suggesting that unknown factors could lead participants to lower the self-reported perceived causality when the victim was not White. This tendency was the strongest when the victim was African American. Based on this interaction, we inferred that SPC could be more heavily impacted by confounding factors such as social desirability than EPC. Therefore we used EPC as our main dependent variable for the following analyses.

**Stereotypes vs. Victim's Race in Predicting Victim Blaming.** Using EPC, we further examined whether the differences in victim blaming between the groups could be

explained by stereotypes. In particular, we wanted to examine whether stereotypes had a stronger impact in victim blaming compared to the victim's race. As our baseline was the degree of victim blaming towards the White American victim under the same condition, we calculated the difference between the ratings for the Asian American or African American victim and the average rating of the White American victim under the same condition. Between-subject ANOVA analyses were conducted for each condition, with one categorical variable (victim's race), and two continuous variables (foreignness stereotype, and inferiority stereotype) as main independent variables. To see whether the stereotype works differently depending on the victim's race, we also included interactions between the victim's race and each stereotype in the model.

Under the disease condition, the result supported our hypothesis that the foreignness stereotype would predict victim blaming, $F(1,58) = 8.43$, $p = .005$, $\eta_p^2 = 0.13$, while the inferiority stereotype did not, $F(1,58) = 0.39$, $p = .532$, $\eta_p^2 = 0.01$. Between the target racial group, the victim's race did not have a main effect on victim blaming, $F(1,58) = 1.64$, $p = .205$, $\eta_p^2 = 0.28$. However, under the poverty condition where we found the expected victim blaming pattern of African American getting the most blamed, the main effect of inferiority was not significant, $F(1,51) = 2.29$, $p = .136$, $\eta_p^2 = 0.43$, contrary to our hypothesis. Instead, the foreignness stereotype showed a significant main effect, $F(1,51) = 3.77$, $p = .048$, $\eta_p^2 = 0.69$, and the victim's race did not have a main effect $F(1,51) = 0.00$, $p = .994$, $\eta_p^2 = 0.00$. In other words, the foreignness stereotype had an effect on differences between victim blaming towards target groups regardless of the type of misfortune.

Next, we conducted linear regression analyses for the dependent variable of EPC to examine the role of stereotypes as predictors for victim blaming. Stepwise regression analyses were conducted for each condition to examine the impact of relevant stereotypes, stereotypes as a whole, and victim's race. In the first step, only the stereotype relevant to the condition was entered, Foreignness for Disease condition vs. Inferiority for Poverty condition. On the second step, the other stereotype was entered, and lastly, the victim's race (0 = Asian American, 1 = African American) was entered. As demonstrated in Table 2, supporting our hypotheses, the foreignness stereotype was a significant predictor for victim blaming, and its standardized coefficient increased when the inferiority stereotype was included in a model, suggesting that the foreignness stereotype was a main predictor for victim blaming under the disease condition. The inferiority stereotype alone was marginally significant to predict victim blaming under the poverty condition. However, when the foreignness stereotype was included in a model, the inferiority stereotype did explain more of the variance in the dependent variable compared to the foreignness stereotype under the poverty condition as hypothesized (Table 3). Also as hypothesized, we found that the victim's race did not predict victim blaming controlling stereotypes. The model that included stereotypes and the victim's race explained even less of the variance of victim blaming with the non-significant predictive value of the Victim's Race condition, compared to the model which included only stereotypes.

**Moderating Role of Binding Moral Values and Moderated Moderation**

We hypothesized that the endorsement of binding moral values would moderate the relationship between the foreignness stereotype and victim blaming, with the

inferred goals of binding moral values protecting ingroup from contamination sourced from the external groups (e.g., Atari et al., 2022; Makhanova et al., 2018). To examine this relationship, we conducted a moderation analysis using model 1 of PROCESS on SPSS (Hayes, 2013), with the foreignness stereotype as an independent variable, EPC as the dependent variable, and endorsement of binding values as a moderator. Data collected for White American victim condition was excluded. The result indicated that, contrary to our hypothesis, endorsement of binding moral values did not moderate the relationship between the foreignness stereotype and perceived causality, $F(1,90) =$ 1.15, $\beta = 0.17$, $p = .286$. Speculating that this could be due to each moral value working in a different direction and thus nullifying the predictive value as a whole, we also ran multiple moderation analyses using each binding value. However, the moderating role was still not found for any of the binding values, Ingroup ($\beta = 0.05$, $p =.737$), Authority ($\beta = 0.18$, $p = .188$), Purity ($\beta = 0.13$, $p = .282$).

Using model 3 of Process on SPSS (Hayes, 2013), we also tested out our hypothesis on the moderated moderation for binding moral values (Figure 1b), with foreignness stereotype as an independent variable, the endorsement of binding moral values as the primary moderator, and the type of misfortune as the secondary moderator that moderates the impact of primary moderator. Our hypothesis was also not supported, $F(1, 86) = 0.56$, $p = .456$.

**Moderating Role of Individualizing Values and Moderated Moderation**

Another moderation analysis was performed to test our hypothesis on the moderating role of the endorsement of individualizing moral values for the relationship between the inferiority stereotype and ETC. To examine this relationship, we conducted

a moderation analysis using model 1 of PROCESS on SPSS (Hayes, 2013), with the Inferiority stereotype as an independent variable, EPC as the dependent variable, and endorsement of individualizing values as a moderator. Data collected for the White American victim condition was excluded. As hypothesized, a significant moderating effect was found, $F(1,90) = 4.12$, $p = .045$. The follow-up simple-slope analysis on Interaction software (Soper, 2013) revealed that high IND (participants with IND above 1 SD) demonstrated a significant linear correlation between EPC and IND, $t(120) = 3.43$, $p < .001$. The slope was not significant for people with average IND and for people with lower IND, $t(120) = 0.01$, $p = .494$, as shown in Figure 8. While this supports our hypothesis, this is also contrary to former literature that supported either a non-significant relationship between IND and prejudiced attitudes towards marginalized group members (e.g., Hoover et al., 2021), or victim blaming (e.g., Niemi et al., 2016), or even reverse correlation between IND and prejudiced attitudes (e.g., Kugler et al., 2014). More implications will be discussed in the Discussion section. Using model 3 of Process on SPSS (Hayes, 2013), we also tested out our hypothesis on the moderated moderation for individualizing moral values (Figure 2b), with inferiority stereotype as an independent variable, the endorsement of individualizing moral values as the primary moderator, and the type of misfortune as the secondary moderator that moderates the impact of primary moderator. Contrary to our hypothesis, the type of misfortune was not moderating the moderation effect of individualizing moral values, $F(1, 86) = 0.49$, $p = .486$.

**Endorsement of Moral Values as Predictors**

With the absence of expected moderating effects of binding moral values, we ran further exploratory analyses to check whether the endorsement of binding values in the current study shows a similar pattern to the former studies with the results that binding values predict and are correlated with prejudiced attitudes (e.g., Hoover et al., 2021). To do so, we ran a linear regression analysis to confirm the predictive role of binding moral values in victim blaming, and also a correlation analysis to confirm its correlation with stereotypes towards racial groups.

