

VICTIM-BLAMING & SEXUAL AGGRESSION MYTHS: ASSESSING THE
IMPACT ON BYSTANDER BEHAVIOR AMONG COLLEGE STUDENTS

by

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ABSTRACT

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Background: Sexual violence is a significant issue in the United States, particularly on college campuses, where the rates remain alarmingly high. Despite extensive research conducted in this area, sexual violence continues to be a persistent problem. One major challenge in addressing this issue might be the reliance on outdated tools and concepts that no longer accurately reflect the current social climate. This challenge not only pertains to the prevalence of sexual violence but also affects the experiences and safety of survivors. This situation raises critical questions about the effectiveness of current bystander training programs on college campuses. Three theoretical frameworks are utilized—bystander theory, sexual aggression myths, and real rape—to thoroughly examine bystander training and its impact on sexual aggression myths, victim blaming, and bystander behaviors.

Methods: This dissertation effectively addresses significant gaps in the existing literature and comprises three impactful manuscripts (Chapters Two, Three, and Four). The first manuscript delivered a comprehensive systematic review and meta-analysis of studies published from 2015 to 2024, examining the effects of bystander training on negative perceptions (i.e., rape myths, sexism) and prosocial behavior (i.e., bystander efficacy, intentions to help) using five electronic

databases. The second study employed original survey data collected from 2,884 participants across four universities within the Universities of Wisconsin. The study randomly assigned participants to one of eight conditions, where they read a sexual assault scenario that was manipulated based on the condition to assess victim-blaming and its relationship to bystander behavior. The third study also utilized the original survey data to introduce a revised version of sexual aggression myths, denoting the Gender-Inclusive Acceptance of Modern Myths on Sexual Aggression (GIAMMSA). This manuscript rigorously explored the differences between the GIAMMSA and the Gender-Inclusive Rape Myths Scale (GIIRMAS) and how the myths might impact prosocial bystander behavior.

Results: The first study highlighted a significant lack of research. Only eleven articles examined the impact of bystander training on one of four variables: rape myths, sexism, bystander efficacy, and intentions to help, using randomized control trials. None of the articles utilized the new sexual aggression myths construct, and only six addressed rape myth acceptance. Additionally, none of the studies included non-binary populations, and only four provided information about cisgender relationships. This initial study uncovered substantial gaps in the existing research, which the following two studies aimed to address.

The second study revealed differences in victim-blaming based on vignette variation on the sex of both the survivor and the perpetrator. Specifically, when the survivor was male, survivors received significantly more blame for the assault. Self-blame was lower when the survivor was female, and the perpetrator was male. Victim-blame was significantly higher when the sexual assault was “stopped” as opposed to when it was “completed.” Additionally, survivors of sexual assault reported higher levels of self-blame, which was associated with worse mental health. Concerningly, higher levels of victim-blame correlated with an increase in prosocial

bystander behaviors and bystander training did not moderate the relationship between prosocial bystander behaviors and victim-blame.

The third study demonstrated that the revised version of the sexual aggression myths scale, known as GIAMMSA, is a robust and reliable unidimensional construct, achieving an alpha coefficient of .89. The GIAMMSA yielded significantly higher scores compared to the GIIRMAS. Notably, the GIIRMAS model struggled to converge based on the five proposed factors, while principal factor analysis revealed weak loadings. Multiple regression analyses did not find a significant relationship between sexual aggression myths and prosocial bystander behavior; therefore, the relationship remains unclear.

Implications: Current bystander trainings might not be doing enough to combat sexual violence and unknowingly be increasing victim-blaming, and individuals who did not take the training had higher prosocial bystander behaviors. Several areas for future research exist, including determining how sexual aggression myths influence the perpetration of sexual violence and sexist mentalities, exploring how victim-blaming differs across genders and non-binary populations, identifying why trainings might increase negative perceptions towards survivors, and conducting additional research examining all types of sexual violence, not simply male-on-female violence. As such, it is suggested that the current training be updated to a required one-semester course for incoming students, with yearly refresher training, in which more information is provided about consent, stereotypes related to sexual violence, self-defense, promoting anti-victim-blaming attitudes, and offering specific guidance on how to support friends who have experienced sexual assault.

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DEDICATION

To all survivors of sexual violence.

"I can be changed by what happens to me. But I refuse to be reduced by it."

- Maya Angelou

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CHAPTER ONE

Introduction

Statement of the Problem

Throughout a woman's lifetime, approximately 21%, or more than one in five, will experience sexual assault (Fantasia et al., 2018). Some studies suggest an even higher likelihood, indicating that one in four women in the United States will be affected by sexual assault at some point in their lives (Smith & Skinner, 2017). Notably, women aged 18 to 24 are four times more likely to experience sexual assault compared to other age groups (Smith & Skinner, 2017). On college campuses specifically, a 2019 survey conducted by the Association of American Universities revealed that around 13% of students reported experiencing nonconsensual sexual contact, with over one in four female undergraduates affected by this issue (Cantor et al., 2020).

Despite these alarming rates of sexual violence, many individuals, particularly college students, mistakenly perceive sexual assault as a rare occurrence (O'Connor et al., 2018). This misconception often leads to the dangerous minimization of the serious harm caused by sexual violence, with many individuals viewing it simply as unwanted sex rather than recognizing it as a life-threatening, traumatic event that can change lives forever (Bay-Cheng & Eliseo-Arras, 2008). It is crucial to confront these misconceptions and raise awareness about the true impact of sexual violence, but recent is still predominately using rape myths to understand perceptions, which might be an outdated construct in decline (Byrne et al., 2021), so introducing new tools is crucial to understand modern views.

Promoting individual intervention and instilling a strong sense of responsibility are essential steps in effectively reducing sexual violence. The perceptions surrounding sexual violence, particularly the harmful tendency to blame survivors, play a critical role in decision-making in these situations. Extensive research confirms that a greater acceptance of modern myths about sexual aggression (AMMSA) and strong victim-blaming attitudes directly correlate

with lower intentions to intervene and diminished perceptions of perpetrators' culpability (Clarke & Lawson, 2009; Cohn et al., 2009; Frese et al., 2004; Holfeld, 2014; Weber et al., 2013).

Furthermore, survivors who internalize these myths and experience victim-blaming are significantly less likely to report their victimization (Deming et al., 2013; Egan & Wilson, 2012; Li & Zheng, 2022; Stephens et al., 2016; Vonderhaar & Carmody, 2015). While some research findings might show variations, the significant negative impact of these perceptions, both AMMSA and victim-blaming, cannot be overlooked. We must prioritize effective interventions to combat these damaging attitudes and create a safer environment for students and the community.

