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WHEN MEN ARE THE VICTIMS:  
FACTORS AFFECTING RAPE VICTIM BLAME AND BYSTANDER AID  
DISSERTATION

A Dissertation  
submitted in partial fulfillment  
for the degree of Doctor of Philosophy  
Department of Psychology  
The University of Mississippi  
Shilpa Boppana  
December 2021

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## ABSTRACT

Rape is a widespread problem, particularly on college campuses. While most research has focused on female victims, male victimization is more common than previously thought. Studies reveal that gender may play an important role in rape myth acceptance, as male victims of rape committed by female perpetrators are often perceived as more responsible for being raped and less traumatized than in cases with male perpetrators. Rape myth acceptance is associated with victim blame, as individuals who accept rape myths are more likely to attribute responsibility to rape victims for the assault. Rape myth acceptance and victim blame both influence bystander intervention, as those who endorse rape myths and blame the victim are less likely to intervene before, during, or after sexual assault.

This study examined the impact of participant gender, victim gender, and victim-perpetrator relationship on victim blame and bystander aid in a college population. Participants were 265 college students, aged 18-25, who were recruited online at a university located in the southeastern United States, and an online research participation platform (Prolific). Participants were randomly assigned to one of four conditions involving a vignette of a cisgender heterosexual rape. Vignettes differed in terms of victim gender (male or female) and relationship between victim and perpetrator (dating or acquaintance). After reading the vignette, participants completed measures assessing victim blame, bystander aid, demographic information, rape myth acceptance, alcohol consumption, history of sexual victimization, and social desirability.

Results indicated that male participants endorsed higher levels of victim blame and lower levels of bystander aid than female participants, male victims were blamed more than female victims, and participants were more willing to provide bystander aid to female victims than to male victims. Results also suggested no significant difference between acquaintance and dating conditions with regards to victim blame or bystander aid. In addition, rape myth acceptance predicted victim blame and was significantly negatively associated with bystander aid across conditions. History of sexual victimization and alcohol consumption were significantly negatively associated with bystander aid in the female-victim condition but not the male-victim condition. Results and implications of findings are discussed.

DEDICATION

To my family.

## ACKNOWLEDGEMENTS

To my mentor, Dr. Alan M. Gross. Your wisdom has guided the way. Thank you for teaching me how to pay attention to what really matters.

To my committee members, Dr. Carrie Smith, Dr. Sarah Bilsky, Dr. Jamie Harker, and Professor Kris Gilliland. Thank you for your guidance and encouragement. Your perspectives greatly improved this project. I appreciate your readiness to help and generosity with your time.

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## I. BACKGROUND

The act of rape has occurred since early civilizations, with the oldest written criminalization of rape found in the Code of Hammurabi, which dates to about 1754 B.C. (Smith, 1974). The Federal Bureau of Investigations defines rape as “penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” Rape and other acts of sexual violence are serious problems in the U.S., with an estimated 135,775 rapes reported to law enforcement in 2017. The 2017 estimate of rapes in the U.S. was 2.5% higher than the 2016 estimate and 19.4% higher than the 2013 estimate (Federal Bureau of Investigations, 2017). Contrary to common perceptions of rapists, 34% of all rape or sexual assault victimizations are committed by an intimate partner (former or current spouse, girlfriend, or boyfriend), 38% by a friend or acquaintance, and only 22% by strangers (U.S. Department of Justice, 2013). Studies suggest that 1 in 5 women in the U.S. will be raped in their lifetimes

While less is known about male victims, research suggests that male sexual victimization is more prevalent than previously thought. Research indicates that up to 65% of men report sexual victimization (Centers for Disease Control, 2014; Depraetere, Vandeviver, Beken, & Keygnaert, 2018). Coercion strategies such as exploiting a victim’s incapacitated state and verbal pressure are commonly used by female perpetrators towards male victims (Depraetere et al., 2018).

Survivors of rape and other forms of sexual assault are at a higher risk of experiencing negative physical and mental health outcomes including bodily harm, fear, anxiety, poor self-

esteem, social difficulties, depression, and post-traumatic stress disorder (PTSD) (Davies, 2002; Demaris & Kaukinen, 2005; Peterson, Voller, Polusny, & Murdoch, 2011; Ullman and Nadjowski, 2009). Suicidal ideation has been found to occur in 33–50% of female rape victims (Goodman, Koss, & Russo, 1993).

Research shows that sexual victimization is just as distressing and psychologically harmful to male victims as female victims (Coxell & King, 1996; Davis, 2004; Heidt, Marx, & Gold, 2005; Mezey & King, Myers, 1989; Walker, Archer, & Davies, 2005). Some studies suggest that male sexual victimization is associated with even poorer outcomes than female sexual victimization, which may be due to a perceived loss of power, control, and masculinity, as well as a lack of support and resources compared to female victims (Peterson et al., 2011). In some cases, male victims display higher levels of anxiety, depression, intrusive experiences, suicidal thoughts, and more suicide attempts than female victims (Elliott, Mok, & Briere, 2004, Struckman-Johnson & Struckman, Johnson, 2006). Sexually assaulted men have also been found to have significantly higher rates of current psychological symptoms, increased lifetime history of psychological disorders (55% vs. 29%), and a greater history of psychiatric hospitalizations (52% vs. 18%) as compared with sexually assaulted women (Kimerling, Rellini, Kelly, Judson, & Learman, 2002). Additionally, male rape victims may experience hostility and disbelief from law enforcement and medical services when reporting rape, which exacerbates psychological distress (King & Woollett, 1997). In both men and women, the negative psychological consequences of rape may persist for years (Neville & Heppner, 1999; Resick, 1993).

Despite the prevalence of rape affecting both male and female victims and the well-established negative psychological consequences, an estimated 50-90% of rapes are never reported to law enforcement (U.S. Department of Justice, 2002; Madigan & Gamble, 1991; Gise

& Paddison, 1988). This is due to a number of factors, including victim self-blame (Vidal & Petrak, 2007), fear of not being believed or humiliated by others (Povey, Coleman, Kaiza, Hoare, & Jansson, 2008), wanting to avoid the stigmatized status of being a rape victim (Littleton & Dodd, 2016; Littleton et al., 2009), and the low likelihood that the rapist will be prosecuted or found guilty if prosecuted (Allen, 2018; Kalven & Zeisel, 1986; Page, 2008; Stickels et al., 2007).

Research examining rape and policy efforts in the U.S. aimed at preventing rape have largely viewed rape as involving male perpetrators and female victims. Some researchers posit that this gendered conceptualization of rape has been detrimental to male victims of rape as it fails to acknowledge the prevalence and seriousness of sexual assault against men and as a result limits available resources for male victims (Depraetere et al., 2018; Javaid, 2017; Rosenstein & Carroll, 2015; Stemple & Meyer, 2014).

A gendered conceptualization of rape, which minimizes male sexual victimization, is influenced by gender stereotypes and sexual scripts, which prescribe how men and women should behave in sexual situations. These stereotypes and scripts imply that women are passive and inexperienced and that men are sexually dominant, experienced, and engage in every sexual opportunity (Gupta, 2000; Simon & Gagnon, 1984). These attitudes and beliefs are exemplified by rape myths, which are defined as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists,” and include the assumptions that victims are more responsible for an assault when drinking alcohol or dressing a certain way, that rape victims are always women, that men are always perpetrators, and that most rape victims do not know their perpetrators (Bohner, Weisbrod, Raymond, Barzvi, & Schwarz, 1993; Burt 1980). Rape myth acceptance refers to the degree to which individuals endorse stereotyped beliefs about rape. Rape myth

acceptance by society results in a rape-supportive climate hostile to victims and may influence victim blame and bystander aid (Javaid, 2017; Rosenstein & Carroll, 2015). Males, and individuals who are older, less educated, and identify as heterosexual have been found to be more likely to endorse rape myths than individuals who are female, more educated, and identify as gay (Davies et al, 2012; Kassing et al., 2005; Davies & McCartney, 2003).

Research suggests that acceptance of rape myths creates a broader culture in which victims are blamed for the rape (Ben-David & Schneider, 2005; Frese, Moya, & Megias, 2004; Peterson & Muehlenhard, 2004). Although overt blaming of victims may have become less socially acceptable in recent decades, rape myths that imply that victims did something to cause the assault and that the offender is not completely at fault persist (Hockett et al. 2016; Saucier et al. 2015). Blame has harmful consequences for victims, as victims who are met with negative reactions have a higher risk of re-victimization over a twelve-month period (Mason, Ullman, Long, Long, Starzynski, 2009).

In both stranger and acquaintance rape situations, some research has found that male victims tend to be blamed more than female victims (Perrott & Webber, 1996). In particular, men are blamed more harshly than female victims when they are judged to have been able to fight off an attacker (Davies, Pollard, & Archer, 2001; Howard, 1984a, 1984b).

Bystander intervention or aid, which refers to third-party observers interfering or helping when presented with sexual assault scenarios, is often presented as a solution to curbing sexual victimization (McMahon, 2010). Bystander intervention programs have gained popularity in recent years, particularly on college campuses with various models encouraging students to intervene before, during, or after a sexual assault has occurred. Research has found that women tend to show more positive bystander behavior overall when compared to men which may be a

result of their greater awareness of sexual assault scenarios or greater identification with and empathy for victims (Banyard 2004, 2007, 2008, 2011; Banyard and Moynihan 2011; Burn 2009). Greater acceptance of rape myths is associated with lower likelihood of bystander intervention in sexual assault situations (Banyard, 2008; Burn 2009).

The purpose of the present study is to examine the relationships among gender, rape myth acceptance, victim blame, bystander aid as they relate to heterosexual rape. Following a brief description of the epidemiology of male and female rape and related psychological consequences, rape myth acceptance and its impact on victim blame and bystander aid will be examined. The role of relationship between victim and perpetrator will also be discussed.

### **Male and Female Rape**

Both men and women are rape victims. According to the National Intimate Partner and Sexual Violence Survey (Smith et al., 2018) which examined sexual violence among adults in the U.S., one in five women (21.3% or an estimated 25.5 million) has been raped. About 13.5% of women surveyed experienced completed forced penetration, 6.3% experienced attempted forced penetration, and 11.0% experienced completed alcohol/drug-facilitated penetration at some point in their lifetime. With regards to male rape, nearly 25% of men have experienced some form of sexual violence and 1 in 14 men (7.1% or nearly 7.9 million) have been made to penetrate someone else in his lifetime. For male victims of completed and attempted penetration, 1.6% endorsed an experience of completed penetration, 1.4% experienced situations where attempts were made to make them penetrate someone else through use of force, and 5.5% were made to penetrate someone else through alcohol/drug facilitation at some point in their lifetime (Smith et al., 2018).

Men and women differ somewhat regarding age at first victimization. Although a majority of both men and women report that their first experience of attempted or completed rape occurred prior to age 25, more women than men report their first victimization occurring at 17 years or younger (43.2% women, as compared to 25.9% of men) and more men than women report their first victimization occurring after the age of 25 (43.1% of men, as compared to 17.5% of women).

In a review of the literature, Depraetere et al. (2018) found that almost one third of the studies reviewed reported higher victimization rates for males than females, with 3 of the 33 studies reporting victimization rates of more than 57% for males. It was also suggested that male victims may be more reluctant to report sexual victimization than female victims due to a sense of “stolen or harmed masculinity” which contradicts traditional sexual scripts and gender roles (Depraetere, 2018).