For a linear regression analysis, we entered the endorsement of binding moral values entered as a predictor for EPC, with two other stereotypes (inferiority, foreignness). Some former studies demonstrated predictive values of binding moral values for prejudices towards outgroup members (e.g., Hoover et al., 2021), marginalized groups (e.g., Hadarics & Kende, 2019), and victim blaming (e.g., Niemi & Young, 2016). We expected the endorsement of binding moral values to predict EPC in our study as well, and the standardized coefficient to be higher under the disease condition, as the poverty condition (which was supposed to threaten individualizing values mainly) depicted an ingroup member (student). Contrary to the former literature, however, binding moral values did not predict victim blaming significantly in the current study. The standardized Beta score and significance still showed a similar direction as expected, as the endorsement of binding moral values showed marginal significance in predicting EPC under the disease condition, $b = 1.71$, $p = .093$, while it did not predict EPC under poverty condition, $b = 0.86$, $p = .581$.

As with the endorsement of binding moral values, we ran additional linear regression analysis and correlation analysis to see whether the endorsement of

individualizing values displayed different patterns for predicting victim blaming and correlations with stereotypes in the current study. The regression analysis indicated that the endorsement of individualizing values was a non-significant predictor for victim blaming regardless of the type of misfortune, $b = .226$, $p = .103$ under the poverty condition, and $b = -.095$, $p = .558$, consistent with former studies.

**Correlation between Moral Values, Stereotypes, and Victim Blaming**

Similar to what we found through linear regression analyses, the correlation between the endorsement of moral values and stereotypes also demonstrated a correlation pattern between moral values and stereotypes which is distinctive from the former literature. As the stereotypes were measured only for the target groups, the data collected for White American victim condition was excluded. The endorsement of binding moral values, which was found to be positively correlated with negative stereotypes towards outgroup or marginalized group members, was not significantly associated with the stereotypes imposed on the target group, $p > .661$, except for the correlation between binding moral values and stereotype towards the target group, $r(92) = -.19$, $p = .071$. Also in contrast with former literature, the endorsement of individualizing moral values was positively correlated with the inferiority stereotype towards the target group, $r(92) = .24$, $p = .020$. In terms of the perceived causality of the victim for the misfortune, only stereotypes were significantly correlated with perceived causality measured by indirect questioning, but not with the endorsement of moral values, $p > .163$. All correlations are presented in Table 4.

**Exploratory Analysis: Correlation between Moral Values, Stereotypes, and Victim Blaming Measured by Direct Questioning**

As the current study used perceived causality and stereotypes measured through indirect questioning as the main dependent variables and found the correlation between moral values and stereotypes that are contrary to the former literature (e.g., Hadarics & Kende, 2019; Kugler et al., 2014; Van de Vyver et al., 2016), we also examined how these patterns change if we use the self-reported stereotypes and perceived causality as main dependent variables. With the interaction we observed between EPC and SPC, we expected to observe different patterns for moral values, stereotypes and victim blaming. To be specific, based on the former literature, we expected to see negative correlations between individualizing values and stereotypes or victim blaming. In the meantime, based on the functional role of moral values, we also expected to find a positive correlation between individualizing values and perceived causality under the poverty condition and a positive correlation between binding values and perceived causality under the disease condition.

Although the result indicated a pattern that is similar to the former literature, positive correlation between the endorsement of binding moral values and stereotypes, and negative correlation between individualizing moral values and stereotypes, it was not viable to make any inference, as all correlations were not significant, potentially due to the small sample size, $p > .104$. Perceived causality also showed negative correlation with individualizing moral values, $r(93) = -.15$, $p = .134$, while binding moral values showed weak (and non significant) correlation with perceived causality, $r(93) = .06$, $p = .531$, which is contrary to the former findings. All correlations are presented in Table 5.

We also ran separate correlation analyses, to find whether the moral values are correlated to perceived causality differently depending on the condition. The results supported both of the former findings and our hypothesis around the interaction between moral values and the type of misfortune; while the endorsement of individualizing moral values predicted lower victim blaming as with former literature, $r(40) = -,40$, $p = .009$, the endorsement of binding moral values was not correlated with victim blaming, $p = .800$. All correlations are presented in Table 6.

With this contradictory finding, that the correlation between individualizing values and victim blaming supports the former literature while the correlation between binding values and victim blaming supports the current study's hypothesis, we speculated if the negative correlation between individualizing moral values and perceived causality is attributed by correlation between under-reporting tendency and individualizing values. Hence, we ran another correlation analysis using both moral values and difference in the perceived causality reported by direct vs. indirect questioning (EPC - SPC). Supporting our speculation, the endorsement of individualizing moral values and difference between EPC and SPC was significantly correlated, $r(93) = .21$, $p = .040$. All correlations are presented in Table 7.

## Discussion

Victim blaming patterns change based on various factors related to the victim, observers, and environment. Former victim blaming literature have mostly focused on finding and examining a single factor, such as the observer's worldview (e.g., Belief in a Just World), to predict victim blaming. While this single-factor approach suggested a key to understand why victim blaming occurs and why the level of victim blaming differs for

each individual, it did not account for the reason why the level of blaming changes depending on the situation for the victim from the same racial group. For instance, while White victims got less blamed compared to victims of color in a shooting incident (Dukes & Gaither, 2017), the same White identity can bring a higher degree of blaming under a racial hate crime situation (Marcus-Newhall et al., 2002). To provide an explanation for the pattern of how victim blaming patterns differ based on multiple relevant factors such as victim's identity and situational factors, the present research examined 1) the interaction between pre-existing stereotypes around the victim's identity and relevance of the situation to the stereotypes, and 2) the potential role of moral values as a moderator of the relationship between stereotype and victim blaming.

**The Role of Stereotype in Providing Imaginary Causal Information**

The current study found that two stereotypes constituting racial bias (Zou & Cheryan, 2017), the inferiority and foreignness stereotypes, predicted higher levels of perceived causality, the notion that the victim is responsible for the cause of the misfortune. In addition, we found that the relevance of the situation affected which stereotype could become a predictor. In the current study, participants' ratings for perceived causality were higher for the African American compared to the White American victims, while marginally different between Asian American and White American victims, and that perceived causality was significantly predicted by the inferiority and foreignness stereotypes. Furthermore, we also found that while the foreignness stereotype was a stronger predictor for perceived causality under the disease condition, while the inferiority stereotype was found to be a stronger predictor under the poverty condition as hypothesized.

These findings provide two implications. First, perception of the victim's causality can change depending on the stereotype, even in the complete absence of information about how the victim was involved in the cause of the misfortune. Given that the dependent measure was not changed in affect towards the victim but rather victim's responsibility for the cause of the misfortune that was not provided in the scenario, the significant differences found between the race and the types of misfortune suggest that the process of victim blaming can include a rather complex reasoning about relevant information around causality. In addition, our results suggest that this process can happen regardless of the absence of the actual facts around the causality. Namely, relevant stereotypes could provide enough reasons for participants to ascribe causality to the victim, filling the gap of causal information. Future research could further investigate whether these judgments on causality automatically happen in the process of victim blaming, or if it occurs only when it was prompted by direct cues, such as questionnaires used in the current study.

