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Effects of Perpetrator and Victim Gender, Rape Myths, and Report Timing on Blame Attributions Following Sexual Assault

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EFFECTS OF PERPETRATOR AND VICTIM GENDER, RAPE MYTHS, AND REPORT TIMING ON BLAME ATTRIBUTIONS FOLLOWING SEXUAL ASSAULT

by

KATHERINE KENNON

(Under the Direction of Dorthie Cross)

ABSTRACT

Previous research examined the effects of victim gender, perpetrator gender, and rape myth acceptance on victim blaming attribution; however, fewer studies explore victim and perpetrator gender at the same time, and even fewer studies examined the relevance of factors like timing of reporting (immediate or delayed) or rurality. The primary purpose of the study, therefore, was to explore the effect of victim gender, perpetrator gender, and report timing (same day vs. six months later) on victim blaming attributions. The study also examined the role of rape myth acceptance on victim blame and compared levels of rape myth acceptance across participant rurality. The current study recruited 803 undergraduate college students for an anonymous online study involving an evaluation of a short scenario describing a sexual assault. The variables manipulated in the scenarios were victim gender (man or woman), perpetrator gender (man or woman), and timing of victim's report to the police (same night or six months later). Participants completed questionnaires related to rape myth acceptance and demographics, including rural residence. A between-subjects ANOVA revealed a trend toward significance of blame toward male victims and an interaction between victim gender and timing of report on participants' ratings of victim blame. A follow-up ANOVA was used to examine the main and interaction effects between victim gender, perpetrator gender, and report timing on ratings of victim blame again, but adding two categorical variables (high/low female and male rape myth acceptance). Results showed significant main effects of both female and male rape myth acceptance on ratings of victim blame. Additional analyses revealed higher acceptance of female and male rape myths among men compared to women and no difference in rape myth acceptance across participant rurality. Supplemental findings showed high rates of experiencing sexual assault and very low rates of reporting sexual assault among study participants. These findings and others are discussed. Being able to understand factors contributing to victim blame may help clinicians and educators create effective interventions.

INDEX WORDS: Sexual assault, Victim blaming, Rape myth acceptance, Victim gender, Perpetrator gender, Delayed report, Rurality

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ON BLAME ATTRIBUTIONS FOLLOWING SEXUAL ASSAULT

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DOCTOR OF PSYCHOLOGY

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CHAPTER 1 INTRODUCTION

Rationale

Prevalence of Sexual Assault

Sexual assault is an issue of serious public health concern impacting many environments (e.g., workplaces, college campuses, homes, and military settings; Basile et al., 2020; Black et al., 2011; Dworkin, et al., 2017; Kilpatrick et al., 2007; Wilson, 2018). (For the purposes of the current study, *rape* and *sexual assault* are both referred to as *sexual assault*.) Using data obtained by the National Intimate Partner and Sexual Violence survey in 2010, Black et al. (2011) estimated 1 in 5 women and 1 in 71 men in the United States were sexually assaulted sometime in their lifetime, and nearly 1.3 million women were raped or sexually assaulted each year. It is important to note too few men reported experiencing sexual victimization 12 months prior to the survey; therefore, only lifetime rates were reported. Although these numbers are by themselves staggering and worthy of the attention of researchers, healthcare providers, law enforcement personnel, and others, the scope of the problem likely far surpasses the available statistics because rape and sexual assault are among the most underreported crimes (Spohn & Tellis, 2012). Rape and sexual assault are widely underreported, and compared to women victims, men victims are even less likely to report sexual victimization (Weiss, 2010). Even when sexual assault is reported, most perpetrators are not prosecuted, and many go on to reoffend (Campbell et al., 2017; Foubert et al., 2020; Lonsway & Archambault, 2012). Regardless of whether one looks at the known rates or considers the likely higher unknown rates, the prevalence of sexual assault in the United States is still a formidable concern.

Impact of Sexual Assault

Due to the pervasiveness of sexual assault rates in the United States, many studies examined the outcomes of sexual assault, including physical and psychological outcomes. Some victims may experience acute physical outcomes such as bruising or genital injury, and some victims may experience

chronic physical complaints related to reproductive, gastrointestinal, cardiovascular, or other health issues, such as sexually transmitted infections (Peterson et al., 2011; Zilkens et al., 2017).

In addition to physical outcomes, victims may experience psychological distress. The Rape, Abuse, and Incest National Network (2020) estimated up to 70% of victims of sexual violence experience significant distress afterwards. A few psychological outcomes include depression, posttraumatic stress reaction, and anxiety. Victims of sexual assault compared to non-assaulted people are more likely to experience psychological distress. In a meta-analysis of 39 studies, Dworkin (2020) found victims of sexual assault experienced elevated rates of mood disorders, anxiety disorders, obsessive compulsive disorder, posttraumatic stress disorder (PTSD), and higher likelihood of experiencing suicidal thoughts compared to non-assaulted individuals. Another meta-analysis of 47 studies also found elevated rates of eating disorder (Forkus et al., 2020). Both meta-analyses found higher rates of alcohol and substance use disorders. Individuals who experienced sexual violence are “3.4 times more likely to use marijuana, 6 times more likely to use cocaine, and 10 times more likely to use other major drugs” (United States Congress, 2013, p. 65). In addition, sexual assault may contribute to revictimization due to risky coping, loss of income, and not having access to safe and affordable housing (Decker et al., 2013; Hamilton et al., 2011).

The impact of sexual assault is expansive. It not only negatively impacts individuals, both physically and emotionally, but also burdens overarching health, legal, and other systems. Peterson et al. (2017) estimated the cost of sexual assault in terms of healthcare and legal costs, diminished productivity (e.g., time off work, job loss, diminished performance), and other factors and found the estimated cost per victim was over USD\$120,000. In addition, sexual assault, especially when inadequately addressed, can lead to system-wide increases in distrust and disengagement even for non-victims and discourage future victims from reporting (Rabelo et al., 2019; Smith & Freyd, 2014). Clearly, the potential negative effects of sexual assault are pervasive, but not every sexual assault leads to similar outcomes; many factors impact individual and community responses.

Victim Blame

One factor exacerbating consequences of sexual assault is victim blaming, which is associated cross-sectionally and longitudinally with worse victim mental health (Littleton, 2010; Relyea & Ullman, 2013); therefore, it is important to understand factors potentially increasing the likelihood of victim blaming. Past research found common variables affecting the likelihood of victim blaming, several of which are victim gender, perpetrator gender, and rape myth acceptance (Ayala et al., 2018; Gerber et al., 2004; Gravelin et al., 2019; Grubb & Turner, 2012), but there is still much to be learned. For example, research considering the influence of both perpetrator and victim gender on victim blaming is relatively neglected. Most research uses sexual assault vignettes with a man perpetrator and woman victim. Fewer studies (e.g., Ayala et al., 2018; Gerber et al., 2004) examine the effects of both perpetrator gender and victim gender on individuals' perception of blame.

Another factor potentially exacerbating victim blaming is timing of sexual assault allegations. Surprisingly, the influence of report timing (i.e., when the victim reports the sexual assault) on victim blaming is a seriously neglected area of study, though a handful of older studies explored delayed reporting and victim credibility (Frazier & Borgida, 1992; Frohmann, 1991; Jordan, 2004; Rose & Randall, 1982). Furthermore, how other variables relate to perceptions of delayed reporting is largely underexplored. Given the pervasiveness of sexual assault, its potentially serious consequences to victim health and well-being, and the relative commonness of delayed reporting (Jordan, 2004), this area needs to be better studied.

Finally, relatively little is known about the potential relevance of rurality to sexual assault victim blaming, timing of reporting, and rape myth acceptance. Few studies examined the influence of rurality in cases of sexual assault. Specifically, these studies found certain barriers (e.g., lack of resources) to reporting sexual assault due to living in a rural environment (Logan, et al., 2005; Ruback & Menard, 2001).

Purpose

The overarching purpose of the current study is to better understand variables associated with victim blaming. Despite the extensive research on victim blaming, there are still significant gaps in the literature. Although victim characteristics were examined in past studies, few studies examined the influence of both perpetrator and victim gender on victim blaming, and even fewer studies considered the impact of delayed reporting. Thus, the current study investigated the impacts of both perpetrator and victim gender, as well as the timing of reporting, on victim blaming. The current study also examined the relationship between rape myth acceptance and victim blaming. A final goal of the current study was to examine the relationship between rurality of the participants and level of victim blaming.

Significance

Sexual assault is unfortunately not uncommon and is linked with adverse outcomes (Black et al., 2011; Dworkin, 2020; Peterson et al., 2017). Negative perceptions of victims, particularly those blaming victims, can worsen outcomes by increasing stigma and decreasing motivation to pursue relevant social, health, and legal supports (Littleton, 2010; Logan et al., 2005; Relyea & Ullman, 2013). Evaluating variables like rape myth acceptance, victim and perpetrator gender, timing of report, and rurality and their relationship to or impact on victim blaming may inform best practices when working with individuals experiencing sexual assault. Understanding individuals' perceptions of sexual assault victimization and what variables may increase rate of victim blaming may create a new path for public education to combat stigmatization. Increasing and promoting sexual assault victim awareness can provide a layer of support to victims. Specifically, exploring the relationship between perceiver characteristics (e.g., rurality, rape myth acceptance) and sexual assault characteristics (e.g., perpetrator gender, victim gender, and report timing) provides insight into how to intervene and with whom. Furthermore, understanding the various factors impacting public perceptions of sexual assault enhances paths for intervention and education at the public and individual level. Additionally, understanding the effect of victim blaming on a trauma survivor provides valuable clinical information. Many victims of sexual assault struggle with psychological

disturbances after the victimization; therefore, psychoeducation on the role of victim blaming can help alleviate maladaptive emotions (e.g., guilt, shame).

Literature Review

One major concern when discussing sexual assault is victim blaming. Studies show victims of sexual assault are often blamed for their victimization by both law enforcement and the public, and they are blamed more than victims of other crimes (Bieneck & Krahe, 2011; Sleath & Bull, 2012). The large scope of the issue led some researchers to claim aspects of the United States promote a rape supportive culture that blames victims (Jozkowski & Wiersma-Mosley, 2017). Many factors contribute to victim blaming, and part of the problem may stem from confusion over what counts as sexual assault. An overarching definition of sexual assault is an act in which an individual intentionally sexually touches another individual without consent or against their will or an attack or attempted attack involving unwanted sexual contact between victim and perpetrator (Morgan & Kena, 2020; Muehlenhard, 2017). Sexual assault can include penetrative (i.e., vaginal, anal, or oral penetration) or non-penetrative sexual acts (e.g., kissing, fondling, grabbing) without explicit consent, and these acts can include attempted rape, fondling or unwanted touching, coerced sexual acts (e.g., oral sex), forced watching of pornography, revenge pornography, and penetration of an individual's body (e.g., rape).

This definition of sexual assault is broad, but actual legal definitions of sexual assault vary depending on federal and state law and change over time; states uphold different penalties depending on the type of sexual assault (Kruttschnitt et al., 2014; Rymel, 2004; U.S. Department of Justice, 2012). For example, rape is a form of sexual assault that the U.S. Federal Bureau of Investigation defines 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 consent of the victim” (Crime in the United States, 2013, p.1). Not all states have the same definition. For example, Georgia law defines rape as, “Carnal knowledge of a female forcibly and against her will” (Georgia Rape and Statutory Rape Laws, 2018, p.1). Carnal knowledge refers to the penetration of the female sex organ by the male sex organ. Georgia's rape definition is narrowly defined and promotes myriad issues resulting from such a limited definition.

Victim Blame

Moriarty (2008) coined *victim blaming* as a process in which the victim is seen as responsible for their victimization, to a degree. Drawing on classic research on causal attribution may help explain the basic psychological processes involved in victim blaming. Heider's (1958) *theory of attribution* examined the mechanism in which individuals conclude causes of their and other's behavior. The theory of attribution may help explain how victims of crimes are perceived. According to this theory, people make two types of attributions: internal attribution and external attribution. Internal attribution is explained by "internal" factors such as personality or affect, and external attribution is explained by "external" factors such as situation. In addition, Rotter (1966) found individual differences in the extent to which people tended to make internal and external attributions. Finally, Lerner's (1980) research on *just world theory* posits people have a need to believe the world is fair and good things happen to good people. Conversely, bad things happen to bad people; therefore, if something bad happens to someone, they deserve the bad things. Rubin and Peplau (1975) found that tendency to draw on *just world theory* may also be an individual difference.

