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CHANGE IN RAPE MYTH ACCEPTANCE AS A FUNCTION OF SEXUAL
ASSAULT EXPERIENCES: A PROSPECTIVE ANALYSIS

A dissertation submitted in partial fulfillment
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by

Danielle Suzanne Citera

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Danielle Suzanne Citera

Elissa J. Brown, Ph.D.

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ABSTRACT

CHANGE IN RAPE MYTH ACCEPTANCE AS A FUNCTION OF SEXUAL ASSAULT EXPERIENCES: A PROSPECTIVE ANALYSIS

Danielle Suzanne Citera

In the United States, one in five women reports experiencing sexual assault while in college. Rape myths, or stereotypical beliefs that serve to blame survivors (i.e., “She Asked For It” and “She Lied”) and exonerate sexual assault perpetrators (“He Didn’t Mean To”), may influence how women conceptualize their own sexual assault experiences and relatedly, their post-assault functioning. Several demographic characteristics, including race and ethnicity, generational status, education level, sexual orientation, and religiosity, have been found to be associated with rape myth acceptance (RMA). Researchers have reported mixed findings, however, regarding the association between sexual assault history and RMA. This study aimed to prospectively examine the impact of new sexual assault experiences (i.e., acquiring new knowledge of a sexual assault survivor or having a personal experience of sexual assault) on change in RMA.

The current study consisted of subsamples of college women. At baseline, 240 women were examined. At follow-up, a subsample consisting of 79 women was examined. Participants completed surveys on demographic characteristics, engagement in activities that promote women’s rights and sexual assault prevention, RMA, and sexual assault experiences. At baseline, cross-sectional design was employed to examine the interactive effect of knowing a sexual assault survivor and personal history of sexual

assault on RMA. Qualitative methods were employed to further understand the nature of RMA among a subsample of sexual assault survivors. At follow-up, repeated measures were used to prospectively examine the impact of new sexual assault experiences as a moderator of change in RMA.

At baseline, the interaction between knowing a sexual assault survivor and personal history of sexual assault contributed unique variance to the perception that “She Asked For It.” For sexual assault survivors, knowing another survivor was protective with regards to RMA, highlighting the importance of creating supportive environments for disclosure to occur among college women. Prospective, longitudinal examination revealed that although change occurred in the perception that “He Didn’t Mean To,” new sexual assault experiences were not associated with this change. Additional public health and clinical implications will be discussed.

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INTRODUCTION

Sexual assault on college campuses across the United States is a public health crisis, with one in five women reporting a sexual assault experience while in college (e.g., Muehlenhard et al., 2017). Rape myths, or false and stereotypical attitudes and beliefs about sexual assault, serve to create a “climate hostile to rape victims” (Burt, 1980, p. 217) and are promulgated throughout society via media and other messaging. Researchers have found that for college students, rape myth acceptance (RMA) is associated with victim-blaming (e.g., Grandgenett et al., 2022; Rich et al., 2021; Romero-Sánchez et al., 2018). For sexual assault survivors, researchers have demonstrated an indirect, positive effect of RMA on revictimization (e.g., Newins et al., 2018) as well as an indirect, positive effect of RMA on posttraumatic stress disorder symptoms via self-blame (Bernstein et al., 2022). Bohner and colleagues (2009) have proposed a theoretical framework in which RMA functions as a cognitive schema. Rape myths, accepted to varying degrees among different cultural groups, may influence how survivors conceptualize, process, and cope with their experiences of sexual assault. Researchers have consistently reported that knowing a sexual assault survivor is associated with lower levels of RMA (e.g., McMahon, 2010; Navarro & Tewksbury, 2017; Talbot et al., 2010; Worthen, 2021). Conflicting findings, however, have been reported regarding the association between RMA and personal history of sexual assault with some researchers finding differences in RMA between survivors and non-survivors and others reporting no differences (e.g., Baugher et al., 2010; Carmody & Washington, 2001; Grandgenett et al., 2022; Lathan et al., 2023; Powers et al., 2015). In addition, researchers have failed to

examine the interactive effect of knowing a sexual assault survivor and personal history of sexual assault on RMA.

Researchers have consistently found that degree of RMA varies by race and ethnicity, with Caucasian individuals reporting the lowest levels of RMA and Asian individuals reporting the highest levels of RMA across studies (e.g., Devdas & Rubin, 2007; Suarez & Gadalla, 2010). Despite racial/ethnic differences, researchers have studied RMA with samples of predominately Caucasian individuals.

To date, there are no longitudinal studies evaluating change in RMA and no prospective studies on the impact of new sexual assault experiences (i.e., acquiring new knowledge of a sexual assault survivor or having a personal experience of sexual assault) on RMA. Lack of research employing prospective design has disallowed for an examination of the impact of sexual assault on RMA, potentially decreasing our ability to understand the mechanisms by which rape myths persist. The goals of this study are to examine: 1) the interactive effect of knowing a sexual assault survivor and personal history of sexual assault on RMA at baseline, 2) change in RMA over the course of one academic semester, 3) the role of race and ethnicity in change in RMA, and 4) new experiences of sexual assault (i.e., acquiring new knowledge of a sexual assault survivor or having a personal experience of sexual assault) as a moderator of change in RMA in college women.

Sexual Assault in Women Attending College

Prevalence

Approximately 20 to 25% of women report experiencing sexual assault while in college (e.g., Gross et al., 2006; Muehlenhard et al., 2017) with most assaults occurring

during the fall and winter semesters (Kimble et al., 2008). Examining rates of revictimization among undergraduates, Conley and colleagues (2017) found that approximately 30% of women in their sample reported an experience of sexual assault prior to beginning college. Of those who endorsed pre-college sexual assault, approximately 41% were revictimized, reporting an additional experience of sexual assault while enrolled in college.

Emerging Adulthood and the Impact of Sexual Assault

Emerging adulthood refers to a developmental period spanning from age 18 to approximately age 25 (Arnett, 2000). In his seminal paper regarding this theory of development, Arnett emphasized identity exploration as a key feature associated with emerging adulthood. Gutierrez and Park (2015) conducted a longitudinal analysis of 168 college students and found that 77% of the emerging adults in the sample demonstrated reliable change in at least one worldview over the course of one semester. Furthermore, during the period of emerging adulthood, individuals experience a series of important transitions that may give rise to significant stress, require adaptation, and impact physical and mental health (Hanna et al., 2018). Traumatic events, such as sexual assault, experienced during emerging adulthood may interfere with identity development and ability to meet demands (e.g., Schwartz et al., 2010; Truskauskaite-Kuneviciene et al., 2020). College women who are sexually assaulted may be especially vulnerable to disruption in their identity development and to changing worldviews, such as attitudes and beliefs about sexual assault and survivors.

Rape Myth Acceptance

In her seminal work, Burt (1980) defined rape myths as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” (p. 217). In a modification to this original definition, Lonsway and Fitzgerald (1994) characterized rape myths as “attitudes and beliefs that are generally false but widely and persistently held, and that serve to deny and justify male sexual aggression against women” (p. 134). In sum, rape myths are beliefs that blame women for their behaviors and decisions, question women’s credibility, minimize sexual assault experiences, and justify the behaviors of male sexual assault perpetrators.

In recent years, researchers have reported relatively lower levels of RMA among college students, when compared with levels demonstrated in the literature 10 to 15 years ago (e.g., Beshers & DiVita, 2021). Of note, however, rape myths continue to be promulgated through media and other messaging. Rennie (2023) conducted a qualitative analysis of YouTube comments to examine the prevalence of rape myths in the context of the #MeToo movement. Analyzing approximately 4,100 comments from five videos in which one or more women shared details of a personal experience of sexual assault, the researcher coded approximately 1,500 comments as abusive. Of these 1,500 comments, Rennie found that 69% were reflective of rape myths.

Impact of Rape Myth Acceptance

Broadly, RMA has been found to be associated with trauma-related blame (e.g., Grandgenett et al., 2022; Rennie, 2023; Rich et al., 2021; Romero-Sánchez et al., 2018). Grandgenett and colleagues (2022) examined the impact of sexual assault history and RMA on social reactions to disclosure. Although they did not report an interactive effect

between sexual assault history and RMA, they found that higher levels of RMA were positively associated with the provision of victim-blaming responses. Similarly, Rich et al. (2021) reported that in their sample of 636 college students who endorsed receiving at least one disclosure of sexual assault from a friend, higher levels of RMA were positively associated with victim-blaming responses. High levels of RMA, therefore, may result in potentially harmful responses to disclosures made by sexual assault survivors. Among sexual assault survivors, researchers have examined associations among RMA, self-blame, and post-assault psychopathology (e.g., Bernstein et al., 2022). With a sample of 280 female sexual assault survivors enrolled in college, Bernstein and colleagues found that higher levels of RMA were positively associated with self-blame, which in turn was positively associated with posttraumatic stress symptomatology. High levels of RMA, then, may serve as a risk factor for post-assault psychopathology.

Researchers have demonstrated that RMA is related to several constructs, such as low refusal of unwanted sexual activity and incorrect labeling of sexual assault experiences, that may serve to place women at heightened risk for revictimization (e.g., Newins et al., 2018). With a sample of approximately 200 undergraduate women who reported experiencing rape, Newins and colleagues found that higher levels of RMA related to the perceptions that “He Didn’t Mean To” and that “Rape is a Deviant Event” were negatively associated with refusal of unwanted sexual activity, which in turn was negatively associated with correct labeling of sexual assault experiences. Furthermore, researchers have found that women who do not correctly label sexual assault experiences report more hazardous drinking behaviors and increased likelihood of experiencing

revictimization (Littleton et al., 2009). High levels of RMA, therefore, may serve as a risk factor for revictimization among college sexual assault survivors.

Rape Myth Acceptance and Demographic Factors

Individuals from certain cultural backgrounds may be more likely to endorse traditional gender-related stereotypes and attitudes, such as sexism and low feminist identity (e.g., Fakunmoju et al., 2021) which in turn, have been found to be associated with higher levels of RMA (e.g., Suarez and Gadalla, 2010; Xue and Lin, 2022).

Relatedly, researchers have found evidence that RMA varies among demographic groups. Race and ethnicity have been found to be associated with level of RMA, with individuals who identify as Caucasian reporting the lowest levels of RMA when compared with individuals who identify as African American/Black, Hispanic, or Asian (Lefley et al., 1993; Vonderhaar & Carmody, 2015).