Both men and women may not label their sexual victimization experience as rape, even though it might meet the legal definition. The prevalence of unacknowledged rape is high for both men and women, and the circumstances under which rape is acknowledged differ. Women are more likely to label victimization as rape when the experience includes the use of physical force with completed penetration, the victim shows forceful resistance, or when she is too incapacitated to stop the offender. Men, on the other hand, are more likely to label their experiences as rape when the offender is male as opposed to female, and physical force is used. It appears that “less severe” sexual aggression tactics such as exploiting a victim’s incapacitated state and verbal pressure may be more common in the sexual victimization of men by women and lead to underreporting of male sexual victims (Depraetere, 2018).

The psychological consequences of rape can be severe. Victims of rape experience PTSD, depression, substance use, and suicidal attempts/ideation at higher rates and for longer periods of time than victims of other forms of trauma (Campbell, Dworkin, & Cabral, 2009; Resick, 1993). Among women, it has been found that up to 65% of victims develop PTSD and up to 51% meet criteria for depression in the aftermath of a rape, and that these negative effects can persist for weeks, months, and even years after the rape (Campbell et al., 2009; Frazier, 2000; Girelli et al., 1986; Resick, 1993). Research with women has shown that 70% develop fear and anxiety after a rape, and this fear can result in victims engaging in avoidance behaviors which contribute to social isolation, helplessness, and depression (Stafford, Chandola, & Marmot, 2007).

Research has shown that males are capable of involuntary sexual arousal and ejaculation under duress and this can increase male victim's feelings of self-blame and responsibility (Bullock & Beckson, 2011; Fuchs, 2004; Mezey & King, 1989; Scarce, 1997; Sarrel & Masters, 1982). The first systematic examination of female-perpetrated male sexual victimization was conducted by Sarrel and Masters in 1982. They described 11 case studies, of which 7 involved adult males who were sexually assaulted by women in a way that was described as "an act of overt female sexual aggression." Men in these case studies described being subject to threats of physical abuse or the use of physical restraints and each male victim reported finding the incident traumatic. One of the men found the assault so distressing that he suffered long-lasting negative effects on his social, emotional, and sexual functioning (Sarrel & Masters, 1982). A similar study by Orman (1985) examined the cases of 24 male victims of female sexual assault and found that each man considered the assault traumatic and displayed some degree of PTSD symptoms. In particular, victims reported suffering sexual dysfunction and an aversion to sex

after the assault.

Some research indicates that men suffer similar rates of distress, depression and PTSD symptoms compared to women following an assault (Heidt et al., 2005). Studies have established an association between male sexual victimization and alcohol abuse and a stronger association between sexual assault and sexual dysfunction than in female victims (Coxell et al., 1999; Elliott et al., 2004; Kalichman et al., 2001; Larimer et al., 1999; Ratner et al., 2003). Other research has found poorer outcomes among male victims than female victims such as higher rates of traumatic stress, suicidality, and psychiatric hospitalizations (Elliott et al., 2004; Kimerling, 2002; Struckman-Johnson & Struckman-Johnson, 2006). The above review suggests that despite rape prevention efforts, rape continues to be a serious problem that has profound psychological effects on both men and women.

### **Rape Myth Acceptance**

The concept of rape myths was first proposed by Brownmiller (1975) and refined by Burt (1980) as the often prejudicial and stereotypical false beliefs about rape, rape victims, and rapists. Rape myth acceptance refers to the endorsement of beliefs about rape that serve to deny, downplay, or justify sexual violence. Common female rape myths related to victims can be categorized as (a) she asked for it (by dressing a certain way or drinking alcohol), (b) it wasn't really rape (if she did not show active resistance or say no), or (c) she lied (because she regretted having sex) (Payne et al., 1999). Female rape myths related to male perpetrators include (a) only violent strangers are rapists (that a rapist must have used a weapon in order for an assault to be considered a "real" rape) and (b) "he didn't mean to," implying that men's sexual appetites are so uncontrollable that rapists are actually "good guys" who get carried away (Armstrong, Hamilton, & Sweeney, 2006; Holland, Gustafson, Cortina, & Cipriano, 2019; McMahon &

Farmer, 2011; Payne et al., 1999).

In an examination of the correlates of female rape myths, Lonsway and Fitzgerald (1995) administered measures of rape myth acceptance, beliefs about sex and violence, and hostility towards women to college students. Analyses revealed that hostility towards women predicted rape myth acceptance in both male and female participants, with hostility towards women accounting for more than twice the variance in male participants. It was suggested that female rape myth acceptance functions differently for men and women with hostility towards women functioning to justify violence by men. It was also suggested that rape myth acceptance by women may function to create a sense of security by denying the woman's personal vulnerability to rape.

Barnett, Sligar, & Wang (2018) examined the influence of gender, political beliefs, and religiosity on female rape myth acceptance. College students were administered measures of religious affiliation, religiosity, political ideology, and rape myth acceptance. After controlling for political ideology, analyses revealed that students who were religiously affiliated had higher levels of rape myth acceptance than students who identified as atheist or agnostic. Consistent with previous reports, men endorsed more rape myths than women. It was concluded that individuals' social environments, such as their religious environments, may influence their views on rape myths and that women may more readily identify with rape victims, resulting in less rape myth acceptance.

Recent work has investigated male rape myths (Davies, Gilston, & Rogers, 2012; Javaid, 2015; Reling, Becker, Drakeford, & Valasik, 2018; Rosenstein & Carroll, 2015; Walfield, 2018). There are a range of male rape myths including (a) men cannot be raped; (b) "real men" can defend themselves against rape; (c) only gay men are victims and/or perpetrators of rape; (d)

heterosexual and gay men are not affected by rape (or not as much as are women); (e) a woman cannot sexually assault a man; (f) male rape only happens in prisons; (g) sexual assault by someone of the same sex causes homosexuality; (h) gay and bisexual individuals deserve to be sexually assaulted because they are immoral and deviant; and (i) if a victim is sexually aroused during an assault he must have wanted sex. Both men and women have been found to endorse male rape myths, with the proportion ranging between 2.7% to 45.9% of men and 1.5% to 23.4% of women (Turchik & Edward, 2012).

Much of the literature examining male rape myths has focused on gay men. In a study examining the relationship between male rape myth acceptance, female rape myth acceptance, and attitudes towards gay men (Davis et al., 2012), college students were exposed to a vignette depicting the rape of a gay man by a stranger. Rape myth acceptance, attitudes towards gay men, negative gender stereotypes, and ambivalent sexism towards women and men were assessed. Male participants displayed higher levels of rape myth acceptance, negative attitudes towards gay men, and victim blame than female participants. Male respondents also considered the sexual assault to be less severe than female participants. Authors observed that male rape myth acceptance was predicted by female rape myth acceptance, gender attitudes, and victim blame. It was suggested that negative attitudes about male rape victims are far-reaching and diverse, and influenced by general beliefs about gender and sexuality. Additionally, they suggested that due to these negative attitudes, male victims of rape might face a secondary victimization when they are blamed for the rape or not believed when they report its occurrence (Davis et al., 2012).

In a study examining the correlates of male rape myth acceptance, Walfield (2018) administered measures of male and female rape myth acceptance, attitudes towards gay men, sexual double standards (traditional and sexist beliefs about sexual activity) and social roles to

adult men and women. It was found that individuals who are older, male, and who had more traditional views of gender and sexual behavior were more likely to endorse rape myths. Most individuals agreed with rape myths to some degree, with only one in five respondents disagreeing with every item. Nearly half of participants agreed with the statement that when women are perpetrators of rape, it is because they are sexually frustrated, and one third agreed with the statement that they would have a hard time believing that a male could be raped by a female. It was concluded that there is a lack of public awareness about male sexual victimization, and this lack of knowledge contributes to misperceptions about male rape.

In a qualitative examination of variables associated with male rape, Javaid (2017) used semi-structured interviews and questionnaires to investigate rape myth acceptance, gender expectations, beliefs about masculinity, and sexism on perceptions of male rape. The sample included British police officers, rape counselors, and workers at community agencies providing services to rape victims. Qualitative analyses revealed a number of themes consistent with rape myth acceptance, including high endorsement of rape myths such as male rape only happens to gay men and that women cannot rape men. It was concluded that this failure by community service providers to recognize that males are affected by rape may be a barrier for male victims reporting the crime or seeking resources to recover from assault (Javaid, 2017). This qualitative study confirms previous findings that acceptance of the rape myths is prevalent, particularly the myths that sexual assault is solely a female or gay male issue.

Struckman-Johnson and Struckman-Johnson (1992) examined the influence of perpetrator gender on rape myth acceptance. Students were asked to rate their agreement with male rape myths which were altered to either describe rape by a man or by a woman. It was found that the items with the most agreement pertained to myths stating that men cannot be

raped, that men are responsible for their being raped if it occurs, and that men are not traumatized by rape. Women were less accepting of male rape myths than men, and both men and women agreed more with male rape myths when the perpetrator was described as a woman. In particular, when the rape myth described the rape of a man by a woman, participants were more likely to agree that the rape would not occur, that the man was responsible, and that the rape would not be traumatic. This bias was especially evident with the myth related to victim blame (that the man was responsible for the rape) and trauma. It was concluded that a sizeable number of individuals believe that when men are raped by women it is the man who is at fault and that he is unlikely to be traumatized by the experience.

Chapleau, Oswald, & Russell (2008) administered measures of male and female rape myth acceptance, sexual beliefs, acceptance of violence, and ambivalence toward men in a study examining gender differences in rape myth acceptance. Consistent with previous reports, analyses revealed that male and female rape myths were highly correlated, and men were more likely to accept rape myths than women, with men being most accepting of the rape myth that men are responsible if they are raped. It was also found that benevolent sexism (attitudes about gender that are seemingly positive but still stereotypical towards men) was correlated with male rape myth acceptance, and acceptance of violence was a strong predictor of male and female rape myth acceptance. It was concluded that beliefs about gender roles underlie both male and female rape myth acceptance, and that benevolent sexism may be associated with victim blaming in order to preserve individuals' belief in a just world. Overall, the research on rape myths suggests that while male and female rape myths are highly correlated, male rape myth acceptance may be uniquely affected by gender of perpetrator. In cases of male rape with female perpetrators, male

victims are often perceived as more responsible for being raped and less traumatized than in cases with male perpetrators.

### **Victim Blame**

A number of common rape myths suggest that the victim is largely responsible for the assault. This attribution is known as victim blame, and beliefs blaming victims for assault have been found to be endorsed by men and women about both male and female victims (Klement, Sagarin, & Skowronski 2018; Loughnan, Pina, Vasquez, & Puvia, 2013; Paul et al. 2014; Sussenbach et al. 2013). Janoff-Bulman (1979) proposed that victim blame consists of two components: “characterological blame,” where blame is attributed to a stable factor such as personality, and “behavioral blame,” where blame is attributed to a changeable factor such as the way the victim acts and reacts (Davies, Rogers, & Whitelegg, 2009). Many studies assessing victim blame focus on behavioral blame and include an examination of rape myths, as beliefs about victim responsibility overlap with false beliefs about rape, rape victims, and perpetrators. For example, with regards to female victims, dressing in a “provocative” way, drinking, not showing active resistance against the aggressor, having had previous sexual contact with the aggressor, and inviting him home are all correlated with a higher degree of victim blaming (Cohn, Dupuis, & Brown, 2009; Sims, Noel, & Maisto, 2007; Whatley, 2005). The extent to which police officers, judges, and community members blame victims of rape can affect the type of support and care victims receive as well as their psychological outcomes (Sheldon & Parent, 2002; Sleath & Bull, 2012).