These studies suggest that if internal attribution is used, a victim is more likely to be blamed. There may be individual differences increasing the likelihood of making an internal attribution about a victim. An example of an internal attribution would be if a woman presented as promiscuous. An example of an external attribution is the individual was sexually assaulted in a dark alley. Researchers use the *just world theory* to attempt to explain sexual violence in that people blame victims because they must be bad if bad things happened to them (Hammond et al., 2011). These classic theories may help explain the concept of victim blaming. They are also relevant to another concept, *rape myth acceptance*, that helps explain attribution in sexual assault more specifically (Hayes et al., 2013). It may be valuable to focus on the influence of rape myths and individual differences in rape myth acceptance as one source of victim blaming attributions.

Rape Myths

Previous studies show rape myth acceptance is associated with greater victim blaming (Hammon et al., 2011; Hayes et al., 2013; Hine & Murphy, 2019; Russell & Hand, 2017; Sleath & Bull, 2012; Suarez & Gadalla, 2010). Rape myths and rape myth acceptance are extensively studied within the psychological community. Several researchers attempted to define the concept of rape myths. Burt (1980) defined rape myths as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” (p. 217). Years later, Lonsway and Fitzgerald (1994) expanded upon the definition of rape myths, stating they are “attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women” (p. 134). Generally, rape myths take the form of stereotypes. For example, rape myths include: "men can't be sexually assaulted" or "false allegations are common." The acceptance of rape myths is widespread but dependent on variables including perceiver (i.e., non-victim, non-perpetrator evaluating claims of sexual assault), victim, perpetrator, and situation factors (Yapp & Quayle, 2018). Various rape myths are identified in the literature and despite the vast literature on rape myths many are still believed today.

As it is becoming increasingly clear, the prominence of rape myths affects American culture. When evaluating an allegation of sexual assault, a person might be swayed by a stereotypical picture of a ‘real rape’ such as a heterosexual woman victimized by a heterosexual man; therefore, any deviation from this view of rape challenges their belief (Parrott & Parrott, 2015).

Statistics show there is no exact picture of rape because it occurs in many ways. One prevalent piece of information regarding rape is that it is pervasive in the United States (Basile et al., 2020). Although statistics indicate women are more affected by sexual crimes, the exact magnitude of gender differences in victimization is impossible to know because rape is highly underreported (Fisher et al., 2000; Mengeling et al., 2014). Additionally, men are less likely than women to report sexual assault, exacerbating the inaccuracy of rape statistics (Banyard et al., 2007; Hoyt et al., 2011).

Functions of Rape Myths

Rape myths function to maintain victimization and psychopathology. The function of rape myths typically focuses on excusing the perpetrator while punishing the victim. Typically, the victim's credibility is often the crux of the case because an outside party (e.g., juror) must decide if sexual intercourse was consensual or non-consensual. A victim's credibility is evaluated by looking into their past and present behavior; therefore, the role of rape myths inevitably affects a juror's perception. For example, media and society often sensationalizes "stranger danger," although most sexual assault victims knew their perpetrator. Additionally, if a victim is not physically injured (e.g., bruises), then their allegation is typically viewed as less credible. Rape myths serve to minimize perpetrator blame and promote victim blame. Stronger belief in rape myths leads to a greater likelihood of victim blaming (Ayala et al., 2018). The endorsement of rape myths creates negative consequences, not only for the victim but society as well.

Rape myths create a dichotomy between how people think victims should act versus how an individual does respond. Ultimately, the acceptance of rape myths distorts society's view of the "typical" rape victim. This biased view of the "perfect" victim plagues society alongside government officials such as the judge's ruling on the cases. The idea of a "perfect" victim may be influenced by Western society's beliefs of traditional gender roles (Randall, 2010).

Gender

Over the years, researchers examined variables contributing to increased victim blaming including demographic information related to the victim and the perpetrator, and gender is a major factor. Gender roles vary across time and location. Western society's gender roles reflect the theme of patriarchy. Patriarchy relates to the power of men over women leading to the subjection and victimization of women. A concept of *social script theory* assumes individuals follow internalized scripts influencing how an individual thinks, feels, and responds to certain environments (Wiederman, 2005). Wiederman (2005) stated masculine gender roles promote dominance, independence, and freedom; feminine gender roles focus on control, restraint, and meekness. These traditional gender roles translate into sexuality such as

the ability to get pregnant. Parents create a different set of expectations regarding sex according to their child's gender. Because cisgender daughters may become pregnant, they receive more parental communication regarding sex than do cisgender sons. These messages inadvertently insinuate girls and women are the "sexual gatekeepers" in the relationship (Wiederman, 2005, p. 497). With the difference between men and women's social scripts, women run the greater risk of getting pregnant and damaging their reputations. While men are viewed as the conqueror when having sex with a new partner, women are viewed as having loose morals; therefore, social scripts, specifically gendered scripts, influence an individual's thoughts, feelings, and behaviors around their own sexual experiences and the sexual experiences of others.

Influence of Traditional Gender Roles on Victim Blame

In addition to demographic variable influence, a respondent's belief toward traditional gender roles may correlate with higher levels of victim blame. In past research, gender roles are conceptualized as sex roles. The term gender role will be used for consistency with prior studies. A plethora of literature examined the various characteristics associated with men and women. Gerber et al. (2004) found traditionally assertiveness and dominant traits were associated with men while warmth and accommodation were associated with women. Specifically, Western cultures portray men as dominant and strong. In positive roles, these traits are associated with leadership; in their negative form, they are commonly associated with perpetration (Gerber et al., 2004). While examining the influence of acceptance of traditional gender roles, researchers found men identify more with the perpetrator than the victim, resulting in an increased blame toward the victim and decreased blame toward the perpetrator (Gravelin et al., 2019). This is in line with the belief men identify more with roles of power and dominance. On the other hand, women identify more with the victim who represents the "weaker" sex. Overall findings suggest a more traditionally masculine respondent will identify more with the person in power rather than the powerless role.

Furthermore, belief in traditional characteristics guide respondents' likelihood to assign victim blame. In a classic study, Weis and Borges (1973) proposed a theory suggesting individuals are socialized

according to their gender (e.g., man and woman) resulting in traditional man-woman sexual interactions. This theory was expanded to explain why victims might receive more blame versus others in sexual assault scenarios.

Influence of Victim and Perpetrator Gender on Victim Blame

Gender is commonly examined regarding its impact on the respondent's perception of rape victims. Specifically, the gender of the respondent is commonly evaluated, and studies find men are more accepting of rape myths than women (Buddie & Miller, 2001; Russell & Hand, 2017). When researching the effect of gender on blaming, researchers examine respondent gender as well as victim gender. Demographic variables, such as gender, sexual orientation, race, and socioeconomic status may influence the likelihood to increase blame (Suarez & Gadalla, 2010). Although large bodies of research focus on sexual assault, men victims are overlooked. Odem and Clay-Warner (1998) stated, "The politicization of rape as a feminist issue may contribute to the isolation and suffering experienced by the male victim" (p. 87). This provocative statement addresses a large social issue (e.g., male rape victimization). Even legal definitions of rape exclude men as victims. Specifically, the previous FBI definition of rape was, "the carnal knowledge of a female against her will" (Crime in the United States: Forcible Rape, 2010, p.1). This institutionalized insinuation that men cannot be sexually assaulted established a well-known rape myth, "men cannot be raped." Due to a lack of societal attention on men rape victims, these individuals are faced with hostility and disbelief if they attempt to report the abuse. Men rape victims may fear revictimization and choose not to report, while others are faced with discrimination and hostility if they decide to report the victimization. Gerber et al., (2004) found men victims are blamed more than women victims. Regardless of rape conditions (e.g., stranger versus acquaintance rape), men victims are blamed more often than women victims. This indicates gender of victim significantly impacts blaming attitudes toward the victim.

In addition to differing levels of victim blaming dependent on victim gender, prior research shows significantly differing levels of victim blaming based on perpetrator gender. Smith et al. (1998) found when a man victim is raped by a woman perpetrator, he is more likely to be blamed compared to a

man victim raped by a man perpetrator. This finding supports the rape myth, “women cannot rape men.” Considering the influence of traditional sex-roles, it is not surprising that man victims are blamed more than women. Kassing et al. (2005) hypothesized six categories of male rape myths: (1) Men’s physical size and strength prevents them from being overpowered or forced, (2) men are the instigators of sexual activity, (3) men who are rape victims lose their manhood, (4) the rape of men is rare, (5) men are strong enough to cope with rape, and (6) the rape of men only happens in prison. Consequently, belief in these rape myths encourages individuals to evaluate the rape of men harshly. Many view the rape of a man as a loss of power.

Influence of Respondent’s Gender on Victim Blame

Previous literature examined the influence of respondent characteristics on victim blaming. One variable extensively studied is the influence of a respondent’s gender on their perception of rape victims. Examining the influence of respondent gender yielded significant findings. Walfield (2018) found the respondent’s gender contributes to their degree of acceptance of rape myths. Buddie and Miller (2001) found men are more accepting of rape myths than women. Furthermore, prior studies found a higher acceptance of rape myths correlates with more responsibility on the victim while minimizing the perpetrator’s role (Edwards et al., 2011; Suarez & Gadalla, 2010). Additionally, researchers found differences in how respondents view sexually aggressive behavior (e.g., rape). For example, women are less likely than men to condone sexually aggressive behavior (Langley et al., 1991). Langley et al. (1991) found women were more likely to label an aggressive sexual act as rape in comparison to men. Next, researchers examined the perception of “seriousness” of rape amongst men and women (Barnett et al., 1992). Women were found to view rape as a more serious crime than men.

Lastly, prior studies found correlational findings between gender and blame attributed toward rape victims (Wakelin & Long, 2003). Findings suggest significant findings between men and women’s perception of the role of the victim. Women tend to identify more with victim which promotes more sympathy and empathy toward the rape victim (Davies et al., 2006). Additionally, women are more likely to consider the psychological impact on the victim after experiencing sexual assault. Conversely, men

endorse more negative attitudes toward rape victims while attributing less blame toward the perpetrator (Davies et al., 2006).

Delayed Reporting

One significant gap in research on sexual assault is the effect of delayed reporting on likelihood of victim blaming. A smaller body of literature examines delayed reporting and perceived credibility in terms sexual assault, harassment, and child sexual abuse, but the studies look at different kinds of victimization (adult sexual harassment, adult sexual assault, child sexual assault); they use very different methods, including case law review, and look primarily at victim credibility, not victim blame (Frazier & Borgida, 1992; Frohmann, 1991; Jordan, 2004; Rose & Randall, 1982; von Sikorski & Saumer, 2021). Pierson (2016) found, contrary to the hypothesis, that the timing of the sexual assault report did not significantly affect victim credibility. The lack of significant findings was possibly due to a short time difference between conditions (e.g., immediate versus one week; Pierson, 2016). Although this study did not find significant differences, real-life examples may indicate otherwise. An individual's credibility is put on trial if they decide to come forth with an accusation or rape months or years later. A 'red flag' of false allegations is the timing of the report. Lonsway et al. (2009) stated, "Society's view of 'real rape' includes the following: victim and suspect do not know each other; a weapon was used; physical violence is reported and there is physical injury; the victim resisted and fought back to the utmost; the victim is hysterical; and the victim reports the attack to law enforcement immediately" (p. 4). Statistically, this is not the case. The sexual assault victim may not report the assault for weeks, months, or years; yet society criticizes those who do not report immediately. It is estimated 64% to 96% of victims do not report sexual assault because they believe the report will be met with suspicion or disbelief (Lisak, et al., 2010). A growing concern of sexual assault reports is the credibility of the report. Delayed reports are viewed less credible (Lisak et al., 2010). The actual statistics of false allegations are unknown, but Lisak (2010) evaluated 136 cases of sexual assault and found 5.9% were false allegations. Although false reports are rare, many factors impact the perceived credibility of a victim's statement.

Barriers to Reporting

Despite substantial progress made to reduce the psychological and systematic barriers to report sexual assault, sexual assault is still deemed one of the most underreported crimes (Potter, 2016). A few of these perceived barriers include fear of retaliation by the perpetrator, distrust of the criminal justice system, feelings of guilt/shame, or lack of access to resources (Jegllc, 2019). Additionally, victims may feel they will not receive justice if they report to the police. Although victims may experience similar barriers to report a sexual assault, the gender of the victim influences their perception of the reporting process. For example, both man and woman victims may experience shame or guilt, but these negative emotions have a gendered contextual meaning. Sabel et al. (2006) found women reported 13 different barriers to reporting a sexual victimization, while men reported 14 different barriers to reporting a sexual victimization. In the Sabel et al. (2006), women and men reported 13 of the same barriers including fear of retaliation, fear of not being believed, lack of resources, and dislike or distrust of the criminal justice system. Men reported fear of being judged gay as an additional barrier to reporting (Sabel et al., 2006). In addition to the barriers listed, the increased risk of victim blaming occurs when reporting sexual assault.