Across research studies, identification as Asian/Pacific Islander has been found to be indicative of higher levels of RMA both within and outside of the United States (e.g., Barn & Powers, 2021; Qureshi et al., 2021; Stephens et al., 2016; Suarez & Gadalla, 2010; Vonderhaar & Carmody, 2015; Xue et al., 2019). Within the United States, Devdas and Rubin (2007) examined RMA among first- and second-generation South Asian American women. First-generation South Asian American women reported higher levels of RMA than second-generation women, highlighting the potential impact of acculturation on attitudes regarding rape. Koo and colleagues (2015) interviewed 17 Asian American college women, nine of whom were born in the United States, to understand the cultural context of sexual assault nondisclosure. Qualitative analyses revealed that nondisclosure was the normative response for Asian American college

women who highlighted themes of self-blame and cultural stigma. Although Koo and colleagues highlight the potential impact of self-blame and cultural stigma on women's support-seeking following sexual assault, they fail to examine similar posttraumatic attributions in individuals from other racial and ethnic backgrounds, who may report similar reasons for nondisclosure (e.g., Carson et al., 2020).

Despite consistent evidence for an association between race and ethnicity and RMA, researchers to date have largely sampled Caucasian individuals, with percentage of Caucasian participants ranging from 58% to 95.3% (e.g., Baugher et al., 2010; Beshers & DiVita, 2021; Grandgenett et al., 2022; Lathan et al., 2023; Orchowski & Gidycz, 2015; Vonderhaar & Carmody, 2015). Due to lack of sample diversity, no researchers have included race and ethnicity as a variable in longitudinal analyses of RMA and related beliefs and attitudes, limiting our understanding of changes in RMA over time for individuals from minority backgrounds.

Researchers have identified several demographic factors associated with RMA. Suarez and Gadalla (2010) conducted a meta-analysis examining 37 studies, 63% of which focused on college student samples, published between 1997 and 2007 on demographic factors associated with RMA. They found that higher levels of education were indicative of lower levels of RMA. Religiosity, on the other hand, has been found to be positively associated with RMA (e.g., Barnett et al., 2018; Prina & Schatz-Stevens, 2020). Researchers have also examined levels of RMA among individuals of different sexual orientations. Heterosexual individuals have consistently been found to report higher levels of RMA when compared to individuals who identify with a sexual minority background (e.g., Fansher & Zedaker, 2022; Wilson & Newins, 2019).

Changes in Rape Myth Acceptance as a Function of Campus Activities

Participation in certain campus, or extracurricular activities that promote women's rights and sexual assault prevention has been shown to impact RMA and related attitudes among college students. Currier and Carlson (2009) examined changes in RMA and attitudes towards rape survivors among 214 college students at one university over the course of one academic semester. Although no differences were observed in RMA from pre- to post-test, they found that students enrolled in courses that addressed violence against women demonstrated change in attitudes, evidenced by more favorable attitudes towards rape survivors, compared with students enrolled in a gender studies course or a general sociology course. The effect size, however, was small (Cohen's $d = .32$). The lack of a significant finding with regards to RMA scores may be due to methodological limitations. First, data were collected from a university in which 86% of participants identified as White. In addition, Currier and Carlson used the Rape Myth Acceptance Scale (RMAS; Burt, 1980). Published in 1980, the RMAS is a measure that may not detect subtle rape myths or rape myths that have shifted with time. Importantly, it is possible that selection bias played a role in which types of students chose to participate in these courses. Specifically, it may be the case that individuals with relatively low levels of baseline RMA are more likely to enroll in courses that address violence against women, thereby limiting the opportunity for significant change to occur over the course of the semester.

To date, researchers have sought to understand the impact of sexual assault awareness and prevention programming on RMA. Mujal and colleagues (2021) conducted a systematic review and found that certain bystander programs (e.g., Bringing

in the Bystander, The Men's Program) yielded significant decreases in RMA at post-test. Similarly, Hahn and colleagues (2017) evaluated the efficacy of The Women's Program, a bystander-based sexual assault prevention program, with a sample of approximately 150 college sorority women. They found that at two-week follow-up, RMA scores were significantly lower than at baseline. More recently, Hudspith and colleagues (2023) conducted a systematic review of forty years of interventions aimed at reducing RMA. They found that interventions that led to decreases in RMA were those that included explicit information about rape myths, survivor empathy, and bystander intervention. The researchers also reported that short-term interventions (i.e., those lasting up to a few hours) were sufficient to produce decreases in RMA. It is worth noting that although most interventions deemed successful were delivered via video presentations ($n = 13$), all but one of these interventions were also comprised of interactive tasks such as discussions and behavioral exercises.

Rape Myth Acceptance and Sexual Assault Victimization

Although researchers have consistently found that knowing a sexual assault survivor is associated with lower levels of RMA (e.g., McMahon, 2010; Navarro & Tewksbury, 2017; Talbot et al., 2010; Worthen, 2021), mixed findings have been reported regarding the association between RMA and personal history of sexual assault. In a cross-sectional analysis, Vonderhaar and Carmody (2015) found that women who reported personal history of sexual assault endorsed lower levels of RMA than women who denied personal history of sexual assault. In addition to the cross-sectional design, the study boasts a limitation regarding the criterion by which women were considered victims. Women were only considered victims if they endorsed prior "sexual intercourse"

due to threatened physical force, or rape. Sexual assault does not always include threatened or actual physical force and instead, may involve verbal coercion (e.g., threatening to spread rumors, showing displeasure, getting angry).

Carmody and Washington (2001) cross-sectionally examined the impact of prior sexual assault victimization on RMA among college women and found no differences between those with and without sexual assault victimization history. The lack of findings may be due to several methodological limitations. First, data were cross-sectional and did not allow for causal inference or examination of potential changes in RMA. In addition, only survivors endorsing completed rape (versus attempted rape) were eligible for participation. Exclusion of women who have experienced attempted rape limits understanding of the continuum of responses that women may experience following sexual assault. Finally, statements indicating RMA were dichotomized (i.e., agree vs. disagree), limiting variability in responses.

Powers et al. (2015) cross-sectionally examined RMA in a sample of 126 students and community individuals. Within the sample, approximately 48% of participants identified as female and approximately 65% identified as students. The researchers did not find significant differences between sexual assault survivors and non-survivors on any of the rape myth subscales. The lack of significant findings may be due to methodological limitations. In the overall sample of 126 individuals, approximately 25 participants reported sexual victimization history. This subsample size may have been too small to detect meaningful differences between the groups.

Summary of the Limitations of Recent Rape Myth Acceptance Research

Although a large body of literature examining RMA exists, most of these studies have important methodological flaws. Despite the consistent finding that individuals who identify as Caucasian report the lowest levels of RMA, a large majority of research examining RMA has relied on predominately Caucasian samples, with percentage of Caucasian participants ranging from 58% to 95.3% (e.g., Baugher et al., 2010; Beshers & DiVita, 2021; Grandgenett et al., 2022; Orchowski & Gidycz, 2015; Vonderhaar & Carmody, 2015). In other studies, researchers have failed to report or include race and ethnicity in analyses (e.g., Rich et al., 2021).

Researchers to date have reported mixed findings regarding the association between RMA and sexual assault victimization (e.g., Carmody & Washington, 2001; Lathan et al., 2023; Powers et al., 2015; Vonderhaar & Carmody, 2015). This lack of clear findings regarding the association between RMA and sexual assault victimization is attributable to methodological flaws related to research design. To date, researchers have failed to examine the interactive effect of knowing a sexual assault survivor and having a personal history of sexual assault on RMA and have failed to incorporate a prospective design that would allow for a better understanding of the impact of sexual assault on survivors' cultural beliefs about rape (i.e., RMA). Our current lack of understanding is detrimental to both prevention and intervention programming with this vulnerable population.

Current Study

Cross-sectionally, at baseline, I aimed to: (1) replicate the findings of previous literature regarding demographic characteristics associated with RMA, (2) explore the

association between engagement in activities that promote women's rights and sexual assault prevention and RMA, and (3) examine the interactive effect of knowing a sexual assault survivor and personal history of sexual assault on RMA.

Longitudinally, I aimed to examine: (1) change in RMA among college women over the course of one academic semester, (2) the role of race and ethnicity in change in RMA, and (3) new experiences of sexual assault (i.e., acquiring new knowledge of a sexual assault survivor or having a personal experience of sexual assault) as a moderator of change in RMA over the course of the semester.

Hypotheses

1. Race/ethnicity, generational status, and sexual orientation would be significantly associated with RMA at baseline. Caucasian women would endorse lower levels of RMA than women who identify as Hispanic, Black, Asian, or Multiracial. Women who identify as first- and second-generation would exhibit higher levels of RMA than women who identify as third- or higher generation. Women who identify as heterosexual would endorse higher levels of RMA than women who identify as a sexual minority.
2. Year in school would be negatively associated, and religiosity would be positively associated with RMA at baseline.
3. Engagement in activities that promote women's rights and sexual assault prevention would be negatively associated with RMA at baseline.
4. Knowing a sexual assault survivor and personal history of sexual assault would have an interactive effect on RMA at baseline. Specifically, sexual assault survivors (i.e., women with a personal history of sexual assault) would exhibit

higher levels of RMA when the individual denied knowing another sexual assault survivor, compared to when the individual endorsed knowing another sexual assault survivor.

5. There would be a significant decrease in RMA for all women from baseline to follow-up.
6. Race/ethnicity would be significantly associated with change in RMA from baseline to follow-up. Caucasian women would demonstrate the smallest decrease in RMA, compared to Hispanic, Black, Asian, and Multiracial women.
7. New experiences of sexual assault (i.e., acquiring new knowledge of a sexual assault survivor or having a personal experience of sexual assault) would moderate the change in RMA from baseline to follow-up. Hypotheses regarding directionality were not made *a priori*. Instead, analyses were exploratory in nature due to the paucity of literature examining the impact of sexual assault experiences on RMA.

METHOD

Research Design

In the current study, prospective, longitudinal design was employed to examine the impact of new sexual assault experiences (i.e., acquiring new knowledge of a sexual assault survivor or having a personal experience of sexual assault) on change in RMA among college females over the course of one academic semester. At baseline, I conducted cross-sectional analyses to examine the interactive effect of knowing a sexual assault survivor and personal history of sexual assault on RMA. Qualitative methods were employed to aid in further understanding the nature of RMA among a subsample of sexual assault survivors.

Participants

Baseline survey data were collected from 271 students enrolled at four different colleges in the northeast United States. Researchers have previously found that most women who reported experiencing sexual assault since beginning college were assaulted during their first four semesters on campus (Gross et al., 2006). Due to college campus closures related to the COVID-19 pandemic, all undergraduate women were eligible to participate in the current study, regardless of their academic year. Data were excluded from analyses for participants who did not complete the online battery ($n = 15$), for participants who identified with gender orientations other than Female ($n = 13$), and for participants whose self-reported age fell outside the period of emerging adulthood ($n = 1$). Two participants had missing items on the measure of RMA and therefore, were removed. This resulted in a final baseline sample of 240 women who ranged in age from 18 to 24 years old. Demographic characteristics are presented in Table 1.

