8-2022

Rape Myth Acceptance and Acknowledgment: Predictors of Disclosing Sexual Assault and Service-Seeking Among College Students

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Rape Myth Acceptance and Acknowledgment: Predictors of Disclosing Sexual Assault and Service-Seeking Among College Students

A DISSERTATION

Submitted to the Faculty of

Montclair State University in partial fulfillment

of the requirements

for the degree of Doctor of Philosophy

by

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Montclair, NJ

August 2022

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MONTCLAIR STATE UNIVERSITY

THE GRADUATE SCHOOL

DISSERTATION APPROVAL

We hereby approve the Dissertation

Rape Myth Acceptance and Acknowledgment: Predictors of Disclosing Sexual Assault and Service-Seeking Among College Students

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8/10/22

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Abstract

Sexual assault is highly prevalent on college campuses in the United States (U.S.), such that college students are at high risk for sexual victimization. Furthermore, while the disclosure rates to informal sources are more prevalent, disclosure to formal sources (e.g., legal authorities and university staff) and mental health service use of college students who have experienced sexual assault are low. As such, understanding the factors that either facilitate or hinder disclosure and service-seeking is of critical importance. Research has identified rape myth acceptance (RMA) and acknowledgment of the victimization (i.e., whether the survivor labels their experience as sexual assault) as two factors that shape the likelihood of whether a college survivor will disclose the incident or seek mental health services post-assault. The present study, therefore, focused on two aims: 1) to examine whether levels of RMA and acknowledgment are predictive of disclosing sexual assault and mental health service-seeking behaviors among college student survivors, and 2) to assess the indirect effects of RMA on disclosing the incident or seeking services for the assault via acknowledgment. Results identified RMA and acknowledgment as predictors of disclosure and service-seeking behaviors. Additionally, analyses provided evidence that certain types of rape myths are predictive of the outcomes. Results did not provide supporting evidence for the indirect effect of RMA on disclosure and service-seeking via acknowledgment. Implications for prevention, advocacy, and clinical practice, as well as future directions for research, are provided.

Keywords: sexual assault, rape myth acceptance, acknowledgment, disclosure, mental health, service utilization

Acknowledgments

I am overwhelmed with gratitude for the mentorship, guidance, and unwavering support of Dr. Sarah R. Lowe. It means the world to me that you have remained diligent and consistent in mentoring me for the past five years. Without your faith in me and genuine interest in my development, I would not be where I'm at today on my professional path. You are truly an inspiration and have made the largest impression in my life. I would also like to thank Dr. Kate Walsh, who has fueled my interest in this area of research and has nurtured my passion. I am grateful for your eagerness to consult and present me with opportunities to be actively involved in research efforts surrounding this area of interest. I would like to give special thanks to my dissertation chair, Dr. Joshua Sandry, for creating an academic home for me that has fostered my autonomy, growth, leadership, and research interests. You have been genuine, thoughtful, and understanding every step of the way. To Dr. Dan Simonet, thank you for providing support and crucial feedback on this project.

To my family. Words cannot suffice in describing the love and gratitude that I have for you all. However, I hope these words can give you a glimpse of how much your unconditional love and support mean to me. My dear family, you have been monumental in shaping who I am and what I do. To my papi, Efren, you have provided me with such a fruitful life. You have instilled in me what it means to have faith, persevere, be flexible, and always seek out life's opportunities. Because of the foundation you have laid for me, I continue to push myself and forge the path to becoming the woman God created me to be. To my momma, Ana, you always make me feel heard, strong, and confident. You inspire me to be kind, giving, creative, to have fun in all that I do, and to always see the positives in life. To my siblings, Bito, Kayla, and Bella, you push me to be the best version of a big sister that I can be, while also reminding me to not take life so seriously.

I would also like to express my deepest gratitude to my best friend and the love of my life, Zach. You have always been by my side. I cannot thank you enough for your persistent support, understanding, humor, and love that always keep me going. You remind me to slow down and restore balance in life. You have made countless sacrifices to support my journey, including multiple moves and job transitions, and have weathered the waves of emotions and stress that have come as a result. I would not be able to do what I do if you were not by my side.

Lastly, I would like to acknowledge my incredible circle of friends who persistently check in on me, hype me up, wreck my imposter syndrome, and remind me to stay true to myself. A special thanks to my "core" friends who made New Jersey my second home. Thank you for always validating me and knowing what to say to me, for giving me a sense of belonging, for being nonjudgmental, for making me laugh, and more importantly, for making me feel loved. You three have been the epitome of friends.

Dedication

This dissertation is dedicated to the student body at Montclair State University. It is because of your willingness, vulnerability, and altruism, that this project has come to fruition. To survivors of sexual violence, your voice matters, and you are not alone.

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Chapter One: Introduction

Sexual assault is a significant problem on college campuses in the United States (U.S.). An estimated 20-25% of women and 7-11% of men experience attempted or completed sexual assault during their college term (Conley et al., 2017; Fedina et al., 2016; Muehlenhard et al., 2017). Sexual assault is conceptualized as any unwanted sexualized touching as well as oral, anal, or vaginal penetration obtained via verbal coercion, physical force, or drug/alcohol incapacitation. Research has documented the negative effects of sexual assault on an individual's mental health. For example, findings from a meta-analysis demonstrate that survivors of sexual assault report significantly greater adverse mental health outcomes, including an increased risk for posttraumatic stress and suicidality, compared to individuals who have not experienced sexual assault (Dworkin et al., 2017). The #MeToo movement and high-profile news stories of sexual assault hearings (e.g., Brett Kavanaugh; Edwards, 2018) have led to an increase in public awareness about sexual assault and the psychological impact of experiencing sexual violence. However, most sexual assault survivors do not seek mental health services after their sexual victimization (Wolitzky-Taylor et al., 2011), despite extensive literature documenting wide-ranging and pernicious mental health outcomes (for review see Dworkin et al., 2017).

Regardless of the growing attention that unwanted sexual experiences have garnered through the #MeToo movement and media coverage, sexual assault remains the most underreported crime. Data from the U.S. Department of Justice indicate that women between the ages of 18 and 24 consistently experience higher rates of sexual victimization than women in any other age bracket (U.S. Department of Justice, Bureau of Justice Statistics, 2018). While nonstudents (7.6 per 1,000) experienced sexual assault at a higher rate than college students (6.1 per 1,000), a higher percentage of nonstudents (33%) relative to college students (20%) reported

their victimization to the police (Sinozich & Langton, 2014). As such, rates of formal disclosure (i.e., police, legal sources, or campus authorities) are infrequent (Sabina & Ho, 2014), with less than a quarter of undergraduate college sexual assault survivors reporting incidents of sexual assault to legal authorities (Sable et al., 2006; Stotzer & MacCartney, 2016; Wolitzky-Taylor et al., 2011). However, research demonstrates that most survivors chose to disclose their sexual assault to confidants (i.e., friends, family, or other informal sources of support), such that informal disclosure rates ranged from 41% (N = 127; Walsh et al., 2010) to 100% (N= 12; Guerrette & Caron, 2007) among college women who experienced sexual assault. In fact, research has found the disclosure of sexual assault to supportive confidants to be associated with improved mental health (Sylaska & Edwards, 2013).