Rurality

Importantly, rurality is a term which may be defined by numerous and competing objective criteria. Ratcliffe et al. (2016) defined rurality by its opposite: any areas, persons, or housing not classified as urban (Ratcliffe et al., 2016). The U.S. Census Bureau (2020) defines urban areas as areas of 50,000 or more people or as a cluster of at least 2,500 and less than 50,000. Although the U.S. Census Bureau provides a rough definition of urban, it states areas which fall outside this category are categorized as rural. This broad definition makes it difficult to reliably use this construct in research. Participants may not know how to classify themselves because of the vague definition. Many studies ask the participants to provide their ZIP code, while some studies use subjective self-classification. Additionally, some individuals may report their current classification while others revert to their childhood classification. For the current study, participants used subjective self-classification of childhood residence and current residence.

Although there is limited correlational research examining rape myth acceptance levels among rural communities, some research suggests lower reporting rates for sexual crimes in rural communities (Logan et al., 2005; Ruback & Menard, 2001). Logan et al., (2005) found women in rural areas are less likely to report because of barriers to reporting. Lewis (2003) cited potential barriers for victims to report sexual violence in rural communities, including lack of anonymity, lack of resources, informal social controls, increased distrust, and overall persecution of sexual assault victims. National data suggest rates of sexual assault are lower in rural areas (10.1% compared to 13.6%); however, these data may be affected by underreporting (Lewis, 2003). Additionally, cultural “rules” or gender norms may dictate what information is acceptable to share. One underlying value pervasive in rural communities is family reputation; therefore, disclosing sexual assault may tarnish one’s reputation in the community (Lewis, 2003).

Current Study

Aims

The aims of the current study were to address gaps in the literature on factors contributing to victim blaming by examining the effects of both victim and perpetrator gender, report timing (immediate vs. delayed), and the roles of both female and male rape myth acceptance on victim blaming. This study also explored differences in rape myth acceptance between rural and non-rural participants.

Hypotheses

1. Based on previous findings (e.g., Gerber et al. 2004; Kassing et al., 2005), I hypothesized that participants would report higher levels of blame (i.e., rate as more responsible on post-vignette evaluations) for men victims than for women victims.
2. Based on previous findings (e.g., Davies & Rogers, 2006; Kassing et al., 2005; Smith et al., 1998), I hypothesized that participants would report higher levels of blame for victims assaulted by women perpetrators than for victims assaulted by men.
3. Based on the limited body of research available (Frazier & Borgida, 1992; Frohmann, 1991; Jordan, 2004; Pierson, 2016; Rose & Randall, 1982; von Sikorski & Saumer, 2021), I

hypothesized if participants read that the sexual assault victim waited six months before reporting the sexual assault to the police, then they would be more likely to blame the victim (i.e., rate as more responsible on post-vignette evaluations).

4. Based on previous findings (e.g., Hammon et al., 2011; Hayes et al., 2013; Hine & Murphy, 2019; Russell & Hand, 2017; Sleath & Bull, 2012; Suarez & Gadalla, 2010), I hypothesized that participants who report higher levels of rape myth acceptance would perceive the victim less favorably (i.e., would rate them as more to blame on post-vignette evaluations) across all conditions.
 - Based on findings by Ayala et al. (2018), I hypothesized lower levels of RMA would be associated with lower levels of blame for both men and women victims, but as RMA increased, the level of victim blaming would increase, especially regarding men victims.
 - Based on findings by Ayala et al. (2018), I hypothesized lower levels of RMA would be associated with lower levels of blame for victims assaulted by both men and women perpetrators, but participants with higher RMA would blame victims assaulted by women perpetrators more than victims assaulted by men perpetrators.
 - Based on findings by Smith and Skinner (2017), I hypothesized that participants who report higher levels of rape myth acceptance, compared to those with low levels of RMA, would report higher levels blame for victims, regardless of timing of report, but especially for those who report after a delay than for victims who report immediately.
5. Finally, I also explored whether RMA differs by rural status. Because the research is limited in this area, I did not have specific hypotheses.

CHAPTER 2

METHOD

Participants

An initial pool of 803 participants was recruited from a college student population using two strategies. Participants were either recruited through the Department of Psychology's Sona System, an organizational system created for participants to sign up for research studies via the Internet, or through flyers distributed in classes. Inclusion criteria for the study required all individuals enrolled be at least 18 years of age, be currently enrolled in at least one undergraduate psychology course, and provide consent to participate. Exclusionary criteria included being under the age of 18 and declining to provide informed consent. To protect the integrity of the data, 294 participants were removed from study's sample due to validity concerns or missing data. Validity concerns included participants who did not follow directions or incorrectly answered attention and manipulation checks throughout the study.

The final sample consisted of 509 participants with a mean age of 20.49 years ($SD = 4.38$, Range: 18 - 54). Most of the participants identified as either a cisgender woman or cisgender man. For the purposes of data analysis, the category of transgender woman ($n = 1$) was combined with the cisgender women category to create an overall category for people identifying as women, regardless of their sex assigned at birth. A few ($n = 27$) individuals opted to self-describe their gender; however, these individuals provided descriptions (e.g., "normal biological male") that were consistent with the other available gender categories. Thus, those 27 responses were recoded either men, women, or missing based on their descriptions. See Appendix A for a complete list of open-ended text responses and recoding decisions. There were 6 individuals for whom gender information was missing.

In terms of rurality, the final sample consisted of 169 individuals who grew up in rural areas, 230 individuals who grew up in suburban areas, and 105 individuals who grew up in urban areas. Five individuals' information was missing for childhood rurality.

Regarding race/ethnicity, nearly two thirds of the final sample consisted of individuals who identified as White, about a quarter identified as Black/African American, and most of the remaining

identified with one or more other categories. Three individuals elected to self-describe their race/ethnicity ("Afro-Caribbean," "French Canadian/American"), though only two provided a description. Five individuals' information was missing on race/ethnicity.

Most participants identified as straight/heterosexual, and a little over a fifth of the sample identified as asexual, bisexual, gay, lesbian, or pansexual. Six participants self-described; five described themselves as either "questioning" or "bi-curious", and one described himself as "Straight." (The same participant self-described his gender as "Male," and is among the 27 participants discussed earlier.) There were four individuals missing data for sexual orientation. The demographic information for the final sample is provided in Table 1.

Table 1

Demographic Characteristics of the Retained Sample

Variable	<i>n</i>	%	Variable	<i>n</i>	%
Gender, all categories			Race/Ethnicity		
Cisgender Man	116	22.8	American Indian/Alaska Native	2	0.4
Cisgender Woman	339	66.6	Asian	9	1.8
Non-binary	6	1.2	Black/African American	116	22.8
Transgender Man	0	0	Hispanic/Latino/Latin origin	24	4.7
Transgender Woman	1	0.2	Middle Eastern/North African	2	0.4
Prefer to self-describe	27	5.3	Multiracial/Multiethnic	38	7.5
Prefer not to say	14	2.8	White	308	60.5
<i>Missing data</i>	6	1.2	Prefer to self-describe	3	0.6
Gender, recoded			Sexual Orientation		
Man	129	25.3	Asexual	15	2.9
Woman	353	69.4	Bisexual	76	14.9
Non-binary	6	1.2	Gay or lesbian	11	2.2
Prefer not to say	14	2.8	Pansexual	11	2.2
<i>Missing data</i>	7	1.2	Straight/heterosexual	379	74.5
Childhood Rurality			Sexual Orientation		
Rural	169	33.2	Prefer to self-describe	6	1.2
Suburban	230	45.2	Prefer not to say	7	1.4
Urban	105	20.6	<i>Missing data</i>	4	0.8
<i>Missing data</i>	5	1.0			

Materials

The materials and measures used for the study were presented via Qualtrics, an online survey and data collection tool. All measures included were either public domain or created for the current study.

Stimuli

Vignettes

Eight versions of a sexual assault vignette were created for the proposed study. The vignette details the story of an individual who went to a party and met someone. After the party, that individual invited the other person to their apartment and, after kissing the individual, was sexually assaulted. Participants were randomly presented with one of eight vignettes varying in terms of perpetrator gender (man vs. woman), victim gender (man vs. woman), and when the victim reported the sexual assault to the police (same night vs. six months later). The genders of the individuals described in the vignettes were indicated by gender-stereotyped first names (e.g., Jacob/Daniel = man; Sally/Emily = woman). The full version of the stimulus can be found in Appendix B.

Measures

Post-Vignette Evaluations

After reading the vignette, participants responded to 14 questions about their perception of victim blame, perpetrator blame, and other factors, like credibility and assumptions about victim and perpetrator sexual orientation. In addition, one attention check item was embedded in the questionnaire. The questions were scaled on an 8-point (0 to 7) response scale.

For current study analyses, the primary variable of interest was victim blaming, which was based on a single item, which was also the first question presented to participants after reading the vignette ("Based on the scenario, how responsible or culpable would you say [Sally/Jacob] was for the events that occurred?"). Another item ("Based on the scenario, how likely would you say it is that [Sally/Jacob] could have avoided or prevented the events?") was initially planned to be another victim blame item, with the intention of averaging the two items for a single victim blame variable; however, it was decided to use

just the one victim blame variable (item 1) because using an average of the two victim blame items produced a variable with a low internal consistency score ($\alpha = .63$).

Other items about perpetrator blame, victim credibility, overall certainty that a sexual assault occurred, and perceived sexual orientation were included to allow for supplemental or follow-up analyses for future studies. Data from those items were not analyzed for the current study. The full version of the post-vignette evaluations can be found in Appendix C.

Self-Report Questionnaires

Modified Illinois Rape Myth Acceptance Scale (Modified IRMA). The Modified IRMA is based on the Illinois Rape Myth Acceptance Scale (Payne, Lonsway, & Fitzgerald, 1999) and was modified, in part, to reduce the number of items and to better fit the language and attitudes of undergraduate college students (McMahon & Farmer, 2011). It contains 22 items and has four subscales (i.e., *She Asked for It*, *He Didn't Mean To*, *It Wasn't Really Rape*, and *She Lied*) aimed at understanding attitudes and beliefs on sexual assault, and item content is specific to women victims. The first subscale, *She Asked for It*, consists of six items which reflect beliefs consistent with higher victim blaming (e.g., “When girls go to parties wearing slutty clothes, they are asking for trouble”). The second subscale, *He Didn't Mean To*, consists of six items reflecting beliefs consistent with lower perpetrator blaming (e.g., “If both people are drunk, it can't be rape”). The third subscale, *It Wasn't Really Rape*, consists of five items that reflect beliefs in stereotypes about “real rape” (e.g., “A rape probably doesn't happen if a girl doesn't have any bruises or marks”). Finally, the fourth subscale, *She Lied*, consists of five items which reflect beliefs consistent with viewing victims as less credible (e.g., “Rape accusations are often used as a way of getting back at guys”). The Modified IRMA is rated using a 5-point response scale, where 1 = *strongly agree* and 5 = *strongly disagree*. Overall, lower scores indicate greater acceptance of the myth while higher scores indicate lower support of a myth. For the current study, items were reverse-scored for the sake of more straightforward interpretation with higher scores indicating greater acceptance of rape myths.

McMahon and Farmer (2011) found that their Modified IRMA demonstrated good overall internal consistency ($\alpha = .87$), but subscale alphas ranged from .64 to .80. This uneven subscale reliability was also observed in a cross-cultural validation study. Specifically, in a study of rape myth acceptance in an Indian sample, Kamdar et al. (2017) found good internal reliability for the *He Didn't Mean To* subscale ($\alpha = .79$) and *She Lied* subscale ($\alpha = .87$), but they found low reliability for the *She Asked for It* subscale ($\alpha = .61$) and *It Wasn't Really Rape* subscale ($\alpha = .49$). In the current study, primary study analyses relied on the total score of the Modified IRMA, which showed excellent internal consistency ($\alpha = .92$). Though not included in current analyses, the *She Asked for It* ($\alpha = .85$), *He Didn't Mean To* ($\alpha = .75$), *She Lied* ($\alpha = .90$), and *It Wasn't Really Rape* ($\alpha = .83$) subscales showed good to excellent internal consistency.

Male Rape Myth Scale (MRMS; Melanson, 1998). The MRMS was developed to measure the extent to which people endorse certain beliefs about the sexual assault of men, including beliefs based on stereotype and beliefs that increase victim blaming and decrease victim credibility (e.g., “Any healthy man can successfully resist a rapist if he really wants to;” Melanson, 1998). The MRMS is a 22-item questionnaire using a 6-point Likert-type scale (1 = *strongly disagree*, 6 = *strongly agree*), with higher scores indicating greater endorsement of male rape myths. For this study, the total score was used.