In 2014, the Universities of Wisconsin took a significant step forward by establishing the University of Wisconsin System Task Force on Sexual Violence and Harassment (Universities of Wisconsin, 2016). This initiative implemented comprehensive training on sexual violence and harassment for all university community members. Every student is required to complete web-based modules within their first six weeks, ensuring they are well-informed from the outset. The training emphasizes the vital role of bystander intervention, making it clear that everyone is essential in the fight against sexual assault (Universities of Wisconsin, 2016).

The university system has an overall requirement that general training be given on sexual harassment prevention, Title IX, the Campus SaVE Act, Violence Against Women Act, and bystander interventions (Universities of Wisconsin, 2016). However, due to the vague requirements, the type and length of training vary by each school. The current format of the bystander intervention on most Universities of Wisconsin campuses is a two-hour online course (Universities of Wisconsin, 2020). The modules vary between institutions but often include information on how to report sexual violence, when to intervene as a bystander, and the laws on

sex-based discrimination. Importantly, the institutions are not required to discuss stereotypes about sexual violence or victim-blaming so the impact to negative perceptions towards sexual violence and the survivor might be a missing element.

While this training is a vital component of the university's efforts, it currently falls short in addressing specific strategies to combat attitudes related to acquaintance rape and victim-blaming. Nonetheless, the creation of the task force and its related interventions within the university system provides a strong and promising framework. The next step is to evaluate how effective these strategies are in shifting behaviors and perceptions.

Significance of the Problem

Although research shows that college women face disturbingly high rates of sexual violence, there is a significant gap in studies addressing the experiences of LGBTQ+ populations. Transgender individuals are particularly vulnerable, with an alarming 20.9% reporting that they have survived sexual assault. This is compared to 15.7% of bisexual individuals and 8.6% of cisgender women (Coulter et al., 2017). Furthermore, college is a pivotal time when male students are more likely to commit sexual assault, with perpetration rates among them ranging from 23% to 45% (Malamuth et al., 2018; Zinzow & Thompson, 2015). This suggests that college presents not only a heightened risk of victimization but also an increase in perpetration. These findings underscore the urgent need for targeted research and intervention among these populations.

The impact of sexual victimization is both significant and far-reaching. It leads to serious mental health challenges (Dworkin et al., 2017; Rothman et al., 2021), undermines academic success (Molstad et al., 2023), and contributes to various physical health issues (Potter et al., 2018). Survivors of sexual assault experience profound mental health repercussions, including an

elevated risk of post-traumatic stress disorder (PTSD) and increased suicidal thoughts and behaviors (Dworkin et al., 2017). Survivors frequently attain lower grade point averages, experience higher dropout rates, and confront more significant learning difficulties (Molstad et al., 2023). Physical health complications are also prevalent among survivors, further impacting their overall quality of life (Potter et al., 2018). The adverse effects of sexual victimization touch nearly every aspect of life.

The experiences of survivors are significantly influenced by societal reactions and the handling of their victimization. Enduring stereotypes surrounding sexual aggression fuel victim-blaming attitudes, which, in turn, affect survivors' decisions to report their assaults (Deming et al., 2013; Egan & Wilson, 2012; Li & Zheng, 2022; Stephens et al., 2016; Vonderhaar & Carmody, 2015). These damaging beliefs not only harm survivors, but individuals who have strong victim-blaming perspectives are less likely to intervene as bystanders, effectively enabling the perpetrator's behavior (Martín-Fernández et al., 2018; Pagliaro et al., 2020; Wijaya et al., 2022). Similarly, those who are more accepting of rape myths are significantly less inclined to act in these situations (Banyard, 2008; Burn, 2009; Diener, 2016; Johnson, 2015; McMahon, 2010; Rosenstein & Carroll, 2015).

Victim-blaming and sexual aggression myths are key factors that influence the perpetration of sexual violence, the experiences of survivors, and the decisions to intervene as prosocial bystanders. It is critical to use language that does not have negative connotations, so the term "survivor" will be used throughout this dissertation. Victim has been associated with negative labels (e.g., weak, passive), whereas survivor is perceived more positively (e.g., strong, brave) (Papendick & Bohner, 2017). Many questions remain about why these belief systems persist, how they might vary, and their true impact on bystander behavior. Therefore, it is

essential to conduct focused research on these beliefs within college campuses and to identify the factors that sustain this problem.

Theoretical Foundations

This dissertation explored several theoretical perspectives that influence perceptions of sexual violence. These perspectives included bystander theory, sexual aggression myths, and the concept of "real rape." Each of these frameworks provided a foundation for scientific inquiry into the negative perceptions that survivors of sexual violence face, as well as the factors that affect bystander willingness to intervene.

Bystander Theory

Originally developed by Latané and Darley in 1970, bystander theory explains what influences bystander's decisions to intervene. Many interventions have been developed from this framework to change individuals' mindsets, empowering them to take proactive action when faced with problematic situations and intervene as a prosocial bystander (Fenton & Mott, 2017). The theory focuses on bystanders with the ability to recognize troubling circumstances, acknowledge their seriousness, make the decision to act, and acquire the skills necessary to intervene as a bystander. The core premise is clear: as more bystanders step in, social norms will shift positively, suggesting that as more people intervene, it will encourage even more people to intervene. This can be particularly critical on college campuses where there are high rates of sexual violence (Cantor et al., 2020). By framing sexual violence as a community issue that everyone can tackle, this intervention cultivates a strong sense of shared identity among students and fosters collective responsibility.

The core principle of bystander theory is that individuals present during potentially harmful situations possess the power and responsibility to intervene and prevent assaults.

Research has demonstrated that effective training equips bystanders to take decisive action (Latané & Darley, 1970). This approach not only teaches individuals how to disrupt sexual assaults and other high-risk situations but also empowers them to challenge societal norms that condone sexual violence. Additionally, it prepares them to provide crucial support to survivors (Burn, 2009).

Latané and Darley (1970) established a situational model that outlines five essential steps for bystanders to intervene effectively. The first step is recognizing the event. This is vital as bystanders need to identify the event to ultimately intervene. While this might appear straightforward, it is vital to understand that distractions or impairment, such as intoxication, can significantly hinder a person's ability to notice warning signs, even when they have been trained to respond.

The second step is for the bystander to confidently recognize the situation as a critical opportunity for intervention, understanding that it poses a serious risk for sexual assault (Latané & Darley, 1970). If they are unaware of the circumstances or find the situation confusing, they might hesitate to act. Recognizing the signs of danger is essential as failing to act can lead to serious consequences.