Taken together, it is critical to understand factors that shape disclosure (in its various forms) and mental health service-seeking. This is important because disclosure can aid in the development of programs focused on increasing students' awareness and understanding of sexual assault, as well as help facilitate connection to important mental health care services to mitigate adverse outcomes. Such findings have implications for increasing the likelihood that survivors acknowledge their victimization and subsequently pursue legal action to hold perpetrators accountable for their crimes (Furby et al., 1989; Zinzow et al., 2010).

Two psychosocial factors that warrant more research on the disclosing of sexual assault and mental health service use are rape myth acceptance (RMA; Egan & Wilson, 2012; Hayes et al., 2013) and acknowledgment (Littleton et al., 2006; Sabina & Ho, 2014; Zinzow & Thompson, 2011). In other words, the extent to which survivor's attitudes and beliefs align with myths about why the assault happened (i.e., RMA) and how they label the sexual victimization in reference to the legal definition of what constitutes sexual assault (i.e., acknowledgment) are likely to

influence their decision in disclosing the sexual assault and seeking mental health services thereafter. Of note, I opt to use the term *acknowledgment* in the current study to capture the conceptualization of sexual victimization as it relates to the broad definition of sexual assault. Prior research on acknowledgment has focused specifically on rape acknowledgment and therefore, sheds less light on the range of unwanted sexual experiences that compromise sexual assault among college students, as well as among other populations.

The Current Study

The current study's aims are twofold. First, the study examined whether levels of RMA and acknowledgment are predictive of the following outcomes: 1) disclosing the sexual assault and 2) mental health service-seeking among college student survivors. Second, this study also investigated whether acknowledgment of the victimization mediates the relationship between RMA and both outcomes. It is anticipated that the current study will illuminate the role of RMA and acknowledgment status in disclosing sexual assault and service-seeking behavior in a college setting. Findings from the current study may shed light on how the endorsement of rape myths and acknowledgment might be predictive of disclosing tendencies among college sexual assault survivors. These results could fill significant gaps in the literature and potentially inform targeted interventions on college campuses to increase the disclosure and labeling of incidents as sexual assault for perpetrator accountability and to promote survivor well-being by connecting survivors with needed mental health services.

H1a: Lower levels of RMA and acknowledgment will be associated with an increased odds of disclosing the sexual assault.

H1b: Lower levels of RMA and acknowledgment will be associated with an increased odds of seeking mental health services post-assault.

H2a: Acknowledgment will mediate the relationship between RMA and disclosing the sexual assault.

H2b: Acknowledgment will mediate the relationship between RMA and seeking mental health services post-assault.

Chapter Two: Literature Review

RMA Among College Students

Students' RMA is thought to shape how survivors understand their sexual victimization and, in turn, the likelihood of disclosing sexual assault and seeking mental health services. It is well documented that the type of sexual assault (e.g., forced assault vs. drug or alcohol-facilitated) and the relationship between the victim and the perpetrator (e.g., stranger vs. acquaintance) matter for a survivor's conceptualization of the victimization (Koss, 1985; Littleton, 2007). For instance, survivors who do not experience a sudden, violent sexual attack and who know the perpetrator may not label the experience as sexual assault. This phenomenon may be explained by rape scripts (Ryan, 1988). Scripts refer to what individuals perceive as "normal behavior" for certain situations, and therefore, any mismatch between one's experience and such scripts may require a new interpretation of the situation (Markus & Zonjonc, 1985). Most individuals hold rape scripts that align more closely to a blitz rape (i.e., a sudden surprise attack by a stranger using force or threat of violence; Kahn et al., 1994). Thus, according to the rape script theoretical model, the more an individual's rape experience deviates from their rape script, the less likely the incident is to be interpreted as rape (Kahn et al., 1994; Littleton et al., 2007). As such, how the survivor interprets the sexual assault experience in reference to their script has been found to play a crucial role in whether a survivor chooses to disclose the incident.

One factor that is reflective of one's general script about experiences of sexual assault and rape is the extent to which an individual accepts rape myths – that is, their level of RMA. Rape myths are attitudes and false beliefs that blame the victim, absolve the perpetrator, and question the sexual assault (Lonsway & Fitzgerald, 1994). The function of rape myths is to undermine the importance of disclosing sexual assault to legal authorities and trivialize the legitimacy of the assault, thereby justifying sexual violence (Maxwell & Scott, 2014). The development of rape myths may be explained by the just world belief (JWB) theory (Lerner, 1980). The JWB theory suggests that individuals generally perceive the world as a just and fair place and as such, one's behaviors will cause them to "get what they deserve and deserve what they get" (Fetchenhauer et al., 2005, p. 26). Thus, the JWB is likely to manifest into rape myths as it helps to explain why sexual assault survivors deserve their fate by holding the survivor's behavior at least somewhat responsible for the incident, such as drinking alcohol or not physically fighting back (Hayes et al., 2013; Lonsway & Fitzgerald, 1994). Therefore, RMA is the extent to which an individual endorses attitudes and beliefs that support rape myths. Common rape myths include beliefs, such as women want to be raped, men cannot control their sexual impulses, many women lie about being raped, and if women do not physically refuse the incident, then it cannot be considered rape (Payne, 1999). The negative effects of rape myths are significant on both societal and individual levels, as they have been found to promote expectations of who is sexually assaulted, victim-blaming reactions (including within legal systems), as well as internalized shame, guilt, and blame among survivors (Anderson & Overby, 2020).

Given the wide-ranging effects of rape myths, researchers have attempted to investigate the role that RMA plays in shaping the post-assault experiences of sexual assault survivors. For

instance, research investigating RMA among individuals (regardless of sexual assault history) suggests that those who are more accepting of rape myths are more likely to blame the sexual assault survivor and perceive the sexual assault as less severe and, therefore, are less likely to recommend that survivors report the assault to law enforcement (Campbell, 2017; Frese et al., 2004). Specifically, Frese et al. (2004) examined how RMA shapes formal disclosure among 182 undergraduate Spanish college students who read rape vignettes. Findings showed that college students were more likely to blame survivors than perpetrators if they had high levels of RMA (Frese et al., 2004). In a dissertation by Campbell (2017), the extent to which RMA varied by participants' decision about whether to report a sexual assault was examined using vignettes within a college sample (n = 1,321), a military sample (n = 420), and a general population (MTurk) sample (n = 725). Results demonstrated that although most of the college sample (> 90%) agreed that the woman in the vignette had experienced rape/sexual assault, they were also the group to most likely attribute responsibility to the survivor in the vignette when she had disclosed the incident to a friend rather than to the police (Campbell, 2017). As such, it is possible that non-assaulted individuals who endorse rape myths may be more likely to believe that sexual assault survivors ought to be able to report the victimization to the police if it was not the responsibility of the survivor. Paul et al. (2009) examined the relationship between female college sexual assault survivors' (n = 64) disclosure behavior and perceptions of the degree to which their non-assaulted peers (n = 159; 77.4% women) endorsed RMA. Findings demonstrated that as estimated peer RMA increased, survivors disclosed fewer assault details, such as describing to others the emotions and sensations experienced during the victimization (Paul et al., 2009). Hence, it follows that a survivor who is more accepting of rape myths will be less likely to disclose their sexual assault than their counterparts.

Only one study to my knowledge provides direct evidence that the endorsement of rape myths may negatively influence survivors to disclose the crime to legal authorities (Egan & Wilson, 2012). Egan and Wilson (2012) examined attitudes regarding rape and disclosing behavior among a non-collegiate sample of 36 survivors of rape and found that survivors who did not disclose their rape to the police had significantly higher levels of RMA compared to those who did disclose (Egan & Wilson, 2012). Furthermore, other factors (e.g., JWB, attitudes towards police, locus of control) were found to be significant predictors of formal disclosure behavior for survivors of rape (Egan & Wilson, 2012).