The second implication that our main finding suggests is that stereotypes may interact with the type of misfortunes that victim is involved in. This suggests that people could actively compare the relevance of the situation when they make an inference about non-existing causality based on pre-existing stereotypes. Although the foreignness and inferiority stereotypes examined in this study both indicated negative assumptions around the target group, they functioned differently according to the type of misfortune (poverty vs. disease). This suggests that victim blaming is not a passive reactive process that occurs based on the degree of negative emotions or impressions

of the target, but rather an intricate reasoning process that involves judgments based on prior information that may be relevant to causality in the situation.

Suggesting a novel role of stereotype, which can form imaginary causality of the victim that in fact does not exist, the current study posits a novel way to understand dynamics of victim blaming. Examining the role of stereotype in victim blaming could provide a way to understand when and why victim blaming happens even when it is evident that the victim is not responsible for the cause of the misfortune. This could be especially beneficial in understanding not only the victim blaming that occurs at an interpersonal level, but the victim blaming that occurs on a larger scope, in an inter-group level, as misfortunes that are clear that victims are not responsible for usually happen in a national level, such as natural disaster, war, or pandemic. Using the role of stereotypes in providing imaginary causal information around the victims, future studies can expand its scope from individual victim blaming to blaming or derogatory attitude towards the marginalized groups under the national level of disasters. When the large-scale disaster occurs, for instance, one can predict the more vulnerable population based on the pre-existing stereotypes. A minority group imposed with higher foreignness stereotype could become an easy target of blaming and victimization under a pandemic, while minority groups stereotyped with inferiority could be an easy target during an economic downturn. It would be also worthwhile for future studies to examine whether there is a significant correlation between the increased number of reported prejudiced behaviors, such as hate crimes, targeted to a specific racial group suffered from stereotypes that are relevant to the disaster (e.g., foreignness under the pandemic), and the reported level of stereotypes towards the target group.

**Potential Moderating Role of Individualizing Moral Values in Victim Blaming**

The current research also sheds a light on the role of individualizing moral values in victim blaming, as a moderator for the aforementioned relationship between stereotypes and perceived causality. We found a strong correlation between the inferiority stereotype towards the target groups and estimated perceived causality for people with higher endorsement of individualizing moral values. This is contrary to former studies which suggested the general effect of individualizing moral values that predict less harm imposed on the victim (e.g., Niemi & Young, 2016; Niemi et al., 2020) or less prejudiced attitudes towards the minority groups (Hadarics & Kende, 2018; Kugler et al., 2014; Van de Vyver et al., 2016). These studies inferred that this was due to the fact that individualizing moral values imbue the general concerns over imposing harm on the individual, hence it cannot be related to prejudiced attitudes or victim blaming, which unavoidably results in harm imposed on the individuals. On the other hand, since the binding moral values not only do not include such concerns over the harm imposed on the individual but also gears towards protecting the ingroup's interests, the association between binding moral values and prejudiced attitudes towards marginalized groups has been thought to be related to inherent characteristics of binding moral values.

In the current study, we aimed to explore whether these associations found between moral values and prejudiced attitudes, especially victim blaming tendency, were due to the inherent characteristics of moral values, or it was rather due to the interaction between the different types of threats coming from the situational factors and type of moral values that react to certain threats. Based on the functional account of

moral values that moral values have been evolved to promote certain behaviors to regulate selfishness and facilitate social life (Richerson & Boyd, 2005; Haidt, 2008), we presumed that both binding values and individualizing values could predict prejudiced judgments towards the victim depending on the threats assessed from the situation. In other words, individualizing moral values can also predict harsher victim blaming when the situation threatens what individualizing moral values are designed to protect, such as when the victim continuously gets monetary benefits from the system, which can threaten the notion of fair exchanges. Similarly, we expected binding moral values would predict harsher blaming when there is a threat to protecting the ingroup from outgroup source of contamination. As we expected that stereotypes relevant to the threat would predict victim blaming, we hypothesized a moderating effect of moral values for the relationship between stereotype and victim blaming, only under the relevant situation.

Our hypothesis was partially supported with the significant moderating effect of individualizing moral values for the relationship between inferiority stereotype and perceived causality, both measured by indirect questioning. The possibility that individualizing moral values could also affect victim blaming is especially meaningful as this could intervene in the former notion that certain moral values are inherently related to harmful attitudes and behaviors, while the other values are not. As pointed out by the recent studies, binding moral values were commonly known for moral values of non-Western culture or conservative populations (e.g., Graham et al., 2011; Forsberg et al., 2019). Hence, the notion that only binding moral values are related to the harmful behaviors or attitudes could unexpectedly promote liberal ethnocentrism, especially

combined with the tendency that research about moral values and prejudice have been conducted in a WEIRD context where liberal individualism is a mainstream ideology (Alsheddit et al., 2021). Our finding that individualizing values moderated the degree of victim blaming highlights its functional account, rather than the unchangeable, inherent positive accounts of the individualizing moral values.

The use of indirect questioning, which asking participants to answer the stereotypes and tendency of others, can be both a limitation and strength for the current study. Whilst the indirect questioning we used has been found to be effective to overcome the effect of social desirability (Fisher, 2013), it is also possible that this method measured a separate construct, instead of reflecting true attitudes and beliefs of participants. Indeed, stereotypes and victim blaming measured through direct questioning showed some patterns consistent with former findings; a higher endorsement of individualizing values predicted lower rated perceived causality of the victim, similar to the former literature that depicted a relationship between endorsement of individualizing values and tendency to ascribe the responsibility of the misfortune to the perpetrator, not to the victim (Niemi & Young, 2016). However, it is noteworthy that the endorsement of binding moral values was not correlated with perceived causality even with the results from the direct questionings. If the former speculation that the inherent characteristics of binding moral values are the main reason for the correlation between binding moral values and prejudiced attitudes, the correlation between binding moral values and victim blaming shall be as clear as the correlation between the individualizing values and victim blaming.

Potentially, this result could explain the relationship between the endorsement of individualizing values and the tendency to answer in a socially desirable way, rather than the relationship between the general function of individualizing moral values in predicting less prejudiced attitudes. Future research could examine whether the answers from direct and indirect questioning on victim blaming predict the behavioral changes, to find the true meaning of the negative correlations between individualizing moral values and prejudiced attitudes revealed throughout the former literature, as well as the significant moderating effect of individualizing moral values for victim blaming found in the current study.