The third step is for the bystander to take decisive responsibility for the situation (Latané & Darley, 1970). Bias can also greatly impact this step, as a bystander's perception of the survivor's worthiness might influence their actions (Burn, 2009). A bystander might struggle to identify with the survivor or might not feel a sense of obligation, especially if others around them are not stepping in to help so might not feel responsibility for the situation. The surrounding environment is pivotal, as social expectations and peer behaviors strongly shape the bystander's decision to intervene.

The case of Kitty Genovese can help us understand this third step. On March 13th, 1964, 28-year-old Kitty Genovese was murdered after she encountered an attacker on her way home (Liu et al., 2022). At least 38 people heard her screams that night, but according to investigators, no one called the police until her body was found. A theory on why no one helped her was named diffusion of responsibility. The theory states that when the number of bystanders increases, the responsibility that bystanders will feel and act upon will subsequently decrease (Brewster & Tucker, 2016). A more recent study has shown that diffusion of responsibility does occur on college campuses (Zhou & Camp, 2020). While recent information on the Kitty Genovese case has come to light complicating the relationship, including there were no actual eyewitnesses to the crime and newspapers at the time might have skewed the situation (Gallo, 2015), diffusion of responsibility is still relevant to decisions to intervene (Brewster & Tucker, 2016; Latané & Darley, 1970; Liu et al., 2022; Zhou & Camp, 2020).

The final steps include deciding how to help and deciding to intervene. These five situational elements must align perfectly for successful intervention. Ultimately, bystanders have a vital role in preventing harm, and with effective training, they can be empowered to act decisively when the situation calls for it. While this can be challenging, it is achievable, particularly after training. Bystander theory was foundational to this dissertation and was used throughout to understand why individuals choose to intervene and what can be done to enhance the likelihood of intervention, including attitudes toward sexual assault and the survivor.

Sexual Aggression Myths

An additional theory that significantly informed this dissertation is the concept of sexual aggression myths, which builds on the earlier idea of rape myths. Rape myths, a concept established in the 1970s, refer to the prejudicial, stereotypical, and false beliefs surrounding

sexual assault. These myths not only support but also actively perpetuate sexual violence against women (Payne et al., 1999), while simultaneously minimizing the responsibility of the perpetrators (Schwendinger & Schwendinger, 1974).

Rape culture is a critical framework that encompasses attitudes endorsing sexual violence, including rigid traditional gender roles, hostility toward women, and the normalization of violence against them (Burt, 1980; Lonsway & Fitzgerald, 1994). As such, rape culture and rape myths are intertwined. In the United States, this pervasive culture not only promotes victim-blaming but also systematically disregards the realities of violence against women. Such harmful attitudes have a detrimental impact on individual behavior and reinforce the alarming prevalence of sexual violence (Burt, 1980; Lonsway & Fitzgerald, 1994).

The traditional Rape Myths Acceptance (RMA) scale identifies several key themes that expose harmful beliefs related to sexual violence. These themes include a denial of the problem of sexual violence, a hostile stance towards survivors, a lack of support for policies aimed at combating sexual violence, the misguided belief that male coercion is an inherent part of sexual relationships, and the troubling tendency to excuse male perpetrators by blaming female survivors (Payne et al., 1999). These constructs are effectively treated as a unidimensional measurement of RMA (Payne et al., 1999).

Evidence indicates that acceptance of rapes myths is on the decline (Byrne et al., 2021); however, a traditional, widely used measurement tool for rape myth acceptance, the Illinois Rape Myth Acceptance (IRMA) scale, might not effectively be capturing contemporary attitudes, impacting prevalence rates. The IRMA reports average mean scores of 2.1 for females and 2.7 for males (Payne et al., 1999) on a scale of 1 (not at all agree) to 7 (very much agree), which is low and suggests a significantly skewed distribution. This distortion might arise from societal

changes over time to be less accepting of sexual violence and the tendency of respondents to provide socially desirable answers despite their true beliefs. As a result, the validity of this measurement tool is compromised, making it difficult to evaluate the effectiveness of interventions accurately.

In response to these shortcomings, Johnson et al. (2023) developed a new gender-inclusive scale for rape myths, called the Gender-Inclusive Scale for Sexual Aggression Myths (GIIRMA). This scale aims to more accurately represent individuals who are at a higher risk for sexual violence; however, it is important to note that the GIIRMA still relies on the outdated construct of rape myths, highlighting the need for further innovation in this area.

Due to the limitations of traditional scales, Bohner et al. (2022) developed the Acceptance of Modern Myths about Sexual Aggression (AMMSA-21) scale. Similar to the IRMA scale, the AMMSA-21 is firmly established as a unidimensional construct (Bohner et al., 2022). The relationships between the AMMSA-21, RMA, and key constructs such as hostile sexism (correlation coefficients between $r = .79$ and $.85$), benevolent sexism ($r = .57$ to $.68$), social dominance orientation ($r = .51$ to $.58$), and right-wing authoritarianism ($r = .63$ to $.74$) are strong and clearly defined (Bohner et al., 2022).

The AMMSA-21 effectively confronts crucial contemporary issues, including the prevalent misconception that false accusations of sexual assault are common and that women lie about sexual victimization for selfish reasons (Bohner et al., 2022). While many myths about sexual aggression have traditionally concentrated on male-on-female violence, this dissertation advances the discussion by employing a gender-inclusive approach to examine sexual violence. Notably, there is currently no gender-inclusive version of sexual aggression myths, which

highlights the vital importance of this research. This dissertation aims to fill this gap through the development of a gender-inclusive version of sexual aggression myths.

Real Rape

The final guiding theory for this dissertation is the concept of "real" rape, as articulated by Susan Estrich in 1987. This theory powerfully confronts the stereotypes surrounding rape that heavily influence legal definitions and societal perceptions. By clearly defining "real" rape, we gain a profound understanding of the justifications for accepting or dismissing the experiences of survivors.

The definition of rape has evolved significantly over the years; however, stereotypes surrounding "real" rape still dominate societal attitudes and behaviors. "Real" rape is often defined as male-on-female violence, where survivors resist their attackers and exhibit clear signs of trauma (Du Mont et al., 2003; Schuller et al., 2010; Sommer et al., 2016). Moreover, there is a strong expectation that survivors will report the assault to law enforcement immediately (Ellison & Munro, 2008; Krahe, 2016). Situations that fall outside this narrow definition frequently go unrecognized, leading to a major gap in the support and intervention that many survivors desperately need.