At follow-up, survey data were collected from 110 participants who had also completed baseline surveys. Data were excluded from analyses for participants who did not complete the online battery ($n = 25$) and for participants who identified with gender orientations other than Female ($n = 5$). One participant had a missing item on the measure of RMA and therefore, was removed. This resulted in a subsample of 79 participants who were examined in follow-up analyses. Demographic characteristics of this subsample are presented in Table 2.

Measures

Demographics

A brief demographics questionnaire was designed and administered at baseline to assess age, gender, race, ethnicity (Hispanic or Latina or Not Hispanic or Latina), generational status, academic year, and sexual orientation. Participants were also asked to rate themselves on an item (Barnett et al., 2018) assessing Religious Importance (i.e., How important is your religion to you in your daily life?), ranging from 1 (*Not at all important*) to 5 (*Very important*).

Engagement in Empowerment Activities

A checklist of activities promoting women's rights and sexual assault prevention was presented to participants at both baseline and follow-up. At baseline, women were asked whether they had ever participated in any of the following activities: sexual assault prevention/bystander intervention training, responding to sexual violence disclosure training, affirmative consent training, courses with a focus on women (e.g., Women's Studies, Gender Studies, Violence Against Women), volunteering at a rape crisis counseling center, and events such as the Take Back the Night rally, It's On Us, and the

Clothesline Project. At follow-up, women were asked whether they had participated in any of the activities since completion of the baseline surveys. Items were coded as 0 (*no*) and 1 (*yes*) and were summed to create a composite, Engagement in Empowerment Activities, with higher scores indicative of participation in a greater number of activities. In the current sample, McDonald's omega was .80 at baseline.

Rape Myth Acceptance

The Updated Illinois Rape Myth Acceptance Scale (UIRMAS; McMahon & Farmer, 2011) is a self-report measure designed to assess an individual's RMA, or belief in rape myths. The UIRMAS is a revision of the original Illinois Rape Myth Acceptance Scale (Payne et al., 1999), consisting of updated language to capture rape myths that are not explicitly stated. Based on the psychometric analyses conducted by McMahon and Farmer (2011), the UIRMAS is comprised of 19 items that load onto five subscales: She Asked for It (Cronbach's $\alpha = .73$), He Didn't Mean To (Cronbach's $\alpha = .70$), He Didn't Mean To- Intoxication (Cronbach's $\alpha = .64$), She Lied (Cronbach's $\alpha = .80$), and It Wasn't Really Rape (Cronbach's $\alpha = .73$). In validation studies, measure developers demonstrated good internal consistency for the overall measure (Cronbach's $\alpha = .87$) in a sample of undergraduates.

The UIRMAS was presented at both baseline and follow-up and participants were asked to rate their agreement with each item using a Likert scale, ranging from 1 (*Strongly disagree*) to 5 (*Strongly agree*). In the current study, the She Lied (baseline McDonald's omega = .88), He Didn't Mean To (baseline McDonald's omega = .81), and She Asked For It subscales (baseline McDonald's omega = .74) were examined. Due to poor internal consistency, the He Didn't Mean To-Intoxication (baseline McDonald's

omega = .55) and It Wasn't Really Rape (baseline McDonald's omega = .36) subscales were not examined. In the current study, higher scores on the UIRMAS subscales are indicative of greater levels of RMA.

Examination of the items that comprise each of the UIRMAS subscales analyzed in the current study reveals several underlying themes. The She Lied subscale proposes an assumption that women lie about being sexually assaulted. Each of the items that comprise this subscale provides a different reason why women may lie (e.g., women regret having sexual intercourse, women have emotional problems). Items comprising the He Didn't Mean To subscale appear to be related to the justification of the behaviors of male perpetrators (e.g., guys rape because of their strong desire for sex). Agreement with the items that comprise the She Asked For It subscale in the current study is analogous to attributing blame to a survivor as a result of her behaviors and decisions (e.g., wearing slutty clothing, drinking alcohol, going to a room alone with a man). In the case of conceptualizing one's own experiences, agreement with these items is akin to engaging in behavioral self-blame.

Sexual Assault

The Revised Sexual Experiences Survey – Short Form Victimization (SES-SFV; Koss et al., 2007) is a self-report measure of sexual assault victimization experiences since age 14. Participants are asked to report whether they have experienced each of seven forms of unwanted sexual contact: (1) fondling, kissing, touching, (2) oral sex, (3) anal sex or penetration with a finger or object, (4) vaginal sex or penetration with a finger or object, (5) attempted oral sex, (6) attempted anal sex or penetration, and (7) attempted vaginal sex or penetration. Following the description of each type of unwanted sexual

contact, participants are asked to report which of five tactics were used by the perpetrator, including (a) lies, threats, verbal pressure, or false promises, (b) displeasure, criticism, or anger, (c) incapacitation of the survivor due to drunkenness or being “out of it”, (d) threats of physical force or violence, and (e) use of physical force, violence, or a weapon. In a sample of undergraduates, the SES-SFV demonstrated fair-to-moderate consistency ($\kappa = .33$ to $.69$; Littleton et al., 2019). For baseline Personal History of Sexual Assault, women who endorsed any history of attempted or completed rape (i.e., oral, anal, or vaginal sex or penetration), regardless of tactic, were coded as 2 (versus 1), due to the inclusion of the variable in an interaction term. For Knowing a Sexual Assault Survivor, participants were asked whether any individuals with whom they shared a close relationship had ever experienced attempted or completed rape. Those who reported that they had knowledge of other survivors were coded as 2 (versus 1), due to the inclusion of the variable in an interaction term. At follow-up, women were asked whether they had personally experienced or learned of someone who had ever experienced attempted or completed rape since completing baseline surveys.

Qualitative Inquiry

Zidenberg and colleagues (2022) found that although rape myths were not widely endorsed on a quantitative measure of RMA among college students, qualitative statements were frequently reflective of rape myths. In a sample of incarcerated female sexual assault survivors, Heath and colleagues (2011) found that women cited rape myth-related beliefs when asked about their reasons against disclosure of sexual assault experiences. In the current study, at baseline, participants who endorsed personal history of sexual assault were asked whether they had ever told anyone about an experience of

sexual assault. Those who denied disclosing were presented with an open-ended question regarding reasons for nondisclosure (i.e., Why did you choose not to tell anyone?).

Procedures

Female undergraduate students were invited to anonymously participate in a Qualtrics survey examining beliefs and attitudes about violence in the context of college experiences, as part of a larger study about sexual assault. At baseline, undergraduate females at each of the four colleges were invited to participate via their school's Department of Psychology research participation system (i.e., SONA) for course credit. Undergraduate women who opted to open the link to the baseline surveys were directed to a consent page outlining the purpose, risks, and benefits of the study. Participants were also informed of the longitudinal nature of the study and that they would be contacted with follow-up surveys in approximately two to three months. Women who provided consent to participate were then directed to complete a measure of demographics, a checklist assessing participation in activities promoting women's rights and sexual assault prevention, the Updated Illinois Rape Myth Acceptance Scale (UIRMAS; McMahon & Farmer, 2011), and the Revised Sexual Experiences Survey – Short Form Victimization (SES-SFV; Koss et al., 2007). Women who reported a personal history of sexual assault were asked whether they had ever disclosed information about their assault to another individual; those who denied disclosing were asked to provide a reason for nondisclosure. Upon completion of baseline surveys, participants who endorsed any history of unwanted sexual contact (ranging from touching or kissing to attempted or completed rape) were provided with information regarding resources for sexual assault survivors.

At follow-up, approximately two to three months after the initial surveys were completed, all participants who provided their email address at baseline were invited to participate via a Qualtrics link distributed via email. Those who chose to participate were asked to complete an updated checklist assessing participation in activities promoting women's rights and sexual assault prevention from baseline to follow-up, the UIRMAS (McMahon & Farmer, 2011), and a modified version of the SES-SFV (Koss et al., 2007), in which participants were asked to report whether they had experienced each assault type since baseline or whether they had learned from baseline to follow-up that any individuals they considered close had ever experienced each assault type. All participants who opted to provide an email address at follow-up were entered into a raffle to win one of five \$50 electronic gift cards and those who endorsed any history of unwanted sexual contact (ranging from touching or kissing to attempted or completed rape) were provided with information regarding resources for sexual assault survivors.

Data Analyses

Preliminary Analyses

Covariates were selected based on constructs previously identified in the literature as being associated with RMA (e.g., Devdas & Rubin, 2007; Prina & Schatz-Stevens, 2020; Suarez & Gadalla, 2010; Vonderhaar & Carmody, 2015; Worthen, 2021). Covariates were both categorical (Race/Ethnicity, Generational Status, Sexual Orientation) and continuous (Year in School, Religious Importance, Engagement in Empowerment Activities). Race/Ethnicity was dummy coded using Caucasian as the comparison variable and Generational Status was dummy coded using third- or higher generation as the comparison variable. Sexual Orientation was coded using sexual

minority identity as the comparison variable. A logarithmic transformation was conducted for UIRMAS-She Asked For It to correct for positive skewness. Given that the results for both the transformed and untransformed variable were equivalent, the results for the untransformed variable are reported here.

Cross-Sectional Analyses: Quantitative

To examine the interactive effect of Knowing a Sexual Assault Survivor and Personal History of Sexual Assault on RMA, three hierarchical regressions were conducted. In the first regression model, UIRMAS-She Lied was entered as the criterion variable. In the second regression, UIRMAS-He Didn't Mean To was entered as the criterion variable. In the third regression, UIRMAS-She Asked For It was entered as the criterion variable. In each regression model, covariates were entered in the first four blocks and included Race/Ethnicity, Generational Status, Year in School, Sexual Orientation, Religious Importance, and Engagement in Empowerment Activities. Knowing a Sexual Assault Survivor and Personal History of Sexual Assault were entered in the fifth and sixth blocks, respectively, followed by an interaction term of Knowing a Sexual Assault Survivor-by-Personal History of Sexual Assault in the seventh block of each regression model. I examined the overall model significance as well as semi-partial correlation coefficients and $R^2\Delta$ values to determine whether the interaction term contributed unique variance to RMA. A 4 x 1 ANOVA with Bonferroni correction was conducted to explore the nature of significant interactions.

Cross-Sectional Analysis: Qualitative

Participants who reported a personal experience of sexual assault at baseline were asked whether they had ever disclosed information about their assault experience to

another person. Those who reported that they had not previously disclosed were asked to respond to an open-ended question regarding reasons for nondisclosure. Following procedures recommended by Fonteyn and colleagues (2008), a codebook was developed to guide content analysis of participants' responses. A team comprised of two doctoral students and one undergraduate volunteer separately coded a subset of responses and collaboratively developed a codebook consisting of 16 codes. The codebook was then used to guide content analysis of the remaining responses. A consensus meeting was conducted, and all responses were reviewed until agreement was reached regarding the appropriate code.