While the studies described above provide compelling evidence that RMA is likely to shape disclosure behavior, they also present significant limitations. For instance, by utilizing samples of participants regardless of sexual assault history, studies examining rape vignettes (Campbell, 2017; Frese et al., 2004) are unable to provide insight into the influence of RMA on disclosure among survivors of sexual assault. Studies that have included sexual assault survivors are also limited in that they have not investigated the influence of RMA on informal disclosure. In general, the literature surrounding survivors' RMA and disclosure in its various forms (i.e., formal disclosure and informal disclosure) is limited. Thus, more research is warranted given that college women are a high age-related risk group for sexual victimization (18 to 34 years old; Kilpatrick et al., 1992) and that RMA is likely reflective of one's general scripts/schemata thereby influencing the disclosure of sexual assault.

Moreover, research suggests that college sexual assault survivors with higher levels of RMA might be less likely to seek services post-assault (Fleming et al., 2018). Fleming and colleagues (2018) found that RMA was significantly correlated with awareness of resources, such that greater acceptance of rape myths was associated with less knowledge of resources among college sexual assault survivors.

Thus, survivors with high RMA might be less likely to seek services in part due to their limited awareness of resources and services on campus. Congruent with the rape script theory, survivors who endorse high levels of RMA may be less likely to seek services in part due to the ownership of scripts that are unlikely to be interpreted as sexual assault (Kahn et al., 1994; Littleton et al., 2017). Notably, no studies to my knowledge have directly investigated RMA as a predictor of service use, representing a significant limitation in the literature. Gaining a better understanding of the gap between mental health needs and the prevalence of mental health service use post-assault may help in unveiling unmet mental health service needs among college sexual assault survivors and, subsequently, may urge university authorities to invest in services that promote resilience, psychological recovery, and emotional well-being.

Acknowledgment Among College Students

Acknowledgment is another factor that may influence college students' willingness to disclose a sexual assault experience and seek mental health services. Prior literature has largely focused on the examination of *rape acknowledgment* to refer to how a person conceptualizes their sexual victimization per the legal definition of rape (e.g., oral, vaginal, and anal penetration). As a result, research presented in this literature review is focused primarily on experiences of rape; however, I opt to utilize the broader construct of *acknowledgment* in this current study to reflect how survivors label the range of unwanted sexual experiences that encompass sexual assault – whether meeting the legal definition of rape or sexual assault more broadly (e.g., any unwanted sexualized touching).

According to research by Littleton and colleagues (2006; 2008), most women who report unwanted sexual experiences that meet the legal definition of rape do not conceptualize the encounter as rape and rather label it as "bad sex" or "miscommunication". Those who have been

sexually assaulted and do not conceptualize it as such are referred to as unacknowledged survivors (Koss, 1985). The unacknowledgment of rape specifically remains highly prevalent among college women. Findings from a recent meta-analysis demonstrated that an estimated 60% of female rape survivors do not acknowledge their victimization to be rape (Wilson & Miller, 2016). Furthermore, college students are less likely than non-students to acknowledge their victimization as rape (Wilson & Miller, 2016).

Limited research has identified rape acknowledgment as a contributing factor to the disclosure of sexual assault and service-seeking. Relative to acknowledged survivors, unacknowledged survivors are less likely to both informally and formally disclose their assault (Botta & Pengree, 1997; Littleton et al., 2006; Littleton et al., 2007; Littleton et al., 2008; Orchowski et al., 2013; Sabina & Ho, 2014; Zinzow & Thompson, 2011) and use mental health services (Wilson & Miller, 2016). In fact, Botta and Pingree (1997) examined disclosure patterns in unacknowledged rape survivors and found that over 25% had not disclosed the victimization because they were unsure if the incident should be labeled a rape. On the other hand, only 3% of acknowledged rape survivors in the sample did not disclose. Similarly, Zinzow and Thompson (2011) examined correlates of reporting among college women and found that failure to acknowledge the incident as serious or as a crime was associated with a lower likelihood of reporting. Thus, unacknowledged survivors may label the incident as a more benign event instead of a serious incident or a crime (Botta & Pingree, 1997; Zinzow & Thompson, 2011). In another study, Orchowski et al. (2013) found that female college survivors of sexual assault who disclosed to informal sources (i.e., friends and family) were almost four times more likely to label the experience as a “sexual assault, date rape, rape, or crime” relative to women who did not disclose. In a meta-analysis by Sabina and Ho (2014), rape acknowledgment was found to be

associated with higher levels of disclosing the assault to police. Littleton and colleagues (2006) also found that acknowledged survivors from a sample of female college students were significantly more likely to disclose their victimization and to have disclosed it to more individuals than unacknowledged survivors.

Given that acknowledgment is related to the likelihood of disclosing a sexual assault incident to authorities, it is not surprising that the number of sexual assaults reported on college campuses dramatically underrepresents the actual frequency at which sexual assault occurs on college campuses. Although the results of the studies described above align with each other in terms of establishing an association between acknowledgment and disclosing, only one study (Zinzow & Thompson, 2011) specifically investigated acknowledgment as a facilitator of disclosure to law enforcement. Zinzow and Thompson (2011) examined barriers to formally disclosing sexual assault among 127 first-year college women who experienced sexual assault since the beginning of the school year. The study identified, “I handled it myself,” as the most frequent reason for not disclosing to police by the majority of sexual assault survivors and was subsumed under the same factor as failure to acknowledge the incident as a crime. This study presents significant limitations in that it did not specifically provide a direct test of whether acknowledgment predicts disclosure, nor did it include informal disclosure as an outcome. Furthermore, because the literature has primarily focused on the examination of acknowledgment as it relates to experiences of rape, limited insight is provided on the range of unwanted sexual experiences that compromise sexual assault among college students. These limitations highlight the need for research investigating predictors that may be influential in the informal disclosure of sexual assault among college students, as well as in understanding of how survivors acknowledge sexual assault more broadly.

Although limited studies to date have directly examined acknowledgment as a predictor of service-seeking among college students, a few studies have examined the relationship between the *type* of sexual assault – which is likely reflective of acknowledgment – and subsequent mental health service-seeking. A study by Stewart et al. (1987) examined profiles of immediate and delayed sexual assault survivors who sought mental health treatment following their victimization and found that delayed treatment seekers were more likely to be assaulted by an acquaintance (versus a stranger) and endorsed significantly more emotional distress, anxiety, and fear than their counterparts. Findings congruent with the rape script theory suggest that sexual assault survivors who know their assailants may not label their experiences as rape, and therefore, may not seek services post-assault, compared to survivors of stranger rape, who are more likely to label such incidents as rape and may consequently experience more symptoms of PTSD (Stewart et al., 1987). Findings from Kilpatrick et al. (2007) demonstrate that survivors of drug and alcohol-facilitated rape or incapacitated rape (DAFR/IR) were less likely than survivors of forcible rape to disclose the incident to legal authorities because of factors encompassing rape acknowledgment, including uncertainty about whether a crime was committed and about whether the incident was "serious enough." Furthermore, results show that 19% of DAFR/IR survivors and 14% of forcible rape survivors sought medical service following the assault (Kilpatrick et al., 2007). Adverse mental health consequences were also noted in both samples, such that DAFR/IR survivors were nearly twice as likely as forcible rape survivors to have past-year substance abuse problems; thus, highlighting the need for mental health services among unacknowledged survivors. In summary, certain types of sexual assault may lead to a greater likelihood of acknowledgment in part due to how survivors interpret their experiences based on their scripts of sexual assault and rape. Acknowledgment may, in turn, impact subsequent adverse psychiatric

symptoms among college survivors, thereby influencing their service-seeking behavior post-assault.