Melanson (1998) reported excellent overall internal consistency ($\alpha = .90$) and 4-week test-retest reliability ($r = .89$). In addition, other studies using this measure also reported strong internal consistency, with α ranging from .85 to .99 (Davies et al., 2012; Kassing et al., 2005; Sleath & Bull, 2010; Walfield, 2018). In the current sample, internal consistency for the MRMS total score was very good ($\alpha = .89$).

Personal Experiences with Sexual Assault. Participants answered two questions, written for the current study, about their own experiences with sexual assault and whether they reported the assault to police (see Appendix D). The reason for including these items is to allow for supplemental or follow-up analyses. For example, because research on prevalence and reporting of sexual assault is still extremely limited, this could be an opportunity to generate preliminary data for future studies.

Demographics Form. Participants provided basic demographic information such as age, gender, race and ethnicity, level of education, and rurality (see Appendix D). Other than to describe the

participants, current study analyses only examined gender and rurality. In terms of the rurality of their area of residence, participants classified the area in which they currently live and the area in which they were raised as either rural, suburban, or urban, similar to Ford et al.'s (2017) self-classification approach. Participants also estimated the population size of their current and childhood residences. For the purposes of primary study analyses, however, rural status reflected only self-classification of childhood residence, in part because participants were students, and it was unclear whether they reported current rurality based on their local residence or permanent residence, if different. In addition, suburban and urban participants were collapsed into one group (non-rural), yielding a binary childhood rurality variable (rural vs. non-rural).

Manipulation and Attention Checks

To ensure high-quality data, several data quality checks were included in the study. Each participant completed one manipulation check and four attention check items after answering the post-vignette evaluation questions. These five items were specific to the vignette and intended to identify participants who did not read the vignette closely. Participants indicated whether statements were true or false, based on the vignette they read (see Appendix C).

Participants completed two additional attention checks (e.g., "It is important you pay attention to this study. Please leave this item blank"). One was embedded within the 14 post-vignette evaluation questions, and the other within the MRMS items (see Appendices C and D).

Procedure

Recruitment

Recruitment occurred from June 2021 through December 2021. Participants were recruited in two ways: posting the study to the Department of Psychology's Sona System for recruiting from the undergraduate participant pool and distribution of flyers in undergraduate psychology classes (see Appendix E for a copy of the flyer). For the current study, eligible prospective participants who were interested in the study were directed from Sona or the flyer to the survey platform, Qualtrics, to review an electronic informed consent. Potential participants were informed they would be reading a summary of an

alleged sexual assault. Potential participants were given an option to click a button labeled “I do NOT wish to participate in this study” or “I have read the above information and AGREE to participate in this study.” Participants who declined to participate were directed away from the study and not allowed to continue. In total, 804 people viewed the informed consent, and one declined to participate.

The initial enrolled sample included 504 participants recruited through SONA, 217 recruited in class, and 82 who discontinued before reaching the item about how they heard about the study. The final sample, after low quality data were excluded, included 366 participants recruited through SONA, 139 in class, and 4 who did not respond to the question. Participants recruited through SONA were compensated with one unit of research credit, and those recruited in class were compensated with extra credit.

Procedure

Participants who agreed to participate began the study by reading one of eight versions of the vignette. The version of the vignette was randomly assigned to the participants. There were eight vignettes and each participant read only one version. See Table 2 for the numbers of included participants in each study condition.

Table 2

Number of Participants Randomly Assigned to Each Condition

Victim Gender	Perpetrator Gender	Timing of Report	
		Immediate (that night)	Delayed (6 months later)
Male Victim (Jacob)	Male Perpetrator (Daniel)	58	59
	Female Perpetrator (Emily)	70	75
Female Victim (Sally)	Male Perpetrator (Daniel)	57	66
	Female Perpetrator (Emily)	56	68

NOTE: Reflects retained sample only ($N = 509$)

Immediately after reading the vignette, participants answered questions about their perceptions of the described scenario. One attention check item was embedded within these questions. Then, after these

post-vignette evaluations were complete, participants answered five true/false questions about the vignette they read, which served as vignette manipulation and attention checks.

Next, all participants completed the Modified IRMA and MRMS. The order of the Modified IRMA and MRMS was randomized. One attention check item was embedded within the MRMS. Based on independent t tests, there was no difference in IRMA and MRMS scores between participants who completed the IRMA first and those who completed the MRMS first. After completing the IRMA and MRMS, participants answered two questions about their personal experience with sexual assault. Finally, participants completed the Demographics Form, which included a final question about how they learned about the study. Following completion of study measures, participants were debriefed and provided a list of resources (see Appendix G). Additionally, participants were given instructions for how to claim their compensation (SONA credit, class credit) for completion of the study.

The whole sample took on average 16167.75 seconds ($SD = 72398.88$; Range: 4.00 – 762745.00), or 269.46 minutes, to complete the study. The retained sample of 509 participants who passed all data quality checks took on average 10692.77 seconds ($SD = 51382.74$; Range: 319 – 699059.00), or 178.21 minutes. The duration estimate provided by Qualtrics, however, was skewed by several participants who reached the end of the survey but did not click 'submit' for hours or even days. Thus, time spent on each page, except the final debriefing page, was summed, resulting in a mean time spent on the study for the whole sample of 787.55 seconds ($SD = 712.71$; Range: 4.19 – 10575.58), or 13.14 minutes. For the retained sample, the mean time spent on the study was 912.60 seconds ($SD = 789.69$; Range: 258.68 – 10575.58), or 15.21 minutes.

All study protocols were approved by the Institutional Review Board at Georgia Southern University.

Data Integrity

Prior to analyses, data quality checks were established to ensure accuracy of study findings. Participants had to pass all checks to be included in study analyses. Data from participants who failed one or more of these criteria were excluded from further analyses.

First, participants had to spend at least 137 seconds, or 2.28 minutes, on the study (57 seconds to read the vignette, based on 150-151 words read at 160 words per minute, plus 1 second for each of the 77 items in the study). Second, participants had to pass the post-vignette manipulation check item to ensure they recalled whether the victim in the vignette reported the assault that night. Third, participants had to pass at least three of the four post-vignette attention check items to ensure they read the vignette reasonably closely. For two of the post-vignette attention check items (“Sally/Jacob and Emily/Daniel knew each other from class” and “Alcohol was present in the scenario”), responses were acceptable if participants answered either “false” or “I don’t remember” The inclusion of “I don’t remember” to acceptable responses for these two items was due to obscurity in the vignette. The vignette did not explicitly state that the two individuals met *for the first time* at the party. It also did not mention alcohol at all. Several participants who passed all other data quality checks answered “I don’t remember” on these items, maybe because the vignette was ambiguous, not because the participants gave poor effort. Fourth, participants had to pass both of the two other attention check items (e.g., “It is important that you pay attention to this study. Please leave this item blank”) embedded in other sets of questions. In addition, participants had to provide at least enough information that all data quality checks could be done.

These criteria led to the removal of 294 of the original sample of 803 participants. See Table 3 for the number of participants who passed or failed each data quality check. An independent t test compared included participants ($n = 509$) and excluded participants ($n = 294$) on age, and Pearson χ^2 tests compared included and excluded participants on gender, rurality, race/ethnicity, and sexual orientation. There were no significant differences.

Table 3

Data Quality Checks

Passing Criteria	Passed (n)	Failed (n)	Incomplete or Discontinued (n)
Completion (provided data for all data quality checks)	728	75	-
Duration (≥ 137 seconds)	765	38	-
Vignette Manipulation Check (1 out 1 correct)	548	185	70
Vignette Attention Checks (3 out of 4 correct)	623	110	70

Embedded Attention Checks (2 out of 2 correct)	649	78	76
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NOTE: Many participants failed multiple data quality checks, so the column total exceeds the number of participants whose data were removed from study analyses.

CHAPTER 3

RESULTS

Primary Analyses

Hypotheses 1-3

To test the first three study hypotheses, I conducted a 2 (Perpetrator Gender: Man, Woman) \times 2 (Victim Gender: Man, Woman) \times 2 (Time of Report: Immediate, Delayed) between-subjects ANOVA. The dependent variable was participant ratings of victim blame (i.e., “Based on the scenario, how responsible or culpable would you say [Sally/Jacob] was for the events that occurred”). This analysis allowed me to test whether there would be higher victim blaming for men victims compared to women victims, higher victim blaming for victims assaulted by women than those assaulted by men, and higher victim blaming when assaults are reported after a delay than when they are reported immediately. Based on an a priori power analysis conducted in G*Power (Faul et al., 2007), I needed to include a minimum of 210 participants in the analyses to have enough power (95%) to find a medium effect size (.25). See Table 4 for the results of the ANOVA.

Table 4

Results of Between-Subjects ANOVA of Victim Blame based on Three Vignette Conditions

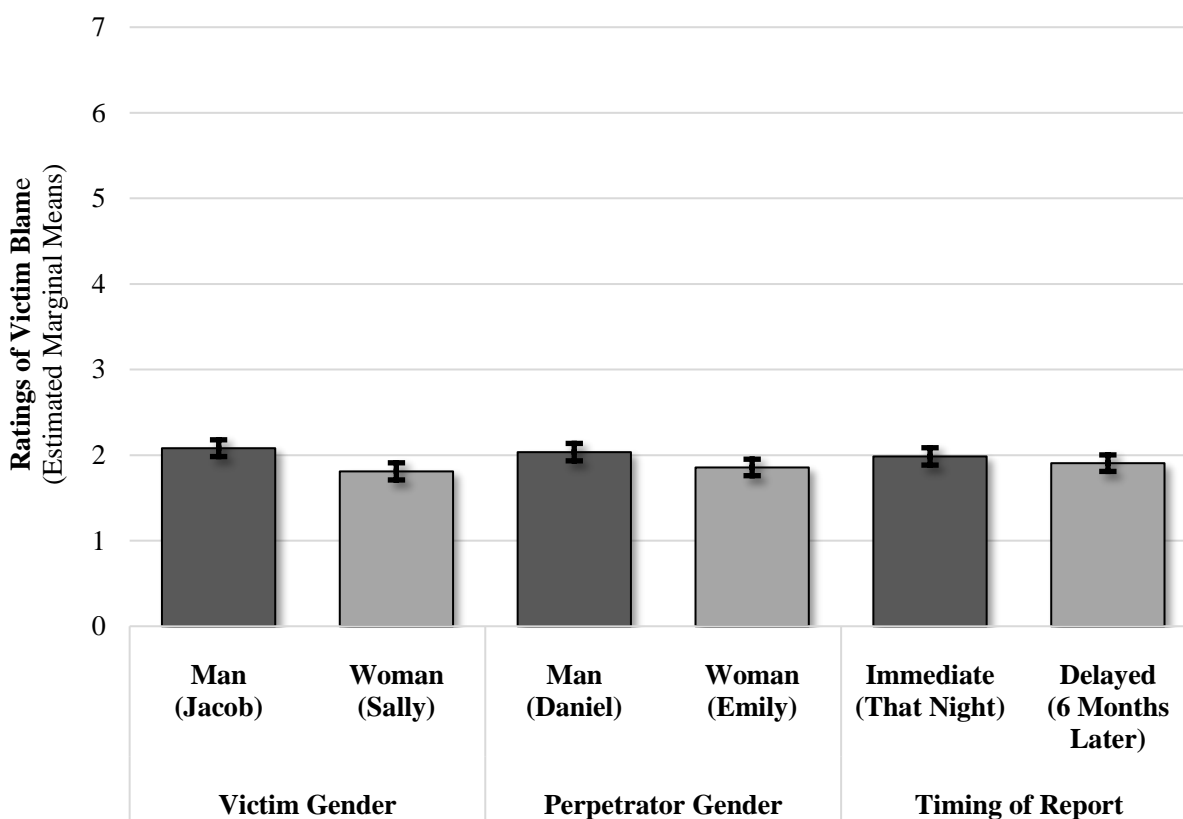
Source	<i>df</i>	Mean Square	<i>F</i>	<i>p</i>	partial η^2
Intercept	1	1900.93	770.96	0.00	0.61
Victim Gender	1	9.22	3.74	0.05	0.01
Perpetrator Gender	1	4.03	1.63	0.20	0.00
Timing of Report	1	0.78	0.32	0.57	0.00
Victim Gender x Perpetrator Gender	1	0.51	0.21	0.65	0.00
Victim Gender x Timing of Report	1	15.96	6.47	0.01	0.01
Perpetrator Gender x Timing of Report	1	0.20	0.08	0.78	0.00
Victim Gender x Perpetrator Gender x Timing of Report	1	2.13	0.86	0.35	0.00
Error	500	2.47			

NOTE: Bolded rows indicated significance

Despite trending towards significance, there was not a significant main effect for victim gender, such that ratings of victim blame did not differ significantly based upon victim gender within the vignette. When examining perpetrator gender, there was no significant main effect, indicating ratings of victim blame did not differ by perpetrator gender. Additionally, timing of report was a non-significant main effect, such that ratings of victim blame was not influenced by timing of report. See Figure 1 for a summary of the non-significant main effects. Because victim gender trended towards significance, there is tentative support for the first hypothesis that male victims would be blamed more than female victims, the second and third hypotheses about perpetrator gender and timing of report were not supported.