In a 2018 study examining correlates of female victim blame, participants were exposed to a vignette depicting a rape scenario in which the victim consumed alcohol, and either accepted or refused an alcoholic drink from the perpetrator in a bar prior to the assault (Romero-Sánchez,

Krahé, Moya, & Megías, 2018). Measures of victim blame and rape myth acceptance were administered. Analyses revealed that victims were blamed more when they had accepted a drink from individuals who later became aggressors, and that this effect was more pronounced the more participants endorsed rape myths. Researchers concluded that certain behaviors, such as accepting a drink from a stranger, are perceived to signal sexual interest despite other signs of non-consent. This perceived sexual interest through the victim's behavior is one of several reasons suggested as to why individuals attribute blame to rape victims.

In a meta-analysis reviewing the demographic, attitudinal, and behavioral correlates of victim blame and rape myth acceptance, authors reviewed 37 studies and combined results using meta-analytic techniques (Suarez & Gadalla, 2010). It was found that men displayed higher levels of rape myth acceptance and victim-blaming attitudes than women. Rape myth acceptance and victim blaming was strongly associated with hostile attitudes and behaviors towards women, and was also correlated with heterosexism (homophobia), racism, classism, and ageism. It was observed that given the correlation between other "isms" and rape myth acceptance and victim blaming, broader prejudicial beliefs may underlie rape myth acceptance and victim blaming.

Russell and Hand (2017) conducted a review of the literature on victim blame, rape myth acceptance, and Just World beliefs (the belief that one will get what one deserves). The review revealed several themes in the literature with rape myth acceptance being strongly predictive of victim blame in both male and female victims. Rape myth acceptance was more prevalent in males than females, and Just World beliefs were associated with both victim blame and rape myth acceptance. It was also observed that there was greater victim blaming in stranger rape scenarios as compared to acquaintance rape scenarios. Authors concluded that while a relationship between victim blaming, rape myth acceptance, and Just World beliefs has been

established in the literature, further examination of the role of victim and perpetrator gender is needed.

The examination of victim blame in men has largely focused on gay men but recent work examining blame in heterosexual rape has suggested that men raped by women are also subject to victim blame. Klement et al. (2018) examined whether rape myths moderated the relationship between rape myth acceptance and victim-blaming. Undergraduate students read scenarios of a heterosexual sexual assault case and were randomly assigned to a control condition, a rape myth confirmation condition, or a rape myth debunking condition. After viewing a vignette participants reported the extent to which they endorsed or accepted rape myths and blamed the victim in the scenario. Researchers found that, overall, presentation of rape myth confirming information or rape myth debunking information did not moderate the relationship between rape myth acceptance and victim blame regardless of the genders of the accused and victims. That is, participants endorsed rape myths and blamed victims at similar levels regardless of whether information debunking rape myths had been presented. It was concluded that this could be due to the entrenched nature of rape myth acceptance.

Smith, Pine, & Hawley (1988) investigated victim blame of male victims of heterosexual rape by presenting participants with a sexual assault scenario in which victim and perpetrator genders were manipulated. Undergraduate student participants were asked to make a series of judgements about the victim. As compared to female victims in heterosexual rape and consistent with male rape myths, male victims were more likely to be judged to have encouraged rape, and have higher rates of enjoyment and lower rates of stress related to the assault. Authors observed that male participants were more likely than female participants to engage in this pattern of responding. It was concluded that women may be more sympathetic to both male and female

victims as they were more likely to have been victims of sexual assault or have a more realistic understanding of rape. As previously noted, rape myth acceptance and victim blame have been linked (Eyssel and Bohner 2011; Paul et al. 2014; Sleath & Bull, 2012; Sussenbach et al. 2013) with male victims generally blamed more than female victims (Bruggen & Grubb, 2014; Burt & DeMello, 2002) and male observers blaming victims more than female observers (Davies, Rogers, & Whitelegg, 2009; Davies, Smith, & Rogers, 2009; Sims et al., 2007).

Another factor which appears to influence victim blame is the relationship between the perpetrator and victim. Data suggest that female victims are often blamed more in cases of acquaintance rape compared to stranger rape (Bostwick & DeLucia, 1992; Bridges & McGrail, 1989; Kowalski, 1992; Simonson & Subich, 1999). The impact of relationship for male victims is less clear.

Stromwall, Alfredsson, & Landstrom (2013) investigated the effects of the relationship between victim and perpetrator and belief in a just world on victim blame of a female victim assaulted by a male perpetrator. Adult participants from a community sample read a vignette depicting the sexual assault of a female victim by a male perpetrator. The vignette was manipulated to depict varying levels of relationship between victim and perpetrator (stranger vs. acquaintance vs. boyfriend). Participants completed measures of victim and perpetrator blame. Analyses revealed overall high levels of perpetrator blame and low levels of victim blame, but victims were found to be blamed more when they did not know the perpetrator as compared to the when the perpetrator was an acquaintance or boyfriend. Authors observed that this finding, while contradicting other findings that victims are blamed more in cases of acquaintance rape, did corroborate some older studies (Bolt & Caswell, 1981; Smith, Keating, Hester, & Mitchell, 1986) that have found higher levels of blame in stranger rape scenarios. It was concluded that

participants in some scenarios may reason that the victim should not have put themselves in a risky situation with a stranger, but that further investigation of relationship with perpetrator as a factor is warranted.

White and Yamawaki (2009) examined the influence of homophobia and adherence to traditional gender roles on perceptions of male rape victims. Undergraduate students were administered vignettes depicting the rape of a man by another man and asked to complete measures of homophobia, gender role conformity, rape minimization (the degree to which participants believe that the victim will not be psychologically damaged, the rape is not a violent act, and the victim's rights are not violated), and victim blame. Relationship with the perpetrator (stranger vs. acquaintance) and victim sexual orientation (gay vs. straight) were manipulated. It was found that male victims were blamed at higher rates in cases of acquaintance rape as compared to stranger rape, but no effect of relationship with the perpetrator on rape minimization was found. Gay men were found to be blamed more for the rape than heterosexual men, and consistent with previous studies male participants evidenced higher levels of victim blame than female participants. It was concluded that victims of acquaintance rape may be blamed at higher levels due to the perception that having known the perpetrator, they should also know not to put themselves in a risky situation, and that homophobia may influence victim blaming of gay men (White & Yamawaki, 2009).

Sleath and Bull (2010) examined blaming of male rape victims and perpetrators of male rape in students. Participants viewed one of four possible vignettes depicting the rape of a male victim by a female perpetrator with the relationship between victim and perpetrator (stranger vs. acquaintance) manipulated, as well as other factors such as alcohol consumption and location of the rape. Participants completed scales measuring victim blame, perpetrator blame, male rape

myth acceptance, Just World beliefs, and beliefs about gender roles. It was found that certain male rape myths were widely accepted such as that a male victim's resistance should determine whether he was actually raped (47% of male participants) and that male rape is a homosexual issue (36% of female participants). Male rape myth acceptance predicted both victim and perpetrator blame. Victims were blamed more when raped by acquaintances than by strangers. It was concluded that the link between acquaintance rape and increased blaming mirrors findings about female victims and that male rape myth acceptance is an important factor in victim blame.

Perrott and Webber (1996) examined factors impacting attitudes towards both male and female victims in a college sample. Participants were exposed to a vignette depicting a sexual assault with the sex of the victim (male vs. female) and relationship with the attacker (stranger vs. acquaintance) manipulated. Participants completed measures assigning degree of various characteristics to both victims and perpetrators (such as how trusting the victim was of the attacker), how much empathy they felt for the victim, and how responsible the victim was for the attack. It was found that although participants were equally empathetic to both male and female victims, female victims were perceived as more trusting and attributed with more responsibility for not having foreseen the attack. Male victims were blamed more for not physically resisting the attack, and were blamed more in cases of stranger rape than acquaintance rape. Authors concluded that stereotypical beliefs about gender roles (such as men should be physically strong and fight their assailant) may influence victim blame, and that male victims may be seen as less responsible in cases of acquaintance rape, as they previously knew the perpetrator and may not have suspected an attack.

In summary, the above findings suggest that victim blame is common; however, the data are mixed as to whether the victim is blamed most often when assailant is an acquaintance

(Kelly, 2009; Sleath & Bull, 2010; Yamawaki, 2009); versus a stranger (Perrott & Webber, 1996; Stromwall, Alfredsson, & Landstrom, 2013). The finding that victims are blamed more the more they know the perpetrator has been corroborated in some studies; however other research has found that both male and female victims receive less blame as victims of acquaintance rape when compared to stranger rape.

### **Bystander Aid**

As sexual assault gains attention as a societal problem, one potential prevention strategy receiving attention in college and military settings is bystander intervention programs. Latané and Darley (1968) suggested a five stage model accounting for bystander's decisions to intervene, consisting of (1) noticing an event, (2) interpreting the event as worthy of intervention, (3) deciding one has responsibility to act, (4) determining how to act, and (5) acting.

Additionally, willingness to intervene is mediated by bystander's relationship to the victim, with bystanders who know their victim being more likely to intervene (Latané & Darley, 1968; Levine et al. 2005). A number of programs (e.g., "Bringing in the Bystander" and the "Green Dot" program) have been implemented as part of an undergraduate curriculum and have been found to be effective in improving participants' willingness to intervene to prevent sexual assault (Banyard, Moynihan, & Plante, 2007; Green Dot, 2016; Senn & Forrest, 2016).

Bystander intervention programs on college campuses emerged in the mid 1990s and attempt to shift social and cultural norms around sexual assault. Programs typically educate students on the issue of sexual assault on campus to build awareness and train students to recognize and implement proactive bystander behaviors as a strategy to combat this problem. Students who received the Green Dot program reported engaging in significantly more bystander behaviors in the past year, such as making sure someone who had too much to drink got home

safely and getting help for a friend who had been forced to have sex, than those who did not receive the program (Coker et al., 2011).

In order to examine variables related to bystander aid to prevent sexual assault in a college sample, McMahon (2010) administered measures of female rape myth acceptance and bystander willingness to intervene before, during, and after sexual assault situations. Analyses comparing differences between groups revealed that a higher acceptance of rape myths was reported by males as compared to females, those pledging a fraternity/sorority as compared to non-affiliated participants, athletes as compared to non-athletes, those without previous rape education as compared to those with previous rape education, and those who did not know someone who had been sexually assaulted as compared to participants who knew someone who had been assaulted. A higher willingness to intervene was observed in females as compared to males, those who had previous rape education as compared to those without previous education, and those who knew someone who had been sexually assaulted as compared to those who did not know sexual assault victims. Participants reported an overall moderate willingness to intervene in situations of sexual violence, with higher levels reported for more unambiguous situations (witnessing a friend taking advantage of someone who was passed out) versus more ambiguous and less severe situations (saying something to a friend who was using sexist or derogatory language to describe women). It was observed that despite sexual violence education efforts, rape myths and victim blaming persist. It was concluded that those who endorse rape myths are less likely to intervene as bystanders.