Longitudinal Analyses: Quantitative

To determine whether there was significant change in UIRMAS-She Lied, UIRMAS-He Didn't Mean To, and UIRMAS-She Asked For It, paired samples *t*-tests were conducted with time as the within-subjects variable. To examine how to conduct the repeated-measures analysis of Knowing a Sexual Assault Survivor-by-Personal History of Sexual Assault as a predictor of RMA, I did a cross-tabulation analysis of baseline (i.e., Time 1) versus follow-up (i.e., Time 2 or since baseline) Knowing a Sexual Assault Survivor and Personal History of Sexual Assault. Based on the change analyses, a hierarchical regression was conducted with Time 2 UIRMAS-He Didn't Mean To as the criterion variable. Covariates were entered in the first four blocks and included Time 1 UIRMAS-He Didn't Mean To, Time 1 Religious Importance, Time 1 Sexual Assault Experiences, Race/Ethnicity, Generational Status, and Time 2 Engagement in Empowerment Activities. Time 2 Sexual Assault Experiences (i.e., acquiring new knowledge of a sexual assault survivor or having a personal experience of sexual assault

since baseline) was entered in the fifth block, followed by an interaction term of Time 1 UIRMAS-He Didn't Mean To-by-Time 2 Sexual Assault Experiences. I examined the overall model significance as well as semi-partial correlation coefficients and $R^2\Delta$ values to determine whether Time 2 Sexual Assault Experiences moderated the change in UIRMAS-He Didn't Mean To.

RESULTS

Cross-Sectional Analyses

Regression of UIRMAS-She Lied

To evaluate the interactive effect of Knowing a Sexual Assault Survivor-by-Personal History of Sexual Assault on UIRMAS-She Lied, I conducted a hierarchical regression with Race/Ethnicity in Block 1, Generational Status in Block 2, Year in School, Sexual Orientation, and Religious Importance in Block 3, Engagement in Empowerment Activities in Block 4, Knowing a Sexual Assault Survivor in Block 5, Personal History of Sexual Assault in Block 6, and Knowing a Sexual Assault Survivor-by-Being a Sexual Assault Survivor in Block 7. As presented in Table 3, the interaction term Knowing a Sexual Assault Survivor-by-Personal History of Sexual Assault did not contribute significant incremental variance to UIRMAS-She Lied. Knowing a Sexual Assault Survivor and Personal History of Sexual Assault also were not significantly associated with UIRMAS-She Lied. Block 3, Current Identity, was the last block that contributed significant variance to UIRMAS-She Lied. Examination of Blocks 1 through 3 reveals that the overall model was significant, accounting for 14% of the variance in UIRMAS-She Lied. Semi-partial correlations, presented in Table 4, demonstrate that Hispanic (vs. Caucasian), Asian (vs. Caucasian), and Multiracial (vs. Caucasian) identities, as well as Year in School and identifying as Heterosexual (vs. Sexual Minority) each account for unique variance in UIRMAS-She Lied. Identifying as Hispanic (vs. Caucasian), Asian (vs. Caucasian), Multiracial (vs. Caucasian) and Heterosexual (vs. Sexual Minority) was positively associated with UIRMAS-She Lied, whereas Year in School was negatively associated with UIRMAS-She Lied.

Regression of UIRMAS-He Didn't Mean To

To evaluate the interactive effect of Knowing a Sexual Assault Survivor and Personal History of Sexual Assault on UIRMAS-He Didn't Mean To, I conducted a hierarchical regression with Race/Ethnicity in Block 1, Generational Status in Block 2, Year in School, Sexual Orientation, and Religious Importance in Block 3, Engagement in Empowerment Activities in Block 4, Knowing a Sexual Assault Survivor in Block 5, Personal History of Sexual Assault in Block 6, and Knowing a Sexual Assault Survivor-by-Being a Sexual Assault Survivor in Block 7. As presented in Table 5, the interaction term Knowing a Sexual Assault Survivor-by-Personal History of Sexual Assault did not contribute significant incremental variance to UIRMAS-He Didn't Mean To. Knowing a Sexual Assault Survivor and Personal History of Sexual Assault also were not significantly associated with UIRMAS-He Didn't Mean To. Block 3, Current Identity, was the last block that contributed significant variance to UIRMAS-He Didn't Mean To. Examination of Blocks 1 through 3 reveals that the overall model was significant, accounting for 14% of the variance in UIRMAS-He Didn't Mean To. Semi-partial correlations, presented in Table 6, demonstrate that Asian (vs. Caucasian) and Second-Generation (vs. Third- or higher generation) identities, as well as identifying as Heterosexual (vs. Sexual Minority) each account for unique variance in UIRMAS-He Didn't Mean To. Identifying as Asian (vs. Caucasian), Second-Generation (vs. Third- or higher generation), and Heterosexual (vs. Sexual Minority) was positively associated with UIRMAS-He Didn't Mean To.

Regression of UIRMAS-She Asked For It

To evaluate the interactive effect of Knowing a Sexual Assault Survivor-by-Personal History of Sexual Assault on UIRMAS-She Asked For It, I conducted a hierarchical regression with Race/Ethnicity in Block 1, Generational Status in Block 2, Year in School, Sexual Orientation, and Religious Importance in Block 3, Engagement in Empowerment Activities in Block 4, Knowing a Sexual Assault Survivor in Block 5, Personal History of Sexual Assault in Block 6, and Knowing a Sexual Assault Survivor-by-Being a Sexual Assault Survivor in Block 7. As shown in Table 7, Knowing a Sexual Assault Survivor-by-Personal History of Sexual Assault contributed significant incremental variance to UIRMAS-She Asked For It. There also was a significant main effect of Knowing a Sexual Assault Survivor. Examination of Blocks 1 through 7 reveals that the overall model was significant, accounting for 13% of the variance in UIRMAS-She Asked For It. Results from a 4 x 1 ANOVA with Bonferroni correction indicated that for women who endorsed a Personal History of Sexual Assault, those who endorsed Knowing a Sexual Assault Survivor had lower scores on UIRMAS-She Asked For It than those who denied Knowing a Sexual Assault Survivor, $p = .026$, as presented in Figure 1. As shown in Table 8, there were no other significant differences between groups. Semi-partial correlations, presented in Table 9, demonstrate that Black (vs. Caucasian) and Asian (vs. Caucasian) identities also contributed unique variance to UIRMAS-She Asked For It. Identifying as Black (vs. Caucasian) and Asian (vs. Caucasian) was positively associated with UIRMAS-She Asked For It.

Qualitative Analysis of Reasons for Nondisclosure

In the current study, 18 survivors who reported a personal history of sexual assault at baseline provided an open-ended response regarding reasons for nondisclosure of sexual assault. The most common themes identified that were suggestive of RMA were related to: (a) minimization of the assault, (b) fear of disbelief from others, and (c) self-blame in the context of alcohol or substance use during the assault.

Minimization of the Assault. Participants' responses were reflective of RMA when they were observed to minimize their sexual assault experiences based on the reported relationship with the perpetrator. In accordance with rape myths related to the beliefs that "She Asked For It" and that "It Wasn't Really Rape," one participant described that,

"I chose not to tell anyone because I didn't want [them] to think I was asking for it since I liked the person a lot and I thought it was normal that they were doing. Since they told [me] that everyone else does and reassure me that I might like it even though I didn't want to."

Participants also evidenced responses reflective of RMA when they were observed to minimize their sexual assault experiences due to apparent confusion regarding the definition of sexual assault. In line with rape myths related to the belief that "It Wasn't Really Rape," one participant stated that, "It wasn't rape it was just a pressured hook up no sex involved."

Fear of Disbelief from Others. Participants' responses were suggestive of RMA as a reason for nondisclosure when they expressed fears that others would not believe them. In accordance with rape myths related to the beliefs that "She Asked For It" and

“She Lied,” one participant expressed that, “I chose not to tell anyone since it would be hard to defend my case as I was intoxicated, therefore I don't have a straight or reliable story.” Another participant expressed concerns that, “No one would believe me.”

Self-Blame. Participants’ responses were reflective of RMA when they reported that alcohol or substance use during the assault factored into their decision not to disclose. In support of the belief that “She Asked For It,” one participant reported that she chose not to disclose information about her sexual assault because “I was black out drunk.”

Longitudinal Analyses

To determine whether there was significant change in UIRMAS-She Lied, UIRMAS-He Didn’t Mean To, and UIRMAS-She Asked For It between baseline (i.e., Time 1) and follow-up (i.e., Time 2), I conducted paired samples *t*-tests with time as the within-subjects variable. As shown in Table 10, there was a significant decrease in UIRMAS-He Didn’t Mean To scores from baseline to follow-up. There were no significant differences in UIRMAS-She Lied or UIRMAS-She Asked For It from baseline to follow-up.

I hypothesized that new experiences of sexual assault (i.e., acquiring new knowledge of a sexual assault survivor or having a personal experience of sexual assault) would moderate the change in RMA between baseline and follow-up. As presented in Table 11, I conducted a cross-tabulation analysis to understand the relation between baseline (i.e., Time 1) and follow-up (i.e., Time 2 or since baseline) sexual assault experiences among participants. At follow-up, eighteen women reported new experiences of sexual assault since baseline. Only five of these women, however, reported that the

experience was a first-time personal experience of sexual assault since baseline. Of these five women, only three additionally denied baseline knowledge of another survivor. As such, all eighteen women who reported new experiences of sexual assault at follow-up were examined together.

Prediction of UIRMAS-He Didn't Mean To

To evaluate whether new experiences of sexual assault (i.e., acquiring new knowledge of a sexual assault survivor or having a personal experience of sexual assault) moderated the change in UIRMAS-He Didn't Mean To from baseline to follow-up, I conducted a hierarchical regression with Time 1 UIRMAS-He Didn't Mean To, Time 1 Religious Importance, and Time 1 Sexual Assault Experiences in Block 1, Race/Ethnicity in Block 2, Generational Status in Block 3, Time 2 Engagement in Empowerment Activities in Block 4, Time 2 Sexual Assault Experiences in Block 5, and Time 1 UIRMAS-He Didn't Mean To-by-Time 2 Sexual Assault Experiences in Block 6. As presented in Table 12, the interaction term Time 1 UIRMAS-He Didn't Mean To-by-Time 2 Sexual Assault Experiences did not contribute significant incremental variance to Time 2 UIRMAS-He Didn't Mean To. Time 2 Sexual Assault Experiences also were not predictive of Time 2 UIRMAS-He Didn't Mean To. Block 1 was the only block that contributed significant variance to the prediction of Time 2 UIRMAS-He Didn't Mean To. Examination of Block 1 reveals that the overall model was significant, accounting for 54% of the variance in Time 2 UIRMAS-He Didn't Mean To. Semi-partial correlations, presented in Table 13, demonstrate that Time 1 UIRMAS-He Didn't Mean To was the only variable that contributed unique variance to the prediction of Time 2 UIRMAS-He

Didn't Mean To. Time 1 UIRMAS-He Didn't Mean To was positively associated with
Time 2 UIRMAS-He Didn't Mean To.