RMA and Acknowledgment

Several studies have found evidence that RMA affects survivors' likelihood of acknowledging their assault as rape. Over 30 years ago, one study found no difference in levels of RMA between acknowledged and unacknowledged survivors (Koss, 1985). Other more contemporary work, however, suggests that greater RMA is linked to a lack of acknowledgment, specifically among rape survivors. Specifically, the acceptance of certain rape myths involving rape stereotypes and myths that men do not intend to rape has been linked to a decrease in the likelihood of labeling an unwanted sexual experience as rape among college women (LeMaire et al., 2016). Likewise, Peterson and Muehlenhard (2004) found that a greater acceptance of two rape myths (i.e., *sexually teasing*, and n*ot physically fighting back*) was associated with unacknowledged rape if the characteristics of the victimization aligned with the rape myth. More recently, Newins and colleagues (2018) found a significant and positive indirect effect of two rape myths (i.e., *he didn't mean to,* and *rape is a deviant event*) on acknowledgment among college survivors. In particular, these two rape myths were negatively associated with sexual refusal assertiveness, which in turn, was negatively associated with the likelihood of acknowledgment. In other words, female college survivors who accept certain rape myths that involve excusing men's sexually aggressive behavior may be less likely to label their experience as sexual assault.

Although findings have been limited and mixed, at least three studies provide preliminary evidence that greater acceptance of certain rape myths are associated with acknowledgment (see LeMaire et al., 2016; Peterson & Muehlenhard, 2004; Newins et al., 2018). Given that RMA influences acknowledgment, and that each factor is independently associated with disclosing and service-seeking, it is possible that acknowledgment may have a direct effect on RMA and survivors' disclosure of

sexual assault or service-seeking post-assault, as well as an indirect effect via acknowledgment. For instance, if a survivor's script that rape only occurs when women do not physically fight back or when women engage in sexual teasing, then they may not conceptualize their sexual assault as such if the incident aligns with said rape myths, thus, resulting in the survivor going undisclosed or not engaging in mental health services. Furthermore, if women believe that men do not intend to be sexually aggressive, they may not interpret the incident as sexual assault but rather as "bad sex," and thus, not engage in disclosing or service-seeking behavior. Hence, it is posited that the degree to which women accept rape myths is reflective of their general schema about sexual assault and shapes how they conceptualize their unwanted sexual experience, which in turn, influences whether they disclose the incident and seek services thereafter.

Chapter Three: Methodology

Participants and Procedures

Data were drawn from an online cross-sectional study of 973 college students (18 years or older) attending a public university in northern New Jersey. Participants were recruited in two ways. First, college students (n = 733) were drawn from the university's online participant pool system, through which students from introductory psychology courses participate in research for course credit. Second, students were drawn (n = 240) from a campus-wide recruitment email. Participants completed a 30-minute battery of survey instruments, including measures of unwanted sexual experiences, attitudes about disclosing sexual assault, RMA, and mental health service-seeking behaviors post-assault. All measures were administered in the same order to participants through the Qualtrics online survey platform. Prior to study participation, all participants were provided informed consent and confirmed that they were 18 years or older. The university's Institutional Review Board approved the study.

In the current study, male (n = 155) and transgender (n = 28) participants were dropped due to the use of the RMA measure (IRMA; McMahon & Farmer, 2011) that utilizes gendered language in which men are placed in the role of perpetrator and women in the role of victim. Thus, only cisgender women (n = 587) were included in the analyses, given that the items on the RMA measure were more likely to be personally relevant to their experiences of sexual victimization. Furthermore, because the purpose of the current study was to examine the relationships between RMA, acknowledgment, disclosing, and mental health service-seeking among sexual assault survivors, only participants who reported a history of sexual assault since age 14 on the Modified Sexual Experiences Survey (Messman-Moore et al., 2006) were included in these analyses (n = 205). Three of the 205 participants were dropped due to missing data on any study variable, resulting in an analytic sample of 202 female college sexual assault survivors.

Measures

Rape myth acceptance. The updated version of the Illinois Rape Myth Acceptance Scale (IRMA; McMahon & Farmer, 2011) is a 22-item self-report measure assessing subtle beliefs that place the blame on victims of sexual assault. The following four subscales were assessed: *she asked for it* (six items, e.g., "When girls go to parties wearing slutty clothes, they are asking for trouble")*; he didn't mean to* (five items, e.g., "Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away")*; it wasn't really rape* (six items, e.g. "If a girl doesn't physically fight back, you can't really say it was rape"); and *she lied* (five items, e.g., "Rape accusations are often used as a way of getting back at guys"). Participants rated their agreement with each item on a scale from 1 = *strongly disagree* to 5= *strongly agree*. Subscale and full-scale scores were summed with higher scores indicating a greater endorsement of rape myths. The modified IRMA Scale has been found to have high internal consistency (McMahon

& Farmer, 2011). Cronbach's alpha in the current study for the IRMA full-scale was .86 and ranged from .63 to .87 for the four IRMA subscales.

Unwanted sexual experiences. The Modified Sexual Experiences Survey (MSES; Messman-Moore et al., 2006) is a 36-item self-report measure. In the current analysis, the first 16 dichotomous (1 = *yes*; 0 = *no*) items of the measure were used and the four following types of unwanted sexual experiences were assessed: sexual contact (e.g., kissing, fondling), oral sex, sexual intercourse (e.g., vaginal, or anal), and penetration by objects (e.g., fingers, other objects). For each event, participants were asked to indicate whether the sexual experience involved any of the three types of perpetrator tactics: *coerced assault, forced assault,* and *incapacitated assault.* The perpetrator tactics were coded into subtypes of sexual assault. *Coerced assault* contained seven items (e.g., "have you given in to sex play [fondling, kissing, or petting, but not intercourse] when you didn't want to because you were overwhelmed by that person's continual arguments and pressure?"), *forced assault* contained eight items (e.g., "have you had sex play [fondling, kissing, or petting] or sexual intercourse when you didn't want to because the person threatened or used some degree of physical force [twisting arm, holding you down, etc.] to make you?"), *incapacitated assault* contained seven items (e.g., "have you had oral sex [giving a blow job, or going down] or sexual intercourse when you didn't want to because you were incapable of giving consent or resisting due to alcohol or drugs?"). Additionally, a modification was made to the MSES in which participants were asked the following item for each unwanted sexual experience endorsed: "Did this happen while you were a student at the university?" (1 = *yes*; 0 = *no*).

Acknowledgment. All participants were asked the following item at the end of the MSES measure, "Do you consider what happened to be rape or sexual assault?" Responses to

this question were used to classify participants as acknowledged (1 = *yes*) or unacknowledged (0 = *no / unsure*) survivors.

