

DEVELOPMENT AND PRELIMINARY VALIDATION OF THE GENDER  
INCLUSIVE RAPE MYTH ACCEPTANCE SCALE

A THESIS

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## DEDICATION

I would like to dedicate this thesis to several people. First, to my parents and family, for continued support throughout graduate school. To Amy, Nikki, Shayna, and the rest of the Center for Discovery staff that made doing this possible. Finally, to Megan for her support and ongoing interest in my research. Thank you all for the love and care you provide!

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## ABSTRACT

REBEKAH E. URBAN

### DEVELOPMENT AND PRELIMINARY VALIDATION OF THE GENDER INCLUSIVE RAPE MYTH ACCEPTANCE SCALE

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Current rape myth acceptance (RMA) scales are outdated and leave out the important experiences of gender diverse individuals. This researcher created the Gender Inclusive Rape Myth Acceptance Scale (GIRMA) to address limitations in the current measures.

Study One included 73 items that loaded onto one factor. Items were reduced, resulting in a final 18-item scale. Study Two tested the GIRMA against existing measures. Excellent model fit and internal consistency was found. Higher levels of endorsed sexism predicted higher scores on the GIRMA. The GIRMA had strong, positive correlations with existing measures for RMA. Demographic differences were explored; there was no difference in levels of RMA for men and women; those who identify as Asian/Asian American/Pacific Islander endorsed the highest levels of RMA; individuals with more education had higher levels of RMA.

This study adds to the field by creating an inclusive and culturally attuned measure for assessing RMA.

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## CHAPTER I

### INTRODUCTION

Rape, or any penetration of one's vagina or anus by any body part or object, penetration of one's mouth by any sex organ, or forced or coerced penetration of another person without the consent of the victim, is a social issue with far reaching consequences. Rape can have tremendous negative impacts on survivors, including emotional, physical, and mental tolls (Resick, 1993). Mental health concerns such as depression, anxiety, and Posttraumatic Stress Disorder (PTSD) are common occurrences following rape (Resick, 1993). Rape also impacts survivors financially. The lifetime cost to rape survivors in the United States is estimated to be over \$120,000 per survivor, equaling a staggering \$3.1 trillion burden in the US alone (Peterson et al., 2017). It is estimated that in 2018, more than 700,000 Americans were raped (Morgan & Oudekerk, 2019). Rape persists due to actions of individuals, but the existence of rape culture creates a climate where rape is excused and justified.

While often discussed theoretically, rape culture, or a culture that accepts rape myths (RM), normalizes sexual aggression, and excuses acts of sexual violence, has real world impacts on individuals. Baum et al. (2018) studied the relationship between rape culture and rates of rape and found regions with higher levels of rape culture in media had higher levels of actual reported rape. Furthermore, these high rape culture areas also saw less persistence by police to catch rapists (Baum et al., 2018). This shocking result

exemplifies why it is important to address rape culture at its core. One way to do this is through education that challenges and debunks RM. Before this can be done, however, we must first understand RM, how they function in society, and how they can be measured.

### **Rape Myths**

Through a feminist lens, RM can be understood to be false beliefs about rape that function to bolster hypermasculinity and protect traditional gender roles by punishing those who do not conform to them. RM create the basis for rape culture, which excuses acts of sexual violence and places blame on victims rather than perpetrators. While RM about the rape of people of all genders exist, traditional definitions and research regarding RM has been limited to RM about cisgender women. More recent developments in the field of study about rape has included cisgender men as potential victims, but research in this area is still sparse and is in need of further development (Davies, 2002; Davies et al., 2008; Javaid, 2015; Sleath & Bull, 2010).

Even more lacking than the literature regarding RM about cisgender men is literature regarding RM about transgender and gender diverse (TGD) individuals. This area is particularly understudied and little research into such RM exists. Understanding the difference between sex and gender when considering RM is crucially important. Sex assigned at birth is the assignment of male or female given to people when they are born based strictly on external genitalia (Chang et al., 2018). Conversely, gender identity is one's internal sense of gender as a man, woman, or another gender (Chang et al., 2018).

When one's gender corresponds with their sex assigned at birth, they are cisgender; when one's gender differs from their sex assigned at birth, they identify as TGD. Considering RM regarding TGD individuals separately from cisgender individuals is important because research has shown higher levels of blame assigned to victims of rape if they are depicted as TGD (Blackham, 2006; Davies & Hudson, 2011).

Overall, RM are supported by several different factors. The strongest predictor of RM is holding sexist beliefs (Suarez & Gadalla, 2010), and the relationship between RM and both hostile and benevolent sexism is well documented (Aosved & Long, 2006; Burt, 1980, Chapleau et al., 2007, 2008; Talbot et al., 2010). Men endorse higher levels of RM than women do, both for RM about women (Aosved & Long, 2006; Talbot et al., 2010; Wakelin & Long, 2003) and for RM about men (Chapleau et al., 2008; Struckman-Johnson & Struckman-Johnson, 1992, Walfield, 2018).

Heterosexism also appears to be tied to rape myth acceptance (RMA) where those with more heterosexist beliefs score higher on RM measures for myths about women (Aosved & Long, 2006; Suarez & Gadalla, 2010) and myths about men (Kassing et al., 2005). Gay men are also blamed more than their heterosexual counterparts for being raped (Ford et al., 1998; Wakelin & Long, 2003).

In studies on RMA, participants who are older tend to endorse more RM (Burt, 1980; Kassing et al., 2005; Walfield, 2018). The relationship between race and RMA is complicated and somewhat contradictory where older studies (i.e., Field, 1978; Giacomassi & Dull, 1986) suggest a racial difference in RMA but more recent studies

(i.e., Carmody & Washington, 2001) have found no significant difference. Overall, RM appear to be related to larger systems of oppression such as sexism, ageism, heterosexism, and religious intolerance (Aosved & Long, 2006; Suarez & Gadalla, 2010), and may be one tool of such oppressive systems.

### **Measurement of Rape Myths**

Formal measurements of attitudes towards rape began with Field's (1978) development of the Attitudes Towards Rape Questionnaire (ATR). RM-specific measurements emerged in 1980 with Burt's Rape Myth Acceptance Scale (RMAS). Since the development of the RMAS (Burt, 1980), researchers have been attempting to develop a psychometrically and theoretically sound measure for measuring RM. Perhaps the best scale developed to date, the Illinois Rape Myth Acceptance Scale (IRMA), was developed by Payne et al. in 1999. Both the RMAS and IRMA measure RM specifically about women.

In 1992, Struckman-Johnson and Struckman-Johnson developed the first scale to measure RM about men (MRM). Melanson (1999) also created a Male Rape Myth Acceptance Scale (MRMS) to measure these specific types of RM. The MRM (Struckman-Johnson & Struckman-Johnson, 1992) was not developed with strong psychometric properties and presented with issues with the structure (Chapleau et al., 2008). The MRMS, while reliable, presents with issues of construct validity, as items were adapted from RM about women.

All four scales are now decades old. RM are dependent on the culture in which they exist (McMahon & Farmer, 2011; Payne et al., 1999), creating a major problem for all four scales. McMahon and Farmer (2011) updated Payne et al.'s (1999) IRMA in 2011, but recent cultural changes tied to the #MeToo movement warrants a new update to the scale. To date, no scale exists for the measurement of RM about TGD individuals.

### **Statement of Purpose**

The research in any given field can only be as strong as the scales used. Because RM and rape culture are so important and far reaching, it is vital to have adequate, up-to-date measures for RM. The most popular scales in the field are now decades old. RMs are culturally bound (McMahon & Farmer, 2011; Payne et al., 1999) and culture changes over time. As time has progressed and different movements have made overt sexism less acceptable, RM have become more subtle (McMahon & Farmer, 2011). This shift is not reflected in the measurements that are still being used today. Furthermore, the #MeToo movement has had tremendous impacts on society and the way society treats issues of sexual violence (Gill & Orgad, 2018).

Due to these new developments, it is clear a new scale is needed to continue to produce quality research. In this study, I sought to ameliorate this issue by creating an updated measure of RMA. Furthermore, I sought to include the experiences of men and gender diverse individuals in this scale, as traditional RMA scales assume a female victim and a male perpetrator. While women do experience rape at higher rates than men (Centers for Disease Control and Prevention [CDC], 2015), excluding the experiences of

men in our measurements of RM perpetuates the myth that men do not experience rape. Furthermore, transgender and nonbinary individuals experience rape at the highest rates, with an estimated 47% of individuals experiencing rape during their lifetime (James et al., 2016). This study will contribute to the field by increasing the construct validity of our measurements through the creation of a single, unified scale to measure current RM about women, men, and gender diverse people.

In this thesis, I first explore the extant literature on RM and RMA, starting with an exploration of the relationship between RM and other closely related factors and demographics. This exploration includes a study of RM about women, RM about men, and RM about TGD people. I then move on to a discussion of the history of measuring RM and follow this discussion with a survey of the problem at hand. A new, culturally appropriate, and up-to-date scale was developed. Finally, I discuss the results and implications of the development of the new scale and recommend future areas of research and implications for practice.

### **Definition of Terms**

The following definitions have been operationalized for this study. A full review of definitions is discussed in the literature review.

**Rape** – Any penetration of one’s vagina or anus by any body part or object, penetration of one’s mouth by any sex organ, or forced or coerced penetration of another person without the consent of the victim.

**Sexual Violence** – “Any unwanted sexual act or activity” (Javaid, 2015, p. 272).

**Rape Myth** – Cultural beliefs about rape that function to preserve society's heteropatriarchal structure by prioritizing hypermasculinity and protecting traditional gender roles through placing blame on those who violate these norms.

**Rape Culture** – A culture that accepts rape myths, normalizes sexual aggression, and excuses acts of sexual violence.

**Rape Myth Acceptance** – Acceptance of, or belief in, cultural myths about rape that create the foundation for rape culture.

## CHAPTER II

### LITERATURE REVIEW

In this study, I understand RM through a feminist lens that recognizes sociocultural sources of power and privilege afforded to White, cisgender, heterosexual men. This framework views RM as a tool of oppression that further harms those who do not fit into the traditional definition of masculine, either by not being a cisgender heterosexual man, or by not embodying the “correct” way to be a man. Beliefs about masculinity at a cultural level that are internalized become oppressive beliefs at the individual level (Aosved & Long, 2006), and RMA is one of the tools of oppression which protects hypermasculinity. Acceptance of these myths creates the basis for rape culture, which exists to ensure male dominance (Jaffe, 2018). To fully understand how I have arrived at this framework, I first explore the history of definitions of rape and RM, discuss RMA and related constructs, and review the history of RM measurement.

#### **Definitions of Rape**

Terminology used in conversations about rape and sexual assault varies greatly depending on the context. Until recently, many definitions of rape were narrowly defined and only included the rape of females by males. In the United States, the definition of rape remained unchanged from 1927 to 2012 (United States Department of Justice [DOJ], 2012) The definition used prior to 2012 was that of “forcible rape,” or “the carnal



knowledge of a female, forcibly, and against her will” (DOJ, 2012, p. 1). This definition was exceedingly narrow and excluded men’s experiences of rape.