DISCUSSION

The current study had several aims. At baseline, cross-sectional design was used to explore the interactive effect of knowing a sexual assault survivor and personal history of sexual assault on RMA. Longitudinally, the goal was to examine whether new experiences of sexual assault (i.e., acquiring new knowledge of a sexual assault survivor or a having a personal experience of sexual assault) were predictive of change in RMA. At baseline, I found that the interaction between knowing a sexual assault survivor and personal history of sexual assault was significantly associated with the perception that “She Asked For It.” Using longitudinal design, I found that although change occurred in the perception that “He Didn’t Mean To,” new experiences of sexual assault were not associated with this change.

Modern-Day Rape Myth Acceptance

Consistent with recent literature (e.g., Beshers & DiVita, 2021), the women in this study reported relatively low levels of RMA when asked to respond to the UIRMAS. Additionally, two of the subscales proposed by McMahon and Farmer (2011), It Wasn’t Really Rape and He Didn’t Mean To-Intoxication, demonstrated poor internal consistency in the current study, suggesting that these themes may not be culturally relevant among college women in the post-#MeToo era. Of note, however, qualitative responses in the current study revealed that minimization of sexual assault experiences, suggestive of the belief that “It Wasn’t Really Rape,” functioned as a reason for nondisclosure among sexual assault survivors. Taken together, these findings provide support for the idea that rape myths, when measured quantitatively, shift over the course of time and in response to social movements, such as #MeToo.

Cross-Sectional Examination of RMA

Impact of Knowing a Sexual Assault Survivor and Having a Personal History of Sexual Assault on RMA

My hypothesis regarding the interaction between knowing a sexual assault survivor and personal history of sexual assault was partially supported. The interaction contributed unique variance to the perception that “She Asked For It.” I found that among women who endorsed a personal history of sexual assault, RMA was lower when the woman reported that she also knew another sexual assault survivor. This suggests that for sexual assault survivors, knowing another survivor is protective with regards to RMA. This is a novel finding as previous literature has failed to elucidate the impact of both knowing a survivor and experiencing sexual assault on RMA. As previously described, acceptance of rape myths related to the She Asked For It theme is akin to blaming a survivor, and in the case of those with a personal history of sexual assault, blaming oneself (Bohner et al., 2009). In the current study, qualitative responses additionally highlighted behavioral self-blame as a common reason for nondisclosure among survivors. The current finding, then, suggests that survivors are less likely to engage in self-blame and relatedly, may be less likely to demonstrate post-assault psychopathology (e.g., Bernstein et al., 2022; Kline et al., 2021), when they have a close relationship with another survivor.

The interaction between knowing a sexual assault survivor and having a personal history of sexual assault, and each variable alone, did not contribute unique variance to the perceptions that “He Didn’t Mean To” or “She Lied.” The lack of a significant finding with regards to the perception that “He Didn’t Mean To” suggests that knowing a

sexual assault survivor and having a personal history of sexual assault is not related to the tendency to justify the behaviors of male perpetrators. Instead, researchers have suggested that perspective-taking, for both men and women, may explain a phenomenon of male perpetrator empathy (Bongiorno et al., 2020).

The lack of a significant finding with regards to the perception that “She Lied” may be explained by the relatively low levels of RMA reported in accordance with this theme. This is suggestive of the idea that in the post-#MeToo era, women generally do not subscribe to the belief that other women lie about being sexually assaulted. After conducting interviews with 34 students and recent alumni at a Midwestern university in the United States, Acquaviva and colleagues (2021) found that women were more likely than men to express reasons for believing survivors. In the current study, however, qualitative responses revealed that fear of disbelief from others functioned as a common reason for nondisclosure among sexual assault survivors. Taken together, although women in the current study generally did not express the belief that other women lie about being sexually assaulted, concerns about one’s own credibility may serve as a barrier to disclosure among sexual assault survivors.

Engagement in Empowerment Activities

Contrary to my hypothesis, engagement in empowerment activities was not associated with RMA in the current study. This finding is inconsistent with previous literature, in which researchers have found lower levels of RMA among individuals who participate in such programming (e.g., Hahn et al., 2017; Mujal et al., 2021). The lack of a statistically significant finding in the current study may be explained by the fact that all the universities from which the sample was drawn require students to complete sexual

assault prevention/bystander intervention training. Thus, it is possible that engaging in these activities in and of itself is not associated with RMA. Instead, it may be the case that the proclivity to participate in such activities (which was not measured) may be associated with lower levels of RMA.

Demographic Characteristics Associated with RMA

In the current study, the perception that “She Asked For It” was significantly associated with race/ethnicity, but not with other covariates that were examined (i.e., generational status, year in school, religious importance, and sexual orientation) and previously shown to be related to RMA (e.g., Devdas & Rubin, 2007; Prina & Schatz-Stevens, 2020; Suarez & Gadalla, 2010; Vonderhaar & Carmody, 2015; Worthen, 2021). Asian and Black women reported higher levels of the belief that “She Asked For It” than Caucasian women in the current study, which is likely attributable to attitudes related to gender roles and stigma associated with sexual assault experiences (e.g., Espinosa, 2023). Contrary to my hypotheses, generational status, year in school, religious importance, and sexual orientation were not associated with the perception that “She Asked For It,” suggesting that these characteristics are unrelated to women’s tendency to engage in overt victim blame and relatedly, behavioral self-blame. Furthermore, this may suggest that women’s susceptibility to engagement in trauma-related blame does not vary according to these demographic characteristics, and instead, may be a function of women’s different experiences (e.g., sexual assault, interpersonal violence).

In support of my hypotheses, I found that race/ethnicity, generational status, and sexual orientation were significantly associated with the perception that “He Didn’t Mean To.” Asian women reported higher levels of the perception that “He Didn’t Mean To”

than Caucasian women in the current study, suggesting that there are racial differences in the tendency to justify the behaviors of male perpetrators. Women who identified as third- or higher generation reported higher levels of the perception that “He Didn’t Mean To” than second-generation women. Heterosexual women reported higher levels of the perception that “He Didn’t Mean To” than women who identified with a sexual minority identity. This is likely attributable to differences between heterosexual and sexual minority individuals with regards to perceived gender roles (e.g., Kowalski & Scheitle, 2020). Contrary to my hypotheses, year in school, and religious importance were not associated with the perception that “He Didn’t Mean To.”

Consistent with my hypotheses, race/ethnicity, year in school, and sexual orientation were associated with the perception that “She Lied” in the current study. Asian, Hispanic, and Multiracial women reported higher levels of the belief that “She Lied” than Caucasian women, suggesting that race/ethnicity plays a role in women’s perceptions of survivors’ credibility. Year in school was negatively associated with the perception that “She Lied,” supporting the idea that women with less education perceive survivors as less credible, perhaps due to a lack of nuanced understanding about sexual assault (e.g., lack of understanding about complex reasons for delayed reporting of sexual assault). Heterosexual women reported higher levels of the belief that “She Lied” than women who identified with a sexual minority identity, suggesting that women who identify with a sexual minority background may be less likely to question the credibility of sexual assault survivors.

In the current study, race/ethnicity was the only demographic characteristic that was significantly associated with all three RMA subscales. Generational status, year in

school, and sexual orientation each demonstrated an inconsistent relationship with RMA (i.e., each characteristic was associated with one or two of the subscales, but not all three), whereas religious importance was not associated with any of the three RMA subscales examined. Worthen (2021) examined RMA in a sample of college students and found that sociodemographic characteristics yielded adjusted R^2 values of .13 in a series of regressions. Inclusion of attitudes (e.g., feminist identity, patriarchal gender norms) and experiences (i.e., knowing or being a sexual assault survivor) in the regressions, however, yielded adjusted R^2 values of .44. The current findings, then, suggest that in the post-#MeToo era, attitudes and experiences may be more meaningful than demographic characteristics with regards to understanding RMA among college women.

Longitudinal Examination of RMA

Change in RMA

In the current study, I examined change in RMA over the course of one academic semester. Consistent with my hypothesis, there was a significant decrease in the perception that “He Didn’t Mean To” from baseline to follow-up. The current finding suggests that, over the course of the semester, women became less likely to justify the behaviors of males who perpetrate sexual assault. This is perhaps related to a developmental shift in women’s understanding of responsibility and accountability, tied to the unique period of emerging adulthood (Kranzler et al., 2019). As college women develop this perspective, then, they may be more likely to appropriately assign responsibility, or blame, to male perpetrators of sexual assault.

In contrast to my hypothesis, there was no significant change in the perceptions that “She Asked For It” or “She Lied” from baseline to follow-up. This is likely due to

the fact that women reported relatively low levels of these themes at baseline, limiting the opportunity for meaningful decreases.

Constructs Related to Change in RMA

Contrary to my hypothesis, new experiences of sexual assault (i.e., new knowledge of a sexual assault survivor and/or new personal experiences of sexual assault) from baseline to follow-up were not predictive of change in RMA in the current study. This may be explained by the fact that a small number of participants ($n = 18$) reported new experiences of sexual assault. Of these 18 women who reported new experiences of sexual assault, only three reported a first experience, precluding us from making any meaningful conclusions about the causal impact of sexual assault on RMA.

Contrary to my hypothesis, race and ethnicity, generational status, and engagement in empowerment activities were not predictive of change in RMA. To my knowledge, researchers have not previously examined degree of change in RMA in relation to race and ethnicity or generational status. The current finding suggests that women of different backgrounds are not more or less likely to evidence change in their beliefs about perpetrators of sexual assault.

Implications for Training and Intervention

Taken together, the cross-sectional findings of the current study have important public health implications. Researchers have demonstrated that levels of RMA are significantly lower today than those reported in the literature 10 to 15 years ago (e.g., Beshers & DiVita, 2021). Despite lower levels of recently reported RMA, data collected in accordance with the Clery Act reflect an increase in the prevalence of forcible sex offenses on college campuses in the United States during this same time period (National

Center for Education Statistics, 2023). This paradox suggests that despite an apparent shift in rape myths, efforts to prevent sexual assault have fallen short.