**Direct vs. Indirect Questioning**

Utilizing both direct and indirect questioning to measure the stereotypes and victim blaming attitudes, the current study also found an unexpected interaction with the measurement type (direct vs. indirect questionings). Unlike our expectation that both measurements will indicate similar findings but potentially to a different degree, there was an interaction between the type of measurement and the victim's race. When asked to estimate others' perceived causality of the victim, participants rated the perceived causality the highest for the African American victim, followed by the Asian American victim and the White American victim. However, this pattern reversed when participants were asked to rate how they perceived the causality of the victim; the African American victim was rated the lowest for perceived causality, followed by the Asian American victim and the White American victim. Since the rating for the White American victim was not significantly different between the measurement types, it is inferable that the significant differences between the ratings in the different measurement could be

impacted by social pressure, and that social pressure works differently depending on the victim's race. In other words, this result indicates that the social pressure to either under report the blaming tendency of the self or overestimate other's blaming tendency was the strongest when the victim was African American.

What is interesting is that this underreport or overestimate tendency for victim blaming was significantly correlated with the endorsement of individualizing values. This adds weight to the necessity of re-examining the formerly found reversed correlation between individualizing values and prejudiced attitudes and behaviors. Compared to when the self-reported attitudes are measured as dependent values, the relationship between individualizing values and prejudiced attitudes could differ when behavioral changes are considered as main dependent variables. For instance, behavioral changes could emerge with different patterns from the reported attitude changes under the situation where there is less social pressure, such as with an online environment where anonymity is guaranteed.

In sum, the current study aimed to move beyond the victim blaming literature that focused on finding a universal factor, through examining interactions between situational and dispositional factors. We suggest that 1) stereotypes can be the source of differences in victim blaming found in victims with different racial identities, and 2) people are prone to find a justifiable reason to blame the victim based on these stereotypes, even when there is no evident link between victim's behaviors and misfortunes that victims suffer from. Furthermore, the study demonstrated that 3) the influence of stereotypes on victim blaming varies depending on the relevance of the situation to the stereotype, and 4) such influence can be moderated by the endorsement

of moral values. Finally, the study also 5) identified the interaction between the answers from indirect and direct questioning in the dependent measure of victim blaming, which highlights the importance of measuring behavioral changes in the victim blaming study to assess the true correlation between morality and victim blaming attitudes independent of the risk of social desirability.

Victim blaming is a universal phenomenon, yet its manifestation varies depending on the multiple factors. As aforementioned, what decides the pattern and degree of victim blaming is a rather intricate process that is decided upon the interaction between victim's identity (e.g., victim's race), stereotypes imposed on them, the relevance of the situation, and observer's beliefs (e.g., moral values). To enhance the external validity of victim blaming research, it is imperative to shift from the conventional research approach of focusing on one dispositional factor, such as beliefs and worldviews, which predict generally higher levels of blaming. Instead, a more comprehensive investigation that considers both dispositional and situational factors would be essential for the future victim blaming research to result in identifying predictors and intervention methods for the victim blaming phenomenon.

**Data Tables and Figures**

**Table 1**

*Paired-t-test result for inferiority and foreignness stereotype between the target groups*

|  | *M* | *SD* | *SE* | CI lower | CI upper | *t* | *df* | *sig* |
|---|---|---|---|---|---|---|---|---|
| Foreignness | 1.06 | 1.00 | 0.85 | 0.91 | 1.21 | 14.08 | 174 | <.001 |
| Inferiority | -1.96 | 1.14 | 0.86 | -2.13 | -1.79 | -22.77 | 174 | <.001 |
| Foreignness- Self reported | 0.36 | 0.66 | 0.05 | 0.26 | 0.46 | 7.23 | 174 | <.001 |
| Inferiority-Self reported | -0.46 | 0.79 | 0.06 | -0.57 | -0.34 | -7.68 | 174 | <.001 |

*Note:* Foreignness and Inferiority indicate ratings for indirect questionings. Mean difference was measured by subtracting ratings for African American group from ratings for Asian American group.

**Table 2**

*Stepwise Regression Result for Estimated Perceived Causality of the Victim under the Disease Condition*

| Model | R square | adj. R square | *p* | Predictors | *B* | *SE* | *b* | *t* | *p* |
|---|---|---|---|---|---|---|---|---|---|
| 1 | .130 | .116 | .003 | Foreignness | .361 | .119 | .360 | 3.04 | .003 |
| 2 | .197 | .170 | .001 | Foreignness | .384 | .115 | .383 | 3.33 | .001 |
|  |  |  |  | Inferiority | .154 | .068 | .260 | 2.26 | .027 |
| 3 | .202 | .162 | .003 | Foreignness | .435 | .143 | .434 | 3.04 | .003 |
|  |  |  |  | Inferiority | .103 | .108 | .174 | 0.95 | .343 |
|  |  |  |  | Victim's Race | .205 | .337 | .125 | 0.61 | .545 |

*Note:* Foreignness and Inferiority indicate ratings for indirect questionings.

**Table 3**

*Stepwise Regression Result for Estimated Perceived Causality of the Victim under the Poverty Condition*

| Model | R square | adj. R square | *p* | Predictors | *B* | *SE* | *b* | *t* | *p* |
|-------|----------|---------------|-----|------------|-----|------|-----|-----|-----|
| 1 | .056 | .039 | .077 | Inferiority | .174 | .097 | .236 | 1.80 | .073 |
| 2 | .121 | .089 | .031 | Inferiority | .227 | .098 | .307 | 2.32 | .024 |
|   |      |      |      | Foreignness | .307 | .153 | .265 | 2.00 | .050 |
| 3 | .124 | .074 | .070 | Inferiority | .178 | .155 | .241 | 1.14 | .257 |
|   |      |      |      | Foreignness | .334 | .168 | .289 | 2.00 | .052 |
|   |      |      |      | Victim's Race | .186 | .458 | .092 | 0.41 | .687 |

*Note:* Foreignness and Inferiority indicate ratings for indirect questionings.

**Table 4**

*Correlation between Stereotypes, the Endorsement of Moral Values, and Victim Blaming*

*(Indirect)*

| Variable | *M* | *SD* | 1 | 2 | 3 | 4 |
|----------|-----|------|---|---|---|---|
| 1. Foreignness | 2.47 | 0.85 | - | | | |
| 2. Inferiority | 2.41 | 1.38 | -.18 | | | |
| 3. Binding Moral Values | 3.06 | 0.65 | -.04 | -.19 | | |
| 4. Individualizing Moral Values | 4.31 | 0.51 | .11 | .24* | -.04 | |
| 5. Perceived Causality | 2.09 | 0.96 | .25** | .24** | .05 | .15 |

*Note*: stereotypes and perceived causality were measured by indirect questioning for target groups of Asian American and African American. Moral values were self-reported.
* $p < .05$, ** $p < .01$

**Table 5**

*Correlation between Stereotypes, the Endorsement of Moral Values, and Victim Blaming*