Figure 1

Ratings of Victim Blame Across the Three Vignette Conditions (Main Effects)



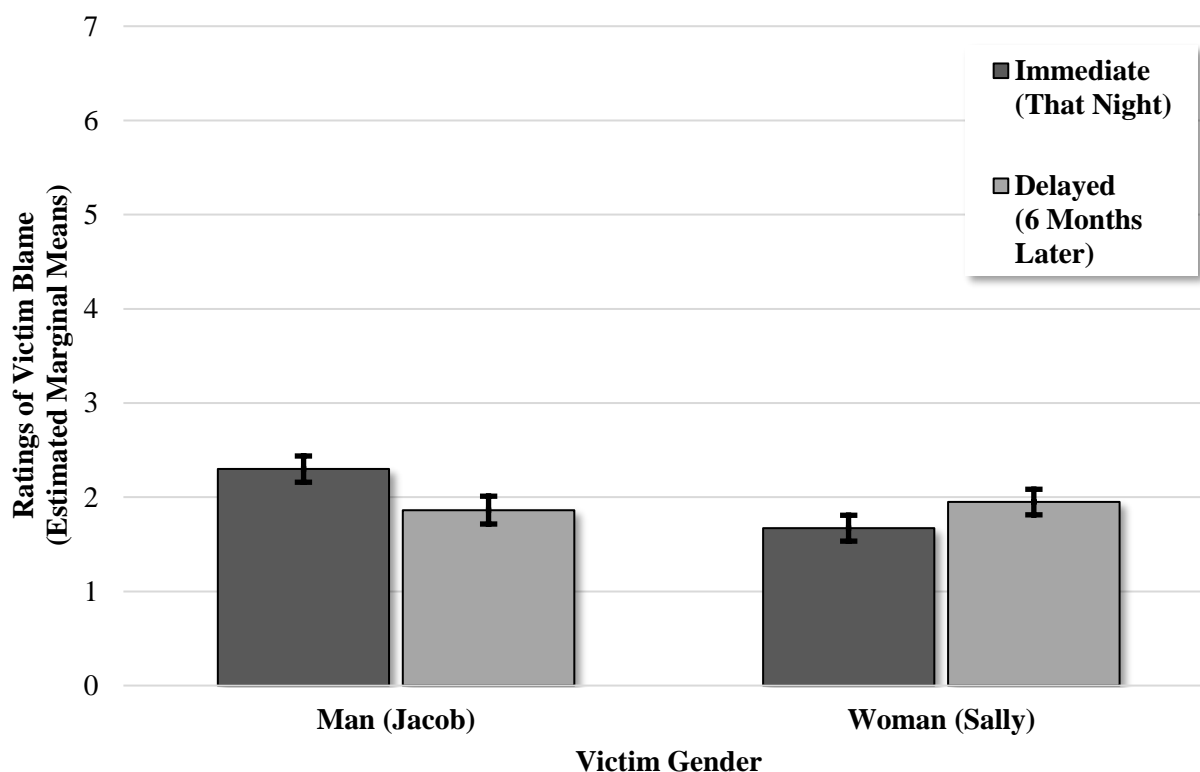
NOTE: Error bars represent 95% confidence intervals.

Interactions were also tested, and a significant two-way interaction effect was found between victim gender and timing of report on ratings of victim blame. These results indicated an effect from

victim gender and timing on rates of victim blame, specifically that participants assigned more blame to male victims who reported an assault immediately compared to other conditions. Male victims who immediately reported were assigned more blame compared to male victims who reported after a delay and female victims who reported immediately and after a delay (see Figure 2). No other interactions were significant.

Figure 2

Ratings of Victim Blame by Victim Gender and Timing of Report (Interaction)



NOTE: Error bars represent 95% confidence intervals.

Hypothesis 4

For the next set of analyses, I conducted a 2 (Perpetrator Gender: Man, Woman) \times 2 (Victim Gender: Man, Woman) \times 2 (Time of Report: Immediate, Delayed) \times 2 (Illinois Rape Myth Acceptance: Low, High) \times 2 (Male Rape Myth Scale: Low, High) between-subjects ANOVA. The dependent variable was again participant ratings of victim blame (“Based on the scenario, how responsible or culpable would you say [Sally/Jacob] was for the events that occurred?”). Two categorical variables, high/low IRMA and

MRMS scores, were added as independent variables. (The categorical IRMA and MRMS scores were created by splitting each variable at its 50th percentile, the IRMA at scores above 34 and the MRMS at scores above 33). This analysis allowed me to test my hypotheses that higher levels of rape myth acceptance would be associated with higher levels of victim blaming across conditions, that there would be higher blaming for men victims than for women victims especially for participants with high rape myth acceptance, and that there would be higher blaming for victims assaulted by women than those assaulted by men especially for participants with high rape myth acceptance. Based on an a priori power analysis, I needed to include a minimum of 211 participants in the analysis to have enough power (95%) to find a medium effect size (.25). See Table 5 for the results of the ANOVA.

Like the results of the last analysis, there was no significant main effect of victim gender; ratings of victim blame did not differ significantly based upon victim gender within the vignette. There was also no significant main effect of perpetrator gender, indicating ratings of victim blame did not differ by perpetrator gender. Additionally, there was no significant main effect of timing of report; ratings of victim blame were not influenced by timing of report.

There were, however, significant main effects for IRMA and MRMS. For this analysis, IRMA and MRMS scores were added as additional categorical variables. There was a significant main effect of IRMA scores on ratings of victim blame, such that ratings of victim blame were higher among participants with high scores on the *Modified Illinois Rape Myth Acceptance Scale* than those with low scores. Similarly, there was a significant main effect of MRMS scores on ratings of victim blame, indicating ratings of victim blame were higher for participants with high scores on the *Male Rape Myth Scale* than participants with low scores. There was also an interaction effect between the IRMA scores and MRMS scores on ratings of victim blame, meaning victim blaming attitudes were especially high for participants with high endorsement of rape myths on both the *Modified Illinois Rape Myth Acceptance Scale* and the *Male Rape Myth Scale* (see Figure 3). These results support the hypothesis that rape myth acceptance is associated with higher levels of victim blaming across vignette conditions.

Table 5*Results of Between-Subjects ANOVA with Three Study Variables and Categorical IRMA and MRMS*

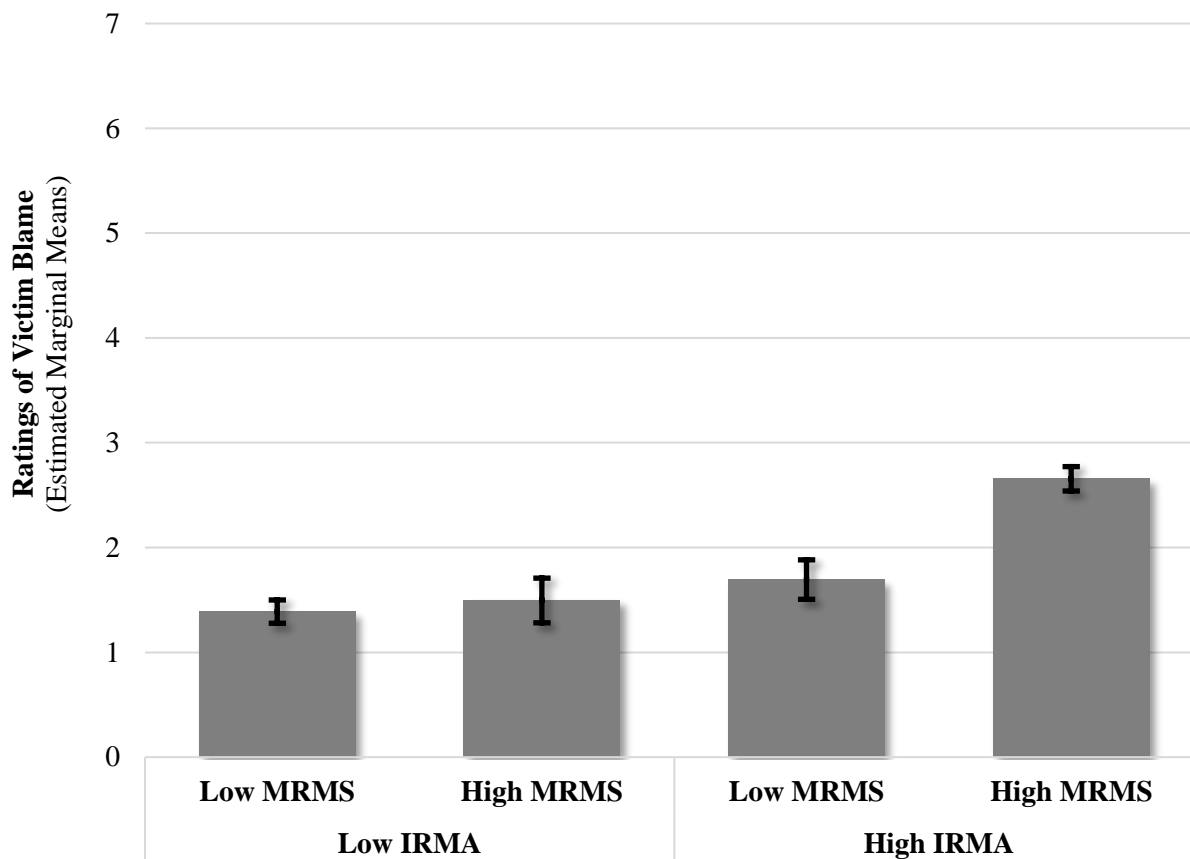
Source	<i>df</i>	Mean Square	<i>F</i>	<i>p</i>	partial η^2
Intercept	1	979.31	463.97	0.00	0.53
Victim Gender	1	2.51	1.19	0.28	0.00
Perpetrator Gender	1	0.62	0.29	0.59	0.00
Timing of Report	1	0.04	0.02	0.89	0.00
IRMA	1	40.61	19.24	0.00	0.04
MRMS	1	21.87	10.36	0.00	0.02
Victim Gender x Perpetrator Gender	1	0.38	0.18	0.67	0.00
Victim Gender x Timing	1	5.31	2.52	0.11	0.01
Victim Gender x IRMA	1	0.34	0.16	0.69	0.00
Victim Gender x MRMS	1	0.00	0.00	0.97	0.00
Perpetrator Gender x Timing	1	0.04	0.02	0.88	0.00
Perpetrator Gender x IRMA	1	0.04	0.02	0.89	0.00
Perpetrator Gender x MRMS	1	0.47	0.22	0.64	0.00
Timing x IRMA	1	0.49	0.23	0.63	0.00
Timing x MRMS	1	0.11	0.05	0.82	0.00
IRMA x MRMS	1	13.77	6.53	0.01	0.02
Victim Gender x Perpetrator Gender x Timing	1	0.07	0.03	0.86	0.00
Victim Gender x Perpetrator Gender x IRMA	1	1.62	0.77	0.38	0.00
Victim Gender x Perpetrator Gender x MRMS	1	0.36	0.17	0.68	0.00
Victim Gender x Timing x IRMA	1	0.65	0.31	0.58	0.00
Victim Gender x Timing x MRMS	1	0.00	0.00	0.99	0.00
Victim Gender x IRMA x MRMS	1	0.10	0.05	0.83	0.00
Perpetrator Gender x Timing x IRMA	1	2.41	1.14	0.29	0.00
Perpetrator Gender x Timing x MRMS	1	0.02	0.01	0.92	0.00
Perpetrator Gender x IRMA x MRMS	1	1.01	0.48	0.49	0.00
Timing x IRMA x MRMS	1	0.18	0.09	0.77	0.00
Error	419	2.11			

NOTE: Only main effects, two-way interactions, and three-way interactions were tested.

Looking specifically at two-way interactions between vignette conditions and IRMA scores, no significant interactions were found. There was not a significant interaction effect of victim gender and IRMA scores, indicating the effect of victim gender on ratings of victim blame was not different across high vs. low IRMA scores. Additionally, there was not a significant interaction effect of perpetrator gender and IRMA scores, in that that the effect of perpetrator gender on victim blame scores did not differ significantly across IRMA scores. Moreover, there was not a significant interaction effect of timing and

IRMA scores, meaning the main effect of timing did not differ by IRMA scores. Looking specifically at two-way interactions between vignette conditions and MRMS scores, results were similar to the IRMA. The findings showed no significant interaction effect of victim gender in that victim blame ratings were not significantly different across high and low MRMS scores. There was also not a significant interaction effect of perpetrator gender; the effect of perpetrator gender was not significantly different across MRMS scores. Also, there was not a significant interaction effect of timing. The results of these two-way interactions between IRMA and vignette conditions and between MRMS and vignette conditions do not support the hypotheses that victim blame toward male victims, victims of female perpetrators, and victims who delayed reporting the assault would be significantly higher among participants with high rape myth acceptance compared to those with low rape myth acceptance.