In 2012, the DOJ expanded the definition of rape to remove sex-specific language and include rape of people of all genders. This current definition reads as: “penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim” (DOJ, 2012, p. 2). While this definition is more inclusive, it still excludes those who are forced to penetrate another person. To fully understand rape in all of its forms, we must expand our understanding of rape to include forced penetration of any kind. In this study, I define rape as any penetration of one’s vagina or anus by any body part or object, penetration of one’s mouth by any sex organ, or forced or coerced penetration of another person without the consent of the victim. This definition, while similar to the DOJ’s definition, also recognizes and validates the impact of rape on those who are made to penetrate another without consent.

A broader understanding of sexual violence, or “any unwanted sexual act or activity” (Javaid, 2015, p. 272), includes unwanted sexual touching, groping, harassment, and many more acts. Sexual violence is an umbrella term under which rape can be housed, but it also includes many other experiences that are not rape. While these experiences often have negative impacts on their victims and are valid traumatic experiences, the scope of this study is narrower and only includes experiences of rape as defined above.

## **Definitions of Rape Myths**

It is necessary here to define exactly what is meant by RM. Throughout time, the understanding of RM in the literature has changed and evolved. Burt (1980) first defined RM as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” that create “a climate hostile to rape victims” (p. 217). This definition focused on a culture that perpetuates such beliefs and created the foundation for understanding RM. The definition, however, lacked an understanding of the motivation behind the perpetuation of such myths.

Lonsway and Fitzgerald (1994) expanded on Burt’s (1980) definition and reconceptualized RM as “attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women” (p. 134). This definition is widely used and still forms the basis of the understanding of RM often used today. With this definition, the authors began to further explore the motives behind RM and updated the definition through a feminist framework that recognized societal power differences and the role male aggression plays.

Because RM are culturally dependent, however, it is important to assess our definition and how well it fits with the current literature. One issue with Lonsway and Fitzgerald’s (1994) definition of RM is the narrow understanding of who experiences rape. While it is true women experience rape at higher rates than men (CDC, 2015), men also experience rape. By always characterizing women as the only victims of rape, we perpetuate RM rather than eradicate them (Javaid, 2015). This is important to note,

because when our understanding of RM is only confined to “male sexual aggression against women” (Lonsway & Fitzgerald, 1994, p. 134), an unspoken but important RM, that men do not experience rape, is reinforced. This understanding also overlooks the experiences of gender diverse individuals and fails to account for all who are affected by RM.

How, then, do we understand RM? Much research that has been completed since Lonsway and Fitzgerald (1994) defined RM provides insight into how we can define RM and the function they serve in society. RM are strongly tied to traditional gender roles and sex-role stereotyping (Burt, 1980; Talbot et al., 2010). That is, those who endorse higher levels of traditional gender roles also endorse more attitudes that accept and normalize rape (Talbot et al., 2010). The relationship between RMA and beliefs about sex and gender is further supported by the relationship between RMA and sexism. All kinds of sexism have been indicated as predictors of RMA (Aosved & Long, 2006; Chapleau et al., 2007, 2008). Rigidity around gender roles is related to higher victim blaming when the victim in question was seen to violate traditional gender norms (Viki & Abrams, 2002). This suggests a relationship between adherence to traditional gender roles and how much one is blamed for being raped. Benevolent sexism has also been implicated as a predictor of higher RMA for both RM about women (Chapleau et al., 2007) and RM about men (Chapleau et al., 2008), something that indicates RM serve to do more than cement men’s place over women. Furthermore, there is no difference in men’s acceptance of RM about men and RM about women (Chapleau et al., 2008). If RM were solely based

in hostility towards women, we would expect men's RMA to be stronger for RM about women than RM about men.

RM about men also further complicate the traditional understanding of RM. Similar to RM about women, RM about men have been defined as “stereotyped, prejudicial, and false beliefs about rape, offenders, and victims of rape, keeping male rape hidden” (Javaid, 2015, p. 273). This definition is similar to Burt's (1980) original definition of RM about women. Because this area of research is sparser than research regarding RM about women, not as much is known about the underpinnings of RM about men. RMA has, however been related to higher levels of heterosexism (Aosved & Long, 2006). This is particularly true specifically for RM about men (Davies et al., 2012; Kassing et al., 2005). That is, those who endorse higher levels of heterosexism also endorse higher levels of RMA regarding men. Blame for rape has also been shown to be higher when the victim in question is depicted as a gay man than a straight man (Ford et al., 1998; Wakelin & Long, 2003). This is particularly important in understanding RM because an appropriate definition of RM must take into account how RM about all genders function.

RM, instead, are related to larger systems of oppression such as racism, heterosexism, ageism, classism, and religious intolerance, as shown by Aosved and Long (2006). Understanding RMA from a broader view of intolerance and oppression requires an understanding of who benefits from RM being sustained. In Lonsway and Fitzgerald's (1994) definition, men benefit from RM because their violence towards women is

excused and minimized. We have since seen, however, that RM about men are endorsed at similar levels to RM about women (Chapleau et al., 2008). RM, then, must do more than specifically benefit men. As is seen in the relationship between sexism and RMA, sexist beliefs and endorsement of traditional gender roles underpin RMA. While RMA does somewhat benefit men, it more specifically benefits those who conform to traditional gender roles, as those who do not adhere to these expectations are blamed for their victimization (Viki & Abrams, 2002; Wakelin & Long, 2003). In this study, I define RM as cultural beliefs about rape that function to preserve society's heteropatriarchal structure by prioritizing hypermasculinity and protecting traditional gender roles through placing blame on those who violate these norms.

### **Definitions of Sex and Gender**

In this research, understanding the difference between sex and gender is important. Sex, or the designation at birth as male or female based on external genitalia (Chang et al., 2018), has traditionally been understood as synonymous with gender. Under this assumption, people are assumed to be cisgender, or have a gender identity that aligns with their sex assigned at birth (Chang et al., 2018). Gender identity, however, is one's internal sense of being a man, woman, or another gender (Chang et al., 2018) and may differ from sex assigned at birth.

Many different terms may be used for those whose gender identity is not the same as their sex assigned at birth, such as transgender, gender fluid, nonbinary, gender diverse, genderqueer, or gender-nonconforming, depending on one's identity. Here I use

the term trans or gender diverse (TGD) as an umbrella term for those with gender identities different from their sex assigned at birth. The difference between TGD and cisgender individuals is important to highlight in the discussion about RM, as studies have shown TGD individuals are blamed more for being sexually assaulted (Blackham, 2006; Davies & Hudson, 2011) and have their assaults seen as less severe (Blackham, 2006) than cisgender victims of rape.

### **Overview of Rape Myths**

In the literature, RMA has traditionally referred to RM about cisgender women only. Understanding RM requires an exploration of all kinds of RM. I first discuss RM and related constructs about cisgender women and follow this discussion with a review of the literature regarding RM about cisgender men and RM about TGD individuals. In the studies reviewed, only those specifically about TGD rape accounted for differences in sex and gender. Unless otherwise specified, no information was provided about the authors' understanding of participants' gender. Therefore, the assumption can be made that TGD identities were either not included or researchers assumed participants were cisgender individuals.

### **Rape Myth Acceptance About Cisgender Women**

As previously discussed, traditional definitions of RM assume cisgender identities of perpetrators and victims and only account for cisgender women as victims (Burt, 1980; Lonsway & Fitzgerald, 1994). These RM have served to excuse male violence and ensure men's place over women (Lonsway & Fitzgerald, 1994). I first focus my discussion on

RMA as it has been understood and explore the relationship between RMA and sexism, gender, and other correlates.

### ***Rape Myth Acceptance and Sexism for Cisgender Women***

The relationship between RMA and sexism is well documented. Burt (1980) first discovered this relationship, finding sex role stereotyping was strongly related to acceptance of RM. In a study of different kinds of intolerance and oppressive beliefs related to RMA, Aosved and Long (2006) found sexism was the strongest predictor of RMA. This result has also been supported by a meta-analysis (Suarez & Gadallara, 2010), which found that in over 37 studies, hostile beliefs about women was the belief system most strongly related to RMA. Hostile sexism, however, is not the only kind of sexism related to RMA. Those who endorse more traditional gender roles also endorse more rape accepting attitudes (Talbot et al., 2010) and benevolent sexism has also been implicated as a predictor of RMA (Chapleau et al., 2007). For women respondents, this was true for benevolently sexist beliefs about men whereas benevolently sexist beliefs about women were related to higher RMA for both men and women respondents. Higher levels of benevolent sexism have also been associated with more victim blame, especially when the victim is seen as violating traditional gender norms (Viki & Abrams, 2002).

### ***Rape Myth Acceptance and Gender for Cisgender Women***

Another important aspect of RMA is the relationship between RMA and gender. I first review research regarding RMA and gender of the respondent and then review RMA and gender of the victim and perpetrator.

**Gender of respondent for Cisgender Women.** Overall, men report higher levels of RMA than women (Aosved & Long, 2006; Talbot et al., 2010; Wakelin & Long, 2003). Women also endorse fewer rape accepting attitudes (Talbot et al., 2010) and show more victim empathy (Osman, 2011). In a meta-analysis of 37 articles studying RMA, men were found to have significantly higher levels of RMA than women. Furthermore, women have been shown to more likely believe a rape disclosure than men (Emmers-Sommer, 2017). From these data, it can be concluded that respondent gender is an important factor in levels of RMA where women are less likely to endorse rape myths.

**Gender of Victim and Perpetrator for Cisgender Women.** While the gender of the victim and perpetrator can be important factors for RMA about men, this does not appear to be an important factor in RMA about women. In fact, studies have shown no main effect for the sex of victims depicted when looking at victim blame (Ford et al., 1998). Wakelin and Long (2003) and Chapleau et al. (2008) also found the gender of the victim alone to be insignificant. For the rape of women, gender of the victim and perpetrator do not play an important role in RMA.

### ***Rape Myth Acceptance and Other Correlates for Cisgender Women***

**Rape Myth Acceptance and Heterosexism and Sexuality of Victim for Cisgender Women.** Heterosexism has also been shown to be closely related to RMA (Aosved & Long, 2006; Suarez & Gadalla, 2010). While this supports the idea of RMA being part of a larger system of oppression, the relationship between RMA and heterosexism does not always hold true when the sexuality of the victim is manipulated.



Contrary to these findings, Ford et al. (1998) found women were viewed as more at fault for their attack if they were depicted as heterosexual. Wakelin and Long (2003) had similar results, finding heterosexual women were assigned the most blame in a rape scenario. The authors suggest these levels of blame occur because of the belief the victim could be more likely to engage in consensual sex with an attacker since the sexuality of the victim indicates an attraction to men. The relationship between the sexuality of the victim and heterosexism is more clearly defined in RMA about men, which will be reviewed in the next section.