Katz, Paziienza, Olin, & Rich (2014) measured bystander attitudes by asking undergraduate students to imagine a scenario in which they are at a party and they see a man lead an intoxicated woman (friend or stranger) into a bedroom. Participants were asked to rate the

likelihood they would intervene to help the potential victim and were asked to report any barriers to helping. They also rated the degree to which they blamed the potential victim and level of empathic concern for the potential victim. Analyses revealed that participants were more likely to offer help/intervention to friends as compared to strangers, and also reported more empathic concern when the potential victim was a friend rather than stranger. Men reported less intention to help and empathic concern than women for the potential victim, but there were no gender differences in bystander intent or barriers to helping. Authors concluded that individuals may have been more likely to help a friend due to social identification with that person and the friend's in-group status. They suggested that this shared social group category may be more important than gender differences between the bystander and potential victim.

Labhardt, Holdworth, Brown, & Howat (2017) analyzed factors that affect bystander willingness to intervene in a review of 28 studies. Factors examined included rape myth acceptance, bystander efficacy (one's belief in his/her ability to act), bystander intent (likelihood of engaging in intervention), and bystander behavior. It was found that higher endorsement of rape myths was associated with lowered intent to intervene as a bystander. High self-efficacy was associated with higher intent to intervene. It was observed that women are more likely to intervene than men when they know the victim and this likelihood increased when they knew the consequences of being assaulted or had been previously victimized. The likelihood of bystander intervention also increased when the situation was non-ambiguous (with a victim crying for help) as opposed to ambiguous. It was concluded that bystander intervention is a complex behavior involving many different factors and that further research is needed to better understand this act. There is little research examining bystander intervention for male victims of sexual assault. In the only study examining bystander aid for male victims and male rape myth acceptance,

Rosenstein & Carroll (2015) administered measures of male and female rape myth acceptance and bystander intervention to U.S. Naval Academy students. Regarding bystander intervention, students were presented with a range of scenarios (such as asking someone if they needed help or informing someone whether their drink was spiked) and were asked to rate their likelihood of engaging in the bystander intervention. Analyses revealed that both female and male rape myth acceptance was negatively associated with intent to help a victim known to the bystander. After controlling for both types of rape myth acceptance, only male rape myth acceptance had a negative relationship with intent to help a stranger and men with high rape myth acceptance were overall less likely to intervene to help an acquaintance than women with high rape myth acceptance. Authors suggested that given the gendered component to the relationship between rape myth acceptance and bystander intervention, male rape myth acceptance may serve as a proxy for masculinity and capture a relationship between masculinity and a disinclination to intervene.

Overall, data indicate that bystanders are more likely to intervene to prevent sexual assault when they are female, know the victim, and the scenario is unambiguous as compared to bystanders who are male, do not know the victim, and are confronted with ambiguous situations. Given that the majority of research on bystander intervention to prevent rape has focused on female victims, it is unclear whether similar patterns would be found in an examination of bystander aid to prevent the sexual assault of male victims.

## II. SUMMARY AND PRESENT STUDY

The above review reveals that rape is a widespread problem, particularly on college campuses. Most of the work examining sexual victimization has been with female victims but research indicates that male victimization is more common than previously thought. Studies reveal that gender may play an important role in rape myth acceptance, as male victims of rape committed by female perpetrators are often perceived as more responsible for being raped and less traumatized than in cases with male perpetrators. Rape myth acceptance is also associated with victim blame, as individuals who accept rape myths are more likely to attribute responsibility to rape victims for the assault. Rape myth acceptance and victim blame both influence bystander intervention, as those who endorse rape myths and blame the victim are less likely to intervene before, during, or after sexual assault. The purpose of the present study is to examine the influence of participant gender, victim gender, rape myth acceptance, and relationship between victim and perpetrator on victim blame and bystander aid in a heterosexual population. Participants were asked to provide demographic information and respond to a vignette (randomized to depict a dating or acquaintance rape with a female perpetrator/male victim or male perpetrator/female victim). Measures of rape myth acceptance, victim blame, and bystander aid were administered with three main hypotheses. Hypothesis 1: Male participants would have higher rates of victim blame and lower rates of bystander aid than female participants. Hypothesis 2: Male victims would be blamed more than female victims. Hypothesis 3: There would be an effect for relationship with perpetrator,

though the direction of this effect was not predicted due to mixed literature in this area. It was also hypothesized that rape myth acceptance would account for variance in the prediction of bystander aid and victim blame and that history of sexual victimization and alcohol consumption may be covariates in both scenarios with male and female victims.

### III. METHOD

#### **Participants**

Participants were college students aged 18-25 recruited through SONA, the department of psychology participation website, and Prolific, an online research participation platform. Participants recruited through SONA received course credit for their participation and those recruited through Prolific were compensated for their participation. G\*Power a-priori analysis indicated a need for at least 216 participants to find a significant effect with a medium effect size.

#### **Stimulus Materials**

Participants read a vignette adapted from Abrams, Viki, Masser, & Bohner, 2003. The vignette depicted a rape that occurs after a man (“James”) and a woman (“Kayla”) interact at a party at a mutual friend’s house. James and Kayla are both described as drinking. In the dating condition, James and Kayla are described as “dating” and in the acquaintance condition James and Kayla are described as having first met at the party. In the vignette, the victim invites the perpetrator into a bedroom at the party, they kiss, and the victim pushes the perpetrator away and asks to stop after the perpetrator tries to have sex with them. The perpetrator is described as not listening to the victim, holding them down, and forcibly having sexual intercourse with them.

#### **Measures**

##### *Demographics*

Participants were asked to provide basic demographic information (age, gender, sexual orientation, number of years in college, etc.). Participants were also asked to report history of unwanted sexual contact by responding to an adaptation of the Sexual Experiences Survey (SES; Koss & Oros, 1982), a 13-item measure that asks participants to indicate “yes” or “no” to questions such as, “Have you ever had sexual intercourse with a man (woman) when you didn't really want to because you felt pressured by his (her) continual arguments?” Because the original scale did not assess male sexual victimization, pronouns in the items of this scale were adapted for male participants to assess any coercive sexual experiences with female partners. The original scale demonstrated acceptable internal consistency (Cronbach  $\alpha$ : 0.73) and Cronbach's alpha coefficient for the data was .79.

#### *Rape Myth Acceptance*

Male rape myth acceptance was measured using Melanson's (1999) Male Rape Myth Scale (MRMS), an 11-item questionnaire which measures stereotypical/prejudicial beliefs about male rape and includes items such as “male rape is usually committed by homosexuals” and “a man who has been raped has lost his manhood.” Scores were summed and higher scores reflected greater acceptance of male rape myths. This scale has evidenced good internal consistency (Cronbach  $\alpha$ : 0.89). Cronbach's alpha coefficient for the data was 0.93.

#### *Illinois Rape Myths Scale – Short Form (IRMA-SF)*

Female rape myth acceptance was assessed using the IRMA-SF, which consists of 22 items including items such as “If the rapist doesn't have a weapon, you really can't call it rape” and “Many women secretly desire to be raped.” IRMA-SF items can be scored as four separate subscales or averaged to yield a single score. Respondents indicated their level of agreement with each item on a Likert-type scale from 1 (strongly agree) to 5 (strongly disagree). Higher

scores indicated greater acceptance of rape myths. This scale has demonstrated good internal consistency (Cronbach  $\alpha$ : 0.87) and Cronbach's alpha for the data was 0.91.

### *Victim Blame*

Victim blame was assessed using a 12-item attribution questionnaire, developed by Davies et al. (2001), assessing both behavioral blame toward the victim and perceptions of assault severity. Participants were asked to rate items corresponding to the perpetrator and victim depicted in the vignette such as, "Do you think (*victim's name*) can be blamed for not putting up enough of a fight?" All attribution items were rated on a 7-point Likert-type scale (1 = pro-victim judgment to 7 = anti-victim judgment). Questions 1-6 corresponded to victim blame (Cronbach  $\alpha$ : 0.89) and questions 7-12 corresponded to the severity of the assault (Cronbach  $\alpha$ : 0.84). Each subscale score was summed to create two scores of victim blame and severity, with higher scores reflecting higher degrees of victim blame and perceived severity of the assault. Cronbach's alpha for the data was 0.86 for the female victim and 0.94 for the male victim.

### *Bystander Aid*

Intent to help as a bystander was adapted from Katz et al.'s (2014) 11-item measure, which was compiled using past studies of bystander behavior (Chabot et al., 2009; Levine & Crowther, 2008). Katz (2014)'s original measure asked, "If you were in this scenario, how much do you agree that you would be likely to..." with presentations of various bystander behaviors. In order to increase clarity, participants in this study were presented with 13 various bystander behaviors and one options to write in a behavior not listed with these instructions: "Below are responses people may have to the interaction you read about between James and Kayla. Imagine that you were at the party with James and Kayla. A week after the party [*victim's name*] approaches you and tells you what happened to him/her. Please read the following list of behaviors and check

how likely you are to engage in these behaviors using the following scale.” Participants rated how likely they would be to enact each behavior on a 5-point scale (1 = not at all likely, 5 = very likely). Items comprised two subscales, with six items assessing avoiding or minimizing responses (i.e., “try to change the subject” or “suggest that what happened to them is not a big deal”), and seven items assessing direct help (i.e., “express concern” or “offer to go with them to seek help”). Scores were summed, with higher scores indicating greater likelihood of helping the victim and lower scores indicating greater likelihood of avoiding victim or minimizing the assault. Cronbach’s alpha for the data was 0.85 for the female victim and 0.86 for the male victim.

*The Instructional Manipulation Check (IMC; Oppenheimer, et al., 2009)*

Participants completed a task designed to detect those who failed to read/follow online survey instructions. Oppenheimer, et al., (2010) found that IMC inclusion in multiple studies increased reliability and statistical power. Participants were presented with a Likert-type scale (1 = very rarely to 9 = very frequently) and instructed to “click the circle at the bottom of the screen” and ignore the scale itself. Failure to click the circle and item completion indicates a lack of participant attention to item content, and thus a basis for study exclusion.

*Alcohol Use*

Alcohol use was assessed using the Alcohol Use Disorders Identification Scale (AUDIT) (Saunders et al., 1993). The AUDIT is a 10-item screening instrument for hazardous and harmful alcohol consumption consisting of 3 dimensions; items 1–3 assess alcohol consumption, items 4–6 assess alcohol dependence, and items 7–10 assess the presence of alcohol-related problems. Participants are asked to respond to items such as “How often do you have a drink containing alcohol?” Questions 1–8 are scored on a 5-point scale ranging from 0 to 4, and questions 9 and

10 are scored 0, 2 and 4 respectively. Responses are summed to produce an overall score indicating risky and high-risk drinking. High internal consistency (0.75 to 0.94) has been reported for this measure across several studies (Allen, J.P. et al., 1997; Dawe, Seinen, & Kavanaugh, 2000, Karno, Granholm, & Lin, 2000) and Cronbach's alpha for the data was 0.85.

### *Social Desirability*

Social desirability was assessed using the Social Desirability Scale-17 (SDS-17) (Stöber, 2001). The SDS-17 is composed of 17 true or false statements such as, "I always admit my mistakes openly and face the potential negative consequences" and "In traffic I am always polite and considerate of others." Certain statements such as "I occasionally speak badly of others behind their back" were reverse-scored. The socially desirable responses were tallied to provide an overall score of social desirability. The scale demonstrated good internal consistency (Cronbach  $\alpha$ : 0.80) and Cronbach's alpha for the data was 0.66.