Other two-and three-way interactions were tested and were not significant. Despite trending toward significance, there was not a significant two-way interaction effect between victim gender and timing of report on ratings of victim blame. When examining the two-way interaction effect between perpetrator gender and timing, there was not a significant effect. There was also not a significant three-way interaction effect of victim gender, perpetrator gender, and timing. There was not a significant interaction effect of victim gender, perpetrator gender, and IRMA scores, nor was there a significant interaction effect of victim gender, perpetrator gender, and MRMS scores. Furthermore, there was not a significant interaction effect of victim gender, timing, and IRMA scores nor a significant interaction effect of victim gender, timing, and MRMS scores. There was also not a significant interaction effect of victim gender, IRMA scores, and MRMS scores. The results did not reveal a significant interaction effect of perpetrator gender, timing, and IRMA scores or a significant interaction between perpetrator gender, timing, and MRMS scores. Likewise, there was not a significant interaction effect between perpetrator gender, IRMA scores, and MRMS scores. Finally, when examining timing, IRMA scores, and MRMS scores, there was not a significant interaction effect.

Figure 3*Participant Rape Myth Acceptance and Ratings of Victim Blame*

NOTE: Errors bars reflect 95% confidence intervals

Hypothesis 5

To test the exploratory hypothesis regarding rurality, I conducted a between-subjects MANOVA with two dependent variables (IRMA scores and MRMS scores). I included rural status (rural vs. non-rural) and participant gender (man vs. woman) as independent variables. Non-binary participants were not included in this analysis due to small sample size.

There were significant differences for gender, Wilk's $\Lambda = .94$, $F(2, 243) = 13.62$, $p < .001$, partial $\eta^2 = .06$, but not for rurality, Wilk's $\Lambda = .99$, $F(2, 243) = 1.47$, $p = .23$, partial $\eta^2 = .01$, or for the gender by rurality interaction, Wilk's $\Lambda = .99$, $F(2, 243) = 1.25$, $p = .29$, partial $\eta^2 = .01$. Looking at between-subjects effects for gender, there was a main effect of gender on IRMA scores $F(1, 424) = 24.12$, $MSE =$

3986.81, $p < .001$, partial $\eta^2 = .05$, indicating men were more likely to endorse rape myths on the IRMA measure than women. Additionally, there was a main effect of gender on MRMS scores $F(1, 424) = 20.44$, $MSE = 3898.05$, $p < .001$, partial $\eta^2 = .05$, which showed that men were more likely to endorse rape myths on the MRMS measure than women. See Table 6 for descriptive statistics for IRMA and MRMS across participant rurality and gender.

Table 6

IRMA and MRMS Scores Across Participant Rurality and Gender

	Overall	Rurality		Gender		Rural		Non-Rural	
		Rural	Non-Rural	Men	Women	Men	Women	Men	Women
IRMA	38.32 (14.28)	36.65 (12.02)	38.01 (14.01)	44.03 (13.37)	35.41 (12.71)	41.56 (13.54)	35.51 (11.58)	46.44 (14.51)	35.50 (13.11)
MRMS	37.58 (14.58)	37.26 (15.05)	37.28 (13.82)	43.39 (16.12)	35.23 (12.93)	42.00 (15.66)	35.97 (14.60)	45.51 (17.77)	34.94 (11.82)

NOTE: Numbers reflect means and standard deviations

Supplemental Analyses

Rates and Reporting of Sexual Assault

At the end of the survey, participants answered two supplemental questions: “Have you been sexually assaulted?” and “If yes, did you report the sexual assault to the police?” Participants were not required to answer these questions, and there were no penalties if they chose to not respond. Of the 509 participants in the final sample, 460 participants responded to the first question, and 173 individuals (34% of the full sample, 38% of those who responded to the question), reported being sexually assaulted at least once in their lifetime. These numbers included 15 men and 158 women, representing 12% of the men and 48% of the women in the full sample. About 10% of the sample did not respond ($n = 49$).

Further analyses showed of those 173 who experienced sexual assault, 168 responded to the second question about reporting the assault, and 154 individuals (15 men and 139 women) stated they did not report their sexual assault to police. In all, only 14 participants who experienced sexual assault indicated they reported the sexual assault to police. All 14 were women. Zero men stated they reported

their sexual assault. In the entire retained sample, 34% of participants reported a lifetime history of sexual assault, and of those, only 8% reported the assaults to police.

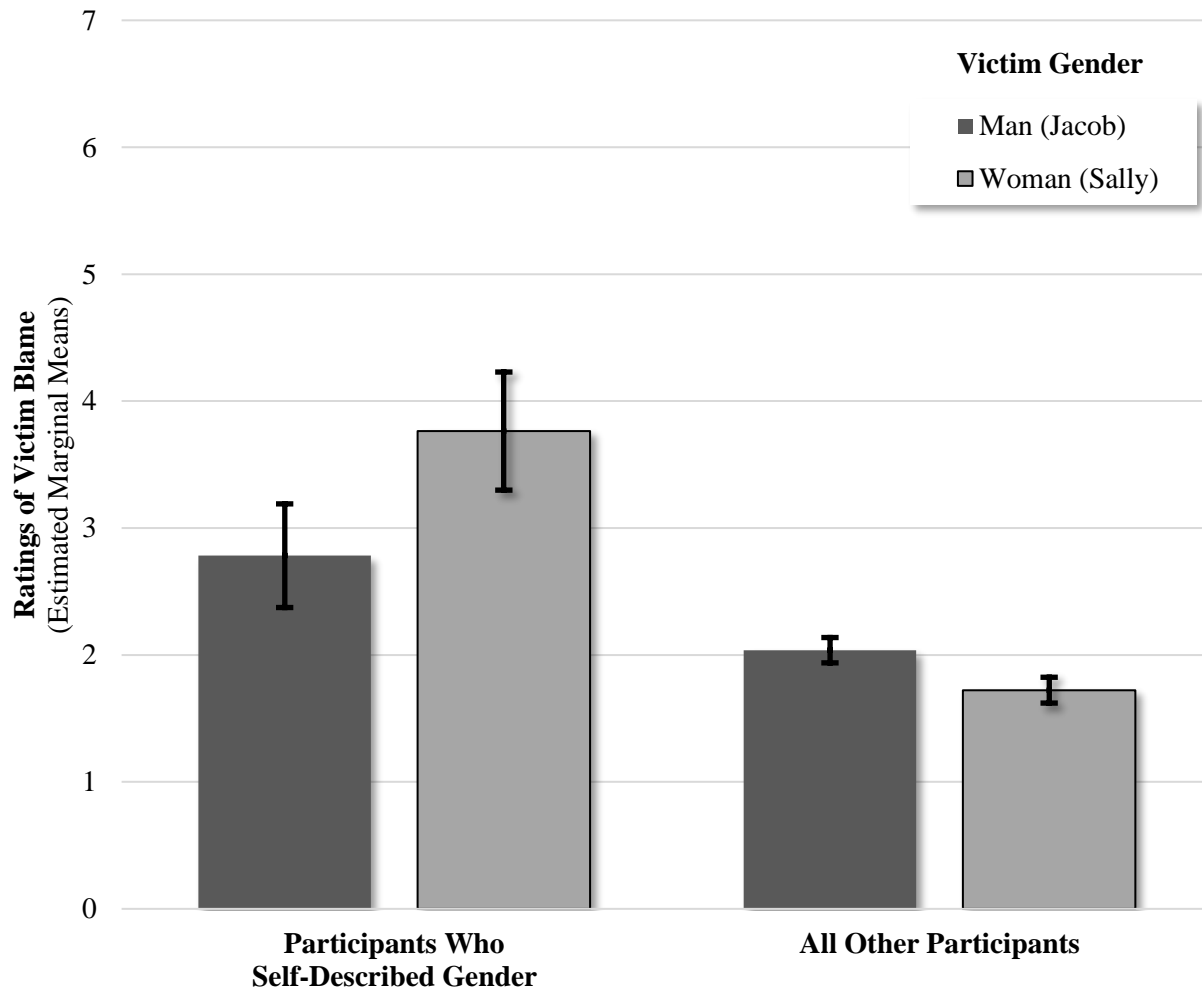
Interestingly, participants who reported having been sexually assaulted also had significantly lower mean IRMA scores than participants who denied a history of sexual assault, 34.77 (12.44) vs. 40.75 (15.09), $t(445.87) = 5.30, p < .001$. The same result was found for MRMS scores, 33.70 (10.55) vs. 40.46 (16.49), $t(401.08) = 4.57, p < .001$.

Response to Gender Item on Demographics Form

There were 27 participants who self-described on the gender item of the Demographics Form. Except for one who described their gender as “stright,” [*sic*] all other 26 provided descriptions that likely fit with other available options (see Appendix A). A new gender variable was created with these 27 in one group and everyone else in the other. Then, groups were compared on IRMA and MRMS scores. Participants who self-described their gender had significantly higher mean IRMA scores, 47.84 (15.68) vs. 37.80 (14.04), $t(26.16) = 3.14, p = .004$, and MRMS scores, 52.12 (18.29) vs. 36.86 (13.96), $t(25.60) = 4.11, p < .001$, compared to the rest of the sample. Additionally, an exploratory ANOVA was conducted with victim blame ratings as the dependent variable and victim gender, perpetrator gender, timing of report, and participant gender response style included as independent variables. Because of the small sample size issues, only main effects and two-way interactions between participant self-described gender and each of the three vignette conditions were tested. Participants who self-described gender had higher mean victim blame ratings than other participants, 3.22 (2.15) vs. 1.88 (1.52), $F(1, 496) = 19.50, \text{MSE} = 46.92, p < .001, \text{partial } \eta^2 = .04$. Also, there was a significant interaction between victim gender and participant self-described gender, $F(1, 496) = 4.11, \text{MSE} = 9.89, p = .04, \text{partial } \eta^2 = .01$, showing that participants who self-described their gender attributed more blame toward female victims (see Figure 4).

Figure 4

Ratings of Victim Blame across Victim Gender and Participant Self-Described Gender



NOTE: Error bars represent 95% Confidence Intervals

CHAPTER 4

DISCUSSION

Sexual assault is prevalent and associated with adverse outcomes (Black et al., 2011; Dworkin, 2020; Peterson et al., 2017), and victim blaming increases stigma and decreases willingness to social, health, and legal supports (Littleton, 2010; Logan et al., 2005; Relyea & Ullman, 2013). Thus, it is important to understand factors contributing to victim blaming. The current study sought to examine the impact of victim gender, perpetrator gender, and delayed reporting on how much other people blame victims who report sexually assault. In addition, the study aimed to examine the role of rape myth acceptance in victim blame and to explore whether rape myth acceptance differs between rural and non-rural individuals. I found mixed support for my hypotheses.

Summary of Findings

Victim Gender

I hypothesized that participants would report higher levels of blame for men victims than for women victims. Analyses examining the main and interaction effects of victim gender, perpetrator gender, report timing on victim blaming offered tentative support for the hypothesis. There was a trend toward significance for the main effect of victim gender on ratings of victim blame. Participants assigned more blame to men victims rather than women victims, aligning with previous research (Gerber et al. 2004; Kassing et al., 2005). Gerber et al. (2004) found men victims are blamed more than women victims, which may be partly due to the influence of traditional gender norms (Kassing et al., 2005). Though the finding was not significant in the current study, there was a small, marginal effect in the expected direction. Although the findings were not consistent with previous literature, there are notable differences between the current study and past research. First, in previous research the sexual assault vignettes were more aggressively explicit than the vignette created for this study (Gerber et al., 2004; Ayala et al., 2018). Additionally, the demographic composition in the current sample may have impacted the results.

Perpetrator Gender

The hypothesis that participants would report higher levels of blame for victims assaulted by women perpetrators than for victims assaulted by men was not supported, inconsistent with past studies (Davies & Rogers, 2006; Smith et al., 1998). Smith et al. (1998) found when a man is raped by a woman, he is more likely to be blamed compared to a man raped by another man. Although these findings were not consistent with past studies, there are various influencing variables. First, past studies used explicitly aggressive sexual assault scenarios, while the vignette used in the current study was not explicitly aggressive (Gerber et al., 2004; Ayala et al., 2018). Additionally, the demographic composition may have impact the results. It is not clear why the current study did not find similar results.