**Rape Myth Acceptance and Race for Cisgender Women.** The literature about race and RMA is sparse and somewhat contradictory. While early studies suggested Black respondents endorsed higher levels of RMA than White respondents (i.e., Field, 1978; Giacopassi & Dull, 1986), more recent studies have had different results. When looking at the difference between RMA for women, Carmody and Washington (2001) found Black women and White women showed no significant difference in levels of RMA. More recently, Baldwin-White and Elias-Lambert (2016) found White respondents were more likely to endorse RM than their non-White counterparts in a sample of social work students. These results do not paint a clear picture of the relationship between race and RMA, and more research is needed to further explicate the relationship.

**Rape Myth Acceptance and Other Related Factors for Cisgender Women.** As previously mentioned, RMA is related to other systems of intolerance and oppression. Aosved and Long (2006) found those higher in RMA were also higher in sexism, racism,

heterosexism, and religious intolerance. Similar results were found by Suarez and Gadalla (2010) in a meta-analysis in which the authors found trends of RMA being related to sexism, racism, heterosexism, classism, and ageism. These results suggest a larger basis of general acceptance of oppression underlying RMA as well as these other attitudes. Additionally, age and education seem to be important factors in RMA where those who are younger and those who have more education endorse lower levels of RMA (Burt, 1980). Now that we have explored RMA and related constructs specific to women, I move to discussing these topics related to RMA about men.

### **Rape Myth Acceptance About Cisgender Men**

There is a startling lack of research regarding men's rape and RM about men (Davies, 2002; Davies et al., 2008; Javaid, 2015; Sleath & Bull, 2010). Understanding RM about men first requires an understanding of why this lack of research exists. It has been argued this lack of research and attention to rape of men is rooted in gender role socialization and how people are socialized to view men (Javaid, 2015). Sleath and Bull (2010) also posited society's understanding of RM about men is related to traditional ideas about what defines a "real man."

Gender role socialization starts early, and masculinity norms often begin to solidify in adolescence when boys begin prioritizing physical toughness, autonomy, emotional stoicism, and heterosexual prowess (Amin et al., 2018). Adolescent boys score higher than adolescent girls in acceptance of violence, aggressive conflict solving, and aggressive modes of coping with violence (Garaigordobil et al., 2009), something that

sets the stage for what is expected from a “real man.” People often view masculinity as synonymous with strength, stoicism, and control; these notions do not match the idea of what it means to be a raped, creating discomfort and dismissal of the problem.

Furthermore, the sexual scripts people are socialized to accept assign men the role of the initiator in sexual interactions (Rossetto & Tollison, 2017). This means men are viewed as being in control during sexual encounters, something that is also counter to the role of victim during a rape. These attitudes effectively erase the existence of men’s rape and create a platform for RM about men to thrive. To explore these myths and how they are related to other constructs, I discuss RMA regarding men’s rape and sexism, gender, as well as other correlates.

### ***Rape Myth Acceptance and Sexism for Cisgender Men***

When considering the relationships between RMA about men’s rape and sexism, the relationship is similar to that found in RMA about women’s rape and sexism. That is, higher levels of sexism are related to higher levels of RMA (Chapleau et al., 2008; Davies et al., 2012). Chapleau et al. (2008) found that benevolent sexism towards men, or seemingly complimentary beliefs about how men and women are different that serve to maintain oppressive beliefs related to sex and gender, is related to higher rates of RMA. Conversely, Davies et al. (2012) found only hostile sexism, or openly hostile beliefs about a person due to their sex or gender, was related to RMA about men. More research is needed to determine what kinds of sexism are most closely related to RMA about men.

### ***Rape Myth Acceptance and Gender for Cisgender Men***

Turning to the role of gender in RMA about men, I first explore the relationship between RMA about men and gender of the respondent, followed by a discussion of RMA about men and gender of the victim and perpetrator.

#### **Rape Myth Acceptance and Gender of Respondent for Cisgender Men.**

Similarly to the relationship between gender and RMA about women, men also show higher levels of RMA about men (Chapleau et al., 2008; Struckman-Johnson & Struckman-Johnson 1992; Walfield, 2018). Struckman-Johnson and Struckman-Johnson (1992) found women to have lower levels of RMA about men and Chapleau et al. (2008) discovered men in their sample held higher levels of RMA about men. Men also hold higher levels of blame for men who are victims of rape (Davies et al., 2008). While these results can vary based on sexuality, this aspect of RMA is explored later in this section.

#### **Rape Myth Acceptance and Gender of Victim and Perpetrator for Cisgender**

**Men.** The gender of the victim and perpetrator are also important factors in RMA about men. While some studies have shown no significant difference in scenarios depicting men or women as victims (Chapleau et al., 2008; Ford et al., 1998; Wakelin & Long, 2003), gender of the perpetrator appears to have an impact on RMA and blame. While there have been significant shifts in beliefs about men and rape of men, there still is much belief that women cannot rape men (Davies, 2002). This attitude shows up in RMA levels, as RMA is higher when the perpetrator is depicted as a woman (Struckman-Johnson & Struckman-Johnson, 1992).

### ***Rape Myth Acceptance and Other Correlates for Cisgender Men***

**Rape Myth Acceptance and Sexuality of the Victim and Heterosexism for Cisgender Men.** Sexuality and heterosexism are relevant constructs in understanding RMA about men. In Ford et al.'s (1998) study, the researchers found gay men were blamed for their rape more than their straight counterparts. Wakelin and Long (2003) replicated these results, finding blame was the highest for gay men raped by men. When considering other factors, Davies et al. (2008) found slightly contrasting results where gay men raped by men were blamed more when they fought back in response to an attack whereas straight men raped by men were blamed more if they did not physically resist. These results suggest higher levels of victim blaming and RMA based on sexuality of the victim. Furthermore, RMA about men has been found to be closely tied to heterosexism (Davies et al., 2012), and Kassing et al. (2005) found heterosexism to be a positive predictor of RMA about men.

**Rape Myth Acceptance and Race for Cisgender Men.** The literature provides little insight into how race interacts with RMA regarding men's rape. One study that discussed race as a factor in RMA about men was discovered in a review of the literature. Ragouzeos (2011) found Asian/Asian-American/Pacific Islander participants endorsed the highest level of RMA about men compared to other demographic groups. More research is needed to fully understand this relationship.

**Rape Myth Acceptance and Other Related Factors for Cisgender Men.** Due to the dearth of research regarding RMA about men's rape, not as much is known about

its relationship with other factors. Kassing et al. (2005), however, studied the relationship between RMA about men's rape and other constructs, looking for positive predictors of RMA for adult men. The authors found several key predictors. Older participants endorsed higher levels of RMA while those with more education endorsed lower levels of RMA. Walfield (2018) also found that being older predicted higher rates of RMA. Kassing et al. (2005) also found men who scored higher in success, power, and competitive attitudes endorsed more RM. While research regarding RM about men is sparse, this study provides insight into possible important factors in acceptance of RM about men.

### **Rape Myths About Transgender and Gender Diverse Individuals**

While there is little research about RM regarding cisgender men, the research regarding RM and transgender, nonbinary, or gender diverse populations is even sparser. No studies specifically concerning RMA and gender diverse individuals were found. Blackham (2006) provides some insight into this area in their study on perceptions of severity and victim blame towards transgender victims of sexual assault. Blackham (2006) hypothesized that just as gay men tend to be blamed more for being sexually assaulted (Ford et al., 1998; Wakelin & Long, 2003), participants would place more blame on a victim if they were depicted as transgender. Blackham (2006) found that participants were more likely to downplay the severity of an attack when the victim was depicted as transgender and placed more blame on the victim when they were depicted as transgender. Davies and Hudson (2011) found similar results. In their study, while the

authors found no significant difference in severity based on depicted gender, participants placed more blame on individuals depicted as cross-dressing or transgender (Davies & Hudson, 2011). These findings, while isolated, indicate some RM about TGD individuals may be related to blame and severity of attack.

### **History of Rape Myth Acceptance Measurement**

Having discussed RMA for women, men, and TGD people, I now move to discuss the history of measuring RMA for these groups.

#### **Rape Myth Acceptance Regarding Cisgender Women**

Traditional measurement of RMA has solely focused on the measurement of RMA about women. There is a longer history of this measurement, which started in 1978 with Field's study on attitudes towards rape. While there have been many different RMA and related scales, I focus my discussion on the scales that have had the most impact on the field. As these scales build on each other, they are reviewed in chronological order starting with Field's (1978) scale.

#### ***Attitudes Toward Rape Questionnaire***

Field (1978) first studied attitudes towards rape, looking at a comparative analysis of different groups of individuals. In this study, Field (1978) developed the ATR to measure general attitudes towards rape. While this scale was not specific to RMA, it contained many of the attitudes that later became parts of RMA scales. In development, Field (1978) first systematically reviewed the literature to find statements about rape that are common to people's attitudes. As a result, Field (1978) came up with 75 items to

measure attitudes towards rape. In an attempt to keep the measure brief, the pool was narrowed down to 37 statements on a 6-point Likert scale.

The measure was preliminarily validated with 400 undergraduate students and the final 32-item questionnaire was later given to a sample of almost 1,500 participants from different backgrounds. Factor analysis of the scale revealed eight distinct factors: (a) women's responsibility for preventing rape; (b) sex is motive for rape; (c) rapists should be punished; (d) women's role in causing rape; (e) normality of rapists; (f) power as a motive for rape; (g) attractiveness of a woman after being raped; and (h) expected behaviors of a woman during rape. Factor analysis for the scale showed high similarity and estimated lower bounds of reliability as .62 (Field, 1978), but other psychometric properties are not provided. Many of the items do not directly measure RMA and the items are now greatly outdated.

### ***Rape Myth Acceptance Scale***

Burt (1980) developed the RMAS to study antecedents of RMA. This study was done with a random sample of over 500 adults living in Minnesota. The final scale included 19 items ranked on a 7-point Likert scale. The item-total correlations for the scale ranged from .27 to .60 and the internal consistency of the scale was .88 (Burt, 1980). Other psychometric properties were not made available. While this scale was groundbreaking at the time, the culture and attitudes surrounding RMA have since changed.



### ***General Attitudes Towards Rape***

In 1988, Larsen and Long attempted to update and improve available scales for measuring attitudes towards rape. The General Attitudes Towards Rape (GART) scale was developed using undergraduate students. The researchers started with 80 statements based on a review of the literature and consultation with experts in the field. Items were scored on a 5-point Likert scale and the researchers later narrowed the pool down to 22 items. This measure showed satisfactory internal reliability with a split-half correlation coefficient of .68 (Larson & Long, 1988). Concurrent validity was also good, ranging from .58 with Field's (1978) ATR to .63 with Burt's (1980) RMAS. While the psychometric qualities of the scale are sound, the scale was created using solely college students with sample sizes ranging from 71-256 depending on the study. This creates problems with generalizability of the scale along with issues of the scale now being outdated.