While originated in the 1980s, this perspective still sheds light on long-held societal views and informs this dissertation by pointing out the gaps in research concerning other frequently overlooked scenarios, including situations beyond male-on-female violence. The concept of real rape highlights that sexual assaults characterized by male-on-female violence are often recognized as the only genuine instances of sexual assault. The theory has failed in recent years to identify differences in what constitutes a real rape when the genders of the perpetrator and survivor are changed.

As such, the dissertation sought to more thoroughly examine how gender and the outcome of an assault or rape influence blame and add to the investigation of what constitutes real rape in this gender-inclusive research. This dissertation employed Estrich's framework to critically examine societal expectations surrounding rape and to analyze how these perceptions influence bystander behaviors and responses. Together, the three theories worked in conjunction to offer unique insights into why persons might decide to intervene and how their perceptions towards sexual violence and the survivor might influence this decision.

Overview of the Literature

Sexual Violence Definition

Federal law and most state statutes define rape in a gender-neutral manner, encompassing any form of penetration that is forced or threatened. This comprehensive definition asserts that when one person knowingly causes another to engage in a sexual act, it constitutes rape (V. Brown et al., 2020); however, some states impose a more restrictive definition, limiting rape to instances of penetration by a male sex organ (V. Brown et al., 2020).

The burden of proof in sexual assault cases also varies significantly among states. Importantly, many states affirm that survivors are not required to demonstrate physical resistance to the assault. Conversely, when determining guilt, a few states still consider whether the survivor resisted their attacker (V. Brown et al., 2020). Additionally, a North Carolina law, which initially maintained that consent could not be withdrawn once a sexual act had begun, was amended in 2019 (V. Brown et al., 2020).

In comparison to rape, sexual assault is a broad term that encompasses a wide range of behaviors. The criteria for what constitutes a sexual assault can vary depending on the legal jurisdiction. "Sexual violence" is an umbrella term that encompasses a variety of behaviors

categorized as sexual abuse or sexual assault (Buddie & Miller, 2001; Peterson & Ortiz, 2015; Vandermassen, 2011). According to the Universities of Wisconsin, sexual assault encompasses acts such as rape, fondling, incest, and statutory rape. Rape is specifically defined as any penetration—whether by a body part or an object—without consent. Fondling refers to the unwanted touching of private body parts (*Regent Policy Document*, n.d.).

Since the #MeToo movement in 2017, in which people who had been sexually harassed or assaulted were encouraged to respond on Twitter using #MeToo, there has been more attention paid to this topic (Jaffe et al., 2021). Findings suggest that since the movement, participants were more likely to label situations as sexual assault than they were before. The findings exemplify the importance of social context when considering sexual violence and perceptions. According to the FBI Bureau of Statistics (2024), the rates of rape in the United States were high in 1990 at 41.2 forcible rapes per 100,000 persons, were decreasing consistently until 2012, but since 2013 have been increasing with rates in 2023, similar to 1990 with 38 forcible rapes per 100,000 persons. However, in 2013 the definition of forcible rape changed so that it could be impacting the increase in rape. Within the Universities of Wisconsin, in 2023 there were 142 total sexual assaults reported among the 13 universities (Universities of Wisconsin, 2024), but these statistics only included reported rape, so the true prevalence and change over time of sexual violence and rape are unclear.

The Campus Sexual Violence Elimination Act (2013) mandates that colleges report crime statistics, yet a significant lack of standardization exists due to the absence of a universal definition of sexual assault among universities (Pugh & Becker, 2018). This lack of a clear and consistent definition makes it difficult to accurately analyze the rates of sexual violence across different locations and campuses.

Bystander Behavior

A key focus of research on sexual violence, especially on college campuses, is bystander behavior. Bystander theory has significantly influenced effective interventions by highlighting the important role that every member of the community plays in preventing sexual violence. This approach stands in stark contrast to programs that focus exclusively on survivors or perpetrators (Banyard, 2011; Banyard et al., 2005).

Engaging in positive bystander behaviors is vital. This means actively speaking out against negative comments about women or sexual violence, intervening when someone appears unable to give consent or finds themselves in a vulnerable situation, and providing support to friends who have experienced sexual violence (Banyard et al., 2005). Conversely, negative bystander behaviors, such as staying silent, ignoring troubling situations, or participating in harmful and offensive discussions, are not only unhelpful but detrimental.

Bystander theory has profoundly influenced intervention strategies, as outlined in the theory section. It is imperative that everyone in the college community actively participates in behaviors that prevent sexual violence (Banyard, 2011; Banyard et al., 2005). Nearly all incoming college freshmen in the United States participate in essential programming focused on sexual assault education and prevention. The implementation of bystander training, however, differs among institutions (Breitenbecher, 2000; DeGue et al., 2014).

Bystander training programs are proven to be highly effective, empowering students to take a proactive role in preventing sexual violence (Katz & Moore, 2013). One of the leading bystander prevention programs, *Bringing in the Bystander*, engages college students effectively by teaching them to recognize the warning signs of sexual violence and demonstrating strong intervention strategies (Banyard et al., 2005). This program showcases significant short-term

effectiveness, and while discussions about its long-term impact are ongoing, its immediate benefits in fostering a safer campus environment are apparent (Banyard et al., 2005; Moynihan et al., 2015).

A more recent bystander intervention program, *RealConsent*, is specifically tailored for college men and effectively confronts prevalent misconceptions about sexual violence. This comprehensive program empowers participants with essential skills for safe intervention, fosters prosocial behavior and empathy, and actively works to reshape attitudes related to rape and gender roles (Salazar et al., 2014). Notably, *RealConsent* provides in-depth insights into alcohol misuse in sexual contexts and challenges victim-blaming narratives, setting it apart from other interventions.

Research demonstrates that both sexual assault perpetration and prosocial bystander behavior are significantly influenced by key factors, including a strong understanding of effective consent, attitudes of hostility toward women, perceptions of date rape, and hyper-gender ideology. This underscores the vital importance of addressing these beliefs (Salazar et al., 2019). Moreover, constructs such as hostility toward women (Gerger et al., 2007; Lonsway & Fitzgerald, 1994), attitudes about date rape (Boateng et al., 2023), and hyper-gender ideology (O'Donohue et al., 1996) are intrinsically linked with prevalent rape myths.

Most research on bystander training examines bystander behavior, but it is equally essential to examine how these interventions reshape attitudes and perceptions, including sexual aggression myths and victim-blame. Importantly, lower intentions to intervene are strongly correlated with higher levels of victim-blaming (Holfeld, 2014; Weber et al., 2013). There is a clear link between strong beliefs in rape myths and victim-blaming, which significantly undermines perceptions of perpetrator culpability (Clarke & Lawson, 2009; Cohn et al., 2009;

Frese et al., 2004). This clearly demonstrates that such attitudes obstruct a robust sense of responsibility among bystanders. The impact of bystander training on transforming these perceptions is a crucial area that demands further investigation.