*(Direct)*

| Variable | *M* | *SD* | 1 | 2 | 3 | 4 |
|----------|-----|------|---|---|---|---|
| 1. Foreignness | 1.52 | 0.58 | - | | | |

| Variable | M | SD | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|
| 2. Inferiority | 1.41 | 0.60 | .30** | | | |
| 3. Binding Moral Values | 3.06 | 0.65 | .10 | .17 | | |
| 4. Individualizing Moral Values | 4.31 | 0.51 | -.13 | -.14 | -.04 | |
| 5. Perceived Causality | 1.22 | 0.42 | .22* | .14 | .06 | -.15 |

*Note*: All variables were measured through direct questioning.
*$p < .05$, ** $p < .01$

**Table 6**

*Correlation between Stereotypes, the Endorsement of Moral Values, and Victim Blaming*

*(Direct) depending on the Conditions*

| Variable | M | SD | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|
| **Disease Condition** | | | | | | |
| 1. Foreignness | 1.54 | 0.56 | | | | |
| 2. Inferiority | 1.40 | 0.56 | .46** | | | |
| 3. Binding Moral Values | 3.10 | 0.65 | .23 | .30* | | |
| 4. Individualizing Moral Values | 4.30 | 0.54 | -.17 | -.14 | .12 | |
| 5. Perceived Causality | 1.25 | 0.50 | .29* | .20 | .04 | .02 |
| **Poverty Condition** | | | | | | |
| 1. Foreignness | 1.51 | 0.61 | | | | |
| 2. Inferiority | 1.44 | 0.65 | .16 | | | |
| 3. Binding Moral Values | 3.02 | 0.65 | -.01 | .06 | | |
| 4. Individualizing Moral Values | 4.32 | 0.48 | -.10 | -.16 | -.26 | |
| 5. Perceived Causality | 1.19 | 0.44 | .13 | .07 | .10 | -.40** |

*Note*: All values were measured by direct questioning (self-report measures).
*$p < .05$, ** $p < .01$

**Table 7**

*Correlation between the Endorsement of Moral Values and Difference between Perceived*

*Causality Measured by Direct vs. Indirect Questioning*

| Variable | *M* | *SD* | 1 | 2 |
|---|---|---|---|---|
| 1. Binding Moral Values | 3.07 | 0.65 | | |
| 2. Individualizing Moral Values | 4.31 | 0.51 | -.04 | |
| 3. Differences between Direct vs. Indirect Questionings | 0.87 | 0.99 | 0.1 | .21* |

*Note*: Differences between Direct vs. Indirect Questionings is subtraction of self-reported perceived causality from the estimated of perceived causality of others.
$*p < .05, **p < .01$

**Figure 1a**

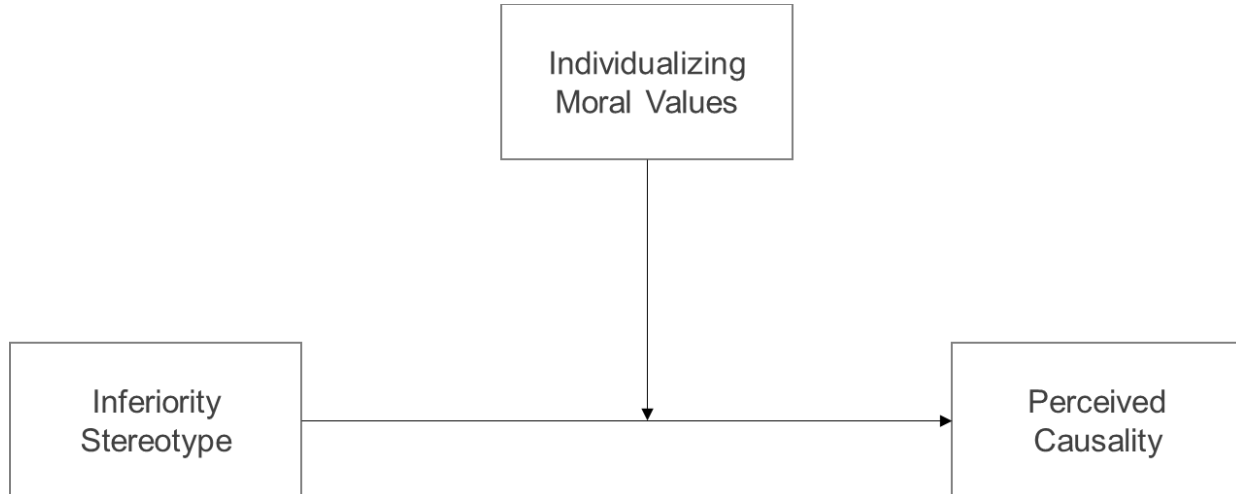*Conceptualized Model for the Moderating Role of Binding Moral Values in Victim Blaming.*
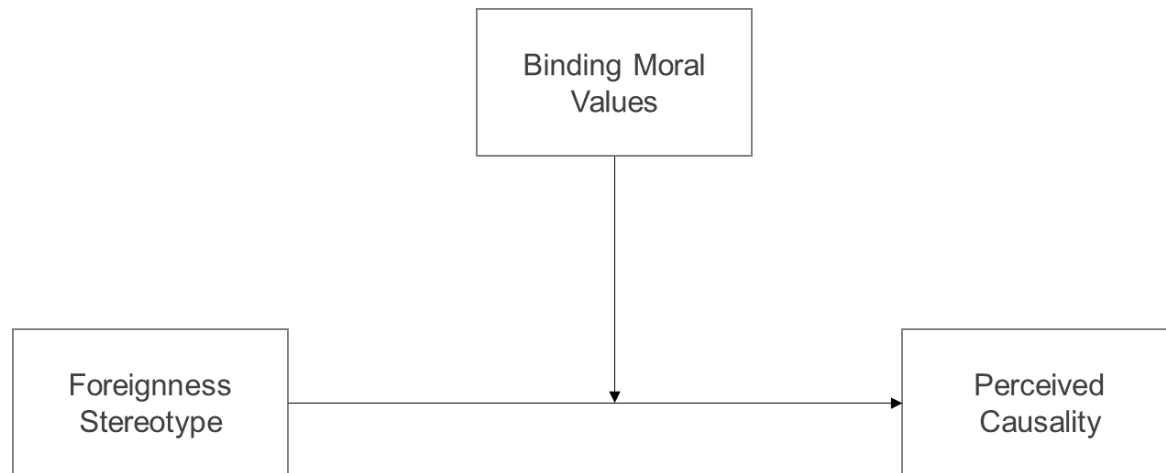


**Figure 1b**

*Conceptualized Model for the Moderated Moderation between Stereotype, Moral Values, and*