### ***Illinois Rape Myth Acceptance Scale***

By far, the most in-depth study to develop an RMA scale was done by Payne et al. (1999) in the development of the IRMA. The authors began by completing a structural investigation of RM to better understand the underlying structure and factors that contribute to RMA. The authors also argued the other scales are outdated due to lack of clarity in items and the outdated nature of the use of euphemisms in the scales (Payne et al., 1999). To avoid similar missteps, the authors chose to use a combination of technical/traditional wording and colloquial phrases. Payne et al. (1999) started with 120

items based on a literature review and expert consultation. This pool was narrowed down to 95 items across 19 categories before testing was completed.

The participants in Payne et al.'s (1999) studies were 780 undergraduate students in psychology or educational psychology. Items were scored on a 7-point Likert scale. The authors found that a unidimensional approach to understanding RMA, such as Larsen & Long's (1988) approach, was not a good fit. Additionally, a multidimensional approach also returned poor fit. Instead, the authors found RMA to be a cohesive construct that contains several distinct components. From the 95 items, the authors narrowed down the pool based on structural integrity, clarity, content coverage, reliability and content weighing, and avoidance of colloquial terminology. This resulted in the final 45 item IRMA that contained 40 RM with five filler statements (Payne et al., 1999). These components included "she asked for it," "it wasn't really rape," "he didn't mean to," "she wanted it," "she lied," "rape is a trivial event," "rape is a deviant event," and the filler items that were not scored.

Item-subscale correlations were acceptable, ranging from .41-.72. The final internal consistency was .93 with subscale coefficients ranging from .74-.84 (Payne et al., 1999). Finally, Payne et al. (1999) found the subscale to total correlations to range from .57-.74, indicating high correlation between subscales and general RMA. Overall, Payne et al.'s (1999) scale is psychometrically and theoretically sound. It remains the most highly used scale today, but issues with it persist. First, the scale was created only using college students, which limits generalizability. Second, the scale is now outdated, as it is

over 20 years old and current ideas about rape and rape myths have evolved. As Payne et al. (1999) argued, RMA is greatly dependent on the context of the culture in which it exists. Because some colloquial phrases were used during the creation of the scale, the language is now outdated and creates issues with validity.

### ***An Updated Measure for Assessing Subtle Rape Myths***

In 2011, McMahon and Farmer attempted to ameliorate the issue with RM being culture-bound by updating the IRMA. The authors argued the IRMA (Payne et al., 1999) was outdated due to it being developed decades before (McMahon & Farmer, 2011). As rape culture and sexism have been challenged more openly, RM have become more subtle and covert; current measures, however, do not reflect this change (McMahon & Farmer, 2011). To create this updated measure, the authors worked from the items in the IRMA (Payne et al., 1999), first meeting with focus groups to discuss victim blaming statements they commonly heard and to discuss reactions to the IRMA. Two focus groups were made up of undergraduate students and one was comprised of professionals who work with students regarding sexual violence (McMahon & Farmer, 2011). McMahon and Farmer (2011) started with an item pool comprised of the 45-item IRMA and worked to develop new items based on participant feedback.

Language in items was updated, three subscales were removed, and one subscale was created. A 27-item scale with four subscales was created. Following interviews with undergraduate and graduate students and a small panel of experts, McMahon and Farmer (2011) narrowed down the scale to 22 items. For validation of the scale, 951 first-year

students completed the measure. Exploratory structural equation modeling was used to verify construct validity. Internal consistency was good with a Cronbach's alpha of .87. Individual subscales alpha scores ranged from .64 to .80 (McMahon & Farmer, 2011). Because three items did not significantly load into any factors, they were dropped, bringing the final scale to 19 items. While this study effectively updated the IRMA (Payne et al., 1999), similar limitations exist such as the measure being outdated. Most of the testing for the scale was also completed with undergraduate students, which can be very different from the general population. Furthermore, recent attention to the #MeToo movement has increasingly driven overt forms of sexism and RMA underground, something that makes this measure also outdated. A full discussion about cultural changes that have occurred due to the #MeToo movement can be found at the end of this section.

### **RMA Regarding Cisgender Men**

Now that the history of scales for RMA about women has been explored, I review scales that measure RMA about men. The history of measuring myths about men's rape dates back to the early 1990s when Struckman-Johnson and Struckman-Johnson (1992) first developed the MRM. This scale was followed in 1999 by Melanson, who developed the MRMS. These two scales are evaluated for their psychometric properties as well as their fittingness with current theoretical understandings of rape of men.

### ***Male Rape Myths***

The first measure to explore RM about men's rape was the MRM scale, developed by Struckman-Johnson and Struckman-Johnson (1992). This scale was first fielded to a group of 365 college students. The scale was somewhat modeled after Field's (1978) scale and included 12 statements (Struckman-Johnson & Struckman-Johnson, 1992). These statements were scored on a 6-point Likert scale and included items both about men being raped by men and men being raped by women. Chapleau et al. (2008) explored the structure of this scale, finding a three-factor model as the best fit with myths separated into Denial, Blame, and Trauma subscales. The alpha coefficients for the three subscales ranged from .50-.82 (Chapleau et al., 2008). Chapleau et al. argued that while there is some preliminary psychometric data that makes sense for this scale, more development is needed. Chapleau et al. (2008) called for more items to be developed and for future research to explore a six-factor model that separates the three subscales by gender of the perpetrator. More work is needed to develop and validate this scale.

### ***Male Rape Myth Acceptance Scale***

Melanson (1999) sought to create a psychometrically sound measure to study RM about men. In the development of the scale, the author surveyed 303 undergraduate students. Items were taken from previous scales (i.e., Struckman-Johnson & Struckman-Johnson, 1992), created, or adapted from RM about women. The initial pool of items included 80 statements scored on a 6-point Likert scale. Using item-total correlations, agreement rates, and item-criterion correlations, the author narrowed the final set of items

to 22 (Melanson, 1999). The scale performed well psychometrically with a good internal consistency of .90 and a test-retest reliability of .89 at a four week follow-up. While psychometric properties of this scale were sound, some problems persist with the age of the scale and the fact items were derived from RM about women. Because RM about men and women are different, items that just change the gender of the victim may be insufficient to fully measure RM about men.

### **RMA Regarding Trans and Gender Diverse Individuals**

While very little literature is available on attitudes towards rape of TGD individuals, even less exists regarding the measurement of RM for this population. In a review of the literature, no scales were found that measured this construct.

### **Rationale for Proposed Study**

Through an examination of extant research on RM, it is clear the field of psychology is lacking necessary literature regarding RM about men and TGD individuals and an up-to-date measure for RM about women. Rape myths regarding cisgender men and women function similarly (Sleath & Bull, 2010), and may even be parts of a single construct (Davies et al., 2012). Rape myths stem from the same kind of oppression where, under the patriarchy, masculine heterosexism and hegemony are the top valued ideals (Javaid, 2015). Under rape culture, the experiences of survivors of rape are delegitimized by placing blame on the victim, especially when there has been a violation of traditional gender roles. This blame allows rape and sexual violence to be excused and the problem to persist through shifting responsibility from the perpetrator to the victim.

As a tool of oppression, RM function to further build up the power and privilege enjoyed by White, heterosexual, cisgender, traditionally masculine men. To better examine rape culture and the ways it impacts the lives of everyone living in it, a new scale is warranted that takes these factors into account.

Research regarding RM can only be as strong as the measures used, and our current tools are in need of an update. Current scales are outdated, do not take into account the full scope of RM, were primarily developed using undergraduate students as participants, and need further psychometric validation. Here, I outline three reasons a new, singular, RMA scale is needed:

1. There is a need for greater gender inclusivity.
2. RMA is culture bound and cultures have changed due to new ideas about gender roles and the #MeToo movement.
3. One psychometrically sound scale creates one resource to fully understand rape in its different forms.

### **Need for Gender Inclusivity**

As previously stated, the most commonly used RMA scale, the IRMA (Payne et al., 1999), functions under the assumption that women are the only victims of rape. In doing so, rape of men and gender diverse people are erased and further covered up. While women do make up the majority of those who are raped, men also experience rape and RM about men must be included in an inclusive scale. According to the 2015 National Intimate Partner and Sexual Violence Survey, approximately 21.3% of women and 2.6%

of men in the United States experience an attempted or completed rape during their lifetime (CDC, 2015). Additionally, 7.1% of men reported being forced to penetrate someone else during their lifetime, something that is still not recognized as a form of rape in traditional definitions. Looking at these numbers, it is clear rape of men does, in fact, occur. Transgender and nonbinary individuals report the highest rates of rape with a staggering 47% of participants in one study reporting being raped at some point in their life (James et al., 2016).

These reported rates are likely lower than actual rates of rape experienced by men (Davies, 2002; Javaid, 2015). Due to rape culture and self-blame, many men may be hesitant to disclose their victimization (Javaid, 2015). In a study that assessed for sexual victimization in college men, a startling 39% endorsed some kind of sexual victimization by a partner (Prospero & Fawson, 2009). This study looked at both penetration of the victim and forced penetration by the victim, either by force or verbal coercion. While limited to college men, this study shows a very different reality from the 2.6% reported in the NISVS (CDC, 2015). Continuing to exclude men and gender diverse folx from research about rape denies the reality of many people and delegitimizes their experiences. To ameliorate this problem, RM about cisgender men, as well as TGD individuals, must be included in new scales to measure this construct. Inclusion of these kinds of RM in a new scale increases construct validity, as a RMA scale must also take these experiences into account to truly measure RM.



## **Rape Myth Acceptance and Recent Cultural Changes**

Another issue with our current measures of RMA is the fact RMA is culture bound (McMahon & Farmer, 2011; Payne et al., 1999). The IRMA (Payne et al., 1999), while revolutionary for its time, is now outdated (McMahon & Farmer, 2011). The language used in this measure no longer matches the language used in popular culture and does not match the way sex and rape are now discussed (McMahon & Farmer, 2011). While McMahon and Farmer (2011) worked to update the measure in 2011 to address more subtle RM, rape culture has had a dramatic shift since the development of this updated measure.

### ***#MeToo***

The #MeToo movement changed the rhetoric surrounding discussions of rape and RM and has changed the way rape culture is played out in society. This movement had monumental impact on the way sexual violence is discussed by making it big news for the first time (Jaffe, 2018). The way the movement caught fire on social media and spread across the world revealed the prevalence and magnitude of the problem of rape in ways that had not before been done (Lee, 2018). While it may be easy to write off the movement as a momentary attention to sexual violence, there have been real impacts of the #MeToo movement. With the visibility of the movement came a societal shift to better understand the dynamics of sex and power (Gill & Orgad, 2018). Through social media actions, rape culture was directly called out and questioned (Mendes et al., 2018).

In doing so, this shift brought with it changes on many fronts including organizational, legal, policy, and cultural levels (Gill & Orgad, 2018).