### **Procedure**

After approval by the University of Mississippi Institutional Review Board, recruitment occurred through SONA, a university-based psychology platform. 24 participants completed the study in a university lab space and received course credit, but due to restrictions related to the COVID-19 pandemic, the remaining 367 participants completed the study online and were recruited through both SONA (for course credit) and Prolific, a paid research platform where participants were paid \$1.75 for completing the 10-15 minute study. Ultimately, 229 were recruited from SONA and 265 were recruited from Prolific. The study was presented to participants as an examination of how college students understand the sexual experiences of others.

Participants provided informed consent (describing the nature of the study, confidentiality, right to terminate participation at any time without penalty, etc.). A 2 (participant gender) X 2 (victim gender) X 2 (dating vs. acquaintance) between subjects design was used with participants randomly assigned to receive one of four vignettes depicting a rape. Depending on condition, the vignette varied by victim gender (female vs. male) and rape type (dating vs. acquaintance). After reading the vignette, participants completed measures of victim blame and bystander intervention followed by measures of rape myth acceptance, social desirability, alcohol use, and demographics. After completing all measures participants were provided with appropriate resources if they experienced distress related to participation in the study.

## IV. RESULTS

### **Data Preparation**

229 participants completed the study through SONA and 265 participants completed the study through Prolific, resulting in 494 total participants. 19 participants were removed as they did not complete the majority of the study (9 from SONA; 10 from Prolific), 15 duplicate participants from SONA were identified by IP address and removed, 7 participants were removed because they were older than 25 years, the upper age limit (5 from SONA; 2 from Prolific), 152 were removed because they indicated that they had never had a sexual encounter with a member of a different gender (61 from SONA; 91 from Prolific), 34 were removed due to failing the attention check (15 from SONA; 19 from Prolific). The remaining sample consisted of 267 participants.

Mahalanobis distance (Tabachnick & Fidell, 2013) identified 2 multivariate outliers; these were removed from analysis resulting in a final sample of 265 participants. Little's MCAR (Downey and King, 1998) was calculated for each measure in order to determine whether data were missing completely at random. All scales were non-significant (i.e. missing completely at random) and consequently missingness was not a concern.

Prior to analyses, distributions on continuous variables were examined for skewness, and kurtosis. Female rape myth acceptance (mean = 39.11, standard deviation = 13.62) and bystander aid (female victim: mean = 126.65, standard deviation = 15.37; male victim: mean = 55.58, standard deviation = 8.03) scores were negatively skewed

and victim blame (female victim: mean = 21.82, standard deviation = 10.05; male victim: mean = 26.56, standard deviation = 13.38), AUDIT (mean = 5.64, standard deviation = 5.64), and SES (mean = 2.45, standard deviation = 2.22) scores were positively skewed. Transformations performed to obtain adequate skewness and kurtosis were relatively unsuccessful. Due to the violation of the assumption of normality, analyses based on non-parametric assumptions were utilized.

Mann-Whitney U tests were utilized to detect any differences between the participants recruited through SONA and those recruited through Prolific. AUDIT scores were found to be significantly different, but no other variables were identified as significantly different between the two groups. Participants in the SONA sample had significantly higher levels of alcohol consumption than those in the Prolific sample, which is likely explained by the fact that most SONA participants were students at one university and Prolific participants came from a range of universities across the U.S.

### **Descriptive Statistics**

Descriptive statistics were conducted on demographic and prevalence variables (Table 1). Percentages of participants by gender were as follows: a majority identified as cisgender with approximately 54% identified as female, 43% as male, and 2% as non-binary. 1% indicated that they identified as transgender. With regards to sexual orientation, 77% identified as heterosexual, 18% as bisexual, 3% as “other,” 2% as lesbian, and 1% as gay. Thirty-nine percent indicated that they were freshmen in college, 23.4% were sophomores, 12% were juniors, 14% were seniors, 9% indicated that they were not currently enrolled, and 2% indicated “other” as their current educational status. About a third of participants (32%) indicated being 19 years old, 18% were 18, 17% were 20, 9% were 21, 11% were 22, 5% were 23, 4% were 24, and another 4% were 25.

## Correlations

A correlation matrix of predictor variables was computed (Table 2). Rape myth acceptance was positively correlated with victim blame and negatively correlated with bystander aid in both the male-victim and female-victim conditions. Bystander aid was negatively correlated with participant-reported alcohol consumption in both the male-victim and female-victim conditions. Social desirability and history of sexual victimization were positively correlated with alcohol consumption across conditions.

## Analyses

The Mann-Whitney U test is a common non-parametric procedure that overcomes distributional problems by ranking the data to compare two independent conditions (Field, 2018).

Three comparisons based on main hypotheses were conducted using the Mann-Whitney U test.

*Hypothesis 1. Male participants would have higher rates of victim blame and lower rates of bystander aid than female participants.*

Male and female participants were compared. Participants who identified their gender as non-binary, transgender, or other were excluded from the analysis, resulting in  $N = 255$ . Male participants (Mean rank male-victim, female-victim = 80.62, 79.04) endorsed significantly higher levels of victim blame than female participants (Mean rank male-victim, female-victim = 52.54, 51.19) in both the male-victim and female-victim conditions,  $U = 1193$ ,  $z = -4.239$ ,  $p < .000$ ,  $r = -0.37$  and  $U = 1438.500$ ,  $z = -2.556$ ,  $p = .011$ ,  $r = -0.23$ . Male participants (Mean rank male-victim, female-victim = 47.70, 51.19) also endorsed lower levels of bystander aid than female participants (Mean rank male-victim, female-victim = 73.57, 68.39) in both the male-victim and female-victim conditions,  $U = 1083.50$ ,  $z = -4.010$ ,  $p < .0001$ ,  $r = -0.36$  and  $U = 1284$ ,  $z = -2.731$ ,  $p = .006$ ,  $r = -0.25$ .

*Hypothesis 2. Male victims would be blamed more than female victims.*

The male victim (Mean rank = 145.84) was blamed significantly more than the female victim (Mean rank = 119.67),  $U = 7041.5$ ,  $z = -2.783$ ,  $p = .005$ ,  $r = -0.17$ . Participants reported significantly greater willingness to provide bystander aid to the female victim (Mean rank = 195.44) than to the male victim (Mean rank = 72.87),  $U = 657.5$ ,  $z = -13.052$ ,  $p < .0001$ ,  $r = -0.8$ ).

*Hypothesis 3. There would be an effect for relationship with perpetrator.*

Acquaintance and dating conditions were compared and no significant difference was found in victim blame between conditions in either the female-victim (Mean rank acquaintance = 62.76, Mean rank dating = 67.07;  $U = 1938$ ,  $z = -.656$ ,  $p = .512$ ,  $r = -0.06$ ) or male-victim (Mean rank acquaintance = 68.09, Mean rank dating = 67.91;  $U = 2272$ ,  $z = -.026$ ,  $p = .979$ ,  $r = -0.002$ ) scenarios. Additionally, no significant difference in bystander aid was found between dating or acquaintance conditions in the female-victim (Mean rank acquaintance = 64.21, Mean rank dating = 61.81;  $U = 1876$ ,  $z = -.391$ ,  $p = .696$ ,  $r = -0.03$ ) or male-victim (Mean rank acquaintance = 63.76, Mean rank dating = 65.26;  $U = 1999.5$ ,  $z = -.229$ ,  $p = .819$ ,  $r = -0.02$ ) scenarios.

*Regression analyses examining variables as predictors.*

Bootstrapping is a nonparametric approach to statistical inference (Fox, 2008). Linear regression models with bootstrapping were employed due to the violation of the assumption of normality in the variables of interest. Models with rape myth acceptance, alcohol consumption, and history of sexual victimization as predictors and victim blame and bystander aid as criterion variables in both the female-victim and male-victim scenarios were calculated with bootstrap confidence intervals based on 1,000 samples.

A significant regression equation was found with rape myth acceptance,  $b=.74$ ,  $t(127) = -.197$ ,  $p<.0001$ , predicting victim blame in the female-victim condition ( $F(1,127) = 156.267$ ,  $p<.0001$ , with an  $R^2$  of .552. Rape myth acceptance was significantly negatively associated with bystander aid in the female-victim condition, with history of sexual victimization and alcohol consumption as significant covariates ( $R^2$  of .289).

A significant regression equation was found with rape myth acceptance predicting victim blame ( $R^2$  of .757) in the male-victim condition. Rape myth acceptance was significantly negatively associated with bystander aid ( $R^2$  of .628) in the male-victim condition. History of sexual victimization and alcohol consumption were not found to be covariates in the male-victim condition.

## V. DISCUSSION

The purpose of the present study was to examine the impact of rape myth acceptance, gender, and victim and perpetrator relationship on victim blame and bystander aid, with a focus on male victims of heterosexual rape. Consistent with Hypotheses 1 and 2, male participants reported higher rates of victim blame and lower rates of bystander aid than female participants, and male victims were blamed more for a sexual assault than female victims.

These findings are largely consistent with previous research. For example, in a review of the literature, Russell and Hand (2017) found that men displayed higher levels of victim-blaming attitudes than women, as well as higher levels of other prejudicial beliefs in reference to rape. It has also been reported that women endorsed higher willingness to intervene, as compared to men, in a bystander intervention scenario in which participants were administered measures of female rape myth acceptance and bystander willingness to intervene before, during, and after sexual assault situations (McMahon, 2010). Other literature indicates that men reported less intention to help and lower empathic concern than women for the potential sexual assault victim, and that women were more likely to intervene than men when they knew the victim (Katz, Paziienza, Olin, & Rich, 2014; Labhardt, Holdworth, Brown, & Howat, 2017).

With regards to victim blame, male victims assaulted by female perpetrators were more likely to be judged to have encouraged rape and to have higher rates of enjoyment and lower rates of stress related to the assault as compared to female victims assaulted by male perpetrators (Smith, Pine, & Hawley, 1988). Male victims assaulted by female perpetrators were also perceived as more responsible for being raped and less traumatized than in cases with

male perpetrators (Struckman-Johnson and Struckman-Johnson, 1992). Moreover, it has been observed that male victims were blamed more than female victims for not physically resisting a male perpetrator's attack (Perrott and Webber, 1996). As much of the literature examining male rape victims has focused on gay men raped by other men, this study adds to our understanding of the factors that influence judgments of male victims who are raped by female perpetrators.

We also hypothesized that rape myth acceptance would predict victim blame and bystander aid. Using a regression analysis, we found that rape myth acceptance accounted for 55% and 76% of the variance (female & male victim conditions, respectively) in the prediction of victim blame and bystander aid, respectively. Rape myths, which are stereotypical beliefs about rape, rape victims, and rapists, reflect broader societal gender norms that minimize male sexual victimization (Burt, 1980; Davies, Gilston, & Rogers, 2012). Rape myth acceptance, which is the degree to which individuals endorse the stereotyped beliefs about rape, is associated with victim blame and bystander aid. Specifically, individuals who accept rape myths are more likely to attribute responsibility to rape victims for the assault and less likely to offer bystander aid (Cohn, Dupuis, & Brown, 2009; Sims, McMahon, 2010; Noel, & Maisto, 2007; Whatley, 2005). It may be that stereotypes about masculinity and the assumed power dynamic between men and women (for example, the ideas that men always enjoy sex even when it is forced upon them, and that men should be able to fight off female attackers), which are reflected in rape myths, result in higher levels of blame for male victims than female victims.