*Type of Misfortune in Victim Blaming.*
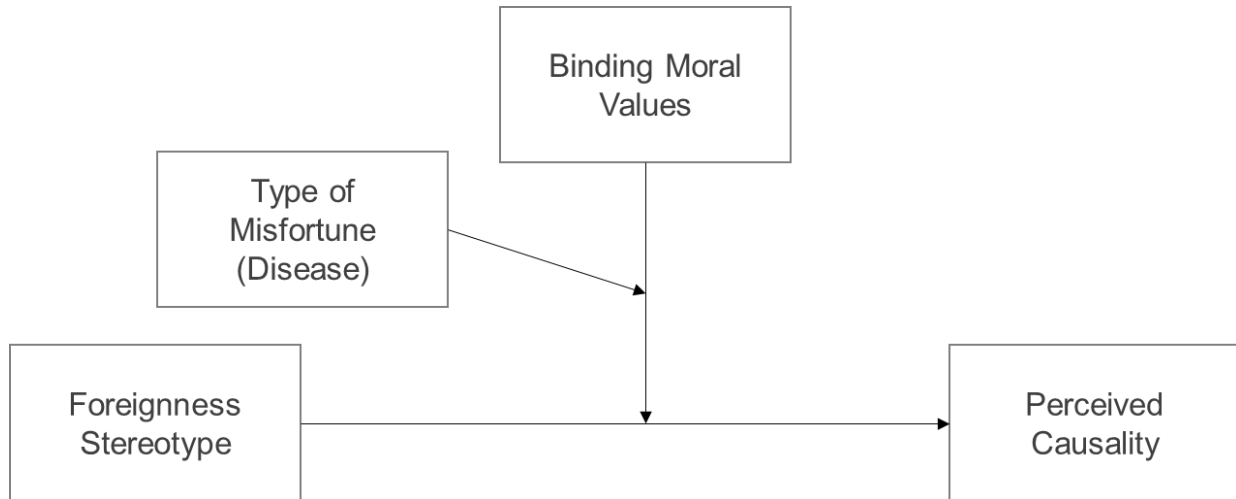
**Figure 2a**

*Conceptualized Model for the Moderating Role of Individualizing Moral Values in Victim*
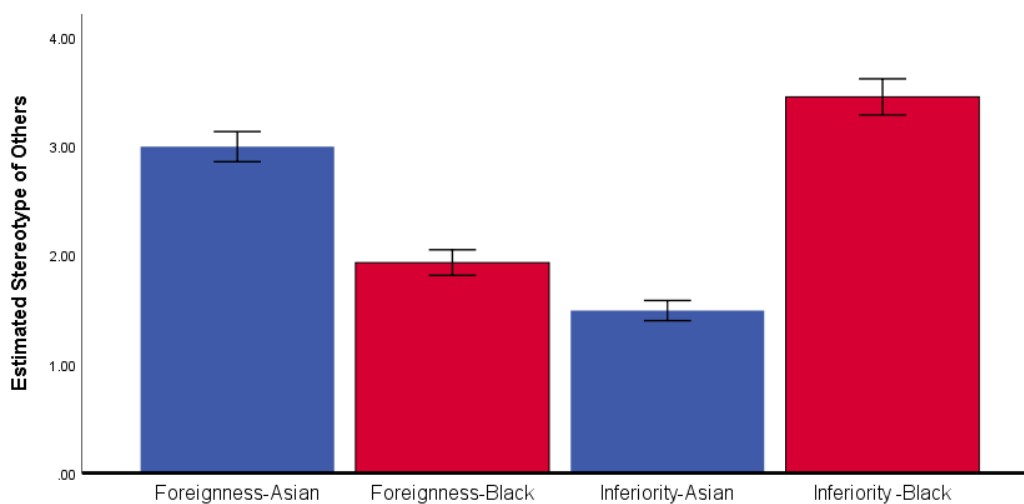
*Blaming.*



**Figure 2b**

*Conceptualized Model for the Moderated Moderation between Stereotype, Moral Values, and*

*Type of Misfortune in Victim Blaming.*

Individualizing
Moral Values

Type of
Misfortune
(Poverty)

Inferiority
Stereotype

Perceived
Causality
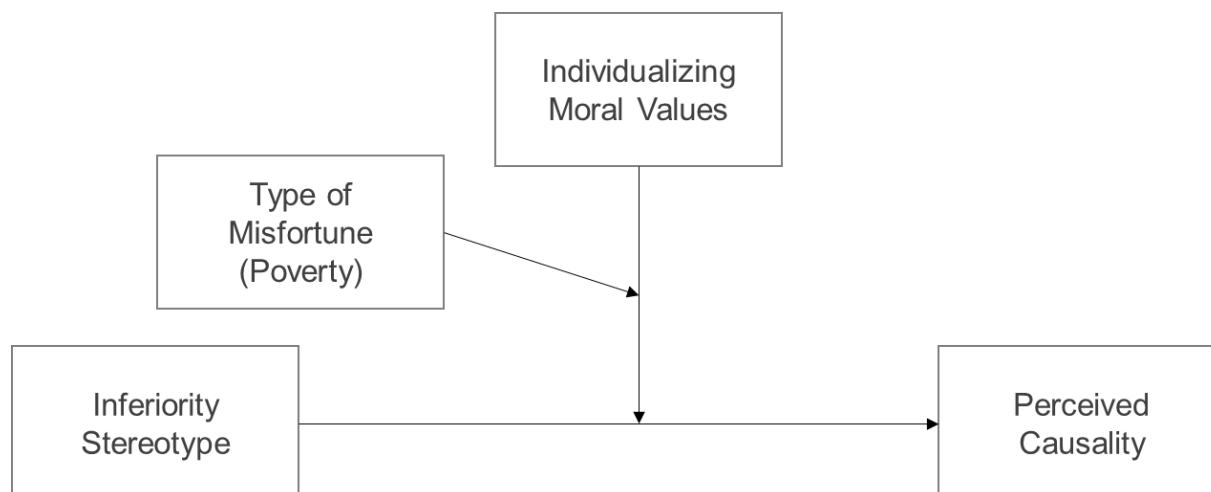
**Figure 3**

*Estimated Stereotypes of Others for the Target Groups Measured by Indirect Questioning*
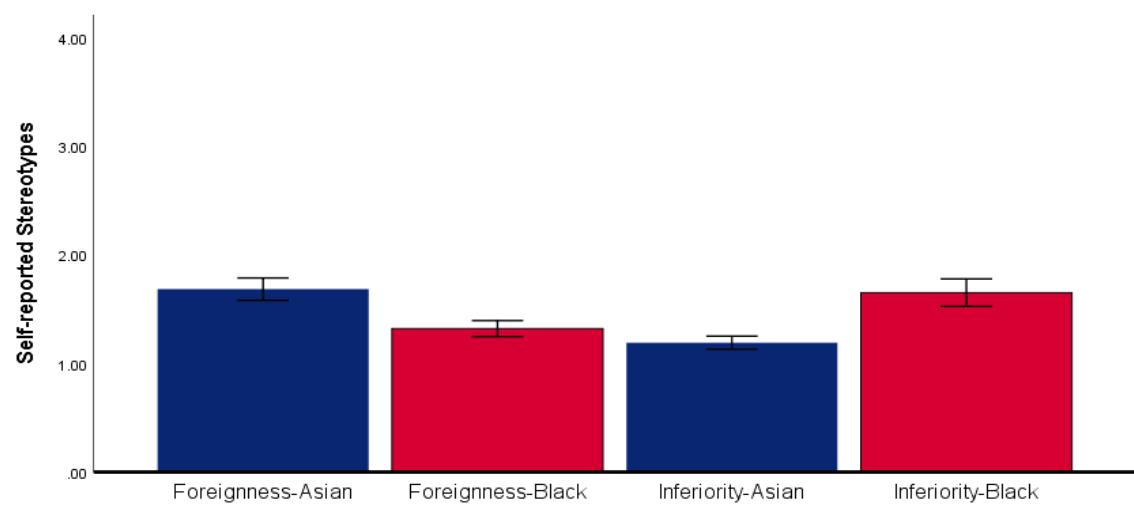
*Note*: The estimated stereotype towards the target racial group measured by indirect questioning.