Disclosing sexual assault. All participants were asked the following question to assess for disclosure of the assault: "Have you ever told anyone about an uncomfortable or unwanted sexual experience?" (1 = *yes*; 0 = *no*). If participants responded "yes" to this item, they were classified as survivors who disclosed the assault. They were then asked, "Who did you tell?" with the following response options: 1) friend(s); 2) significant other (e.g., partner, spouse); 3) mother; 4) father; 5) sibling(s); 6) other family member(s); 7) clergy or religious leader (e.g., priest, pastor); 8) mental health professional, counselor, or therapist; 9) doctor, nurse, or other medical professional(s); 10) police, including campus police; 11) lawyer, judge, or other legal professional(s); 12) school or university employee; 13) other (please specify). Participants could select all response options that apply. From these responses, a dichotomous indicator was created, such that survivors who answered affirmatively to any of the sources listed above were coded as 1. Of note, these disclosure items were drawn from prior research on the Sexual Assault Inventory of Disclosure (Pinciotti et al., 2019).

Service-seeking behavior. All participants were asked the following question to assess mental health service utilization following the assault: "Did you ever seek mental health services for your uncomfortable or unwanted sexual experience?" Responses to this question were used to classify mental health service-seeking behaviors (1 = *yes*; 0 = *no*). These items were drawn from Campus Climate Survey on Sexual Assault and Sexual Misconduct conducted in 2010-2015 by the Association of American Universities.

Demographic characteristics. Participants reported on demographic characteristics at the time of the survey, such as their age in years, race/ethnicity (White, Black, Hispanic/Latino,

Asian, Native American, Pacific Islander, Other), sexual orientation (heterosexual, gay or lesbian, bisexual, asexual, questioning, other), partnered relationship status since being a student (not currently in a relationship, casual relationship or hook-up, steady or serious relationship, marriage/civil union/domestic partnership or cohabitation), and current residence (on campus, off campus). Age was included as a continuous variable and race/ethnicity was dummy coded into four variables (White, Black, Hispanic/Latino, Other); due to small subsample sizes, participants who indicated that they were Asian, Native American, Pacific Islander, or other race/ethnicity were coded as "Other." Sexual orientation was dummy coded into two variables (heterosexual and LGBQA). Participants who identified their sexual orientation as gay, lesbian, bisexual, questioning, asexual, or other were coded as "LGBQA." Romantic relationship status was dummy coded into three variables (no relationship, casual relationship, and partnered); participants who identify as being in a steady or serious relationship, married or in a civil union or a domestic partnership, or cohabiting were coded as "partnered." Additionally, current residence (on-campus vs. off-campus) was coded as a dichotomous variable.

Data Analysis

Data preparation and descriptive analyses were conducted in IBM SPSS Version 23.0 (IBM Corp., 2014). Preliminary analyses included descriptive statistics, including the means and standard deviations of continuous variables and frequencies for categorical variables. Listwise deletion was used to handle missing data, and a missing data analysis was conducted to assess the frequency of missingness for each variable and the overall percentage of missingness among all variables in the study. To assess for differences between participants in the analytic sample and participants dropped due to missing data, I conducted a series of Bonferroni- corrected

independent-samples *t*-tests and chi-square (χ^2) tests. Bivariate associations among all study variables were calculated in a correlation matrix.

To fulfill the study aims, binomial logistic regression analyses were conducted in IBM SPSS Version 23.0 (IBM Corp., 2014). Levels of RMA and acknowledgment were entered as predictors of disclosing and service-seeking behavior among college students. The analyses included participants' age, sexual orientation, race/ethnicity, romantic relationship status, current residence, type of sexual assault (e.g., incapacitated, coerced, and forced), and sexual assault experienced during university enrollment as covariates. Odds ratios and 95% confidence intervals (CIs) were calculated. These analyses were run for the IRMA full-scale and each of the four subscales.

Additionally, mediation analyses were run to assess the indirect effects of RMA on disclosing the incident or seeking services post-assault through acknowledgment. The two path analytic models were conducted in Mplus 7.1 (Muthén & Muthén, 1998-2012). All models included a path from the level of RMA to acknowledgment, and a path from acknowledgment to the following outcomes: disclosure and service-seeking. Separate models were conducted for each outcome. The models included participants' age, sexual orientation, race/ethnicity, romantic relationship status, current residence, type of sexual assault (e.g., incapacitated, coerced, and forced), and sexual assault experienced during university enrollment as covariates. Goodness of fit was evaluated using the Root Mean Square Error of Approximation (RMSEA) and its 90% CI, and the Comparative Fit Index (CFI). The following criteria were used to determine acceptable model fit: RMSEA and its upper limit close to or below 0.06, and CFI close to or above 0.95 (Hu & Bentler, 1995). Furthermore, indirect effects for each model were assessed from RMA to the outcome through acknowledgment. Each indirect effect was computed as the

product of the two direct paths comprising it (i.e., the path from RMA to acknowledgment, and the path from acknowledgment to the outcome). Direct, indirect, and total effects and their 95% CIs were estimated using 10,000 bootstrapped samples, and 95% CIs that do not contain zero were considered statistically significant (Preacher & Hayes, 2008).

Chapter Four: Results/Findings

Descriptive Statistics, Missing Data Analysis, and Bivariate Analyses

A total of 202 college cisgender women who experienced sexual assault provided complete data on all study variables and thus were included in the analysis. The demographic characteristics of these participants are listed in Table 1. Of the sample, 42.1% of participants identified as White (Not Hispanic/Latinx). On average, participants were 21.36 years old (SD = 3.25; Range: 18 - 38). Mean and standard deviations for the type of sexual assault, acknowledgment, RMA, and the outcomes (i.e., disclosure and mental health service use) are presented in Table 2. Regarding outcomes, the majority of survivors (72.8%) disclosed their victimization, while only 20.3% of survivors sought mental health services following their assault. Furthermore, 44.1% (n = 89) of participants who experienced sexual assault and/or rape (e.g., oral, vaginal, or anal penetration) were classified as acknowledged survivors, whereas 55.9% (n = 113) were classified as unacknowledged survivors.

Missing data analyses demonstrated a significant difference between the age of the 202 participants that were included in the analyses and the three who were dropped due to missing data on one or more of the study variables, such that those participants who were dropped were significantly older (t (201) = 5.716, p = <.001).

Table 3 shows the results of the bivariate analyses. Of the demographic characteristics, White (Not Hispanic/Latinx) race was significantly associated with disclosure of sexual

victimization. Older age and partnered (i.e., serious/steady/married/cohabitating) relationship status were significantly associated with seeking mental health services for the assault. Heterosexual orientation was significantly associated with a greater acceptance of rape myths, whereas LGBQA sexual orientation was related to a greater rejection of rape myths. Interestingly, experiencing sexual assault during university enrollment was significantly associated with a greater rejection of rape myths. Lower scores (i.e., greater rejection) on the IRMA full-scale and all four IRMA subscales were significantly associated with disclosure. Additionally, lower scores on the IRMA full-scale and two of the four IRMA subscales (*he didn't mean to; it wasn't really rape*) were significantly associated with seeking mental health services. Acknowledgment was significantly related to both outcomes – disclosure and seeking mental health services.

Logistic Regression Analyses

Disclosing sexual assault. The results of the adjusted binomial logistic regression analyses predicting whether college sexual assault survivors disclosed their victimization are shown in Table 4. Participants' overall level of RMA (IRMA full-scale) and acknowledgment were included as predictors in the same model. Higher full-scale RMA was significantly associated with lower odds of disclosure. Specifically, each unit increase in the overall level of RMA (IRMA full-scale) was associated with 0.95 odds of disclosing the victimization ($p < .01$; 95% CI [0.92, 0.99]). Survivors who conceptualized their victimization as sexual assault (i.e., acknowledged survivors) had 2.59 odds, compared to unacknowledged survivors, of disclosing their victimization ($p < .05$; 95% CI [1.08, 6.18]).