It is clear the world today, especially society's attention to rape and rape culture, is very different than it was prior to the #MeToo movement. Because there have been cultural shifts, culturally-dependent measures are now outdated. As McMahon and Farmer (2011) argued in their paper, RM tend to become more subtle as rape-promoting attitudes become less socially acceptable. While victim blaming is still present in the post-#MeToo world (Lee, 2018), the forms it takes are now more subtle and need to be further explored. These cultural shifts also strengthen the call for a new RMA measure that is responsive to current rape myths.

### **Psychometric Reasons for a Single Scale**

There are also psychometric foundations for having one unified RMA scale. When studying RM about men and women, Chapleau et al. (2008) found no significant difference between levels endorsement for RM about men and RM about women. These results have also been replicated by others. Sleath and Bull (2010) discussed the many similarities between men's RM and women's RM, which further supports the need for a single measure. Finally, Davies et al. (2012) found multicollinearity problems when using both the MRMS and the IRMA. The authors argue these high rates of multicollinearity suggests these measures are part of the same construct. If there is so much overlap between RM about men and women, a single scale for measuring RM is only logical.

## **Research Questions and Hypotheses**

In this study, I sought to answer the question: Can a single, gender inclusive, scale be created for the measurement of RMA? I isolated eight hypotheses. This includes two hypotheses for Study One and six hypotheses for Study Two.

### **Study One**

The hypotheses for Study 1 are as follows:

Hypothesis One: Items from the scale will load into three distinct factors.

Hypothesis Two: Internal consistency will be satisfactory.

### **Study Two**

The hypotheses for Study 2 are as follows:

Hypothesis One: Items will load into 1 distinct factor.

Hypothesis Two: Internal consistency will be good.

Hypothesis Three: The new scale will show strong convergent validity by being positively correlated with IRMA (Payne et al., 1999) and the MRM scale (Struckman-Johnson & Struckman-Johnson, 1992)

Hypothesis Four: Higher scores on the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996) will predict higher scores on the new scale.

Hypothesis Five: Men will endorse higher levels of RMA than women.

Hypothesis Six: Higher levels of RMA will be endorsed for items about TGD individuals than for cisgender men or women.

CHAPTER III  
METHODOLOGY  
**Study One**

**Participants**

Participants were 614 adults over the age of 18 recruited from Amazon's Mechanical Turk (Mturk). Of these participants, demographic information was only collected for 356 of them due to an oversight. For participants who provided demographic information 30.1% ( $n = 107$ ) identified as women and 69.9% ( $n = 249$ ) identified as men. The average age of participants was 36.23 ( $SD = 11.20$ ). Sixty two percent ( $n = 221$ ) of participants were heterosexual, 1.7% ( $n = 6$ ) were lesbian, 0.3% ( $n = 1$ ) were gay, and 35.7% ( $n = 127$ ) were bisexual. Most participants indicated they were White (57.9%;  $n = 206$ ), 24.2% ( $n = 87$ ) identified as Black, 10.1% ( $n = 36$ ) identified as Asian/Asian American/ Pacific Islander, 2.1% ( $n = 13$ ) identified as Hispanic/Latinx, 2% ( $n = 12$ ) identified as Native American/Indigenous/Alaskan Native, and 0.2% ( $n = 1$ ) identified as biracial. For education, 5.4% ( $n = 19$ ) of participants had completed high school or equivalent, 7.4% ( $n = 26$ ) completed some college, 4.3% ( $n = 15$ ) completed a 2-year degree, 56.7% ( $n = 199$ ) completed a 4-year degree, 25.9% ( $n = 91$ ) completed a master's degree or equivalent, and 0.3% ( $n = 1$ ) had completed a doctoral degree.

## **Instrumentation**

Along with a demographic questionnaire (see Appendix A), the preliminary form of the Gender Inclusive Rape Myth Acceptance Scale (GIRMA) was used for this study. This pool of questions can be found in Appendix B.

### ***Gender Inclusive Rape Myth Acceptance Scale***

The pool of items for Study 1 included 73 items ranked on a 5-point Likert scale where higher scores indicated more RMA. In order to create a new RMA scale, several steps were taken. First, commonly used RMA scales were reviewed to look at current items. These scales included Payne et al.'s (1999) IRMA (see Appendix C), McMahon and Farmer's (2011) updated scale for subtle RM, (see Appendix D), and Struckman-Johnson and Struckman-Johnson's (1992) MRM scale (see Appendix E). New items were then created, followed by an expert consultation.

The first scale I reviewed was Payne et al.'s (1999) IRMA. This scale is often used in studies of RM and remains the hallmark of RMA research. I also reviewed McMahon and Farmer's (2011) updated IRMA for subtle RM and to consider the changes the authors made to Payne et al.'s (1999) scale. Changes to items were made and new items were created based on review of the literature and considerations that rape culture has become more subtle following the #MeToo movement.

I then reviewed Struckman-Johnson and Struckman-Johnson's (1992) MRM to assess current items and consider new items to develop. In this process, I used Chapleau et al.'s (2008) review of the scale and recommendations for further development.

Literature regarding rape myths about men was reviewed and items were created based on these recommendations.

Due to a need to consider cultural changes that have occurred since the development of these scales (e.g., the #MeToo movement; see Gill & Orgad, 2018; Jaffe, 2018; Mendes et al., 2018), I created new items that are more culturally relevant. New items were created based on current research recommendations and expert consultation from professionals in the field. The final pool of items for Study 1 can be found in Appendix B.

**Expert Consultation.** In the creation of new scale items, two expert consultations took place. For this expert consultation, I consulted with Dr. Danica Harris who has worked with both survivors and perpetrators of interpersonal violence. Expert consultation on items about TGD individuals came from Dr. Theodore Burns, who specializes in TGD issues. These experts were provided the preliminary items for the scale and each expert made recommendations on changes. Through these consultations, some new items were created and the wording of some existing items were changed.

### **Procedure**

After I gained approval from the Texas Woman's University Institutional Review Board, participants were recruited through Amazon's Mturk. This sampling method was chosen due to convenience and to avoid using college students as a sample in order to increase the generalizability of the new scale. The survey was then distributed to potential participants via an online survey on PsychData. A goal of recruiting 730 participants was

set to meet the recommendation of 10 participants per item for factor analysis (Field, 2013); a minimum of 450 participants was set to meet the goal of 6.5 participants per item as seen in development of similar scales (i.e., Payne et al., 1999). Participants first completed an informed consent document (see Appendix F) notifying them of risks and benefits of participating in this study. Participants then completed a demographic questionnaire (see Appendix A), followed by the 73-statement pool of initial items (see Appendix B).

### **Analytic Plan**

To run preliminary analyses on the new scale items, several tests were run using IBM's Statistical Package for the Social Sciences, version 25. First, a parallel analysis was run to determine how many factors should be extracted. An exploratory factor analysis was run to determine the initial factor structure. Items with low factor loadings (below .4) were removed. Furthermore, considerations were made regarding repetitive and overlapping questions to help narrow down the scale to create as concise a measure as possible while still covering major components of RM. Internal consistency was then determined.

## **Study 2**

### **Participants**

The sample was comprised of 414 adults over the age of 18 who were recruited from Mturk. Of these participants, 36.7% ( $n = 151$ ) identified as women and 63.3% ( $n = 261$ ) identified as men. The average age of participants was 34.81 ( $SD = 10.81$ ). Seventy



five percent ( $n = 312$ ) of participants were heterosexual, 2.4% ( $n = 10$ ) were lesbian, 0.5% ( $n = 2$ ) were gay, and 21% ( $n = 87$ ) were bisexual, and 0.7% ( $n = 3$ ) self-identified their sexual orientation. Most participants ( $n = 249$ ) indicated they were White (60.3%); 5.8% ( $n = 24$ ) identified as Black, 27.8% ( $n = 115$ ) identified as Asian/Asian American/Pacific Islander, 4.4% ( $n = 18$ ) identified as Hispanic/Latinx, 1% ( $n = 4$ ) identified as Native America/Indigenous/Alaskan Native, 0.5% ( $n = 2$ ) identified as multiracial, and 0.2% ( $n = 1$ ) identified as biracial. For education, 0.5% ( $n = 2$ ) indicated they had completed less than high school, 5.1% ( $n = 21$ ) of participants had completed high school or equivalent, 7.6% ( $n = 31$ ) completed some college, 5.1% ( $n = 21$ ) completed a 2-year degree, 63.2% ( $n = 259$ ) completed a 4-year degree, 16.6% ( $n = 68$ ) completed a master's degree or equivalent, and 2% ( $n = 8$ ) had completed a doctoral degree.

### **Instrumentation**

Along with a demographic questionnaire and final version of the GIRMA (see Appendix G), participants completed the IRMA (Payne et al., 1996; see Appendix C), MRM scale (Struckman-Johnson & Struckman-Johnson, 1992; see Appendix E) and the ASI (Glick & Fiske, 1996; see Appendix H).

#### ***Illinois Rape Myth Acceptance Scale Short Form***

The full IRMA is a 45-item questionnaire that measures levels of RMA for RM about women. The scale is scored on a 7-point Likert scale with higher scores indicating more RMA. Internal consistency of the scale is reported to be .93 (Payne et al., 1999). Internal consistency for subscales ranges from .74-.84 (Payne et al., 1999). The short

form version of the scale is a 20-item questionnaire. Parallel forms reliability was .97,  $p < .001$ , indicating the IRMA-SF is an excellent option for assessing rape myths while reducing test fatigue by shortening the survey. Internal consistency for the short form of the scale in this study was .96.

### ***Male Rape Myths***

This scale includes 12 statements that are scored on a 6-point Likert scale and include items both about men being raped by men and men being raped by women. Alpha coefficients for the three subscales (Denial, Blame, and Trauma) ranged from .50-.82 (Chapleau et al., 2008). In this study, internal consistency was .42 for Denial, .94 for Blame, and .40 for Trauma.

### ***Ambivalent Sexism Inventory***

The ASI measures levels of benevolent and hostile sexism. The scale consists of 22 statements scored on a 6-point Likert scale where higher scores indicate more sexism. Six studies were run in the development of the scale with internal consistency ranging from .83 - .92 (Glick & Fiske, 1996). Internal consistency with this sample was .92.

### **Procedure**

Similar to Study 1, Study 2 took place online through PsychData. Participants first completed an informed consent form and demographic information. Following these measures, participants completed the GIRMA, IRMA (Payne et al., 1999), MRM (Struckman-Johnson & Struckman-Johnson, 1992), and the ASI (Glick & Fiske, 1996).

As the GIRMA item pool was narrowed down after the first study, a goal of 300 participants was set for Study 2.

### **Analytic Plan**

Analyses for Study 2 were completed on IBM's Statistical Package for the Social Sciences version 25 and AMOS version 25. A confirmatory factor analysis was run to ensure items loaded into a single factor. Internal consistency was determined, as were item-total correlations. To determine convergent validity, correlations between the GIRMA and the IRMA (Payne et al., 1999), the MRM (Struckman-Johnson & Struckman-Johnson, 1992) and the ASI (Glick & Fiske, 1996) were completed. A regression analysis was also run to ensure the ASI (Glick & Fiske, 1996) had predictive ability with the new scale. For analysis of difference in RMA levels based on gender, groupings of cisgender men, cisgender women, and TGD people was used.