**Figure 4**

*Self-reported Stereotypes of Others for the Target Groups Measured by Direct Questioning*
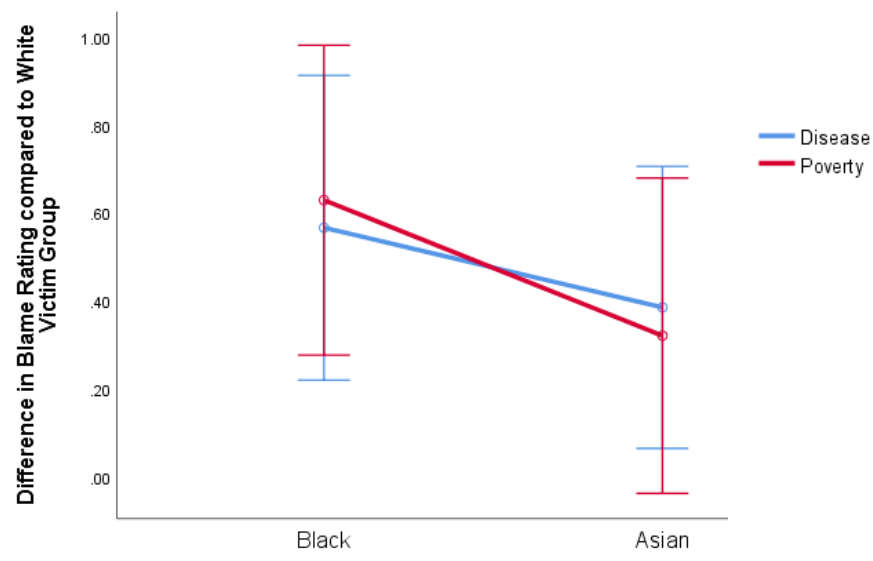
*Note*: The self-reported stereotype towards the target racial group measured by indirect questioning.
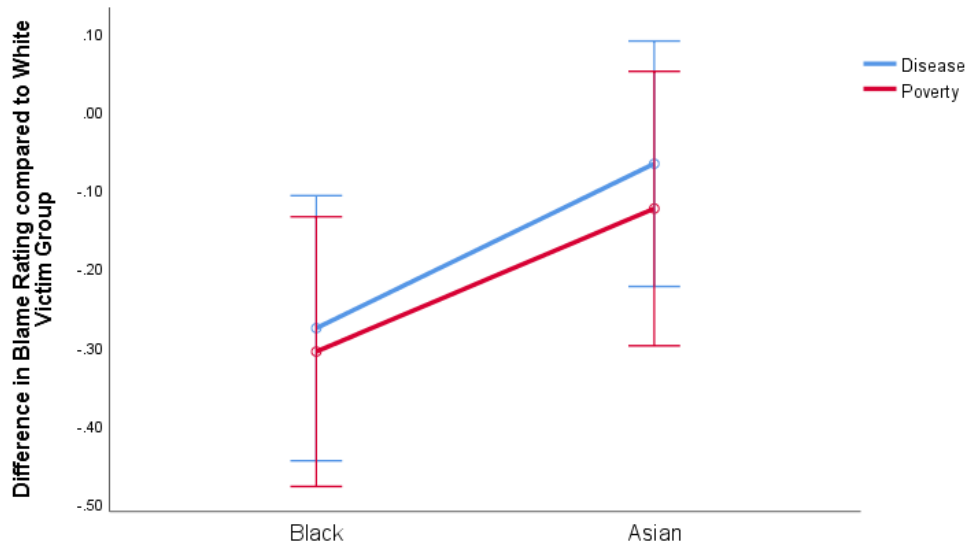
**Figure 5**

*Estimated Perceived Causality of Others for the Victim Measured by Indirect Questioning*



*Note*: The final score for the perceived causality towards the victim was calculated after subtracting the baseline perceived causality, which was the mean score in the control group (White victim group).
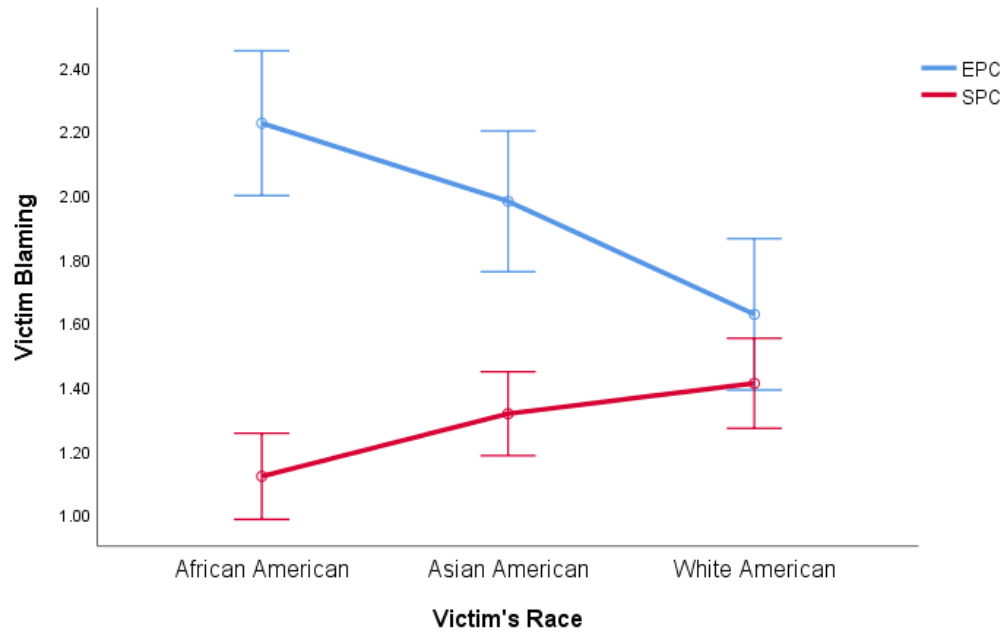
**Figure 6**

*Self-reported Perceived Causality for the Victim Measured by Direct Questioning*