Results of the specific level of RMA subtype (IRMA subscales: *she asked for it*, *he didn't mean to*, *it wasn't really rape*, *she lied*) and acknowledgment as predictors of disclosure are

denoted in Table 5. Findings showed that higher levels of three of the four IRMA subscales (i.e., *she asked for it*, *he didn't mean to*, *it wasn't really rape*) were significantly associated with lower odds of disclosing the sexual assault among survivors. Acknowledgment remained a significant predictor of disclosure across all models, including most of the IRMA subscales.

Seeking mental health services. Table 4 also denotes the results of the adjusted binomial logistical regression analyses predicting mental health service use post-assault. Participants' overall level of RMA (IRMA full-scale) and acknowledgment were examined as predictors of seeking mental health services in the same model. RMA was significantly associated with lower odds of seeking mental health services post-assault. Specifically, each unit increase in the overall level of RMA (IRMA full-scale) was associated with 0.91 odds of service-seeking ($p < .01$; 95% CI [0.86, 0.97]). Acknowledgment of the sexual assault was significantly associated with higher odds of seeking mental health services following the incident (OR = 2.78; $p < .05$; 95% CI [1.10, 7.03]). Furthermore, survivors of older age were significantly more likely to seek mental health services compared to their younger counterparts (OR = 1.16; $p = 0.02$; 95% CI [1.02, 1.31]). On the other hand, experiencing sexual assault during university enrollment was significantly associated with lower odds of seeking mental health services following the victimization (OR = 0.34; $p = 0.05$; 95% CI [0.12, 0.98]).

Results of specific RMA subtype and acknowledgment as predictors of service-seeking are shown in Table 5. The findings demonstrated that higher levels of three of the four IRMA subscales (i.e., *he didn't mean to*, *it wasn't really rape, she lied*) were significantly associated with lower odds of seeking mental health services following the victimization. Lastly, acknowledged survivors were significantly more likely, relative to unacknowledged survivors, to seek mental health services for their victimization.

Mediation Analyses

The initial model testing the indirect effects of overall RMA on disclosing the sexual assault had acceptable fit with the data (RMSEA = < 0.01; 90% CI [< 0.01, 0.05]; CFI > 0.99). Findings showed that the indirect effect from RMA to disclosure through acknowledgment was non-significant (Est. = - 0.01; *SE* = 0.02; *p* = .42; 95% CI [-0.03, 0.02]). Similarly, the second model including mental health service-seeking as the outcome had an acceptable fit with the data (RMSEA < 0.01; 90% CI [< 0.01, 0.05]; CFI = 1.00). The indirect path from RMA to seeking services post-assault through acknowledgment did not reach statistical significance for the second model (Est. = - 0.01; *SE* = 0.02; *p* = .46; 95% CI [-0.03, 0.02]).

Chapter Five: Discussion

The purpose of this study was to investigate 1) whether the level of RMA and acknowledgment are predictive of disclosing sexual assault and seeking mental health services for the assault, as well as 2) whether acknowledgment mediates the relationship between RMA and the outcomes (i.e., disclosure and mental health service-seeking). From these two aims, the following hypotheses were formulated: H1a) Lower levels of RMA and acknowledgment will be associated with an increased odds of disclosing the sexual assault; H1b) Lower levels of RMA and acknowledgment will be associated with an increased odds of seeking mental health services post-assault; H2a) Acknowledgment will mediate the relationship between RMA and disclosing the sexual assault; H2b) Acknowledgment will mediate the relationship between RMA and seeking mental health services post-assault.

Key Findings

After analyzing quantitative data from college sexual assault survivors, I identified four key findings. First, the analyses identified RMA as a predictor of disclosure and service-seeking behavior. Survivors with higher overall RMA had lower odds of disclosing the assault and

seeking mental health services for their victimization. Second, analyses also identified acknowledgment as a predictor of disclosure and seeking mental health services, meaning that survivors who conceptualized their victimization as sexual assault/rape were significantly more likely to disclose their assault and utilize mental health services post-assault, compared to unacknowledged survivors. Third, these analyses suggest that the following rape myth subscales are predictive of disclosure: *she asked for it*, *he didn't mean to*, and *it wasn't really rape*. In other words, a greater rejection of these types of rape myths were associated with disclosure. Furthermore, analyses identified the following rape myth subscales as predictors of mental health service-seeking: *he didn't mean to, it wasn't really rape,* and *she lied*. Lastly, the results of the mediation analyses did not provide supporting evidence for the indirect effect of RMA on disclosure and service-seeking via acknowledgment.

Results demonstrating a significant relationship between RMA and disclosure align with a larger body of literature documenting the negative association between these variables, such that lower acceptance of rape myths is related to disclosure. However, these prior studies present limitations as the majority have examined this relationship using vignettes among participants irrespective of a sexual assault history (Campbell, 2017), as well as in non-collegiate samples (Egan & Wilson, 2012; Paul et al., 2009). Moreover, while results also suggested a significant correlation between RMA and mental health services, no studies to date have directly investigated this relationship. Findings noting significant associations between acknowledgment and the outcomes (i.e., disclosing and service-seeking) among college students align with prior limited research establishing rape acknowledgment as a correlate of disclosure (Littleton et al., 2006; Littleton et al., 2008; Orchowski et al., 2013; Zinzow & Thompson, 2011; Sabina & Ho, 2014) and mental health service use (Wilson & Miller, 2016).

Moreover, the results of the current study add to the limited body of literature on psychosocial factors underlying disclosing and service-seeking behavior among college sexual assault survivors, such that greater rejection of rape myths and acknowledgment were found to predict higher odds of disclosure and subsequent mental health service use. These findings further add to the literature by providing evidence that certain types of rape myths impact the likelihood of disclosure (i.e., *she asked for it, it wasn't really rape, he didn't mean to*) and mental health service utilization (i.e., *it wasn't really rape, he didn't mean to, she lied*). Future research is needed to understand why the rejection of certain rape myths might play a role in influencing a survivor to disclose their victimization and/or seek services for adverse mental health outcomes post-assault. For example, survivors who engage in self-blame (i.e., *she asked for it, she lied*) may be less willing to tell someone about their experience, including mental health professionals, because they are more likely to believe that they missed opportunities to control for specific event antecedents and thus, are responsible for the assault in some way, compared to survivors who do not endorse this rape myth (Miller et al., 2010). Additionally, survivors who accept rape myths that trivialize the conceptualization of their unwanted sexual experience (i.e., *it wasn't really rape*, *he didn't mean to*) might be less likely to disclose the incident and/or seek mental health services post-assault. Moreover, greater rejection of the *he didn't mean to* rape myth was shown to predict mental health service-seeking behavior, suggesting that survivors who exonerate the perpetrator may be less likely to perceive a need for services if they do not label the unwanted sexual experience as sexual assault/rape.