Thus, it is critical that colleges and universities offer disclosure training to improve campus climate and foster a supportive environment when survivors disclose. *Supporting Survivors and Self* (Edwards et al., 2015) is an intervention aimed at increasing positive social reactions (i.e., providing emotional support or tangible aid) and decreasing negative social reactions (i.e., blaming, stigmatizing/treating differently, distracting, or taking control from a survivor or providing an egocentric response) to disclosure. Researchers have conducted preliminary research and found that among participants in the intervention, self-reported program usage (i.e., use of information learned in the initial workshop) was positively correlated with actual positive social reactions and negatively correlated with actual negative social reactions provided (Waterman et al., 2022). Such trainings should be widely disseminated and may target faculty and administration, campus security, resident assistants, and cultural organizations (e.g., Asian American Student Association) in addition to the broader student body. Importantly, leadership of cultural organizations should be consulted to ensure that culturally appropriate engagement, assessment, and intervention strategies are incorporated to ensure that these training programs are most effective for different communities of women who may be more susceptible to victim blame and relatedly, self-blame. College and university leadership also should consider providing booster sessions and should embed research on pedagogy that suggests repeated practice is necessary for meaningful behavior change.

The cross-sectional findings of the current study have valuable clinical implications. Clinicians embedded in college counseling centers should assess RMA and experiences of disclosure (both providing and receiving disclosures) when working with sexual assault survivors. Clinicians may aid in identifying supportive individuals to whom the survivor may disclose. Furthermore, college counseling centers should ensure that embedded clinicians are trained in the implementation of evidence-based trauma therapies, such as Prolonged Exposure (Foa et al., 2007) and Cognitive Processing Therapy (Resick et al., 2017). Clinicians also may consider the potential benefits of offering group-based treatment for sexual assault survivors, especially for those women who deny knowing other survivors, as researchers have found that the group modality may be especially helpful in challenging cognitive distortions among trauma survivors (e.g., McMullen et al., 2013).

Women in the current study reported a tendency to justify the behaviors of male perpetrators of sexual assault, a phenomenon that should be targeted at the level of the family. Kågesten and colleagues (2016) conducted a systematic review to understand factors that shape gender-related attitudes among early adolescents of different cultural backgrounds. They found that family and peers played a critical role in shaping gender-related attitudes such as the belief that “masculinity is predicated on toughness/competitiveness and heterosexual prowess” (Kågesten et al., 2016, p. 25). Clinicians who conduct parenting interventions, then, should seek to dispel the myth that “boys will be boys,” or the idea that it is “socially acceptable that boys will be aggressive, assertive, and violent just because they are boys” (Rosen & Nofziger, 2019).

Given women's tendency to justify the behaviors of male sexual assault perpetrators, clinicians should assess trauma-related blame attributions when working with female sexual assault survivors. Dyer and colleagues (2022) presented a series of vignettes containing interpersonal violence scenarios (e.g., sexual assault, bullying, domestic physical assault) to a sample of men and women. They found that perpetrator blame and victim blame were consistently negatively correlated, with the strongest effect size for the sexual assault scenario. As such, it is plausibly the case that when women justify the behaviors of male perpetrators, they are more likely to engage in victim blame and relatedly, self-blame. Clinicians then, should employ evidence-based cognitive interventions, such as those taught in Cognitive Processing Therapy (Resick et al., 2017), to challenge distorted thinking and aid women in assigning appropriate blame to male perpetrators.

Limitations

The findings discussed in the current study should be interpreted with caution due to several limitations. Enrollment in college was a requirement for participation in the current study, limiting the ability to generalize findings to disconnected emerging adults, or those not enrolled in college, as well as to broader community samples. Given the small subsample size at follow-up and the fact that only three women denied any baseline history and simultaneously reported new experiences of sexual assault (i.e., new knowledge of a sexual assault survivor and/or new personal experiences of sexual assault) between baseline and follow-up, I was unable to make any causal inferences about the impact of a first-time sexual assault experience on RMA.

Regarding research design, recruitment for the current study began several weeks after the start of the fall semester. Given the relatively high rates of baseline sexual assault history, this timing may have prevented us from gaining an accurate understanding of RMA in this population. Furthermore, by this time in the semester, students had already completed orientation requirements which included sexual assault prevention/bystander intervention training. This may partially explain the relatively low levels of RMA reported at baseline. Women in the current study were asked to complete follow-up surveys two to three months after completing baseline surveys. This coincided with final examinations, which may have precluded some women from participating in follow-up surveys. Additionally, the period between baseline and follow-up surveys may not have been enough time for meaningful change in RMA to occur.

Multiple limitations can be attributed to the measures used in the current study. Generational status was used as a proxy variable for acculturation and did not consider country of origin. It may be the case that this variable was not appropriate, or sensitive enough to detect meaningful differences in acculturation. Religious importance was measured with a single item and therefore did not take into account one's religious affiliation or levels of intrinsic versus extrinsic religiosity, which have been found to be differentially associated with RMA (Piggott & Anderson, 2023). The Updated Illinois Rape Myth Acceptance Scale (UIRMAS; McMahon & Farmer, 2011) was used to measure RMA. I found relatively low levels of RMA in the current sample, potentially restricting the ability to detect meaningful differences. Additionally, the face validity of the UIRMAS must be considered. Specifically, given widespread media exposure in the post-#MeToo era, it is likely the case that women in the current study had a preconceived

understanding of the ways in which they are expected to respond to questions about rape myths. The sexual assault history variables used in the current study (i.e., Knowing a Sexual Assault Survivor and Personal History of Sexual Assault) were dichotomous yes/no variables that did not consider number of known survivors or number of personal assault experiences. Additionally, sexual assault characteristics (e.g., whether alcohol was involved, relationship with perpetrator), disclosure status (i.e., reporting versus non-reporting survivor), and disclosure experiences (e.g., positive versus negative) were not considered in quantitative analyses. Recently, Lathan and colleagues (2023) examined RMA among college students with and without sexual assault histories. They found that college students who endorsed a history of sexual assault and subsequently reported the assault to law enforcement (i.e., reporting survivors) exhibited significantly lower levels of RMA than those students who denied a history of sexual assault. A third group of students who endorsed a history of sexual assault and chose not to report the assault (i.e., non-reporting survivors) did not demonstrate significantly different levels of RMA when compared to the other two groups (i.e., reporting survivors and those without a sexual assault history). Sexual assault characteristics and disclosure experiences, then, may function as potential moderators (e.g., involvement of alcohol may be associated with higher levels of RMA for those with a personal history of sexual assault).

Directions for Future Research

Future research should address the limitations outlined above. Researchers should broaden recruitment efforts in order to conduct a prospective, longitudinal analysis of women with no baseline sexual assault history (i.e., no knowledge of other sexual assault survivors and no personal experiences of sexual assault). This would allow researchers to

form causal inferences about the impact of sexual assault experiences on RMA. Given widespread media exposure surrounding sexual assault in recent years, women should be recruited as adolescents, prior to arriving on college campuses for their freshmen year and at several time points throughout their undergraduate education. Researchers may also choose to incorporate assault characteristics and disclosure experiences to gain a more nuanced understanding of additional constructs potentially related to RMA. Given the cultural shift in rape myths over time, researchers should consider alternative measures and methods to assess RMA. Additionally, given that two of the subscales initially proposed by McMahon and Farmer (2011) demonstrated poor internal consistency in the current study, researchers should consider conducting item-level analyses. A qualitative approach in which college women are interviewed regarding their engagement in empowerment activities (e.g., Did you pay attention to the training you were required to attend as part of orientation?) and their rape-related attitudes and reasons for nondisclosure may elucidate these more subtle rape myths. Finally, researchers may choose to examine women's exposure to media and participation in social movements, such as #MeToo, to gain an understanding of the impact of these constructs on RMA.

Table 1*Characteristics of Participants at Baseline (N = 240)*

Characteristic	<i>n</i>	%
Race/Ethnicity		
Hispanic	29	12.1
Black	28	11.7
Asian	34	14.2
Caucasian	118	49.2
Multiracial	31	12.9
Generational Status		
First	27	11.3
Second	84	35.0
Third or higher	129	53.8
College/University		
St. John's University	88	36.7
Hofstra University	69	28.7
Loyola University Maryland	47	19.6
Penn State Behrend	36	15.0
Year in School		
Freshman	138	57.5
Sophomore	69	28.7
Junior	17	7.1
Senior	16	6.7
Sexual Orientation		
Sexual Minority	73	30.4
Straight or Heterosexual	167	69.6
Knows SA Survivor		
No	101	42.1
Yes	139	57.9

Personal History of SA

No	148	61.7
Yes	92	38.3

	<i>M</i>	<i>SD</i>
Age	18.76	1.07
Religious Importance	2.47	1.27
Empowerment Activities	1.12	1.37
UIRMAS-She Lied	1.59	.73
UIRMAS-He Didn't Mean To	2.38	1.02
UIRMAS-She Asked For It	1.29	.53

Note. SA = sexual assault; Empowerment Activities = total number of empowerment activities engaged in.

Table 2*Characteristics of Participants who Completed Baseline and Follow-up Surveys (N = 79)*

Characteristic	<i>n</i>	%
Race/Ethnicity		
Hispanic	9	11.4
Black	6	7.6
Asian	13	16.5
Caucasian	41	51.9
Multiracial	10	12.7
Generational Status		
First	9	11.4
Second	28	35.4
Third or higher	42	53.2
College/University		
St. John's University	25	31.6
Hofstra University	25	31.6
Loyola University Maryland	16	20.3
Penn State Behrend	13	16.5
Year in School		
Freshman	46	58.2
Sophomore	21	26.6
Junior	6	7.6
Senior	6	7.6
Sexual Orientation		
Sexual Minority	22	27.8
Straight or Heterosexual	57	72.2
Knows SA Survivor		
No	35	44.3
Yes	44	55.7

Personal History of SA

No	45	57.0
Yes	34	43.0

	<i>M</i>	<i>SD</i>
Age	18.94	1.29
Religious Importance	2.37	1.27
Empowerment Activities	.16	.56

Note. SA = sexual assault; Empowerment Activities = total number of empowerment activities engaged in between Time 1 and Time 2.

Table 3*Results from Hierarchical Regression of UIRMAS-She Lied at Baseline*

Block	Variables Added	R^2	$F(df)$	p	$R^2\Delta$	$F\Delta$	p
1	Race/Ethnicity	.04	2.36(4,235)	.05	.04	2.36	.05
2	Generational Status	.05	2.00(6,233)	.07	.01	1.28	.28
3	Current Identity	.14***	4.08(9,230)	<.001	.09***	7.88	<.001
4	Empowerment Activities	.14***	3.74(10,229)	<.001	.00	.68	.41
5	Knows SA Survivor	.14***	3.38(11,228)	<.001	.00	.03	.87
6	Personal History of SA	.14***	3.18(12,227)	<.001	.00	.97	.33
7	Knows SA Survivor x Personal History of SA	.15***	3.07(13,226)	<.001	.01	1.63	.20

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale; Current Identity = Year in School, Sexual Orientation, and Religious Importance; Empowerment Activities = total number of empowerment activities engaged in; SA = sexual assault.