Research has also shown that rape myth acceptance and victim blame are strongly correlated with other prejudicial beliefs such as heterosexism (homophobia), racism, classism, and ageism (Suarez & Gadalla, 2010). These attitudes are associated with Just World beliefs, which are cognitive biases that assume that "people get what they deserve" (Russell and Hand,

2017). It may be that rape myth acceptance falls under broader prejudicial beliefs such as heterosexism and Just World beliefs, which men endorse at higher rates than women, and that these beliefs underlie victim blame, resulting in men blaming both male and female victims at higher rates than women. Women may be less likely to blame victims due to knowing sexual assault victims (men may be less likely to know victims of rape due to underreporting amongst men) and increased public awareness of female victims speaking up against sexual violence, thus resulting in women being less likely to assign responsibility for an assault to the victim (Bruggen & Grubb, 2014; Kelly, 2009).

Male sexual victimization in cases with female perpetrators is not as widely understood or accepted as a problem as female sexual victimization in cases with male perpetrators. In an examination of the correlates of male rape myth acceptance, researchers administered measures of male and female rape myth acceptance, attitudes towards gay men, sexual double standards (traditional and sexist beliefs about sexual activity), and social roles to adult men and women. Only one third of participants agreed with the statement that a man could be raped by a woman (Walfield, 2018). With male rape myths, lack of public awareness of this issue and a sense of disbelief that male sexual victimization, particularly with female perpetrators, occurs at all may underlie misperceptions about male rape.

Surprisingly, the prediction that victim level of familiarity with the perpetrator would play a role in victim blame or bystander aid was not supported. Some investigations have found that female victims were blamed more in cases of acquaintance rape compared to stranger rape (Bostwick & DeLucia, 1992; Bridges & McGrail, 1989; Kowalski, 1992; Simonson & Subich, 1999). However, other studies have found that female victims were blamed more when the perpetrator was a stranger as opposed to an acquaintance or boyfriend (Bolt & Caswell, 1981;

Smith, Keating, Hester, & Mitchell, 1986; Stromwall, Alfredsson, & Landstrom, 2013). Few studies have examined the impact of the relationship between victim and perpetrator on perceptions of male victims. Perrott and Webber (1996) presented participants with sexual assault vignettes manipulating the gender of the victim (male vs. female) and relationship with the attacker (stranger vs. acquaintance). Male victims were blamed more in cases of stranger rape than acquaintance rape (Perrott and Webber, 1996). More recent studies with a vignette depicting a male victim found that victims were blamed at higher rates in cases of acquaintance rape as compared to stranger rape (Sleath and Bull, 2010; White and Yamawaki, 2009).

In the present study, the relationship between victim and perpetrator was manipulated so that the victim was either dating the perpetrator, or they had just met at a party. In both conditions, victim and perpetrator were described as spending time, presumably together, at a party prior to the assault. As neither condition portrayed the perpetrator as a complete stranger, it is possible that there may not have been a clear enough distinction between the acquaintance and dating conditions for there to be an effect on victim blame or bystander aid. It would be informative for future work to examine multiple conditions manipulating victim degree of familiarity with the perpetrator and the subsequent effect on victim blame and bystander aid.

As history of sexual victimization and alcohol use have been shown to affect perceptions of sexual assault (Catlin et al., 2021; Miller, 2011), we also included these variables as covariates with rape myth acceptance in predicting victim blame and bystander aid. Interestingly, only in the female-victim condition were participant history of sexual victimization and alcohol consumption found to account for variance in predicting victim blame and bystander aid. That is, only when the female in the vignette was the victim did participant history of sexual victimization and alcohol consumption play a role along with rape myth acceptance in

predicting victim blame and bystander aid.

Prior investigations have noted that alcohol consumption is related to sex-related alcohol expectancies, which are beliefs about how alcohol influences sexual behavior. Higher levels of alcohol consumption are associated with beliefs that alcohol enhances sex drive, sexual affect, and vulnerability to sexual coercion (Benson, Gohm, & Gross, 2007). The present study's findings may be due to the influence of participant alcohol expectancies towards women, with those who consume higher levels of alcohol and having greater instances of prior sexual victimization seeing the female victim as more to blame and less deserving of bystander aid than the male victim. In addition, female rape myths include beliefs about alcohol consumption which historically have been perceived as more inappropriate and suggestive of sexual availability for women than men (Abbey et al., 2000; George et al., 2000). Female rape myths suggest that a woman who is drinking alcohol is responsible for the rape. Sex-related alcohol expectancies influence perceptions of sexual assault (Abbey, 2002; Nurius, 2000; Seto & Barbaree, 1995). It has been found that male and female participants were more likely to think that a rape had occurred only if both partners in a dating dyad had been drinking, but less likely to have occurred if only the female had been drinking (Norris and Cubbins, 1992). It is possible that this bias of alcohol consumption suggesting sexual availability and arousal does not exist for men in the same way that it exists for women. As a result, alcohol consumption may be more likely to account for variance in victim blame and bystander aid in the female-victim condition than the male-victim condition.

Several issues and areas for future research must be acknowledged. Male and female rape myths are assessed using different scales which measure participants' level of agreement with various rape myths. The male rape myth acceptance scale (Melanson, 1999) and female rape

myth acceptance scale (Payne, Lonsway, & Fitzgerald, 1999) assess gender-specific cultural norms. For example, items in the female rape myth acceptance scale assess the degree to which the female victim can be blamed for the assault due to her behavior (drinking alcohol, initiating sexual contact), and items in the male rape myth acceptance scale focus more on whether participants believe that men can be rape victims, and if they can be raped by women, in particular. Development of a single well-validated measure of rape myth acceptance for both male and female victims may allow for a more nuanced examination of the ways in which rape myth acceptance and gender are related, and how these variables may differentially affect perceptions of victims.

Measuring additional demographic variables such as participant race/ethnicity, as well as victim and perpetrator race/ethnicity as variables may provide additional information about factors that affect rape myth acceptance, victim blame, and bystander aid. For example, African-Americans experience sexual assaults at greater rates than other ethnic groups and are less likely to seek help after an assault, but most studies of rape myth acceptance have been conducted with White college students, limiting generalizability of findings (Lonsway & Fitzgerald, 1994; Tillman et al., 2010). Additionally, victim race seems to influence perceptions of the assault, due to the Jezebel sexual stereotype of Black women as sexually aggressive and hypersexual (Mitchell & Herring, 1998). Historically, this stereotype has been used to argue that Black women could not be raped, particularly during slavery and civil rights eras (West, 2017). Data suggest African-American female rape victims are rated as being more responsible for an assault than White victims (Willis, 1992).

Additionally, examining other correlates of rape myth acceptance, such as broader prejudicial beliefs, may help clarify mechanisms through which rape myth acceptance influences

victim blame and bystander aid. In exploring these avenues, future research can contribute to a better understanding of how men who are victimized by women are perceived in the broader social context, and this information may help influence interventions aimed at reducing male sexual victimization and improving psychological outcomes for these victims.

Table I

*Descriptive Statistics of Participants (n=265)*

Characteristic	Frequency	Percentage
<b>Gender</b>		
Female	143	54%
Male	113	42.6%
Non-Binary	5	1.89%
Transgender	3	1.13%
Other	1	0.38%
<b>Vignette Condition</b>		
Acquaintance/M Victim	68	25.7%
Acquaintance/F Victim	63	23.8%
Dating/M Victim	67	25.3%
Dating/F Victim	67	25.3%
<b>Sexual Orientation</b>		
Heterosexual	204	77%
Bisexual	47	17.7%
Other	8	3.02%
Lesbian	4	1.51%
Gay	2	0.75%
<b>Year in College</b>		

Freshman	102	38.5%
Sophomore	62	23.4%
Junior	33	12.4%
Senior	37	14.0%
Not currently enrolled	25	9.43%
Other	6	2.26%
Age		
18	48	18.1%
19	86	32.4%
20	46	17.4%
21	23	8.68%
22	28	10.6%
23	14	5.28%
24	10	3.77%
25	10	3.77%

Table II

*Correlation Matrix*

Variable	1	2	3	4	5	6	7	8	9
1. Male Rape Myth Sum	1	X	X	.870**	X	-.793**	-.020	.104	.075
2. Female Rape Myth Sum	X	1	.743**	X	-.537**	X	-.019	.125	-.035
3. Female Victim Blame	X	.743**	1	X	-.616	X	.093	.150	.078
4. Male Victim Blame	.870**	X	X	1	X	-.780**	-.034	.086	-.021
5. Female Bystander Aid	X	-.537**	-.616**	X	1	X	-.017	-.360**	-.148
6. Male Bystander Aid	-.793**	X	X	-.780**	X	1	-.061	-.184*	-.016
7. SDS	-.020	-.019	.093	-.034	-.017	-.061	1	.172**	.037
8. AUDIT	.104	.125	.150	.086	-.360**	-.184*	.172**	1	.219
9. SES	-.075	-.035	.078	-.021	-.148	-.016	.037	.219**	1

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

X indicates a variable that could not be computed due to condition

Table III

*Summary of Differences between Male and Female Participants on Mann-Whitney U Test*

Condition with Male Victim			
Gender	Male (n = 60)	Female (n = 70)	
	Mean Rank	Mean Rank	Z-value
Victim Blame	80.62	52.54	-4.239
Bystander Aid	47.70	73.57	-4.010

Condition with Female Victim

Gender	Male (n = 53)	Female (n = 72)	
	Mean Rank	Mean Rank	Z-value
Victim Blame	79.04	52.19	-2.556
Bystander Aid	51.19	68.39	-2.731

Table IV

*Summary of Differences between Male and Female Victims on Mann-Whitney U Test*

Gender	Female (n = 130)	Male (n = 135)	
	Mean Rank	Mean Rank	Z-value
Victim Blame	119.67	145.84	-2.783
Willingness to Provide Bystander Aid	195.44	72.87	-13.052

Table V

*Summary of Differences between Acquaintance and Dating Conditions on Mann-Whitney U Test*

Condition with Male Victim			
Relationship	Acq. (n = 68)		Dating (n = 67)
	Mean Rank	Mean Rank	Z-value
Victim Blame	68.09	67.91	-.026
Willingness to Provide Bystander Aid	63.76	65.26	-.229

  

Condition with Female Victim			
Relationship	Acq. (n = 62)		Dating (n = 67)
	Mean Rank	Mean Rank	Z-value
Victim Blame	62.76	67.07	-.656
Willingness to Provide Bystander Aid	64.21	61.81	-.380

Table VI

*Summary of Regression Analyses with Female Victim*

Model	1 (rape myth acceptance predicting victim blame)					
Variable	SE	SE B	$\beta$	R <sup>2</sup>	F for change in R <sup>2</sup>	Sig.
Rape Myth Acceptance	.045	.565	.743	.552	156.267	.000***

  

Model	2 (rape myth acceptance, history of sexual victimization, and alcohol consumption predicting bystander aid)					
	R <sup>2</sup>	F for change in R <sup>2</sup>		Sig.		
	.402	27.063		.000***		
Variable	SE	SE B	$\beta$	Sig.		

| Rape Myth Acceptance | .082 | -.591 | -.513 | .000\*\*\* | | |

History of Sex. Vic.	.527	-1.071	-.144	.044*
Alcohol Consumption	.237	-.966	-.290	.000***

\* $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

Table VII

*Summary of Regression Analyses with Male Victim*

Model 1 (predicting victim blame)						
Variable	SE	SE B	$\beta$	R2	F for change in R2	Sig.
Rape Myth Acceptance	.033	.675	.870	.757	414.955	.000***
Model 2 (predicting bystander aid)						
Variable	SE	SE B	$\beta$	R2	F for change in R2	Sig.
Rape Myth Acceptance	.026	-.371	-.793	.628	213.013	.000***

\* $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

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## Appendix A

## Appendix A Rape Vignette

Directions: The following is a narrative writing sample submitted by a Writing 101 student. Please read the sample closely.