Best Practices for Bystander Training

Studies on effective bystander training for sexual violence on college campuses indicates that longer training formats have a greater impact on changing participants' behaviors and beliefs, including rape myths and victim-blaming (Jouriles et al., 2018; Vladutiu et al., 2011). For instance, a 6-hour training program was more effective at altering negative attitudes and beliefs towards survivors than a 90-minute intervention (Jouriles et al., 2018). A review by Vladutiu et al. (2011) additionally showed positive changes in bystander behavior following longer training sessions. The extended duration of training might create a barrier to engagement, leading to recommendations for multiple sessions that are shorter in length (DeFazio et al., 2024).

In addition to program duration, research has found that program effects are more significant in early, rather than later, college years (Kettrey & Marx, 2019). Early college years present higher risks of experiencing sexual assault than later years (Cranney, 2015), and this presumably elevates the potential opportunities to act as a prosocial bystander (Kettrey & Marx, 2019). However, the impacts of the intervention diminish over time, so follow-up sessions should be provided consistently (Jouriles et al., 2018).

There are conflicting perspectives on the importance of delivery methods for violence prevention programs. One review found no significant differences in effectiveness between programs delivered in-person by a facilitator and those offered online (Jouriles et al., 2018). Conversely, a different study indicated that videos were less effective than in-person sessions or

interactive modules (Park & Kim, 2023). Compared to passive engagement, active learning exercises and discussions are more effective in violence prevention efforts (Park & Kim, 2023).

The content of the training is crucial to its effectiveness. A study by Salazar et al. (2019) found strong evidence that programs aimed at educating men about sexual violence and bystander intervention are most effective when they explicitly address and work to decrease negative attitudes towards women, such as victim-blaming and rape myths. Additionally, teaching women about self-defense and how to ensure their safety has proven more effective in reducing sexual violence than other intervention strategies (Gidycz & Dardis, 2014). Several factors enhance the effectiveness of these interventions, including a longer duration of training, earlier implementation, active learning methods, meaningful discussions, and comprehensive content covering consent, myths, and self-defense. Overall, students who participated in bystander training demonstrated more positive attitudes and beliefs about sexual violence and intervention, making them more likely to engage in prosocial bystander behaviors compared to those who did not participate (Jouriles et al., 2018).

According to the Universities of Wisconsin, colleges are required to comply with mandatory education and training on sexual violence and harassment as outlined by the Violence Against Women Act (VAWA) and other state and federal laws (*Regent Policy Document*, n.d.). At a minimum, all students and employees must complete an online training session that lasts approximately 30 minutes, with most universities requiring a two-hour online course (Universities of Wisconsin, 2020). If students do not complete the training, they will not be able to enroll for future semesters. Although the training content might vary between universities, it generally covers Title IX, including topics such as sexual harassment and discrimination, as well as tools for recognizing, avoiding, and addressing inappropriate behavior and actions that violate

university policies and laws (*Regent Policy Document*, n.d.). The programs are grounded in bystander theory and incorporate essential components of bystander intervention. These trainings actively empower students to intervene, speak up, and educate themselves about sexual violence policies on college campuses (Banyard et al., 2005; Burn, 2009; Latané & Darley, 1970).

While the system has a curriculum in place, it is unclear how effectively the current training addresses attitudes and beliefs, including victim-blaming and the sexual aggression myths, which contribute to the perpetuation of sexual violence as they are not required to implement these elements. However, given that most sexual assaults occur in private or isolated settings (Ding et al., 2020; Fusé et al., 2007), interventions that exclude these key elements might not be effective in deterring sexual violence. By integrating these vital topics into the training, we can greatly enhance its effectiveness in preventing sexual violence.

Social Context

A person's response to a situation as a bystander is significantly shaped by their social environment. Bystander theory clearly shows that individuals are less likely to intervene in emergencies when they are in large groups (Latané & Darley, 1968). While bystander training effectively aims to counteract this tendency, it still plays a role in influencing an individual's decision to act. Furthermore, an individual's perception of their peers plays a pivotal role in their response to potential violence. The attitudes of peers toward the acceptability of sexual violence significantly shape bystanders' willingness to intervene (A. Brown & Messman-Moore, 2010; Deitch-Stackhouse et al., 2015). The way bystanders perceive their peers is one of the strongest predictors of whether they will take decisive action during a potentially violent situation. It is crucial to note that men who perceive their peers as more accepting of violence are often less likely to intervene, regardless of their personal beliefs about sexual violence (A. Brown &

Messman-Moore, 2010). As a result, the fear of adverse peer reactions and the possibility of social exclusion represent a significant barrier to intervention (Casey et al., 2017; Hoxmeier et al., 2015). Therefore, it is evident that individuals' feelings and perceptions are often overshadowed by their concerns about how others will respond to them.

Studies clearly demonstrate a strong link between substance use and victimization. At least half of all sexual assaults involve alcohol consumption by either the survivor or the offender (Abbey, 2002). The risk of victimization sharply increases with elevated levels of partying, which often accompany substance use (Franklin et al., 2012; Hines et al., 2012). Moreover, individuals who engage in alcohol and drug use significantly heighten their vulnerability (Abbey et al., 1996; Schwartz & Pitts, 1995; Testa & Livingston, 2009; Vogel & Himelein, 1995). Notably, some perpetrators intentionally seek to intoxicate their targets to render them more defenseless (Schwartz & Pitts, 1995; Tyler et al., 1998).

Substance use not only increases the risk of victimization, but it also significantly impacts bystanders' willingness to intervene. Often, bystanders are too intoxicated to recognize a dangerous situation or might fail to see the event as a threat. A compelling study by Süssenbach et al. (2017) examined scenarios in which the survivor either dressed provocatively, consumed alcohol, or flirted with the perpetrator or refrained from these behaviors. The findings demonstrated that participants in all three manipulated scenarios exhibited stronger pro-perpetrator and anti-victim attitudes (Süssenbach et al., 2017). This indicates that the survivor's actions toward the offender play a crucial role in shaping perceptions, thereby influencing the likelihood of intervention.

Research on the impact of perpetrator and survivor sex on bystander intervention is essential and compelling. A pivotal study by Ermer et al. (2021) demonstrates that the sex of the

perpetrator has a significant influence on bystander intervention attitudes. Participants overwhelmingly supported the notion that bystanders should intervene when the perpetrator is male. Qualitative analyses strongly indicated a belief that male violence is perceived as more harmful, which in turn diminishes the perceived seriousness of female perpetration.