The current study is among very few studies to identify RMA and acknowledgment as predictors of mental health service use among college sexual assault survivors. Previous research by Fleming and colleagues (2018) has examined RMA concerning knowledge of resources on

campus and found that survivors with greater rejection of rape myths were associated with having more awareness of resources. Thus, the results of the current study can be explained by the notion that college sexual assault survivors with lower levels of RMA would be more likely to seek services in part due to their increased awareness of resources and services on campus. While few studies have documented a relationship between the type of sexual assault experienced (e.g., stranger rape; forcible rape) and rape acknowledgment (Kahn et al., 1994; Kilpatrick et al., 2007; Littleton et al., 2017), only one prior study theoretically proposed that rape acknowledgment may influence a survivor's decision to seek services post-assault (Stewart et al., 1987). Hence, it is possible that acknowledged survivors from the current study would be more likely to seek mental health services because they acknowledge their unwanted sexual experience to be sexual assault/rape.

Another notable finding of the study demonstrated a significant association between the age of survivors and acknowledgment in the regression model predicting service-seeking. Survivors older in age were more likely to report seeking mental health services, perhaps because they may have been students at the university longer and thus, have a greater level of knowledge about services on campus. Also, it may follow that a survivor who is older in age might be keener to make meaning of the event compared to a younger survivor. This relates to findings from a study by Fleming and colleagues (2018) suggesting that knowledge of services is not a significant differentiator of service-seeking behavior, but rather the survivor's attitudes surrounding the incident and how they conceptualize it. Furthermore, given that many sexual assaults occurring on college campuses involve the use of alcohol, it is possible that survivors who engage in underage drinking may not seek services due to fear of incurring legal consequences and/or administrative penalties. Lastly, a negative and significant relationship

between sexual assault during university enrollment and seeking mental health services was found. As such, while mental health services may be available on campus, issues regarding accessibility, awareness, and university culture warrant further investigation as these may influence a survivor's motivation to seek mental health services.

Distinctions between the current study and literature examining disclosure to formal sources should be considered as future research should investigate how RMA and acknowledgment can influence formal disclosure on campus, as well as access to mental health services. For example, differences between the samples of the present study and Egan and Wilson's (2021) study are notable. Egan and Wilson (2012) found that survivors who endorsed higher levels of RMA did not disclose their rape to police compared to survivors who did formally disclose it. As such, Egan and Wilson (2012) only examined disclosure behavior to police among rape survivors in a non-collegiate sample, whereas this study included college women who experienced sexual assault and/or rape and disclosed their victimization to anyone, including legal authorities. Of note, the current study's small subsample of survivors who formally disclosed (n = 9) may be explained by prior literature that suggests that college survivors are less likely than non-college survivors to label their victimization as rape (Wilson & Miller, 2016), and are less likely to report such incidents to authorities (Sinozich & Langton, 2014). This small subsample also aligns with prior literature suggesting that rates of informal disclosure among college survivors are considerably higher than rates of formal disclosure (Sabina & Ho, 2014). Additionally, this finding may relate to the stark U.S. Department of Justice (2018) statistic that identifies sexual assault to be the most underreported crime.

Limitations

This study has four limitations that are worth noting. First, disclosure was broadly assessed by asking survivors if they had told anyone about their victimization. Therefore, formal disclosure to legal authorities (e.g., police, legal professionals, school, or university employee) was subsumed under the disclosure variable more broadly. As a result, the present analyses did not examine formal disclosure as an outcome variable due to reduced statistical power and small subsample size (n = 9). As such, examining RMA and acknowledgement as predictors of formal disclosure in the current study was not possible. Notwithstanding, future research examining this topic should assess the disclosure of sexual assault in reference to informal and formal disclosure as mutually exclusive variables to better understand the processes through which RMA and acknowledgment could be predictive of formal reporting. Second, the generalizability of the findings to college students residing in other geographic regions and beyond is limited, given that a convenience sample of college students from a northeastern university was recruited. Third, due to the inclusion of the IRMA survey (McMahon & Farmer, 2011) that utilizes gendered language, only female students were included in the analyses; therefore, the study cannot provide a complete understanding of how RMA and acknowledgment influences disclosure and service seeking behavior in male and transgender survivors. Fourth, this cross-sectional study is limited as it did not allow for exploration of how RMA and acknowledgment are related to changes in disclosure and service use over time.

Conclusion

While the literature indicates that most sexual assault survivors do not formally disclose their victimization to legal authorities nor seek mental health services post-assault, many survivors do disclose to informal sources of support, such as family, and friends. The current study confirmed and extended previous literature examining predictors that influence the

disclosure and mental health service-seeking behavior of female college sexual assault survivors. The findings demonstrate the crucial role that both RMA and acknowledgment play in influencing survivors' appraisals and conceptualization of their assaults and their pursuit of subsequent services. Notably, this study is among the first to identify RMA and acknowledgment as predictors of seeking mental health services. Moreover, certain types of rape myths were found to impact survivors' likelihood of disclosing the assault (i.e., *she asked for it*, *it wasn't really rape*, *he didn't mean to*) and seeking mental health services thereafter (i.e., *he didn't mean to, it wasn't really rape, she lied)*. Although more research is warranted on this topic, implications call for the development of sexual assault prevention programs that focus on dismantling rape myths and increasing students' awareness of behaviors that constitute sexual assault/rape. Additionally, college campuses must create efforts to increase service visibility and accessibility, as well as facilitate environments that support survivors' decision to disclose and seek services. Finally, results suggest that mental health providers working with survivors of sexual assault utilize a trauma-informed approach to increase survivor self-efficacy, empowerment, and sense of safety. It is also recommended that providers utilize trauma-focused evidence-based treatment to assist survivors in modifying negative appraisals of the trauma memory (i.e., sexual assault/rape) by increasing cognitive flexibility to dismantle rape myths that may be related to self-blame and trauma-related guilt. Furthermore, findings highlight a need for providers to assess for unacknowledged sexual assault/rape in college students seeking treatment, as providers can assist survivors in the process of finding the best label for the incident as part of the therapeutic process.

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Table 1. Demographics characteristics

Variable	*M(SD) or %(n)*
Age	21.36 (3.25)
Race/Ethnicity	
Non-Hispanic White	42.1% (85)
African American/Black	8.9% (18)
Hispanic/Latino	37.1% (75)
Other race/ethnicity	13.9% (28)
Sexual orientation	
Heterosexual	65.8% (133)
LGBQA	34.2% (69)
Relationship status	
No relationship	28.7% (58)
Casual/hook-up	29.7% (60)
Serious/steady/married/cohabit	57.4% (116)
Residence	
Off-campus	75.2% (152)
On-campus	24.8% (50)

Table 2. RMA and post-assault outcomes

Variable	*M(SD) or %(n)*
Sexual assault outcomes	
Sexual contact	79.2% (160)
Sexual assault	60.4% (122)
Completed rape	62.4% (126)
Sexual assault by perpetrator tactic	
Incapacitation	40.1% (81)
Coercion	53.0% (107)
Force	36.1% (73)
Sexual assault during university enrollment	
No	70.8% (143)
Yes	29.2% (59)
Disclosed (told someone about the assault)	
No	27.2% (55)
Yes	72.8% (147)
Acknowledged victimization	
No	55.9% (113)
Yes	44.1% (89)
Sought services for assault	
Medical services	0.5% (1)
Mental health services	20.3% (41)
Both services	1.0% (2)
Rape myth acceptance	
IRMA full-scale	35.07 (10.33)
IRMA – she asked for it	7.92 (2.91)
IRMA – he didn't mean to	12.24 (4.59)
IRMA – it wasn't rape	5.55 (1.48)
IRMA – she lied	9.36 (4.56)

Note. IRMA = Illinois Rape Myth Acceptance Scale. Sexual assault outcomes are not mutually exclusive.