Timing of Report

The hypothesis that victims who delayed their report would be more blamed than victims who reported immediately was also not supported. Unexpectedly, an interaction effect occurred between victim gender and timing of report, with participants assigning more blame to the condition of men victims who immediately reported the sexual assault compared to the other conditions. Past research on delayed reporting has used widely differing methods (e.g., review of actual case law) and looked primarily at victim credibility, not victim blame (Frazier & Borgida, 1992; Frohmann, 1991; Jordan, 2004; Rose & Randall, 1982; von Sikorski & Saumer, 2021). It is possible that victim blame is less directly relevant to this issue.

Rape Myth Acceptance

I found support for the fourth hypothesis that participants who reported higher levels of rape myth acceptance would perceive the victim as more to blame across all conditions. A second analysis examining the main and interaction effects on ratings of victim blame based on victim gender, perpetrator gender, and report timing, as well as two other variables, male and female rape myth acceptance was conducted. The results indicate significant main effects of both female and male rape myth acceptance on ratings of victim blame across study conditions, supporting my hypothesis. Additionally, there was an interaction effect between female rape myth acceptance and male rape myth acceptance on ratings of victim blame,

showing that endorsing high levels of both male and female rape myths was particularly predictive of victim blaming. Other results in this analysis were not significant and yielded no support for hypotheses that victim blame would be especially high when each of the vignette conditions was combined with high participant rape myth acceptance.

Overall, these findings add to the literature demonstrating that greater endorsement of rape myths is an important factor leading to increased victim blame (Ayala et al., 2018; Hammon et al., 2011; Hayes et al., 2013; Hine & Murphy, 2019; Russell & Hand, 2017; Sleath & Bull, 2012; Suarez & Gadalla, 2010).

Based on previous studies, I also compared men and women on rape myth acceptance. Past research shows men are more accepting of rape myths than women (Buddie & Miller, 2001; Russell & Hand, 2017), and the results of the current study were consistent with these findings. There was a gender difference for female rape myth acceptance, with men were more likely than women to endorse female rape myths. Additionally, there was a gender difference for male rape myth acceptance, indicating men were more likely than woman to endorse rape myths.

Rurality

To test for possible rape myth acceptance differences by participant rurality, female rape myth acceptance and male rape myth acceptance were compared between participants who grew up in rural areas and those who grew up in suburban or urban areas. There were no statistical differences between rural and non-rural participants on rape myth acceptance.

Though the research on this topic is limited, some studies show lower reporting rates for sexual crimes and more barriers to reporting in rural communities (Logan et al., 2005; Ruback & Menard, 2001). Barriers include lack of anonymity, lack of health, and legal resources and informal social controls discouraging reporting (Lewis, 2003). It is possible that underreporting is related to rape myth acceptance; however, the current study found no evidence that participants who grew up in rural areas differed from their non-rural peers in terms of rape myth acceptance.

Rates of Sexual Assault and Reporting

Participants could choose to respond to two questions regarding their history with sexual assault, specifically regarding whether they had ever been sexually assaulted and, if so, if they reported being sexually assaulted to the police. Over a third of participants (nearly half of women and roughly one in nine men) reported being sexually assaulted at least once, and only 14 (about 8%) ever reported their assault to police. All 14 who reported the assault to the police were women.

The low rates of reporting in the current study are not surprising given past research on underreporting sexual assaults. Victims of sexual assault often face stigma from both law enforcement and the public when they come forward about their experience, and they are blamed more than victims of other crimes (Bieneck & Krahe, 2011; Sleath & Bull, 2012). Furthermore, although women are generally more likely to be a victim of sexual assault, the actual gender difference in victimization risk is impossible to know because rape is highly underreported, especially by men (Banyard et al., 2007; Fisher et al., 2000; Hoyt et al., 2011; Mengeling et al., 2014). Male victims may choose not to report out of fears of discrimination and hostility.

Theoretical Implications

The current study sought to examine the effect of victim gender and perpetrator gender, as well as the effect of report timing (same day vs. six months later), on victim blaming attributions. The study also examined the role of rape myth acceptance in victim blaming and is among just a handful of studies to examine possible differences in sexual assault attitudes across participant rural status.

There is a breadth of research examining the effects of victim gender, perpetrator gender, and rape myth acceptance on victim blaming attribution; however, these studies typically focus on a “stereotypical” picture of a sexual assault, particularly female victims assaulted by male perpetrators (Parrott & Parrott, 2015). Fewer studies explore victim and perpetrator gender simultaneously. The current study added tentative support to previous findings that male victims are seen as more to blame for being sexually assaulted than are female victims. At the same time, the results did not align with previous

studies showing higher victim blame for victims of female perpetrators, and additional follow-up studies may be needed to better understand the findings.

In addition, the current study contributes to a very small body of studies examining the relevance of factors such as timing of reporting (immediate or delayed). In one study, Pierson (2016) found timing of a sexual assault report did not significantly affect perceived victim credibility, possibly due to a short time difference between conditions (e.g., immediate versus one week). The current study tested a longer delay in reporting (i.e., six months) and still found no difference. Although Pierson (2016)'s study and the current study did not find significant differences, research studying delayed reporting of real-world cases do find differences (e.g., von Sikorski & Saumer, 2021). Another issue is that previous studies, including Pierson (2016), primarily explored victim credibility, not victim blame (Frazier & Borgida, 1992; Frohmann, 1991; Jordan, 2004; Rose & Randall, 1982; von Sikorski & Saumer, 2021). It is possible that victim blame is not the right variable to explore here.

The findings from this study also provide further support for the robust literature on the role of rape myth acceptance in victim blaming (Ayala et al., 2018; Hammon et al., 2011; Hayes et al., 2013; Hine & Murphy, 2019; Russell & Hand, 2017; Sleath & Bull, 2012; Suarez & Gadalla, 2010), as well as gender differences in rape myth acceptance (Buddie & Miller, 2001; Russell & Hand, 2017).

Clinical Implications

From a clinical standpoint, there are important findings to help guide clinical intervention efforts for sexual assault survivors. Endorsement of rape myths (e.g., men cannot be raped) are embedded throughout society. It is important to provide psychoeducation on the factors influencing these beliefs to raise awareness of biases and modify negative associations.

This study suggests male victims of sexual assault are likely to face stigmatization, which can contribute to reduced reporting and increased levels of distress. Although women may have a higher likelihood of being sexually assaulted, men merit the same recognition and treatment. The study found 173 individuals reported being sexually assaulted sometime in their life. Out of the 173, 14 individuals who identified as women stated they reported their sexual assault. This suggests only 8% of those who

reported experiencing sexual victimization reported it. Moreover, out of the 15 men who reported being sexually assault 0% stated they reported it. Clinically, this suggests we need to provide education on the individual and public level that sexual violence is not a women's issue but a public health issue affecting all genders. By reducing the stigma associated with sexual assault, survivors may feel more comfortable seeking out resources. Intervention efforts should focus on creating an environment where survivors are able to report their victimization and seek resources. Additionally, efforts should focus on disbanding the prevalence of endorsed rape myths.

Limitations

There were several limitations in the present study worth noting. First, the participants completed self-report measures throughout the study. It is impossible to determine what, if any, role social desirability played in their responses. With the media highlighting instances of sexual assault injustice, it is possible individuals answered in a way reflective of socially acceptable responses. To account for this issue, follow-up studies should consider including measures of socially desirable response bias (Tan et al., 2021).

Second, though the participants in the study were relatively diverse in terms of gender, rurality, race/ethnicity, and sexual orientation, there was still a limitation of recruiting through Sona and in classrooms – all participants were current college students and less diverse in terms of age. Using data exclusively from a college sample may not represent the general population, so the results may not generalize to a more representative sample.

Another potential limitation centers on the creation of the vignettes. One factor to consider is the names chosen for the man and woman. These names may not have been identifiable as someone of a specific gender, particularly if students were from different cultural backgrounds. Thus, it may have failed to elicit implicit associations held with man/woman victim and man/woman perpetrator of sexual assault. Future research may examine stereotypical names or explicit statement of gender, through pilot studies.

Additionally, the self-report post-vignette was created for the purpose of this study, therefore there was not a pilot study examining the effectiveness prior to the study. In the future, a pilot study

should be used to determine effectiveness and validity of the post-vignette questionnaire. Moreover, the item used for victim blame was one of the post-vignette questions. Using a singular item, not piloted, is a limitation for the study. The singular item may be too simplistic to comprehensively assess for victim blame.

Future Directions

Given the recent focus on sexual victimization within media, repeating this study to include more diverse vignettes (e.g., transgender individuals and gender nonconforming individuals) would provide more information regarding factors influencing victim blame. Future research should also consider recruiting samples with greater representation of transgender and gender-nonconforming participants. There is a lack of research examining sexual assault prevalence in the genderqueer and gender nonconforming community. This is a subset of the population experiencing sexual victimization with little or no visibility on their experience and who may face even greater levels of victim blame if sexual assault is reported.

In fact, a purely accidental finding was that a small, but not negligible, subset (about 5%) of participants in the current study, responded to a Demographics Form question about their gender in a way potentially reflecting misunderstanding of or antagonism toward gender inclusive language. This subset of participants also endorsed more rape myths and assigned more blame to victims compared to the rest of the sample. This finding warrants further exploration and reinforces the importance of considering a broader range of genders when creating study vignettes and recruiting participants.

Additionally, more research on the saliency of these beliefs in various rural communities may help shape clinical interventions. Although this study found non-significant results related to the influence of rural status on endorsement of rape myths, this a gap in the literature and should be explored more, particularly in non-college rural samples. A college sample, even those raised in rural areas, may be categorically different than individuals who remain in or choose to move to rural areas.

General Conclusions

The purpose of this study was to examine influencing variables, such as victim gender, perpetrator gender, report timing, and rurality, on perceptions of victim blame. Though the study's hypotheses were not fully supported, the findings contribute to the growing research on perceptions of sexual assault. First, the study found participants attributed more blame to men victims who immediately reported the assault than women victims who immediately reported the assault. Second, the study found endorsement of rape myths correlated with higher ratings of victim blame. This highlights a need for more effective psychoeducation to the public regarding individuals who have experienced sexual assault. Lastly, the study found men endorse rape myth beliefs more than women. These findings suggest education on the dissolution of rape myths is needed on both an individual and public level.

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APPENDIX A
PARTICIPANT GENDER SELF-DESCRIPTIONS

Verbatim Text Description	Frequency (<i>N</i>)	Recoded As:
a normal biological male	1	Man
female	7	Woman
Female	1	Woman
Male	8	Man
Man	1	Man
MAN	1	Man
normal man	1	Man
Regular woman	1	Woman
straight male	1	Man
stright	1	Missing
woman	3	Woman
women	1	Woman

APPENDIX B

VIGNETTES

Woman Victim | Man Perpetrator

Sally goes to a party with some of her friends. At the party she meets Daniel and they begin to talk. They end up laughing and talking all night together. Sally wants to get to know Daniel more. When the party comes to an end, Daniel offers to walk her home. Once home, Sally invites him to come up to her apartment so they can hang out for a little longer. While sitting on the couch together, Daniel begins to make sexual advances toward Sally. Sally tries to squirm away but there is little room on the couch. Daniel places his hand under her dress. Sally tells him to stop but he continues sexually touching her while she struggles to get away. She pushes him off and yells at him to get out of her apartment. Sally goes to the police station [**that night/six months later**] to report the sexual assault.

Woman Victim | Woman Perpetrator

Sally goes to a party with some of her friends. At the party she meets Emily and they begin to talk. They end up laughing and talking all night together. Sally wants to get to know Emily more. When the party comes to an end, Emily offers to walk Sally home. Once home, Sally invites Emily to come up to her apartment so they can hang out for a little longer. While sitting on the couch together, Emily begins to make sexual advances toward Sally. Sally tries to squirm away but there is little room on the couch. Emily places her hand up Sally's dress. Sally tells Emily to stop but she continues sexually touching Sally while she struggles to get away. Sally pushes Emily off and yells at her to get out of her apartment. Sally goes to the police station [**that night/six months later**] to report the sexual assault.

Man Victim | Woman Perpetrator

Jacob goes to a party with some of his friends. At the party he meets Emily and they begin to talk. They end up laughing and talking all night together. Jacob wants to get to know Emily more. When the party comes to an end, Emily offers to walk Jacob home. Once home, Jacob invites Emily to come up to his apartment so they can hang out for a little longer. While sitting on the couch together, Emily begins to make sexual advances toward Jacob. Jacob tries to squirm away but there is little room on the couch. Emily places her hand inside Jacob's pants. Jacob tells Emily to stop but she continues sexually touching Jacob while he struggles to get away. Jacob pushes Emily off and yells at her to get out of his apartment. Jacob goes to the police station [**that night/six months later**] to report the sexual assault.