Race/Ethnicity was represented as four dummy variables with Caucasian serving as the reference group. Generational status was represented as two dummy variables with third- or higher generation serving as the reference group.

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

Table 4*Last Block of Variables with Significant R² Change in UIRMAS-She Lied at Baseline*

Variable	<i>B</i>	<i>SE B</i>	β	<i>Partial r</i>	<i>p</i>
Race/Ethnicity					
Hispanic (vs. Caucasian)	.36*	.17	.16	.14	.03
Black (vs. Caucasian)	.23	.16	.10	.10	.14
Asian (vs. Caucasian)	.49**	.17	.23	.19	.00
Multiracial (vs. Caucasian)	.33*	.15	.15	.14	.03
Generational Status					
First (vs. Third- or higher)	.06	.17	.03	.02	.72
Second (vs. Third- or higher)	-.20	.13	-.13	-.10	.12
Year in School	-.17***	.05	-.21	-.22	<.001
Heterosexual (vs. Sexual Minority)	.36***	.10	.23	.23	<.001
Religious Importance	-.02	.04	-.03	-.03	.65

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale.**p* < .05. ** *p* < .01. *** *p* < .001.

Table 5*Results from Hierarchical Regression of UIRMAS-He Didn't Mean To at Baseline*

Block	Variables Added	R^2	$F(df)$	p	$R^2\Delta$	$F\Delta$	p
1	Race/Ethnicity	.01	.85(4,235)	.49	.01	.85	.49
2	Generational Status	.03	1.23(6,233)	.29	.02	1.98	.14
3	Current Identity	.13***	3.67(9,230)	<.001	.10***	8.30	<.001
4	Empowerment Activities	.13***	3.42(10,229)	<.001	.00	1.15	.29
5	Knows SA Survivor	.13***	3.12(11,228)	<.001	.00	.25	.62
6	Personal History of SA	.14***	3.12(12,227)	<.001	.01	2.90	.09
7	Knows SA Survivor x Personal History of SA	.14***	2.91(13,226)	<.001	.00	.45	.50

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale; Current Identity = Year in School, Sexual Orientation, and Religious Importance; Empowerment Activities = total number of empowerment activities engaged in; SA = sexual assault.

Race/Ethnicity was represented as four dummy variables with Caucasian serving as the reference group. Generational status was represented as two dummy variables with third- or higher generation serving as the reference group.

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

Table 6

Last Block of Variables with Significant R² Change in UIRMAS-He Didn't Mean To at Baseline

Variable	<i>B</i>	<i>SE B</i>	β	<i>Partial r</i>	<i>p</i>
Race/Ethnicity					
Hispanic (vs. Caucasian)	.31	.24	.10	.09	.19
Black (vs. Caucasian)	.06	.22	.02	.02	.79
Asian (vs. Caucasian)	.60*	.24	.20	.16	.01
Multiracial (vs. Caucasian)	.08	.21	.03	.02	.71
Generational Status					
First (vs. Third- or higher)	-.47	.24	-.15	-.13	.05
Second (vs. Third- or higher)	-.43*	.18	-.20	-.16	.02
Year in School	-.13	.07	-.12	-.12	.07
Heterosexual (vs. Sexual Minority)	.54***	.15	.25	.24	<.001
Religious Importance	.09	.05	.11	.11	.10

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale.

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

Table 7*Results from Hierarchical Regression of UIRMAS-She Asked For It at Baseline*

Block	Variables Added	R^2	$F(df)$	p	$R^2\Delta$	$F\Delta$	p
1	Race/Ethnicity	.06**	3.41(4,235)	.01	.06**	3.41	.01
2	Generational Status	.06*	2.63(6,233)	.02	.01	1.07	.34
3	Current Identity	.09**	2.59(9,230)	.01	.03	2.40	.07
4	Empowerment Activities	.10**	2.47(10,229)	.01	.01	1.42	.23
5	Knows SA Survivor	.10*	2.28(11,228)	.01	.00	.39	.53
6	Personal History of SA	.10*	2.09(12,227)	.02	.00	.10	.75
7	Knows SA Survivor x Personal History of SA	.13**	2.54(13,226)	.00	.03**	7.32	.01

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale; Current Identity = Year in School, Sexual Orientation, and Religious Importance; Empowerment Activities = total number of empowerment activities engaged in; SA = sexual assault.

Race/Ethnicity was represented as four dummy variables with Caucasian serving as the reference group. Generational status was represented as two dummy variables with third- or higher generation serving as the reference group.

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

Table 8

Differences in Baseline UIRMAS-She Asked For It by Sexual Assault Victimization Status

Personal History of SA	Denied Knowing SA Survivor		Endorsed Knowing SA Survivor	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Denied	1.31 _{ab}	.51	1.29 _{ab}	.63
Endorsed	1.63 _a	.59	1.20 _b	.41

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale; SA = Sexual Assault.

Table 9

Last Block of Variables with Significant R² Change in UIRMAS-She Asked For It at Baseline

Variable	<i>B</i>	<i>SE B</i>	β	<i>Partial r</i>	<i>p</i>
Race/Ethnicity					
Hispanic (vs. Caucasian)	.18	.12	.11	.10	.14
Black (vs. Caucasian)	.28*	.12	.17	.16	.02
Asian (vs. Caucasian)	.39**	.13	.26	.20	.00
Multiracial (vs. Caucasian)	.09	.11	.06	.06	.41
Generational Status					
First (vs. Third- or higher)	-.03	.12	-.02	-.01	.84
Second (vs. Third- or higher)	-.17	.09	-.16	-.12	.07
Year in School	-.04	.04	-.07	-.07	.31
Heterosexual (vs. Sexual Minority)	.09	.08	.08	.08	.24
Religious Importance	.05	.03	.12	.12	.08
Empowerment Activities	-.02	.03	-.06	-.06	.38
Knows SA Survivor	.53*	.23	.50	.15	.02
Personal History of SA	.83**	.31	.77	.18	.01
Knows SA Survivor x Personal History of SA	-.47**	.17	-1.11	-.18	.01

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale; Empowerment Activities = total number of empowerment activities engaged in; SA = sexual assault.

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

Table 10

Change in UIRMAS Scores from Baseline (i.e., Time 1) to Follow-up (i.e., Time 2)

Time	She Lied		He Didn't Mean To		She Asked For It	
	<i>M(SD)</i>	<i>t(df)</i>	<i>M(SD)</i>	<i>t(df)</i>	<i>M(SD)</i>	<i>t(df)</i>
		-.77(78)		1.83(78)*		-.78(78)
Time 1	1.62 (.72)		2.43 (.99)		1.31 (.50)	
Time 2	1.67 (.72)		2.28 (.98)		1.37 (.59)	

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale.

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

Table 11*Sexual Assault Knowledge and Experiences of Participants Across Time*

Baseline	Follow-up			New Other & New Self
	No New Other & Not New Self	New Other & Not New Self	No New Other & New Self	
No Other & Not Self (<i>n</i> = 30)	27	0	2	1
Other & Not Self (<i>n</i> = 20)	16	2	1	1
No Other & Self (<i>n</i> = 6)	5	0	1	0
Other & Self (<i>n</i> = 23)	13	6	4	0
Total (<i>n</i> = 79)	61	8	8	2

Note. Other = knowledge of other with sexual assault; Self = personal experience of sexual assault.

Table 12*Results from Hierarchical Regression Predicting Time 2 UIRMAS-He Didn't Mean To*

Block	Variables Added	R^2	$F(df)$	p	$R^2\Delta$	$F\Delta$	p
1	Time 1 UIRMAS-He Didn't Mean To, Time 1 Religious Importance, Time 1 SA Experiences	.54***	28.72(3,75)	<.001	.54***	28.72	<.001
2	Race/Ethnicity	.57***	13.63(7,71)	<.001	.04	1.62	.18
3	Generational Status	.60***	11.38(9,69)	<.001	.02	2.07	.13
4	Time 2 Empowerment Activities	.60***	10.10(10,68)	<.001	.00	.00	.99
5	Time 2 SA Experiences	.61***	9.35(11,67)	<.001	.01	1.36	.25
6	Time 1 UIRMAS-He Didn't Mean To x Time 2 SA Experiences	.61***	8.45(12,66)	<.001	.00	.04	.85

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale; Time 1 = baseline; Time 2 = follow-up; Time 1 SA Experiences = knowledge of sexual assault survivor or personal history of sexual assault at Time 1; Empowerment Activities = total number of empowerment activities engaged in between Time 1 and Time 2; Time 2 SA Experiences = new knowledge of a sexual assault survivor or new personal experience of sexual assault since baseline. Race/Ethnicity was represented as four dummy variables with Caucasian serving as the reference group. Generational status was represented as two dummy variables with third- or higher generation serving as the reference group.

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

Table 13

Last Block of Variables with Significant R² Change in the Prediction of Time 2 UIRMAS-He Didn't Mean To

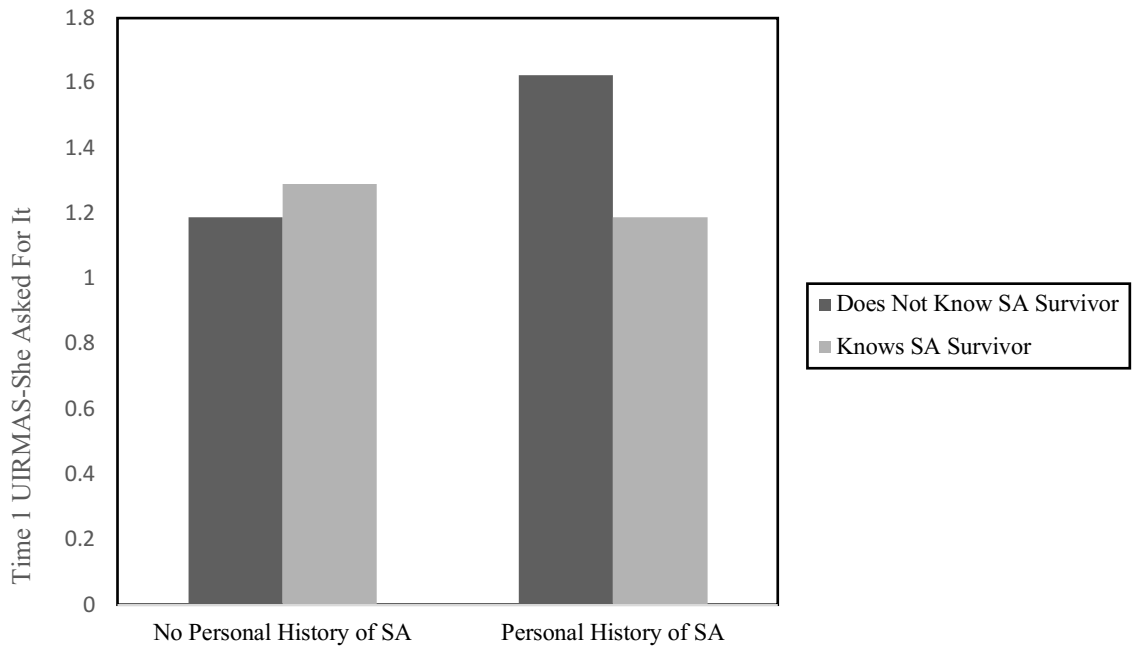
Variable	<i>B</i>	<i>SE B</i>	β	<i>Partial r</i>	<i>p</i>
Time 1 UIRMAS-He Didn't Mean To	.72***	.08	.73	.72	<.001
Time 1 Religious Importance	-.01	.07	-.02	-.02	.85
Time 1 SA Experiences	-.05	.16	-.02	-.03	.77

Note. UIRMAS = Updated Illinois Rape Myth Acceptance Scale; Time 1 = baseline; Time 2 = follow-up; Time 1 SA Experiences = knowledge of sexual assault survivor or personal history of sexual assault at Time 1.