### Male Perpetrator/Dating Condition:

*James and Kayla were dating and went to a house party hosted by a mutual friend where they were drinking throughout the evening. At the end of the party, Kayla invited James into a bedroom at the house. When they got to the room, Kayla started kissing and caressing James. James then grabbed Kayla and tried to take her clothes off in order to have sex with her. At this point Kayla pushed him away and asked him to stop, telling him that she liked him but only wanted to kiss. James agreed but eventually did not listen to her and instead used force to hold her down. Kayla froze while James penetrated her and continued to the point of orgasm.*

### Female Perpetrator/Dating Condition:

*James and Kayla were dating and went to a house party hosted by a mutual friend where they were drinking throughout the evening. At the end of the party, James invited Kayla into a bedroom at the house. When they got to the room, James started kissing and caressing Kayla. Kayla then grabbed James and tried to take his clothes off in order to have sex with him. At this point James pushed her away and asked her to stop, telling her that he liked her but only wanted to kiss. Kayla agreed but eventually did not listen to him and instead used force to hold him down. James froze while Kayla penetrated herself and continued to the point of orgasm.*

### Male Perpetrator/Acquaintance Condition:

*James and Kayla first met at a house party thrown by a mutual friend and where they were drinking throughout the evening. At the end of the party, Kayla invited James into a bedroom at the house. When they got to the room, Kayla started kissing and caressing James. James then grabbed Kayla and tried to take her clothes off in order to have sex with her. At this point Kayla pushed him away and asked him to stop, telling him that she liked him but only wanted to kiss. James agreed but eventually did not listen to her and instead used force to hold her down. Kayla froze while James penetrated her and continued to the point of orgasm.*

### Female Perpetrator/Acquaintance Condition:

*James and Kayla first met at a house party thrown by a mutual friend where they were drinking throughout the evening. At the end of the party, James invited Kayla into a bedroom at the house. When they got to the room, James started kissing and caressing Kayla. Kayla then grabbed James and tried to take his clothes off in order to have sex with him. At this point James pushed her away and asked her to stop, telling her that he liked her but only wanted to kiss. Kayla agreed but eventually did not listen to him and instead used force to hold him down. James froze while Kayla penetrated herself and continued to the point of orgasm.*

Appendix B  
*Male Rape Myth Scale*

Please answer the following statements as honestly as possible. Be assured that your answers are completely anonymous. Please indicate your responses according to the following scale:

- 1 – Strongly Disagree
- 2 – Moderately Disagree
- 3 – Slightly Disagree
- 4 – Slightly Agree
- 5 – Moderately Agree
- 6 – Strongly Agree

1. It is a terrible experience for a man to be raped by a woman. (*R*)
2. The extent of a man's resistance should be a major factor in determining if he was raped.
3. Any healthy man can successfully resist a rapist if he really wants to.
4. If a man obtained an erection while being raped, it probably means that he started to enjoy it.
5. A man can enjoy sex even if it is being forced upon him.
6. Most men who are raped by a woman are very upset by the incident. (*R*)
7. Many men claim rape when they have consented to homosexual relations but have changed their minds afterward.
8. Most men who are raped by a woman are somewhat to blame for not escaping or fighting off the woman.
9. If a man engages in necking and petting and he lets things get out of hand, it is his own fault if his partner forces sex on him.
10. Male rape is usually committed by homosexuals.
11. Most men who are raped by a man are somewhat to blame for not fighting off the man.
12. A man who has been raped has lost his manhood.
13. Most men who are raped by a woman are somewhat to blame for not being more careful.
14. If a man told me that he had been raped by another man, I would suspect that he is homosexual.
15. Most men who have been raped have a history of promiscuity.
16. No self-respecting man would admit to being raped.
17. Women who rape men are sexually frustrated individuals.
18. A man who allows himself to be raped by another man is probably a homosexual.
19. Most men would not enjoy being raped by a woman. (*R*)
20. Men who parade around nude in a locker room are asking for trouble.
21. Male rape is more serious when the victim is heterosexual than when the victim is homosexual.
22. I would have a hard time believing a man who told me he was raped by a woman.

(*R*) – indicates that an item should be reverse scored

Appendix C  
*Illinois Rape Myth Scale – Short Form*

1 = strongly agree  
5 = strongly disagree

*(Subscale 1: She asked for it)*

1. If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand.
2. When girls go to parties wearing slutty clothes, they are asking for trouble.
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.
4. If a girl acts like a slut, eventually she is going to get into trouble.
5. When girls get raped, it's often because the way they said "no" was unclear.
6. If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.

*(Subscale 2: He didn't mean to)*

7. When guys rape, it is usually because of their strong desire for sex.
8. Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.
9. Rape happens when a guy's sex drive goes out of control.
10. If a guy is drunk, he might rape someone unintentionally.
11. It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.
12. If both people are drunk, it can't be rape.

*(Subscale 3: It wasn't really rape)*

13. If a girl doesn't physically resist sex—even if protesting verbally—it can't be considered rape.
14. If a girl doesn't physically fight back, you can't really say it was rape.
15. A rape probably doesn't happen if a girl doesn't have any bruises or marks.
16. If the accused "rapist" doesn't have a weapon, you really can't call it rape.
17. If a girl doesn't say "no" she can't claim rape.

*(Subscale 4: She lied)*

18. A lot of times, girls who say they were raped agreed to have sex and then regret it.
19. Rape accusations are often used as a way of getting back at guys.
20. A lot of times, girls who say they were raped often led the guy on and then had regrets.
21. A lot of times, girls who claim they were raped have emotional problems.
22. Girls who are caught cheating on their boyfriends sometimes claim it was rape.

Appendix D  
*Victim Blame & Severity Attribution*

Please rate the following:

1. How responsible do you think X was for what happened?
2. X could have done something to prevent the attack if she/he really wanted to. How much do you agree?

3. Do you think X can be blamed for not putting up enough of a fight?
4. How much sympathy do you feel for X?
5. Do you think X was to blame because she/he did not try hard enough to escape?
6. How much do you think X's behavior was to blame for the attack?
7. How seriously do you think the police should take the attack?
8. How much do you think X will be traumatized?
9. To what extent should Y be held responsible?
10. How severely should Y be punished?
11. How much do you think X's life will be adversely affected?
12. If you were X, how upset would you be?

Appendix E  
*Bystander Aid*

*Below are responses people may have to the interaction you read about between James and Kayla. Imagine that you were at the party with James and Kayla. A week after the party (victim's name) approaches you and tells you what happened to him/her. Please read the following list of behaviors and check how likely YOU ARE to engage in these behaviors using the following scale:*

1 = Not at all Likely, 2=Somewhat Unlikely, 3=Unsure, 4=Somewhat Likely, 5 = Very Likely

1. Try to change the subject (r)
2. Express concern
3. Make a joke or tease them about what happened (r)
4. Suggest that it must have been a misunderstanding (r)
5. Ask them if they are okay or need help
6. Suggest they seek counseling
7. Share information about resources
8. Suggest that what happened to them is not a big deal (r)
9. Let them know that you are available for help and support
10. Suggest they report the incident to the police
11. Suggest that they talk to *perpetrator's name* (r)
12. Offer to go with them to seek help
13. Make an excuse and leave the conversation (r)
14. Other response: \_\_\_\_\_

(r) – indicates that the item should be reverse-scored

Appendix F  
*Social Desirability*

Instructions: Below you will find a list of statements. Please read each statement carefully and decide if that statement describes you or not. If it describes you, check the word “true”; if not, check the word “false.”

1. I sometimes litter. (*R*)
2. I always admit my mistakes openly and face the potential negative consequences.
3. In traffic I am always polite and considerate of others.
4. I have tried illegal drugs (for example marijuana, cocaine, etc.). (*R*)
5. I always accept others’ opinions, even when they don’t agree with my own.
6. I take out my bad moods on others now and then. (*R*)
7. There has been an occasion when I took advantage of someone else. (*R*)
8. In conversations I always listen attentively and let others finish their sentences.
9. I never hesitate to help someone in case of emergency.
10. When I have made a promise I keep it – no ifs, ands or buts.
11. I occasionally speak badly of others behind their back. (*R*)
12. I would never live off other people.
13. I always stay friendly and courteous with other people, even when I am stressed out.
14. During arguments I always stay objective and matter-of-fact.
15. There has been at least one occasion when I failed to return an item that I borrowed. (*R*)
16. I always eat a healthy diet.
17. Sometimes I only help because I expect something in return. (*R*)

*Note: Answer categories are “true” (1) and “false” (0). Items 1, 4, 6, 7, 11, 15, and 17 are reverse keyed. Item 4 was deleted from the final version of the SDS-17.*

*(R) – indicates that an item should be reverse scored*

## Appendix F *Alcohol Use Disorders Identification Test (AUDIT)*

*Please check the response that best fits your drinking.*

Questions 1-2: Never, Monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week

- 1) How often do you have a drink containing alcohol?
- 2) How many drinks containing alcohol do you have on a typical day when you are drinking?

Questions 3-8: Never, Less than monthly, Monthly, Weekly, Daily or almost daily

- 3) How often do you have 5 or more drinks on one occasion?
- 4) How often during the last year have you found that you were not able to stop drinking once you had started?
- 5) How often during the last year have you failed to do what was normally expected of you because of drinking?

- 6) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
- 7) How often during the last year have you had a feeling of guilt or remorse after drinking?
- 8) How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Questions 9-10: No; Yes, but not in the last year; Yes, during the last year

- 9) Have you or someone else been injured as a result of your drinking?
- 10) Has a relative, a friend, a doctor, or another health worker been concerned about your drinking or suggested you cut down?

## Appendix G

### *Sexual Experience Survey*

Instructions: Please indicate yes or no.

Have you ever:

1. Had sexual intercourse with a man (woman) when you both wanted to?
2. Had a man (woman) misinterpret the level of sexual intimacy you desired?
3. Been in a situation where a man (woman) became so sexually aroused that you felt it was useless to stop him/her even though you did not want to have sexual intercourse?
4. Had sexual intercourse with a man (woman) even though you didn't really want to because he/she threatened to end your relationship otherwise?
5. Had sexual intercourse with a man (woman) when he/she didn't really want to because you felt pressured by his/her continual arguments?
6. Found out that a man (woman) had obtained sexual intercourse with you by saying things he/she didn't really mean?
7. Been in a situation where a man (woman) used some degree of physical force (twisting your [her] arm, holding you [her] down, etc.) to try to make you engage in kissing or petting when you didn't want to?
8. Been in a situation where a man (woman) tried to get sexual intercourse with you when you didn't want to by threatening to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate, but for various reasons sexual intercourse did not occur?
9. Been in a situation where a man (woman) used some degree of physical force (twisting your arm, holding you down, etc.) to try to get you to have sexual intercourse with him (her) when you didn't want to, but for various reasons sexual intercourse did not occur?
10. Had sexual intercourse with a man (woman) when you didn't want to because he (she) threatened to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate?
11. Had sexual intercourse with a man (woman) when you didn't want to because he (she) used some degree of physical force (twisting your arm, holding you down, etc.)?