A recent investigation by Lippert et al. (2024) indicates that female survivors of male perpetrators are the most likely to receive assistance from bystanders. Conversely, male survivors of female perpetrators receive the least support when compared to both male-on-male and female-on-female situations. While this study provides essential insights, it is important to recognize its limitations, including a small sample size (i.e., 69 participants), using intentions to help instead of examining actual bystander behavior. Second, it requires participants to make a choice despite bystanders not always choosing to intervene, thus creating limitations within the study (Lippert et al., 2024). Future research must rigorously explore how the effectiveness of bystander intervention varies with the perpetrator's sex and develop targeted strategies to address these disparities effectively.

Moreover, Lippert et al. (2024) assert that a history of victimization should be clearly recognized as a moderating variable in bystander intervention. Although current research has not established a strong direct correlation between prior victimization and bystander actions (Mainwaring et al., 2023), it is highly likely that this history significantly influences bystander behavior. These studies provide valuable insights into the complexities of bystander actions, particularly concerning the sex of the perpetrator, and underscore the necessity for further research in this vital area.

Victim-Blaming Attitudes

Educational interventions designed to prevent sexual violence have effectively empowered students by providing essential resources, teaching vital risk-avoidance strategies, and clarifying the laws and policies related to sexual assault (Banyard, 2011; Banyard et al., 2005). However, many bystander programs and educational trainings have yet to prioritize the crucial task of reducing victim-blaming attitudes. Victim-blaming—where individuals assign responsibility for sexual violence to the victim’s character, behavior, appearance, or decisions—is a significant issue that must be confronted head-on (Burt, 1980). Alarming, in 2011, more than half of university students in the United States believed that a woman's actions played a role in her sexual assault (McMahon & Farmer, 2011). Addressing and challenging these harmful attitudes is imperative for creating a truly supportive and safe campus environment.

Blame directed at survivors of sexual violence is a pervasive issue that urgently needs to be addressed. The underlying reasons for this blame, however, require further exploration. Research consistently links this phenomenon to a belief in a just world, as well as the ongoing influence of sexism and rape culture (Grubb & Turner, 2012; Lerner & Lerner, 1980). Undoubtedly, societal perceptions of gender roles play a significant role. Survivors, especially women, often face heightened blame when they engage in behaviors that challenge traditional expectations, such as being overtly sexual or pursuing ambitious careers (Acock & Ireland, 1983; Burt, 1980; Howard, 1984; Masser et al., 2010; van der Bruggen & Grubb, 2014; Viki & Abrams, 2002).

Furthermore, research has overwhelmingly centered on male violence against females, highlighting a critical gap in our understanding of how victim-blaming attitudes can change based on the sex of either the survivor or the perpetrator. It is essential to recognize that female-to-male violence and mutual couple violence are significant issues that demand attention (Straus,

2008). The widespread prevalence of victim-blaming attitudes remains a serious concern, and the reasons for their persistence and potential variations are largely unknown.

Sexual Aggression Myths

Sexual aggression myths, an update to the previous construct of rape myths, are fundamentally intertwined with the issue of victim-blaming, as emphasized in the theoretical foundation section (Donde et al., 2018; Sleath, 2011). It is essential to distinguish between these concepts, as victim-blaming places undue fault on individuals, while societal myths about sexual violence exist in their own right (Buddie & Miller, 2001). Over recent years, the scope of these myths has expanded to cover a range of sexually violent acts, including rape, sexual assault, sexual exploitation, and sexual harassment, all of which expose underlying victim-blaming attitudes (Eaton, 2018; Eaton & Holmes, 2017; Ullman et al., 2010).

A strong correlation exists between the acceptance of rape myths and the perpetration of sexual assault (Abbey et al., 2012; Anderson & Anderson, 2008; Brownmiller, 1975; Iconis, 2008; Mouilso & Calhoun, 2013; Russell, 2016; Russell & King, 2016; Saenz, 2009; Swartout, 2013; Thompson et al., 2011; Warren et al., 2015). This connection underscores the urgent need to confront and transform these damaging attitudes. Individuals who hold more of these beliefs often unjustly assign blame to the survivor while effectively exonerating the perpetrator.

Süssenbach et al. (2017) conducted research that compellingly demonstrated the strong impact of confirmation bias on attention allocation. Participants with higher levels of AMMSA directed their focus primarily on the survivor, and this was not driven by a genuine interest in the survivor but rather by a reluctance to engage with the perpetrator (Süssenbach et al., 2017).

Moreover, a mock jury study revealed that individuals with higher RMA were particularly sensitive to the prior relationship between the survivor and the perpetrator (Krahé et

al., 2007). This finding aligns with existing research on cognitive schemas, which suggests that hypervigilance can lead to bias (Mogg et al., 2000; Sieswerda et al., 2007). Overall, a higher score on the AMMSA scale predicted more lenient verdicts, especially in scenarios that included elements of victim-blaming (Süssenbach et al., 2012). The impact of AMMSA on information processing is both significant and wide-ranging. It plays a critical role in shaping juror decisions, a concern that cannot be overlooked. Likewise, it exposes the ways in which our everyday biases, often rooted in past prejudices, can cause serious and potentially irrevocable harm to survivors.

Further research highlights the negative impact of certain attitudes towards sexual assault, as these beliefs directly influence the responses survivors receive when they disclose their experiences (Schwendinger & Schwendinger, 1974). Recent studies validate this conclusion, revealing that women who endorse more myths related to sexual aggression are significantly less likely to report their victimization (Deming et al., 2013; Egan & Wilson, 2012; Li & Zheng, 2022; Stephens et al., 2016; Vonderhaar & Carmody, 2015). Additionally, survivors often face more severe mental and physical health consequences as a result of their trauma if they do not report the assault (Campbell et al., 2009).

It is also apparent that survivors of sexual violence frequently develop heightened negative attitudes towards others, which make them more sensitive to social cues due to the psychological impact of their experiences (Campbell et al., 2009; Lanius et al., 2017; Müller et al., 2018). Consequently, their perceptions of their peers' acceptance of violence-condoning attitudes might become distorted, leading them to inadvertently overestimate the prevalence of such beliefs in their environment.