*Note*: The final score for the perceived causality towards the victim was calculated after subtracting the baseline perceived causality, which was the mean score in the control group (White victim group).
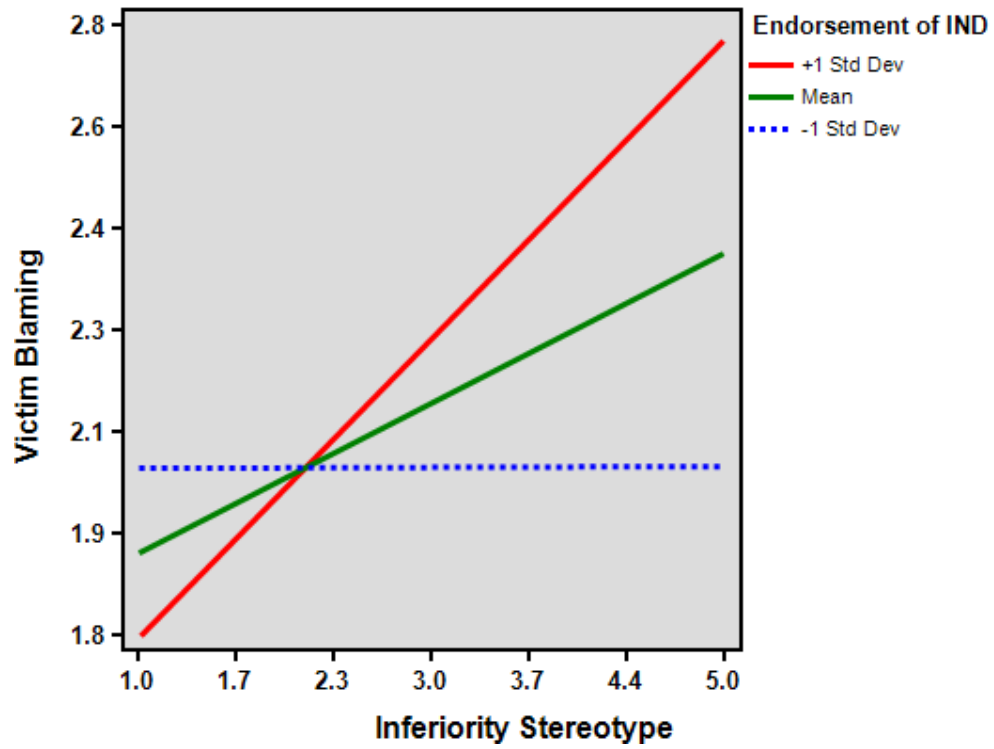
**Figure 7**

*Interaction between the Type of Blaming Measurement and Victim's Race*

*Note:* EPC indicates the estimated perceived causality of the victim, and SPC indicates the self-reported perceived causality of the victim. Error bar indicates 95% confidence interval.

**Figure 8**

*Moderating Role of the Endorsement of Individualizing Moral Values for the Relationship*

*between Inferiority Stereotype and Victim Blaming*

*Note:* Victim Blaming indicates ratings for estimated perceived causality of the victim. Dotted line indicates non-significant correlation.

**Appendix**

**Dialogues and Photos Used in the Online Survey**

**Figure 9**

*A Photo and a Dialogue between a Doctor and a Patient (African American Condition)*



Doctor: Can you describe your symptoms, please?

Patient A: I have a severe fever and headache, I could barely eat for the past few days as I vomited every time I tried to eat something.

Doctor: Do you have a hard time falling asleep? How often have you been waking up throughout the night since your symptoms started?

Patient A: Yes, I don't think I have slept more than 4 hours for the last three days. It is very hard to fall asleep due to my headache, and when I am able to fall asleep, I wake up quickly due to shivering.

Doctor: It sounds like a novel virus infection to me. It is contagious. Although it is quite common to get one around this time of the year, your symptoms look particularly severe.

**Figure 10**

*A Photo and a Dialogue between a Doctor and a Patient (White American Condition)*



Doctor: Can you describe your symptoms, please?

Patient A: I have a severe fever and headache, I could barely eat for the past few days as I vomited every time I tried to eat something.

Doctor: Do you have a hard time falling asleep? How often have you been waking up throughout the night since your symptoms started?

Patient A: Yes, I don't think I have slept more than 4 hours for the last three days. It is very hard to fall asleep due to my headache, and when I am able to fall asleep, I wake up quickly due to shivering.

Doctor: It sounds like a novel virus infection to me. It is contagious. Although it is quite common to get one around this time of the year, your symptoms look particularly severe.

**Figure 11**

*A Photo and a Dialogue between a Doctor and a Patient (Asian American Condition)*



Doctor: Can you describe your symptoms, please?

Patient A: I have a severe fever and headache, I could barely eat for the past few days as I vomited every time I tried to eat something.

Doctor: Do you have a hard time falling asleep? How often have you been waking up throughout the night since your symptoms started?

Patient A: Yes, I don't think I have slept more than 4 hours for the last three days. It is very hard to fall asleep due to my headache, and when I am able to fall asleep, I wake up quickly due to shivering.

Doctor: It sounds like a novel virus infection to me. It is contagious. Although it is quite common to get one around this time of the year, your symptoms look particularly severe.

**Figure 12**

*A Photo and a Dialogue between an Undergraduate Director and a Student (African American Condition)*



Director: To get a sense of whether you will be eligible to get the emergency fund, could you briefly share your current financial situation with me?

Student A: Right now I am working two part-time jobs, but I still have a hard time paying rent on time, and I am using the campus food pantry almost every week because I cannot afford groceries and toiletries.

Director: Did you formerly receive this fund before?

Student A: Yes, I did, I applied for one for my freshman year and received $1,000. It helped me to pay my bills and afford groceries.

Director: Ok, then you must be familiar with the application process... Spots are limited, but I think you will get it again. Let me hand you the application forms. The deadline is in a week, so please make sure you hand in those forms in time.

**Figure 13**

*A Photo and a Dialogue between an Undergraduate Director and a Student (White American Condition)*



Director: To get a sense of whether you will be eligible to get the emergency fund, could you briefly share your current financial situation with me?

Student A: Right now I am working two part-time jobs, but I still have a hard time paying rent on time, and I am using the campus food pantry almost every week because I cannot afford groceries and toiletries.

Director: Did you formerly receive this fund before?

Student A: Yes, I did, I applied for one for my freshman year and received $1,000. It helped me to pay my bills and afford groceries.

Director: Ok, then you must be familiar with the application process… Spots are limited, but I think you will get it again. Let me hand you the application forms. The deadline is in a week, so please make sure you hand in those forms in time.

**Figure 14**

*A Photo and a Dialogue between an Undergraduate Director and a Student (Asian American*

*Condition)*



Director: To get a sense of whether you will be eligible to get the emergency fund, could you briefly share your current financial situation with me?

Student A: Right now I am working two part-time jobs, but I still have a hard time paying rent on time, and I am using the campus food pantry almost every week because I cannot afford groceries and toiletries.

Director: Did you formerly receive this fund before?

Student A: Yes, I did, I applied for one for my freshman year and received $1,000. It helped me to pay my bills and afford groceries.

Director: Ok, then you must be familiar with the application process… Let me hand you the application forms. Spots are limited, but I think you will get it again. The deadline is in a week, so please make sure you hand in those forms in time.

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