## CHAPTER IV

### RESULTS

#### **Study One**

To determine the initial factor structure of the GIRMA, an exploratory factor analysis (EFA) was conducted using maximum likelihood factoring. Initially, parallel analysis determined that a single factor should be retained. Support for Hypothesis One was not found. No rotations were performed in the EFA due to the scale being unidimensional. Only one item returned a low pattern coefficient (below .4). As such, items were trimmed based on removing repetitive and highly related items. Following several iterations of EFA, a final scale of 18 items was chosen. A single factor explained 61.76% of variance in the items, and pattern coefficients ranged from .59 to .85 (see Table 1). Support for Hypothesis Two was found, as reliability analysis indicated that the final 18 item scale had excellent internal consistency reliability,  $\alpha = .96$ . After determining the final 18 items, a second study was conducted to confirm the factorial and criterion validity of the scale.

**Table 1**

*Gender Inclusive Rape Myth Acceptance Scale exploratory factor analysis pattern coefficients*

Item	Pattern Loading
1. If a woman's boss demands she have sex with him and she complies, it's not rape.	.59
2. Only gay and bisexual men deal with rape.	.82
3. Real men can defend themselves against being raped.	.72
4. If a man becomes physiologically aroused while being raped, he must actually enjoy it.	.79
5. If both people are drunk, it can't really be rape.	.74
6. Rape usually happens when a man is sexually frustrated.	.73
7. Someone who is transgender would probably lie about being raped.	.76
8. People who don't strictly identify as men or women rarely experience rape.	.76
9. A lot of what is called "rape" today is just a misunderstanding.	.76
10. When transgender people are raped, it's not that serious.	.82
11. If someone is raped and is transgender it probably doesn't affect them very much.	.85
12. If a transgender person is raped after someone finds out they're transgender, they are partly to blame for not identifying themselves as transgender sooner.	.81
13. Adult men do not experience rape.	.81
14. Real rape leaves some kind of physical mark.	.71
15. Someone who is transgender is probably more likely to commit rape.	.79
16. If a gay man is raped by another man, it won't impact him.	.85
17. It's only rape if a woman is penetrated by a man.	.78
18. If a woman makes the first sexual advance, she is consenting to any other sexual activity.	.75

### Study Two

Overall, the sample returned a midlevel acceptance of RM ( $M = 2.72$ ,  $SD = 1.12$ ).

Item means can be found in Table 2. Items about cisgender women had the highest level

of acceptance ( $M = 2.84$ ,  $SD = 1.10$ ), followed by items about cisgender men ( $M = 2.70$ ,  $SD = 1.14$ ). Items about TGD individuals had the lowest levels of endorsement ( $M = 2.64$ ,  $SD = 1.24$ ); support for Hypothesis Six was not found. Inter-item correlations were all significant at the  $p < .001$  level and ranged from .43-.82. Item-total correlations ranged from .57 to .88 and can be found in Table 3.

**Table 2**

*Gender Inclusive Rape Myth Acceptance Scale Item Means*

Item	<i>M</i>	<i>SD</i>
1. If a woman's boss demands she have sex with him and she complies, it's not rape.	3.09	1.37
2. Only gay and bisexual men deal with rape.	2.37	1.39
3. Real men can defend themselves against being raped.	3.13	1.36
4. If a man becomes physiologically aroused while being raped, he must actually enjoy it.	2.65	1.37
5. If both people are drunk, it can't really be rape.	2.74	1.37
6. Rape usually happens when a man is sexually frustrated.	3.02	1.36
7. Someone who is transgender would probably lie about being raped.	2.68	1.34
8. People who don't strictly identify as men or women rarely experience rape.	2.67	1.38
9. A lot of what is called "rape" today is just a misunderstanding.	2.68	1.39
10. When transgender people are raped, it's not that serious.	2.49	1.41
11. If someone is raped and is transgender it probably doesn't affect them very much.	3.02	1.43
12. If a transgender person is raped after someone finds out they're transgender, they are partly to blame for not identifying themselves as transgender sooner.	2.66	1.41
13. Adult men do not experience rape.	2.53	1.34
14. Real rape leaves some kind of physical mark.	2.69	1.39
15. Someone who is transgender is probably more likely to commit rape.	2.87	1.39

16. If a gay man is raped by another man, it won't impact him.	2.53	1.42
17. It's only rape if a woman is penetrated by a man.	2.69	1.40
18. If a woman makes the first sexual advance, she is consenting to any other sexual activity.	2.87	1.31

**Table 3**

*Gender Inclusive Rape Myth Acceptance Scale item-total correlations*

Item	Item-total correlation
1. If a woman's boss demands she have sex with him and she complies, it's not rape.	.57
2. Only gay and bisexual men deal with rape.	.82
3. Real men can defend themselves against being raped.	.72
4. If a man becomes physiologically aroused while being raped, he must actually enjoy it.	.82
5. If both people are drunk, it can't really be rape.	.77
6. Rape usually happens when a man is sexually frustrated.	.73
7. Someone who is transgender would probably lie about being raped.	.81
8. People who don't strictly identify as men or women rarely experience rape.	.85
9. A lot of what is called "rape" today is just a misunderstanding.	.79
10. When transgender people are raped, it's not that serious.	.84
11. If someone is raped and is transgender it probably doesn't affect them very much.	.85
12. If a transgender person is raped after someone finds out they're transgender, they are partly to blame for not identifying themselves as transgender sooner.	.89
13. Adult men do not experience rape.	.81
14. Real rape leaves some kind of physical mark.	.67
15. Someone who is transgender is probably more likely to commit rape.	.83
16. If a gay man is raped by another man, it won't impact him.	.85
17. It's only rape if a woman is penetrated by a man.	.80
18. If a woman makes the first sexual advance, she is consenting to any other sexual activity.	.76

Confirmatory factor analysis (CFA) was conducted with AMOS 25 to further examine the factor structure of the 18 item GIRMA. Results of the CFA indicated excellent fit,  $\chi^2 = 450.6$  ( $p < .001$ ), RMSEA = .07, 90% CI [.07 - .08], CFI = .95. Specific items and standardized path coefficients are displayed in Table 4. Results of the CFA indicate a single factor for the GIRMA was a good fit for the data, supporting Hypothesis One. Internal consistency reliability analysis supported this conclusion, and Hypothesis Two,  $\alpha = .97$ .

**Table 4**

*Gender Inclusive Rape Myth Acceptance Scale confirmatory factor analysis loadings*

Item	Loading
1. If a woman's boss demands she have sex with him and she complies, it's not rape.	.56
2. Only gay and bisexual men deal with rape	.84
3. Real men can defend themselves against being raped	.72
4. If a man becomes physiologically aroused while being raped, he must actually enjoy it.	.83
5. If both people are drunk, it can't really be rape.	.78
6. Rape usually happens when a man is sexually frustrated.	.73
7. Someone who is transgender would probably lie about being raped.	.83
8. People who don't strictly identify as men or women rarely experience rape.	.86
9. A lot of what is called "rape" today is just a misunderstanding.	.80
10. When transgender people are raped, it's not that serious.	.87
11. If someone is raped and is transgender it probably doesn't affect them very much.	.88
12. If a transgender person is raped after someone finds out they're transgender, they are partly to blame for not identifying themselves as transgender sooner.	.90
13. Adult men do not experience rape.	.83
14. Real rape leaves some kind of physical mark.	.66
15. Someone who is transgender is probably more likely to commit rape.	.85



16. If a gay man is raped by another man, it won't impact him.	.87
17. It's only rape if a woman is penetrated by a man.	.81
18. If a woman makes the first sexual advance, she is consenting to any other sexual activity.	.76

Construct validity was determined by conducting correlation analysis to examine the bivariate relationship between the GIRMA, IRMA, the MRM, and the benevolent and hostile sexism scales on the ASI. All scales had strong positive correlations with the GIRMA, supporting Hypothesis Three. The IRMA was most strongly correlated with the GIRMA,  $r = .95, p < .001$ , followed by the MRM,  $r = .85, p < .001$ . Hostile sexism also had a strong positive correlation with the GIRMA,  $r = .69, p < .001$ , as did benevolent sexism,  $r = .59, p < .001$ .

Regression analysis was run to determine if the ASI had predictive ability for the GIRMA, and support for Hypothesis Four was found. The model, including both benevolent and hostile sexism, accounted for 71.8% of variance in GIRMA scores. The model was significant,  $R^2 = .72, F(2, 413) = 218.67, p < .001$ . Both predictors were significant positive predictors with hostile sexism being the stronger predictor,  $\beta = .52, t(413) = 12.13, p < .001$ . Benevolent sexism was also a positive predictor,  $\beta = .27, t(413) = 6.31, p < .001$ .

### **Demographic Comparisons**

Several analyses were run to investigate potential differences based on participants' demographic characteristics, specifically gender, race, education, and age. An independent samples *t*-test was conducted to examine gender differences on levels of

RMA due to all participants identifying as men or women. Results indicated there was no significant difference between men ( $M = 2.75$ ,  $SD = 1.12$ ) and women's ( $M = 2.66$ ,  $SD = 1.12$ ) levels of RMA, which did not support Hypothesis Five,  $t(410) = -0.76$ ,  $p = .45$ .

An ANOVA was used to examine differences among racial groups. Results indicated that there were significant differences in RMA between groups,  $F(3, 405) = 20.14$ ,  $p < .001$ . A Tukey HSD post hoc test was used due to the unequal sample sizes within groups; the test indicated participants who identified as Asian/Asian American/Pacific Islander endorsed significantly higher levels of RMA ( $M = 3.37$ ,  $SD = 0.80$ ) than White/European American participants ( $M = 2.46$ ,  $SD = 1.11$ ), Black/African American participants ( $M = 2.68$ ,  $SD = 1.16$ ), and Hispanic/Latinx participants ( $M = 2.46$ ,  $SD = 1.32$ ). No other significant differences between groups were found.

A one-way ANOVA was also run for education. Results indicated that there were significant differences in RMA between groups,  $F(4, 399) = 23.43$ ,  $p < .001$ . A Tukey HSD post hoc test was used due to the unequal sample sizes within groups; the test indicated participants who had completed a bachelor's degree ( $M = 2.94$ ,  $SD = 1.07$ ) had significantly higher levels of RMA than those who had completed high school ( $M = 1.58$ ,  $SD = 0.58$ ), some college ( $M = 1.85$ ,  $SD = 0.99$ ), or an associate's degree or equivalent ( $M = 1.67$ ,  $SD = 0.65$ ). Those with a master's degree or equivalent ( $M = 3.08$ ,  $SD = 0.95$ ) also had significantly higher levels of RMA endorsement than those with education less than a bachelor's degree. No significant difference between those with a bachelor's and master's degree was found.