In line with the theory on altered cognitions, college students who have experienced sexual assault often overestimate their peers' acceptance of rape myths (Paul et al., 2009). Perhaps surprisingly, encountering a sexual assault can heighten the tendency to accept these myths (Cooke et al., 2022; Haugen et al., 2019). While some research shows a decline in the acceptance of rape myths (Beshers & DiVita, 2021; Byrne et al., 2021), this trend might simply highlight the shortcomings of outdated research methodologies. It is crucial to recognize that these attitudes still exist and play a significant role in perpetuating the ongoing issue of sexual violence.

Willingness to Intervene

Bystander intervention plays a vital role in safeguarding campus communities and effectively preventing sexual violence. An individual's willingness to act is influenced by several key factors, particularly the perceived severity of the situation (Gracia et al., 2020). Furthermore, attitudes related to victim-blaming and acceptance of rape myths play a significant role in this willingness. Research has demonstrated that victim-blaming beliefs not only undermine bystander intervention but also discourage survivors from seeking help, while reinforcing the behaviors of perpetrators (Martín-Fernández et al., 2018; Pagliaro et al., 2020). Bystanders who blame the survivor or believe the aggressor lacks harmful intent are far less likely to intervene. This underscores the urgent need to challenge and dismantle these damaging narratives (Bennett et al., 2014; Diener, 2016; Johnson, 2015).

Attitudes toward both the survivor and the perpetrator are critical factors that moderate the willingness to intervene in cases of intimate partner violence (Wijaya et al., 2022). When individuals recognize the perpetrator's responsibility for the violence, they are significantly more likely to support intervention efforts. Conversely, if bystanders view the survivor as partially at

fault for their situation, their inclination to intervene noticeably diminishes. Notably, individuals who exhibit strong negative attitudes toward the perpetrator—manifesting as feelings of anger, a clear sense of responsibility, and sympathy toward the victim—demonstrate a higher likelihood of intervening compared to those who focus their strong feelings on the survivor (Wijaya et al., 2022).

Research establishes a strong connection between the acceptance of rape myths and a reduced willingness to intervene in instances of sexual violence (Banyard, 2008; Burn, 2009; Diener, 2016; Johnson, 2015; McMahon, 2010; Rosenstein & Carroll, 2015). The association could, in part, be due to not recognizing the assault as legitimate and minimizing the perceived harm of sexual violence. While bystander training programs often tackle rape myths and victim-blaming attitudes, which are often used as a proxy for program effectiveness (Bluth, 2014; Moynihan et al., 2010), there remains a pressing need for a more in-depth knowledge of how these factors interplay to shape bystander behavior. Understanding this relationship is essential for enhancing the effectiveness of intervention strategies.

Investigating victim-blaming attitudes and myths surrounding sexual aggression is essential, as previous research demonstrates that addressing these issues, along with implementing programs that reduce perceived barriers, significantly decreases the incidence of sexual violence (Hahn et al., 2020). However, it is evident that we need a clearer understanding of whether bystander intervention programs are effectively diminishing victim-blaming and myths associated with sexual aggression. This reduction is critical for enhancing individuals' willingness to intervene. This represents a critical gap in our understanding, as it is essential to determine whether a cultural shift necessary for combating sexual violence is taking place. To

date, there has been insufficient research on why victim-blaming and myths about sexual aggression persist, as well as the impact these attitudes have on bystander behavior.

Methods

Overarching Approach

This dissertation investigated the critical issue of sexual violence on college campuses, focusing on key elements such as victim-blaming attitudes, the acceptance of prevalent myths about sexual aggression, students' perceptions of peer norms regarding sexual violence, and how these perceptions shape bystander behaviors. The central research question driving this dissertation was: *Do negative perceptions, including victim-blaming attitudes and stereotypes toward sexual violence, impact bystander behavior on college campuses, and are bystander trainings successfully targeting these perceptions?*

The first study was a systemic review that examined the impact of bystander interventions on four outcomes: rape myth acceptance (RMA), sexism, bystander efficacy, and intentions to help. This was based on randomized control trials (RCTs). Five electronic databases were searched to identify eligible studies, and two independent reviewers conducted the screening and data extraction process. The systematic review adhered to the guidelines set forth by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page et al., 2021). Articles were included if they focused on college campuses or university populations, featured a training program identified as a bystander intervention or training, and reported outcomes related to RMA, sexism, bystander efficacy, and intentions to help among RCT studies. Robust variance estimation (RVE) in meta-regression was utilized to estimate treatment effects and sensitivity analyses.

The systematic review solidified that this is an area that needs research. There is a significant lack of understanding regarding how perceptions differ across genders, how bystander interventions influence perceptions and prosocial behavior in larger, more diverse samples, and a critical underutilization of sexual aggression myths in the United States. Additionally, the review emphasized the ongoing reliance on rape myths in research, questioning the relevance and effectiveness of this construct in contemporary society.

As such, the second and third studies were based on an original survey conducted among college students at four universities within the Universities of Wisconsin, with varying population sizes. The second study focused on understanding the prevalence of victim-blaming, how it might vary based on the sex of the perpetrator and survivor or the ending of the assault, if victim-blame impacts prosocial bystander behavior, and whether bystander training moderates this relationship. The study analyzed how victim-blaming responses varied based on specific scenarios, or vignettes. The study used random assignment to one of eight conditions, varying the sex of both the survivor and the perpetrator, as well as the outcome of the scenario (i.e., male perpetrator/female survivor “completed,” male perpetrator/female survivor “stopped,” male survivor/female perpetrator “completed,” male survivor/female perpetrator “stopped,” male/male “completed,” male/male “stopped,” female/female “completed,” female/female “stopped”). After reviewing each scenario, respondents ranked their agreement with various victim-blaming statements.

The third study sought to understand if sexual aggressive myths are more prevalent in society than rape myths and if sexual aggression myths impact prosocial bystander behavior. The study also used data from the survey conducted in the second study, specifically examining stereotypes related to sexual violence, another negative perception. A gender-inclusive version of

the Acceptance of Modern Myths about Sexual Aggression scale (AMMSA-21) was developed, referred to as the Gender-Inclusive Acceptance of Modern Myths about Sexual Aggression (GIAMMSA). This new version was compared to the Gender-Inclusive version of the modified Illinois Rape Myth Acceptance Scale (GIIRMAS) (Johnson et al., 2023).

Research Design of Survey.

The first study was a systematic review, and the second and third studies built off this by employing a survey. The second and third studies involved primary data from college students at four universities within the Universities of Wisconsin, which included two large universities, one medium-sized university, and one small university. Students from each university were recruited in the Spring 2025 semester to participate in the study. Access to student emails was secured by contacting the registrar's office at each university via email and obtaining permission. The registrar's offices provided the researcher with a list of current undergraduate and graduate students. Three of the universities agreed to adhere to the fourth university's institutional review board (IRB) policies [institution redacted], and the study received IRB approval.