Table 3. Bivariate relationships between all variables in the analysis using Pearson's correlation

	1	2	3	4	5	6	7
1. Age	--						
2. LGBQA sexual orientation	-.08	--					
3. African American/Black	-.07	.07	--				
4. Hispanic/Latino	-.05	.07	-.20**	--			
5. Other/Asian/Native American/Pacific Islander	1.0	-.08	-.13	-.22**	--		
6. On campus	-.35**	.17*	.18**	-.16*	-1.0	--	
7. Not currently in a relationship	-.02	.05	.15*	-.01	> -.01	-.03	--
8. Causal relationship	-.08	.08	-.01	.04	-.04	-.02	-.13
9. IRMA 1 (she asked for it)	.11	-.07	-.08	-.03	1.0	-.13	-.05
10. IRMA 2 (he didn't mean to)	-.08	-.11	-.09	.09	.14	-1.0	.03
11. IRMA 3 (wasn't rape)	-.02	-.12	.01	.02	.01	-.04	-.12
12. IRMA 4 (she lied)	-.05	-.14*	.01	< .01	.06	-.02	-.01
13. IRMA full-scale	-.03	-.15*	-.06	.03	.12	-1.0	-.02
14. Acknowledgment	-.05	.10	-.09	-.01	.04	-.01	-.06
15. Disclosure	.03	.04	> -.01	-.13	-.08	.04	-.03
16. Mental health services	.18*	.08	-.12	-.06	.01	> -.01	.01
17. Sexual contact	.19**	.04	-.05	-.06	.03	-.13	-.05
18. Sexual assault	-.09	-.08	.04	-.05	-.09	-.01	.07
19. Rape	.08	.11	-.12	-.06	-.01	-.03	-.16*
20. Incapacitation	.18**	-.04	-.01	-.13	-.04	> -.01	-.12
21. Coercion	-.09	.03	-.09	-.12	-.14*	.08	-.16
22. Force	< .01	.05	.05	.04	.03	-.05	-.02
23. Sexual assault during university	-.07	> -.01	.11	-.09	-.07	.11	-.12

Note. IRMA = Illinois Rape Myth Acceptance Scale.

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

Table 3. Bivariate relationships between all variables using Pearson's correlation cont'd.

8	9	10	11	12	13	14	15
--							
-.01	--						
> -.01	.37**	--					
-.01	.52**	.34**	--				
-.01	.40**	.48**	.33**	--			
-.01	.70**	.81**	.59**	.82**	--		
.07	-.11	.06	-.11	-.02	-.03	--	
.03	-.17*	-.22**	-.19**	-.15*	-.24**	.19**	--
-.11	-.09	-.20**	-.16*	.13	-.20**	.22**	.31**
.01	-.06	.01	-.11	-.06	-.06	1.0	.13
-.01	-.07	.06	-.12	.02	> -.01	.19**	.03
.10	-.04	.09	-.10	.02	.02	.57**	.12
-.02	-.03	-.04	-1.0	-.09	-.08	.19**	.18**
.09	-.08	-.12	-.19**	-.08	-.14*	.22**	.09
-.04	-.01	.11	.05	1.0	1.0	.29**	.35
.20**	-.08	-1.0	-.02	-.11	-.12	-.09	.15*

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

Table 3. Bivariate relationships between all variables using Pearson's correlation cont'd.

16	17	18	19	20	21	22	23
--							
.11	--						
-.07	-.07	--					
.21**	.06	.12	--				
.12	.12	.27**	.34**	--			
.08	-.14*	.39**	.39**	-.02	--		
.16*	.13	.23**	.31**	.06	.11	--	
-.16*	.01	-.01	-.02	.07	.04	-.08	--

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

Table 4. Results of adjusted logistic regression analyses for the overall level of RMA and acknowledgment predicting disclosure and mental health service-seeking

	Disclosure				Sought MH Services			
	Wald	B (SE)	OR	95% CI	Wald	B (SE)	OR	95% CI
IRMA full-scale	8.28	**-.05 (0.02)****	0.95	0.92-0.99	9.81	**-0.09 (0.03)****	0.91	0.86-0.97
Acknowledgment	4.59	**0.95 (0.44)***	2.59	1.08-6.18	4.67	**1.02 (0.47)***	2.78	1.10-7.03
Age	0.10	0.02 (0.06)	1.02	0.91-1.14	5.45	**0.15 (0.06)***	1.16	1.02-1.31
LGBQA sexual orientation	0.01	-0.01 (0.39)	0.99	0.46-2.11	0.91	0.40 (0.42)	1.50	0.65-3.42
African American/Black	1.00	-0.64 (0.64)	0.53	0.15-1.86	3.30	-2.08 (1.15)	0.13	0.01-1.18
Hispanic/Latino	3.65	-0.77 (0.41)	0.46	0.21-1.02	0.38	-0.29 (0.47)	0.75	0.30-1.88
Other/Asian/Native American/Pacific Islander	1.99	-0.75 (0.53)	0.47	0.17-1.34	0.01	-0.03 (0.60)	0.97	0.30-3.13
On campus	0.01	0.01 (0.46)	1.01	0.41-2.50	1.99	0.74 (0.53)	2.11	0.75-5.93
Not currently in a relationship	0.01	-0.01 (0.38)	1.00	0.47-2.12	0.34	0.27 (0.46)	1.31	0.53-3.23
Casual relationship	0.01	0.01 (0.40)	1.01	0.46-2.21	1.79	-0.68 (0.51)	0.51	0.19-1.37
Incapacitation	1.43	0.48 (0.40)	1.61	0.74-3.53	0.11	0.15 (0.45)	1.16	0.48-2.78
Coercion	0.02	-0.05 (0.37)	0.95	0.46-1.96	0.11	-0.15 (0.45)	0.86	0.36-2.08
Force	0.59	0.30 (0.39)	1.35	0.63-2.91	2.75	0.71 (0.43)	2.04	0.88-4.71
Sexual assault during university	3.25	0.78 (0.43)	2.19	0.94-5.05	4.03	**-1.09 (0.54)***	0.34	0.12-0.98

*$p < .05$; ** $p < .01$

Table 5. Results of adjusted logistic regression analyses for RMA subscales predicting disclosure and mental health service-seeking

	Disclosure				Sought MH Services			
	Wald	B (SE)	OR	95% CI	Wald	B (SE)	OR	95% CI
IRMA 1 (*she asked for it*)	3.79	**-0.11 (0.06)***	0.90	0.80-1.00	2.91	-0.13 (0.09)	0.88	0.74-1.04
IRMA 2 (*he didn't mean to*)	8.72	**-0.12 (0.04)****	0.89	0.83-0.96	10.20	**-0.17 (0.05)****	0.84	0.76-0.94
IRMA 3 (*wasn't rape)*	4.10	**-0.24 (0.12)***	0.79	0.63-0.99	3.96	**-0.88 (0.44)***	0.42	0.17-0.99
IRMA 4 (*she lied*)	3.08	-0.06 (0.04)	0.94	0.87-1.01	4.53	**-0.11 (0.05)***	0.90	0.81-0.99

Note: Analyses control for acknowledgment and other demographic variables (dummy codes for sexual orientation, race/ethnicity, relationship status, current resident, and sexual assault during university enrollment; age was included as a continuous variable).

*$p < .05$; ** $p < .01$