Finally, a correlation analysis was used to examine the relationship between age and RMA. Results indicated there was a weak, negative relationship between age and RMA,  $r = -.11$ ,  $p = .03$ , indicating younger participants tended to report lower levels of RMA.

## CHAPTER V

### DISCUSSION

This study sought to develop a new, culturally attuned, RMA scale that includes myths regarding the experiences of not only cisgender women, but cisgender men, transgender, and gender diverse people. In order to do this, I consulted existing scales and experts in the field. The two studies conducted resulted in a concise, 18-item scale, the GIRMA. This is the first known RMA measure to include the experiences of people of all genders, as well as the most up-to-date scale today. Furthermore, the GIRMA was developed using samples from Mturk instead of college-based sampling, making the scale more generalizable.

The combined results of Study 1 and Study 2 suggest the GIRMA is a good measure for understanding one's level of acceptance of RM. While Study 1 began with 73 items, careful trimming of repetitive items resulted in a final 18 items that encompass several different areas of RMA. The CFA, performed with the final 18-item scale, indicated the single factor approach for understanding RMA had good fit. Furthermore, internal consistency indicated the scale was reliable.

As expected, the scale was positively correlated with both Payne et al.'s (1999) IRMA and Struckman-Johnson and Struckman-Johnson's (1992) MRM. These relationships help establish construct validity for the new scale. The scale was also positively correlated with both hostile and benevolent sexism, constructs related to RMA.

## **Integration with Previous Research**

The exploration of the structure of some previous scales have indicated multiple factors; other researchers have found a single factor. While I originally expected multiple factors to be present based on the inclusion of people of all genders, there is extant research that makes the finding of a single factor for the GIRMA unsurprising. As previously mentioned, both Chapleau et al. (2008) and Sleath and Bull (2010) have commented on the similarities between RM about cisgender men and women. Chapleau et al. (2008) have suggested the two may be one single construct, something that was supported by multicollinearity issues encountered by Davies et al. (2012) when trying to use both the IRMA and the MRMS.

In Study 1, parallel analysis indicated only a single factor was present in the GIRMA, despite the inclusion of myths about people of all genders. The EFA in Study 1 and the CFA in Study 2 further supported this finding, offering good evidence of a single factor for RMA despite the inclusion of rape myths about people of all genders.

Consistent with previous research and findings of studies using previous scales (Chapleau et al., 2007), sexism (measured using the ASI) showed predictive ability on the GIRMA. This finding also helps establish construct validity and indicates that the scale, while different from existing scales, still performs similarly when used with other measures that have been empirically linked to RMA.

Somewhat unexpectedly, levels of RMA regarding items about TGD individuals had the lowest means, while RMA regarding women had the highest mean. While I

expected the items regarding TGD individuals to have the most support, there are possible reasons for these results. First, the items about TGD individuals are the first of their kind and therefore have not undergone as many rounds of edits as items about cisgender women, who have been under development for decades. As RMA has become more subtle (McMahon & Farmer, 2011), the lower level of support for items about TGD individuals may be because these items are not as nuanced. Furthermore, sexism against women has been shown to be the strongest predictor of RMA (Aosved & Long, 2006; Suarez & Gadalla, 2010). Because of this, levels of RMA for items about cisgender women may continue to be the most believed.

### **Demographic Differences**

Recent scholarship regarding RMA has also explored the difference in levels of RMA across demographic groups. For this study, I isolated gender, education, race, and age as demographic groups to explore. Previous research has consistently indicated men endorse higher levels of RMA than women (Aosved & Long, 2006; Talbot et al., 2010; Wakelin & Long, 2003). This study, however, found no significant gender differences. This finding was somewhat surprising, as I expected men in Study 2 to have higher levels of RMA.

Multiple reasons may exist for this finding. First, while many previous studies have used college students as their sample, U.S. adults who complete tasks on Mturk were used for these studies. These two groups may differ in ways that impacted this finding. Samples with college students may be younger than this sample, which may, in

part, impact these findings. As items were inclusive of people of all genders, the items themselves may have also resulted in this difference. Previous research has shown men are more likely to feel empathy for hypothetical rape victims when they are portrayed as men (Foubert & Newberry, 2006), so having items about people of all genders may have made it easier for men in the study to relate to the experiences and have lower acceptance of the RMs.

Another surprising result of Study 2 was the finding that respondents with higher levels of education scored higher on the GIRMA. Previous research has indicated education is negatively correlated with RMA (Burt, 1980), making these findings also novel. The unknown differences between Mturk participants and the general population could be impacting this finding as well. Additionally, the sample for Study 2 had more people with bachelor's and advanced degrees; groups for education lower than a bachelor's degree were small, potentially skewing the results of the ANOVA.

Race was also explored as a potential driver for differences in RMA. While previous studies have had mixed results (i.e., Baldwin-White & Elias-Lambert, 2016; Field, 1978; Giacopassi & Dull, 1986), this study found those who identify as Asian/Asian America/Pacific Islander have higher levels of RMA. This is supported by Ragouzeos's (2011) finding that the highest level of RMA about cisgender men was in participants from this group. More research is needed to support these findings and determine if racial differences in levels of RMA are tied to endorsement of traditional gender roles. Age has also been implicated as a demographic factor that influences RMA

(Burt, 1980; Walfield, 2018). In this study, those who were younger endorsed lower levels of RMA, as was expected, as younger individuals tend to have more fluid understandings of some constructs that support RMA, such as gender roles (Akotia & Anum, 2012).

### **Limitations and Strengths**

While these studies greatly expanded the RMA literature by creating a new, gender inclusive scale using a sample other than college students, limitations still exist. First, the GIRMA, like other RMA scales, is a self-report scale. Social desirability bias may be at play and suppress actual levels of RMA. Furthermore, using Mturk workers as a population is not fully representative of the general adult population in the United States. While Mturk workers were chosen to broaden the scope of the scale beyond college students, limitations with this chosen method of sampling still exist. Men and those with more education were still overrepresented in our samples, which may somewhat limit generalizability. Finally, only two studies were conducted using new items. Future studies are needed to continue exploring the validity and reliability of the GIRMA.

These studies have provided new options for research regarding RMA through the creation of the GIRMA. This new scale allows for a fuller measure of RMA that exists by including the experiences of people of all genders. Additionally, the scale measures these constructs in a brief and concise way; the ability to use this scale in studies with less of an impact on test fatigue offers researchers a valuable new tool. Other strengths of this study



include large sample sizes in each study and a racially diverse sample that makes the results of the study more generalizable.

### **Implications for Practice and Applied Use**

While the utility of the GIRMA in clinical settings may be limited, the brevity of the GIRMA allows for a quick screening of RMA that may be useful in psychoeducation. For example, the scale may be used for educational purposes for perpetrators of sexual violence in intervention programs. Because belief in RMs perpetuates rape culture, addressing beliefs about rape at their core could be a key component of work with this population.

This scale also has the potential to be useful in the field of prevention work for sexual assault and rape, particularly on college campuses. Many interventions that aim to prevent sexual assault and rape on college and high school campuses focus on decreasing RMA (i.e., Fay & Medway, 2006; Lonsway et al., 1998). In these interventions, scales such as the GIRMA are often used in a pretest/posttest manner to gauge the effectiveness of the intervention. As such, the development of the GIRMA presents a way for clinicians working in the field of prevention to easily measure RMA in a more holistic way that is more sensitive to current beliefs core to rape culture. With the use of the GIRMA, more nuanced or specific RMs may be more prevalent in certain groups at the pretest. Because this scale is more sensitive to the current culture and includes experiences of people of all genders, there is the possibility new prevention programs may be developed based on this research and future research completed using the GIRMA.

The GIRMA may also be used in clinical training and personal and professional growth for clinicians. As clinicians, we are called to examine our own biases and potentially harmful beliefs. The GIRMA could be used as a tool to help training clinicians gain insight into the level of RMA they personally endorse, opening the door to further examination of biases about rape and the role the individual plays in perpetuating rape culture. Clinicians may also use the GIRMA to educate themselves on current myths their clients who are survivors may face from family, friends, and the larger culture. While it is not a replacement for clients' lived experiences, this scale offers the most recent compilation of rape myths that people of all genders may encounter. Being familiar with these myths can aid clinicians in better understanding the experiences of their clients and the blaming attitudes their clients may face. Additionally, clinicians may use this scale as a tool for understanding what language is used concerning rape myths and how they may best discuss rape myths with people of all genders.

Finally, the GIRMA may be used in educational settings for undergraduate or graduate courses, specifically courses focusing on trauma, interpersonal violence, or gender. The inclusive nature of the scale offers students insight into the experiences people of all genders may have as survivors of sexual assault. This scale can be used in such courses as a measure of students' own beliefs, similar to the way it may be used for clinicians. It may also be useful in prompting discussion about common RMs and rape culture, discussion about the varying and yet similar experiences of people of all genders, as a way to educate students about the prevalence of rape culture and RMA, or in a

classroom activity examining the relationship between rape culture and traditional gender roles.

### **Implications for Future Research**

The development of the GIRMA invites a new generation of research regarding RMA and rape culture. As previously noted, this is the first RMA scale to date to include the experiences of TGD individuals. As research into the broader experiences of gender diverse individuals expands, research in the area of sexual violence may also be included. This is particularly important, as transgender and nonbinary individuals report the highest lifetime prevalence of sexual violence (James et al., 2016). It is vital for researchers to be able to measure attitudes about sexual violence against TGD individuals to better prepare prevention and intervention efforts.

The use of the GIRMA in the future further helps close the gap in research that is inclusive of people of all genders. It is important the field moves beyond the gender binary in both research and practice, and the use of the GIRMA in RMA research can help usher in this much needed change for inclusivity. Future research using the GIRMA may also have greater validity, as this scale more fully measures RMA in all the ways it exists.

The development of the GIRMA also offers future research a more accurate way of measuring RMA in light of recent cultural changes (e.g., the #MeToo movement; Gill & Orgad, 2018; Jaffe, 2018; Mendes et al., 2018). As previously noted, these cultural shifts have rendered previous iterations of RMA scales outdated, as RMA scales are

bound to the culture in which they are developed (McMahon & Farmer, 2011). The GIRMA, therefore, creates a more accurate way of measuring what levels of RMA may actually be present in different individuals today. Future studies may use the GIRMA in place of multiple RMA measures that include experiences about men and women. This would decrease the number of questions needed to assess RMs in all the forms they take, as well as offer a newer model of understanding RMA and measuring RMA.

Future research is needed to offer additional support for the GIRMA. While the two studies conducted here offer preliminary validation, using samples with broader differences in demographic factors is necessary. Validation of the scale with populations outside of the United States may prove useful, as cross-cultural validation of a scale is necessary before using it with other groups. Use of the scale with college populations would also be beneficial to determine if the GIRMA can detect RMA in this sample. As many prevention efforts are aimed at young adults, validation with samples from this population would be important before using the scale in this way. Furthermore, because cisgender men and those with more education were overrepresented in these studies, samples with more women and those without a bachelor's degree or higher are also needed. Studies examining validity in these groups would further support broad use of the GIRMA and help establish the GIRMA as a new, useful tool for the field. A study examining the test-retest reliability of the scale would help further support the reliability of the scale, as test-retest reliability has yet to be established.