12. Been in a situation where a man (woman) obtained sexual acts with you such as anal or oral intercourse when you didn't want to by using threats or physical force (twisting your arm, holding you down, etc.)?

13. Have you ever been raped?

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**EDUCATION**

- 2021  
(anticipated)                      Doctor of Philosophy in Clinical Psychology  
University of Mississippi, Oxford, MS  
Dissertation: *When Men are the Victims: Factors Affecting Rape  
Victim Blame and Bystander Aid in a Heterosexual Population*  
Advisor: Dr. Alan Gross, Ph.D.
- 2018                                      Master of Arts in Clinical Psychology  
University of Mississippi, Oxford, MS  
Thesis: *Love the Sinner, Hate the Sin? The Impact of  
Religiosity on the Psychological Well-Being of LGBT Christians*  
Advisor: Dr. Alan Gross, Ph.D.
- 2011                                      Bachelor of Arts, Swarthmore College  
Major: Religious Studies, Minor: Psychology

**CERTIFICATIONS**

- 2019                                      Examination for the Professional Practice of Psychology  
*Passed at the Doctoral Level*

**HONORS AND AWARDS**

- 2011 Fulbright English Teaching Assistantship (Indonesia)  
2011 Jean Camper and Edgar Cahn Law and Social Justice Award  
2010 Elizabeth Thorn Snipes Scholarship, Swarthmore College

**CLINICAL EXPERIENCE**

- 7/20 – present                      Clinical Psychology Intern  
UAB-BVAMC Clinical Psychology Consortium, Birmingham, AL

- Supervisors: Dr. Tiffany Nowell, Dr. Karen Clark, Dr. Misti Norton, Dr. Susan Rathmell, & Dr. Megan McMurray Hays
- Major rotations providing primary care, behavioral sleep medicine, and telehealth services to veterans.
  - Minor rotations providing outpatient services to transgender patients and inpatient care to rehabilitation patients at UAB.
- 7/19 – 7/20 Graduate Associate Director  
Psychological Services Center, Oxford, MS  
Supervisor: Scott Gustafson, Ph.D.
- Provided administrative support for graduate training clinic.
  - Assigned intakes based on best clinical fit.
- 7/16 – 7/20 Graduate Trainee Therapist  
Psychological Services Center, Oxford, MS  
Supervisors: Kelly G. Wilson, Ph.D., Alan M. Gross, Ph.D., Todd Smitherman, Ph.D., Laura Johnson, Ph.D., Scott Gustafson, Ph.D., Danielle Maack, Ph.D.
- Provided evidence-based interventions to adults and children from the university and community. Weekly assessments were conducted to determine therapeutic progress.
- 7/16 – 7/20 Psychological Examiner  
Psychological Services Center, Oxford, MS  
Supervisor: Scott Gustafson, Ph.D.
- Administered comprehensive psychological evaluations to assess for a variety of mental health diagnoses, learning disabilities, adaptive difficulties, and substance use disorders. Scored and interpreted tests, wrote integrated reports, and presented feedback.
- 8/17– 3/20 Behavioral Health Consultant, ICS Head Start  
Batesville, Crenshaw, & Holly Springs, MS  
Supervisor: Alan M. Gross, Ph.D.
- Observed classrooms and developed child specific functional behavior plans. Coordinated with pre-school teachers, families, social workers, and administrators to implement behavior plans.
  - Coached teachers to effectively address classroom disruptive behavior.
  - Completed referrals for evaluation of suspected cognitive, attentional, or developmental problems.
- 8/15 – 5/19 Co-facilitator, Lambda  
University of Mississippi, Oxford, MS  
Supervisor: Laura Johnson, Ph.D.
- Facilitated group therapy for LGBTQ+ students.

- 8/18 – 5/19  
Wellness Counselor  
University of Mississippi School of Law, Oxford, MS  
Supervisor: Todd Smitherman, Ph.D.
- Provided evidence-based individual psychotherapy and crisis management for law students.
  - Provided evidence-based psychoeducational workshops and trainings for students and staff.
  - Conducted outreach to support student groups.
- 8/17 – 5/18  
Graduate Clinician  
University of Mississippi Counseling Center, Oxford, MS  
Supervisor: Michael Hirschel, Ph.D. & Bud Edwards, Ph.D.
- Provided evidence-based individual psychotherapy to undergraduate and graduate students.
  - Co-facilitated Women of Color therapy group.
- 7/16 – 5/17  
Education and Behavioral Support Intern  
The Baddour Center, Senatobia, MS  
Supervisor: Shannon Hill, Ph.D.
- Provided evidence-based individual psychotherapy and assessment to adults with intellectual disabilities.
  - Developed and implemented behavior plans.
  - Provided weekly group social skills training.
  - Provided 5 quarterly trainings to center staff teaching implementation of evidence-based interventions.
- 8/15 – 8/16  
Study Abroad Workshop Leader  
Institute for International Studies, University of Mississippi  
Supervisor: Laura Johnson, Ph.D.
- Co-facilitated 4 pre-departure and post-arrival workshops for undergraduates focused on mental health and the acculturation process to help them successfully navigate the study abroad experience and re-entry to the United States.
- 8/15 – 8/16  
Co-facilitator, International Ladies Club  
University of Mississippi
- Facilitated psychological support group for female-identified international students.

## **RESEARCH EXPERIENCE**

- 2016 – present  
Graduate Researcher  
University of Mississippi  
Supervisor: Alan Gross, Ph.D.
- Conduct data collection, entry, and analysis for a variety of projects focused on sexual minorities and sexual assault.

- 2015 – 2016 Graduate Researcher  
Cultural & Ecology Psychology Lab, University of Mississippi  
Supervisor: Laura Johnson, Ph.D.
- Conducted data collection, entry, and analysis for a variety of projects focused on multicultural issues.
- 2014 – 2015 Lab Manager  
Parenting Challenges with Kids (PaCK) Lab, UAB  
Supervisor: Christina Rodriguez, Ph.D.
- Provided administrative support for a longitudinal NICHD-funded grant study with first-time families.
  - Conducted data collection, entry, and analysis for projects related to child abuse.
- 2013 – 2015 Research Assistant  
Youth Safety Lab, UAB  
Supervisor: David Schwebel Ph.D.
- Conducted data collection, entry, and analysis for projects focused on youth safety interventions and injury prevention.
- 2013 – 2014 Research Assistant  
Children's of Alabama, UAB  
Supervisor: Dr. Avi Madan-Swain, Ph.D.
- Conducted data collection, entry, and analysis for projects focused on mental healthcare utilization by pediatric cancer survivors.

## PUBLICATIONS

**Boppana, S.** & Gross, A.M. (2019). The Impact of Religiosity on the Psychological Well-Being of LGBT Christians. *Journal of Gay & Lesbian Mental Health*, 23(4), 412–426.

**Boppana, S.**, & Gross, A.M. (2019). Behavioral Treatment of Trichotillomania in a College Woman: A Case Study. *Clinical Case Studies*, 18(5), 397–409.

**Boppana, S.**, & Rodriguez, C.M. (2018). Mediators between parenting history and expected at-risk parenting: Role of conformity, coping, and attitudes. *Journal of Child & Family Studies*, 26(11), 3237–3245.

**Boppana, S.**, Shen, J., Schwebel, D.S. (2016). Transportation-related safety behaviors in top-grossing children's movies from 2008 to 2013. *Journal of Developmental and Behavioral Pediatrics*, 37(4), 306–313.

Shen J., Rouse J., Godbole, M., Wells H.L., **Boppana, S.**, & Schwebel D.S. (2016) Systematic Review: Interventions to educate children about dog safety and prevent pediatric dog-bite injuries: A meta-analytic review. *Journal of Pediatric Psychology*, 42(7), 779–791.

Gardner, M.H., Barnes, M.J., **Boppana, S.**, Davis, C.S., Cotton, P.B., Heron, B.L., Henninger, A., Alva, E., Gleason, M.W., Whelan, K.F., & Madan-Swain, A. (2014). Barriers to the use of psychosocial support services among adolescent and young adult survivors of pediatric cancer. *Journal of Adolescent and Young Adult Oncology*, 3(3), 112–116.

## PRESENTATIONS

Bhambhani, Y., **Boppana, S.**, Flynn, M. (2019, November) *What protects or harms the mental health of sexual and gender minorities?: Examinations of psychological inflexibility, experiencing sexual racism, and religiosity*. Symposium presented at ABCT, Atlanta, GA.

**Boppana, S.**, Gross, A.M. (2017, November) *Love the Sinner, Hate the Sin? The Impact of Religiosity on the Psychological Well-Being of LGBT Christians*. Poster presented at ABCT, San Diego, CA.

**Boppana, S.**, Stephens, L.T., Battle, C., Johnson, L.J. (2016, October) *Getting Active for Multicultural Gain: Are Experiential Learning and Perceived Risk Related to Learning Outcomes?* Poster presented at ABCT, New York, NY.

**Boppana, S.** Stephens, L.T., Battle, C., Johnson, L.J. (2016, May). *Experiential Learning and Multicultural Gains*. Oral presentation at the University of Mississippi Psychology Research Day, Oxford, MS.

**Boppana, S.** & Rodriguez, C.M. (2016, July) *Mediators between parenting history and expected at-risk parenting*. Poster presented at the American Psychological Association Annual Convention, Denver, CO.

Rodriguez, C.M. & **Boppana, S.** (2016, June) *Evaluation of an alternate version of the parent-child aggression acceptability movie task*. Poster presented at the American Professional Society on the Abuse of Children Annual Colloquium, New Orleans, LA.

**Boppana, S.** & Rodriguez, C.M. (2016, March) *Pathways between authoritarian parenting and risky parenting*. Symposium conducted at the Southeastern Psychological Association Annual Meeting, New Orleans, LA.

**Boppana, S.**, Barnes, M., Madan-Swain, A., Adams, J., Cramer, S., & Pressey, J. (2014, October) *Influence of AYA survivor health perceptions on physical activity*. Poster presented at the UAB Comprehensive Cancer Center Retreat, Birmingham, AL.

**Boppana, S.**, Godbole, M., Curry, D., Davis-Fobian, A., Avis, K., & Schwebel, D. (2014, October) *ADHD and Pedestrian Safety: The Role of Children's Processing of Time*. Poster presented at the National Conference in Clinical Child and Adolescent Psychology, Lawrence, KS.

## EDITORIAL ACTIVITIES

### Guest reviewer:

*Journal of Homosexuality*

*Clinical Case Studies*  
*Journal of Gay & Lesbian Mental Health*  
*PsycCRITIQUES*

**PROFESSIONAL MEMBERSHIPS**

- 2020 Association for Contextual Behavioral Science (ACBS)
- 2019 Association for Behavioral and Cognitive Therapies (ABCT)
- 2017 American Psychological Association (APA)
- 2016 Southeastern Psychological Association (SEPA)

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