Man Victim | Man Perpetrator

Jacob goes to a party with some of his friends. At the party he meets Daniel and they begin to talk. They end up laughing and talking all night together. Jacob wants to get to know Daniel more. When the party comes to an end, Daniel offers to walk Jacob home. Once home, Jacob invites Daniel to come up to his apartment so they can hang out for a little longer. While sitting on the couch together, Daniel begins to make sexual advances toward Jacob. Jacob tries to squirm away but there is little room on the couch. Daniel places his hand inside Jacob's pants. Jacob tells Daniel to stop but he continues sexually touching Jacob while he struggles to get away. Jacob pushes Daniel off and yells at him to get out of his apartment. Jacob goes to the police station [**that night/six months later**] to report the sexual assault.

APPENDIX C

VIGNETTE QUESTIONS

Part 1: Perceptions of the Individuals Described in the Vignette

INSTRUCTIONS: The following questions ask you to make a series of judgments about the scenario you just read. Read each question carefully.

1. Based on the scenario, how responsible or culpable would you say [Sally/Jacob] was for the events that occurred? **[PRIMARY STUDY VARIABLE]**

0	1	2	3	4	5	6	7
Not at all responsible							Completely responsible

2. Based on the scenario, how responsible or culpable would you say [Emily/Daniel] was for the events that occurred?

0	1	2	3	4	5	6	7
Not at all responsible							Completely responsible

3. Based on the scenario, how likely would you say it is that [Sally/Jacob] could have avoided or prevented the events?

0	1	2	3	4	5	6	7
Not at all likely							Completely likely

4. Based on the scenario, how likely would you say it is that [Emily/Daniel] could have avoided or prevented the events?

0	1	2	3	4	5	6	7
Not at all possible							Completely possible

5. Based on the scenario, how likely would you say [Sally/Jacob] misinterpreted the scenario?

0	1	2	3	4	5	6	7
Not at all likely							Very likely

6. Based on the scenario, how likely would you say [Emily/Daniel] misinterpreted the scenario?

0	1	2	3	4	5	6	7
Not at all likely							Very likely

7. Based on the scenario, how likely would you say it is that [Sally/Jacob] wanted to gain sympathy or attention from the events?

0	1	2	3	4	5	6	7
Not at all likely							Very likely

X. It is important that you pay attention to this study. Please leave this item blank. **[EMBEDDED ATTENTION CHECK]**

0	1	2	3	4	5	6	7
Not at all likely							Very likely

8. Based on the scenario, how likely would you say it is that [Sally/Jacob] intentionally misrepresented the events?

0	1	2	3	4	5	6	7
Not at all likely							Very likely

9. Based on the scenario, would you say [Sally/Jacob] was sexually assaulted?

0	1	2	3	4	5	6	7
Does not at all describe an incident of sexual assault							Completely describes an incident of sexual assault

10. Based on the scenario, do you think [Sally/Jacob]'s rights were violated?

0	1	2	3	4	5	6	7
Does not at all describe violation of rights							Completely describes violation of rights

11. Based on the scenario, do you think [Emily/Daniel]'s rights were violated?

0	1	2	3	4	5	6	7
Does not at all describe violation of rights							Completely describes violation of rights

12. Based on the scenario, how certain are you this incident is considered sexual assault?

0	1	2	3	4	5	6	7
Not at all certain							Very uncertain

13. Based on the scenario, what do you believe is [Sally's/Jacob's] sexual orientation?

- Asexual
- Bisexual
- Gay/lesbian
- Heterosexual
- Pansexual
- Not sure

14. Based on the scenario, what do you believe is [Emily's/Daniel's] sexual orientation?

- Asexual
- Bisexual
- Gay/lesbian
- Heterosexual
- Pansexual
- Not sure

Part 2: Manipulation and Attention Checks Specific to the Vignette

INSTRUCTIONS: The following questions ask you to recall details about the scenario you just read. Read each question carefully.

1. True or false? [Sally/Jacob] reported the incident to the police that night. [**MANIPULATION CHECK; correct answer depends on condition**]
 - True
 - False
 - I don't remember
2. True or false? [Sally/Jacob] told [Emily/Daniel] to stop. [**ATTENTION CHECK**]
 - True [**correct answer**]
 - False
 - I don't remember
3. True or false? [Sally/Jacob] and [Emily/Daniel] met at a party. [**ATTENTION CHECK**]
 - True [**correct answer**]
 - False
 - I don't remember
4. True or false? [Sally/Jacob] and [Emily/Daniel] knew each other from class. [**ATTENTION CHECK**]
 - True
 - False [**correct answer**]
 - I don't remember [**acceptable answer**]
5. Alcohol was present in the scenario. [**ATTENTION CHECK**]
 - True
 - False [**correct answer**]
 - I don't remember [**acceptable answer**]

APPENDIX D

SELF-REPORT QUESTIONNAIRES

Participant Background Information

INSTRUCTIONS: Below are two questions about personal experiences of sexual assault. These questions are entirely optional.

1. Have you been sexually assaulted?
 - No, never
 - Yes, once
 - Yes, more than once
 - Prefer not to respond

2. [*If yes*] Did you ever report the sexual assault to the police?
 - No, never
 - Yes, but not every time
 - Yes, every time
 - Prefer not to respond

Demographics Form

1. How old are you? _____
2. What is your gender?
 - Cisgender man
 - Cisgender woman
 - Non-binary
 - Transgender man
 - Transgender woman
 - Prefer to self-describe: _____
 - Prefer not to say
3. How would you describe your racial/ethnic background? Check all that apply.
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic, Latino, or Latin Origin
 - Middle Eastern or North African
 - Multi-racial/Ethnic
 - Native Hawaiian or Pacific Islander
 - White
 - Prefer to self-describe: _____
 - Prefer not to say
4. What is your sexual orientation?
 - Asexual
 - Bisexual
 - Gay or lesbian
 - Pansexual
 - Straight/heterosexual
 - Prefer to self-describe: _____
 - Prefer not to say
5. What is your highest level of education?
 - Did not attend high school
 - Attended high school
 - Completed high school (or earned certificate of high school equivalency, GED)
 - Attended college
 - Completed two-year college degree
 - Completed four-year college degree
 - Attended graduate or professional school
 - Completed graduate or professional degree

6. What is your mother's highest level of education?
- Did not attend high school
 - Attended high school
 - Completed high school (or earned certificate of high school equivalency, GED)
 - Attended college
 - Completed two-year college degree
 - Completed four-year college degree
 - Attended graduate or professional school
 - Completed graduate or professional degree
 - Not applicable
 - Not sure
7. What is your father's highest level of education?
- Did not attend high school
 - Attended high school
 - Completed high school (or earned certificate of high school equivalency, GED)
 - Attended college
 - Completed two-year college degree
 - Completed four-year college degree
 - Attended graduate or professional school
 - Completed graduate or professional degree
 - Not applicable
 - Not sure
8. How would you describe your current religion or faith, if any?
- Christian – Mainline Protestant
 - Christian – Evangelical Protestant
 - Christian – Historically Black Protestant
 - Christian – Roman Catholic
 - Christian – Mormon/LDS
 - Christian – Orthodox Christian
 - Christian – Jehovah's Witness
 - Christian – Other: _____
 - Muslim
 - Hindu
 - Buddhist
 - Jewish
 - Atheist or agnostic
 - Nothing in particular
 - Something else: _____

9. What is your best estimation of the population of your current town or city? _____
10. How would you describe your current town or city?
- Rural
 - Suburban
 - Urban
11. What is your best estimation of the population of the city or town where you grew up? _____
12. How would you describe the city or town where you grew up?
- Rural
 - Suburban
 - Urban
13. How did you find out about this study?
- I found it on SONA.
 - I heard about it in class.

APPENDIX E

RECRUITMENT FLYER

ONLINE RESEARCH STUDY

This study examines perceptions of sexual assault allegations.

Participants will be asked to read and evaluate a short description of a sexual encounter between two individuals. Next, participants will be asked questions about your personal opinions and personal experiences related to sexual assault.

PARTICIPANTS WILL RECEIVE CREDIT ONCE THEY ARE GIVEN A CONFIRMATION CODE UPON COMPLETION OF THE SURVEY.

If you are interested in completing this survey please click this anonymous link:
https://georgiasouthern.col.qualtrics.com/jfe/form/SV_2oBfeqJL7ncRnpA

APPENDIX F

INFORMED CONSENT

Perceptions of Sexual Assault Scenarios

Informed Consent

You are invited to participate in a study conducted by Katherine Kennon, a doctoral student in the Department of Psychology at Georgia Southern University, and Dr. Dorthie Cross, a faculty member student in the Department of Psychology at Georgia Southern University. You are being asked to participate in this study because you are currently enrolled in at least one course at Georgia Southern University.

The purpose of the study is to examine how people make sense of sexual assault allegations. You will be asked to read and evaluate a short description of a sexual encounter between two individuals. You will also be asked questions about your personal opinions and personal experiences related to sexual assault.

The study should take 20 to 45 minutes to complete and is worth ONE research credit. To receive research credit for your participation, you must email the study team a confirmation code that is provided at the completion of the survey. Because this survey is anonymous, credit cannot be assigned otherwise.

Questions about sexual assault may be upsetting for some people. If you wish to seek mental health assistance related to your participation in this study, you may contact the Georgia Southern University Counseling Center:

Statesboro Campus: (912) 478 - 5541

Armstrong Campus: (912) 344 - 2529

Additional resources will be provided at the end of the study.

The information you provide may not benefit you directly but will help researchers and mental health professionals better understand how people make sense of sexual assault allegations. There are no costs to you for participating in the study.

Participation in this study is completely voluntary. Even if you choose to participate, you are free to discontinue the survey at any time. You are also free not to answer any particular question within the survey. Participating in this study is not the only option you have to earn course research credits or bonus points. You may choose to participate in other studies instead, or you may choose to complete equivalent alternative assignments as laid out by your instructor.

There is no penalty for choosing not to participate or for discontinuing participation. If you choose not to participate or decide to discontinue, you will not lose research credit, but to earn research credit for this study, you must participate in this study and must retrieve the confirmation code at the end of the survey.

No personally-identifying information will be collected for this study; however, absolute anonymity can never be guaranteed over the Internet. Data from this study will be maintained indefinitely by Dr. Cross. Study data may be used in research publications or presentations. Data from this study may be placed in a publicly available repository for study validation and further research. You will not be identified in any publication, presentation, or public dataset using information obtained from this study. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions. Individuals from the Georgia Southern University Institutional Review Board may inspect all study records to ensure research procedures are properly followed.

This study has been reviewed and approved by the Georgia Southern University Institutional Review Board under tracking number H21421. For questions concerning your rights as a research participant in this or other studies, contact Georgia Southern University Institutional Review Board at (912) 478 - 5465. For questions about this study, contact Katherine Kennon.

Study Title:

Perceptions of Sexual Assault Scenarios

Principal Investigator:

Katherine Kennon

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You must be at least 18 years old to consent to participate in this study.

Please choose from the following options:

- I do NOT wish to participate in this study.
- I have read the above information and AGREE to participate in this study.

APPENDIX G

DEBRIEFING/LIST OF RESOURCES

We appreciate your participation, and we recognize that thinking about and answering questions about sexual assault can be upsetting. If these questions made you think about areas of your life that you would like to talk more about, we encourage you to call or visit the Georgia Southern University Counseling Center during normal business hours (M-F 8am to 5pm) to find out about resources available to you.

Counseling Center:

Statesboro Campus: 912-478-5541

Armstrong Campus: 912-344-2529

More information: <https://students.georgiasouthern.edu/counseling/crisis/>

For immediate help after hours or if you are unable to get to the Counseling Center, call the Georgia Southern University Campus Police. They can connect you with an on-call counselor. You may also call the local police department at 911 at any time if you believe you or someone else is at risk.

Emergencies and After Hour Care:

Statesboro Campus Police: 912-478-5234

Armstrong Campus Police: 912-344-3333

Other Resources:

National Suicide Prevention Lifeline

24/7 Crisis Line: 1-800-273-8255

<https://suicidepreventionlifeline.org/>

The Teal House - Statesboro Regional Sexual Assault & Child Advocacy Center

24/7 Crisis Line: 1-866-489-2225

<https://www.srsac.org/>

Rape Crisis Center of the Coastal Empire

24/7 Crisis Line: 912-233-7273

<https://www.rccsav.org/>

Military Crisis Line

24/7 Crisis Line: 1-800-273-8255, press 1

<https://www.veteranscrisisline.net/get-help/military-crisis-line>

If you would like to learn more about trauma, posttraumatic stress disorder, and other common mental health problems, check out the National Center for PTSD where you can find valuable information relevant to veterans and civilians alike. National Center for PTSD: <https://www.ptsd.va.gov/>