## **Conclusion**

The GIRMA is the first instrument to capture RM that exist about cisgender women, cisgender men, transgender, and gender diverse individuals. Because rape is an issue that impacts people of all genders, a scale that reflects this reality was desperately needed. Previously, research regarding RMA has been primarily limited to experiences of cisgender women with fewer studies on cisgender men and almost a complete lack of studies regarding transgender and gender diverse individuals. These disparities in research leaves clinicians and researchers without an accurate understanding of how rape myths impact a large portion of the population. The development of this scale opens the field to assessing for RMA more accurately and concisely and in a way that is more relevant to current culture and climate following movements such as #MeToo.

In the two studies conducted, adults who were workers on Mturk completed the survey with over 600 participants in Study 1 and over 400 participants in Study 2. These numbers, along with choosing to not use a college student population, increases the generalizability of the scale and offers promise in future studies to validate the scale for use with other populations. These studies have offered preliminary validation of the structure, reliability, and validity of the GIRMA. While more studies are needed, this scale creates the opportunity to continue research in the area of RMA, a field of study vital to understanding and decrease attitudes that create rape culture.

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## APPENDIX A

### Demographic Questionnaire

## Demographic Questionnaire

Please respond to the following questions in a way that best describes you.

1. Age \_\_\_\_\_.

2. Gender

\_\_\_\_\_ Woman

\_\_\_\_\_ Man

\_\_\_\_\_ Trans man

\_\_\_\_\_ Trans woman

\_\_\_\_\_ Non-binary

\_\_\_\_\_ Self-identify: \_\_\_\_\_

3. Sexual Orientation

\_\_\_\_\_ Heterosexual

\_\_\_\_\_ Lesbian

\_\_\_\_\_ Gay

\_\_\_\_\_ Bisexual

\_\_\_\_\_ Queer

\_\_\_\_\_ Self-identify: \_\_\_\_\_

4. Your highest Degree earned:

\_\_\_\_\_ Less than high school

\_\_\_\_\_ High school

\_\_\_\_\_ Some college

\_\_\_\_\_ Associate's (2-year) degree

\_\_\_\_\_ Bachelor's (4-year) degree

\_\_\_\_\_ Master's degree

\_\_\_\_\_ Doctoral degree or equivalent (Ph.D., M.D., J.D.)

5. Ethnicity

\_\_\_\_\_ White/European American

\_\_\_\_\_ Black/African American

\_\_\_\_\_ Asian/Asian American/Pacific Islander

\_\_\_\_\_ Hispanic/Latinx

\_\_\_\_\_ Native American/Indigenous/Alaskan Native

\_\_\_\_\_ Biracial

\_\_\_\_\_ Multiracial

\_\_\_\_\_ Self-identify: \_\_\_\_\_

## APPENDIX B

### Original Gender Inclusive Rape Myth Acceptance Scale (GIRMA) Items



### Original Gender Inclusive Rape Myth Acceptance (GIRMA) Scale Items

1. Adult men do not experience rape
2. It is unlikely a woman would rape a man
3. Men only need to worry about being raped if they go to prison
4. Rape isn't an issue for men
5. Women don't rape men
6. Straight men aren't impacted by rape
7. Only gay and bisexual men deal with rape
8. A man is only raped if he is penetrated by another man.
9. Men raped by other men should have fought back harder
10. Men who are raped must have done something to put themselves in a bad situation
11. Gay men shouldn't be surprised if they are raped
12. If a man is raped by a woman it is because he is weak
13. Real men can defend themselves from being raped
14. If a man becomes physiologically aroused while being raped, he must actually enjoy it
15. A man who is raped by a woman didn't do enough to stop her
16. Men raped while drunk should still be able to prevent their rape
17. Men aren't negatively impacted by being forced to have sex with a woman
18. Most men raped by women don't need therapy afterwards
19. If a gay man is raped by another man it won't impact him
20. A man raped by another man probably wouldn't need therapy after
21. If his attacker didn't use a weapon, a man wasn't raped
22. A woman cannot force a man to have sex with her without using a weapon
23. Saying no doesn't mean a man was raped if he didn't fight back
24. A man pressured into sex wasn't raped
25. If a man's boss demands he have sex with them and he complies, it is not rape
26. Without the threat of physical violence, a man cannot be raped
27. Rape usually happens when a man is sexually frustrated
28. Men don't usually mean to rape, they just get caught up in the moment.
29. A man might rape someone unintentionally if he is drunk
30. Men who force women into sex just have a high sex drive
31. If both people are drunk, it can't really be rape
32. Alcohol might make men who aren't really rapists sexually aggressive
33. A man might pressure a woman into sex because he thinks she's just playing hard to get
34. Women who are raped while drunk should have been more careful

35. If a woman is dressed provocatively, she's asking for trouble
36. A woman who chooses to go home with someone she just met is responsible for putting herself in a dangerous situation
37. If a woman makes the first sexual advance, she is consenting to any other sexual activity
38. If a woman is hooking up with a lot of guys, it is inevitable that she will be raped
39. If a woman knows the risk of hooking up with strangers and does it anyway, she's somewhat responsible for being raped
40. A lot of what is called "rape" today is just a misunderstanding
41. If a woman doesn't clearly say no, it's not rape
42. If a woman's boss demands she have sex with him and she complies, it's not rape
43. If a man doesn't use a weapon or threaten physical violence, it's not really rape
44. Real rape leaves some kind of physical mark
45. If a man can convince a woman to have sex after she says no, she can't call it rape
46. Women who say they were raped often consented and then regretted it
47. Women often accuse men of rape to punish them
48. Women with multiple sexual partners often lie about being raped to get out of trouble
49. Women who claimed they were raped often led the guy on and later regretted it
50. Women will sometimes say they were raped for attention
51. Women who claim they were raped are often just trying to ruin a guy's life
52. Women cannot be raped by other women
53. Only heterosexual women are raped
54. It's only rape if a woman is penetrated by a man
55. Transgender people who are raped usually did something to provoke their attacker
56. If a transgender person is raped after someone finds out they're transgender, they are partly to blame for not identifying themselves as transgender sooner
57. Transgender people shouldn't be surprised if they are raped
58. Someone who doesn't identify strictly as a man or woman probably encouraged their rape
59. Someone who doesn't identify strictly as a man or woman shouldn't be surprised if they are raped
60. Transgender people who are raped probably did something to put themselves in that situation
61. If someone who doesn't identify as a man or woman is raped, they probably put themselves in a bad situation
62. Someone who is transgender is probably more likely to commit rape
63. Someone who doesn't identify as a man or woman is probably more likely to commit rape

64. I wouldn't be surprised to find out a rapist is transgender
65. Finding out someone who is transgender is a rapist wouldn't be surprising to me
66. Someone who does not identify as a man or woman is more likely to be a rapist than be raped
67. When transgender people are raped, it's not that serious
68. People who don't strictly identify as men or women rarely experience
69. Transgender people are rarely raped
70. If someone is raped and is transgender it probably doesn't affect them very much
71. If someone who doesn't identify as a man or woman is raped it probably doesn't affect them very much
72. Someone who is transgender would probably lie about being raped
73. Someone who is transgender probably doesn't need support after being raped.

APPENDIX C

Illinois Rape Myth Acceptance Scale (IRMA), Short Form

Illinois Rape Myth Acceptance Scale, Short Form (Payne et al., 1999)

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## APPENDIX D

### An Updated Measure for Assessing Subtle Rape Myths

An Updated Measure for Assessing Subtle Rape Myths (McMahon & Farmer, 2011)

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APPENDIX E  
Male Rape Myths (MRM)



Male Rape Myths (Struckman-Johnson & Struckman-Johnson, 1992)

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APPENDIX F  
Informed Consent

TEXAS WOMAN'S UNIVERSITY  
CONSENT TO PARTICIPATE IN RESEARCH

Measuring Attitudes About Sexual Assault

Primary Investigator: Rebekah Urban; [rurban@twu.edu](mailto:rurban@twu.edu); 903-435-2385

Faculty Advisor: Claudia Porras Pyland, PhD.; [cporras@twu.edu](mailto:cporras@twu.edu); 940-898-2312

**Key Information:** This study is being conducted for research to measure attitudes about sexual assault. By participating in the study, you will be asked to respond to statements based on how much you agree or disagree with the statement. The time commitment to complete the study is approximately 20 minutes. Participation is voluntary. Risks and benefits of participating in this study will be discussed below.

**Study Description:** In this study, you will respond to an online survey. Statements will be presented and you will select an answer choice indicating how much you agree or disagree with each statement. You will also be asked to provide basic demographic information. The study should take approximately 20 minutes to complete. Participation is voluntary and you may withdraw at any time.

**Potential risks and Benefits:** Potential risks for the study include loss of confidentiality and being exposed to potentially upsetting statements about sexual assault. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions. Personal identifiable private information will not be collected, and confidentiality will be protected to the extent that is allowed by law. As you will be reading statements you may or may not agree with, there is also the risk of being upset by the opinions expressed in the study. Your participation in this study will help contribute to gaps in the literature related to sexual assault. For completing the study, you will be compensated with course credit if you are a student or \$1.50 if you are an Mturk participant.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research. If you have any questions about the research study, you should ask the researcher or her advisor; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at [IRB@twu.edu](mailto:IRB@twu.edu).

By continuing with this survey, you are affirming you are 18 years old or older and have read and agree to the terms of this informed consent document.

## APPENDIX G

### Gender Inclusive Rape Myth Acceptance Scale (GIRMA)

### The Gender Inclusive Rape Myth Acceptance Scale (GIRMA)

1. If a woman's boss demands she have sex with him and she complies, it's not rape
2. Only gay and bisexual men deal with rape
3. Real men can defend themselves against being raped
4. If a man becomes physiologically aroused while being raped, he must actually enjoy it
5. If both people are drunk, it can't really be rape
6. Rape usually happens when a man is sexually frustrated
7. Someone who is transgender would probably lie about being raped
8. People who don't strictly identify as men or women rarely experience rape
9. A lot of what is called "rape" today is just a misunderstanding
10. When transgender people are raped, it's not that serious
11. If someone is raped and is transgender it probably doesn't affect them very much
12. If a transgender person is raped after someone finds out they're transgender, they are partly to blame for not identifying themselves as transgender sooner
13. Adult men do not experience rape
14. Real rape leaves some kind of physical mark
15. Someone who is transgender is probably more likely to commit rape
16. If a gay man is raped by another man it won't impact him
17. It's only rape if a woman is penetrated by a man
18. If a woman makes the first sexual advance, she is consenting to any other sexual activity

APPENDIX H

Ambivalent Sexism Inventory (ASI)

Ambivalent Sexism Inventory (Glick & Fiske, 1996)

**This scale is protected by copyright.**