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

Figure 1

Interaction of Knowing SA Survivor and Personal History of SA in UIRMAS-She Asked For It at Baseline



Note. SA = sexual assault; UIRMAS = Updated Illinois Rape Myth Acceptance Scale;

Time 1 = baseline.

Appendix A
Demographics Questionnaire
Baseline

How old are you? _____

What is your birth month?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

What is your gender identity?

- Male
- Female
- Non-binary
- Transgender male/Transgender man
- Transgender female/Transgender woman
- Other (please specify): _____

Which of the following best describes how you think of yourself?

- Straight or heterosexual
- Gay or Lesbian
- Bisexual
- Different orientation (please specify): _____
- Don't know/not sure

What college/university do you currently attend? _____

What is your current academic year?

- Freshman
- Sophomore
- Junior

- Senior

What is your ethnicity/race? (Please choose all that apply)

- Hispanic or Latino/a/e
- Black
- African American
- Caribbean American
- Native American or Alaska Native
- East Asian (e.g., Chinese, Korean, Japanese)
- South Asian (e.g., Indian, Pakistani, Bangladeshi)
- Southeast Asian (e.g., Filipino, Vietnamese, Cambodian)
- African
- Afro-Guyanese
- Indo-Guyanese
- Guyanese (other/not specified)
- Afro-Trinidadian
- Indo-Trinidadian
- Trinidadian (other/not specified)
- Caucasian or White
- Middle Eastern
- Native Hawaiian or other Pacific Islander
- Other (please specify): _____

What is your generational status?

- First-generation (I was born OUTSIDE the USA)
- Second-generation (I was born IN the USA and at least ONE of my parents was born OUTSIDE the USA)
- Third-and-higher generation (I was born IN the USA and BOTH of my parents were born IN the USA)

How important is your religion to you in your daily life?

- 1- Not at all important
- 2
- 3
- 4
- 5- Very important

Appendix B

Checklist of Activities Promoting Women's Rights and Sexual Assault Prevention Baseline and Follow-up

Baseline: Please choose "Yes" for any activities that you have participated in, at any point in your life. Indicate "Yes" for all that apply. If you have not participated in the activity, please choose "No."

Follow-up: Please indicate which activities you have participated in SINCE THE LAST TIME YOU COMPLETED THE SURVEY (**approximately 2-3 months ago**).

Sexual assault prevention training/bystander intervention training

- Yes
- No

Responding to sexual violence disclosure training

- Yes
- No

Affirmative consent training

- Yes
- No

Courses with a focus on women (e.g., Women's Studies, Gender Studies, Violence Against Women, Feminist Theories, Women's History)

- Yes
- No

Volunteered at a rape crisis counseling center

- Yes
- No

Attended Take Back the Night rally, It's On Us event, Clothesline Project event

- Yes
- No

Other (please specify): _____

- Yes
- No

Appendix C
 Updated Illinois Rape Myth Acceptance Scale
 (McMahon & Farmer, 2011)
 Baseline and Follow-up

Please answer each question below.

	1 Strongly disagree	2 Somewhat disagree	3 Neither agree nor disagree	4 Somewhat agree	5 Strongly agree
1. If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.					
2. When girls go to parties wearing slutty clothes, they are asking for trouble.					
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.					
4. If a girl acts like a slut, eventually she is going to get into trouble.					
5. When girls are raped, it's often because the way they said "no" was unclear.					
6. If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.					
7. When guys rape, it is usually because of their strong desire for sex.					
8. Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.					
9. Rape happens when a guy's sex drive gets out of control.					

10. If a guy is drunk, he might rape someone unintentionally.					
11. It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.					
12. If both people are drunk, it can't be rape.					
13. If a girl doesn't physically resist sex—even if protesting verbally—it can't be considered rape.					
14. If a girl doesn't physically fight back, you can't really say it was rape.					
15. A rape probably didn't happen if the girl has no bruises or marks.					
16. If the accused "rapist" doesn't have a weapon, you really can't call it a rape.					
17. If a girl doesn't say "no" she can't claim rape.					
18. A lot of times, girls who say they were raped agreed to have sex and then regret it.					
19. Rape accusations are often used as a way of getting back at guys.					
20. A lot of times, girls who say they were raped often led the guy on and then had regrets.					
21. A lot of times, girls who claim they were raped just have emotional problems.					
22. Girls who are caught cheating on their boyfriends sometimes claim that it was a rape.					

Appendix D
 Revised Sexual Experiences Survey
 (Koss et al., 2007)
 Baseline and Follow-up

Baseline: The following questions concern sexual experiences that you may have had that were unwanted. **Please indicate whether, and how many times these experiences have happened to you since age 14.** Since age 14 refers to your life starting on your 14th birthday until today. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would mark both boxes A and C.

Follow-up: The following questions concern sexual experiences that you may have had that were unwanted. Please indicate whether, and how many times these experiences have happened to you **SINCE THE LAST TIME YOU COMPLETED THE SURVEY.** If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would mark both boxes A and C.

1. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (<i>but did not attempt sexual penetration</i>) by:	Baseline: How many times since age 14? Follow-up: How many times since you last completed the survey (approximately 2-3 months ago)?			
	0	1	2	3+
Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	0	1	2	3+
Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	0	1	2	3+
Taking advantage of me when I was too drunk or out of it to stop what was happening.	0	1	2	3+
Threatening to physically harm me or someone close to me.	0	1	2	3+
Using force, for example	0	1	2	3+

holding me down with their body weight, pinning my arms, or having a weapon.				
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Baseline: To your knowledge, has this EVER happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

Follow-up: **SINCE the last time you completed the survey**, have you learned that this has **ever** happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

2. Someone had oral sex with me or made me have oral sex with them without my consent by:	Baseline: How many times since age 14?			
	Follow-up: How many times since you last completed the survey (approximately 2-3 months ago)?			
Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	0	1	2	3+
Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	0	1	2	3+
Taking advantage of me when I was too drunk or out of it to stop what was happening.	0	1	2	3+
Threatening to physically harm me or someone close to me.	0	1	2	3+
Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	0	1	2	3+

Baseline: To your knowledge, has this EVER happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

Follow-up: **SINCE the last time you completed the survey**, have you learned that this has **ever** happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

3. A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:	Baseline: How many times since age 14?			
	Follow-up: How many times since you last completed the survey (approximately 2-3 months ago)?			
Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	0	1	2	3+
Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	0	1	2	3+
Taking advantage of me when I was too drunk or out of it to stop what was happening.	0	1	2	3+
Threatening to physically harm me or someone close to me.	0	1	2	3+
Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	0	1	2	3+

Baseline: To your knowledge, has this EVER happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

Follow-up: **SINCE the last time you completed the survey**, have you learned that this has **ever** happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

4. A man put his penis into my butt, or someone inserted fingers or objects without my consent by:	Baseline: How many times since age 14? Follow-up: How many times since you last completed the survey (approximately 2-3 months ago)?			
Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	0	1	2	3+
Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	0	1	2	3+
Taking advantage of me when I was too drunk or out of it to stop what was happening.	0	1	2	3+
Threatening to physically harm me or someone close to me.	0	1	2	3+
Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	0	1	2	3+

Baseline: To your knowledge, has this EVER happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

Follow-up: **SINCE the last time you completed the survey**, have you learned that this has **ever** happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

5. Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:	Baseline: How many times since age 14? Follow-up: How many times since you last completed the survey (approximately 2-3 months ago)?			
Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	0	1	2	3+
Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	0	1	2	3+
Taking advantage of me when I was too drunk or out of it to stop what was happening.	0	1	2	3+
Threatening to physically harm me or someone close to me.	0	1	2	3+
Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	0	1	2	3+

Baseline: To your knowledge, has this EVER happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

Follow-up: **SINCE the last time you completed the survey**, have you learned that this has **ever** happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

6. Even though it didn't happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:	<p style="text-align: center;">Baseline: How many times since age 14?</p> <p style="text-align: center;">Follow-up: How many times since you last completed the survey (approximately 2-3 months ago)?</p>			
Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	0	1	2	3+
Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	0	1	2	3+
Taking advantage of me when I was too drunk or out of it to stop what was happening.	0	1	2	3+
Threatening to physically harm me or someone close to me.	0	1	2	3+
Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	0	1	2	3+

Baseline: To your knowledge, has this EVER happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

Follow-up: **SINCE the last time you completed the survey**, have you learned that this has **ever** happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

7. Even though it didn't happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:	<p style="text-align: center;">Baseline: How many times since age 14?</p> <p style="text-align: center;">Follow-up: How many times since you last completed the survey (approximately 2-3 months ago)?</p>			
Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	0	1	2	3+
Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	0	1	2	3+
Taking advantage of me when I was too drunk or out of it to stop what was happening.	0	1	2	3+
Threatening to physically harm me or someone close to me.	0	1	2	3+
Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	0	1	2	3+

Baseline: To your knowledge, has this EVER happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

Follow-up: **SINCE the last time you completed the survey**, have you learned that this has **ever** happened to a close friend or family member, or someone else you consider important to you?

- Yes
- No

Appendix E
Open-Ended Question Regarding Reasons for Nondisclosure
(Adapted from Heath et al., 2011)
Baseline

Have you told anyone about this experience/these experiences?

- Yes
- No

If No: Why did you choose not to tell anyone? _____

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Vita

Name	<i>Danielle Suzanne Citera</i>
Baccalaureate Degree	<i>Bachelor of Arts, University Pennsylvania, Philadelphia Major: Psychology</i>
Date Graduated	<i>May, 2016</i>
Other Degrees	<i>Master of Arts, St. John's U Queens, Major: Clinical Psy</i>
Date Graduated	<i>September, 2021</i>