Participants were sent emails requesting to complete the survey using Qualtrics (2025). Approximately one week after the initial email, the researcher sent a reminder to all student email addresses except those who chose to opt-out. The survey was conducted online, and the study did not include an in-person component. Informed consent was obtained by participants electronically indicating their consent without providing their names to protect their identities before starting the study. To increase the response rate, participants could enter a drawing for one of twenty gift cards.

Participants. The participants in this study comprised students from four universities situated in the Midwest. These universities vary in size, with student enrollments in the fall of

2023 as follows: 50,335 (i.e., campus 1), 22,703 (i.e., campus 2), 5,058 (i.e., campus 3), and 4,030 (i.e., campus 4) (*Enrollment*, n.d.). Email addresses for all undergraduate and graduate students were collected from each university, excluding those students who opted to keep their information private.

The inclusion criteria for participation were: (a) participants must be 18 years of age or older, and (b) they must be enrolled at one of the four universities involved in the study. Individuals of all sexes, genders, races, ethnicities, and sexual orientations were encouraged to participate. The exclusion criteria were: (a) individuals under the age of 18, and (b) those not attending one of the four universities.

Response Rate. The sampling frame included approximately 75,000 student emails from four universities, including both graduate and undergraduate students. Online surveys typically have lower response rates than other methods (Daikeler et al., 2020). To encourage higher response rates, students were offered the chance to enter a drawing for a gift card as an incentive. While this approach might not be as effective as giving every student a gift card, it was expected to boost participation.

Previous research indicates that the ideal length for surveys to achieve optimal responses is between 10 and 15 minutes (Revilla & Höhne, 2020; Revilla & Ochoa, 2017), as longer surveys tend to result in higher attrition rates. Therefore, the survey used in this study was designed to be completed within 15 minutes. Additionally, the email sent to students emphasized the importance of understanding sexual violence and avoided using the word "study" in the subject line.

Given that the current study entered students into a drawing for a gift card, with only some students receiving one, the expected response rate was around 5% (Allan et al., 2018;

Cantor et al., 2017; Daikeler et al., 2020; K. Edwards et al., 2015; Jouriles et al., 2022; Klepfer et al., 2019). A total of 75,772 emails were sent out, with the expectation that around 3,900 students would complete the survey. Ultimately, the overall response rate was 3.8%, with 2,884 students completing the survey.

Summary of Survey. A summary of the survey items is presented in [Table 1.1](#). In the first section of the survey, participants were randomly assigned to one of eight vignettes. They read the vignette and answered five questions regarding their agreement with statements about blame based on the scenario. Responses were rated on a scale from strongly disagree (1) to strongly agree (6), with higher scores indicating greater perceived blameworthiness.

The vignettes depicted a sexual assault scenario where the outcome was manipulated to show either a “completed” or “stopped” sexual assault. Additionally, the sex of both the perpetrator and survivor were randomized. As a result, the eight conditions included: male perpetrator/female survivor (“completed”), male perpetrator/female survivor (“stopped”), male survivor/female perpetrator (“completed”), male survivor/female perpetrator (“stopped”), male/male (“completed”), male/male (“stopped”), female/female (“completed”), and female/female (“stopped”).

Next, the students were randomly assigned to complete either the GIAMMSA or the GIIRMAS to ensure groups are comparable and reduce bias. The GIIRMAS is a validated scale, while a previous scale, the AMMSA, was revised to measure gender-inclusive sexual aggression myths. Both scales encompass statements about sexual violence and stereotypes, prompting students to clearly express their level of agreement on a scale from strongly disagree (1) to strongly agree (6). Higher scores indicated greater agreement with rape myths or sexual aggression myths.

Subsequently, participants completed a scale designed to assess their perceptions of peer helping behaviors. This scale was developed by Banyard et al. (2014) to measure how likely individuals believe their friends are to intervene in risky situations involving sexual violence. Participants were presented with twenty different behaviors (e.g., asking a stranger if they need assistance getting home from a party or encouraging friends to do so; helping someone who has had too much to drink and is unconscious) and were asked to rate the likelihood of their friends performing each behavior on a scale from extremely unlikely (1) to extremely likely (6).

Following this, participants completed a prosocial bystander scale initially created by Cook-Craig et al. (2014). They were asked to report how many times in the past 12 months they engaged in certain behaviors (e.g., tell someone to stop talking down to, harassing, or messing with someone else; talk to a friend who was being physically hurt by a boyfriend/girlfriend). The response options ranged from 0 times (= 0) to 6 or more times (= 3), with a higher number reflecting a greater frequency of prosocial behaviors. After completing the prosocial scale, respondents provided information on their victimization history. They were directly asked if they had personally experienced a sexual assault (0 = no, 1 = yes) and if someone close to them had experienced a sexual assault (0 = no, 1 = yes).

The survey concluded by gathering additional demographic information, including age in years, sex (female = 1, male = 2, intersex = 3, prefer not to answer = 4), and gender (woman = 1, man = 2, transgender man = 3, transgender woman = 4, gender variant/non-conforming = 5, other = 5, prefer not to answer = 9) (see [Appendix](#)). Race was coded as American Indian or Alaska Native (= 1), Asian (= 2), Black or African American (= 3), Native Hawaiian or Pacific Islander (= 4), White (= 5), other (= 6), or prefer not to answer (= 7). Participants were asked if they identified as Hispanic or Latinx (0 = no, 1 = yes). Respondents were asked to select the

option that best describes their sexual orientation: heterosexual (straight) (= 1) homosexual (= 2), bisexual (= 3), other (= 4), or prefer not to answer (= 5).

Participants were asked to provide the name of their campus (campus 1 = 1, campus 2 = 2, campus 3 = 3, campus 4 = 4), their year in school (freshman = 1, sophomore = 2, junior = 3, senior = 4, graduate student = 5, other = 6), and whether they belonged to a fraternity or sorority (0 = no, 1 = yes). They were also asked to indicate their political party affiliation (Democratic = 1, Republican = 2, Independent = 3, other = 4).

Furthermore, respondents rated their physical and mental health on a scale of 1 to 5, where 1 represented "very bad" and 5 represented "very good." They were asked if their college offered a bystander intervention program (0 = no, 1 = yes), which was described as prevention programs designed to reduce sexual and other forms of interpersonal violence perpetration and victimization. Lastly, participants were inquired whether they had ever taken part in bystander training, described as a prevention program designed to reduce sexual and other forms of interpersonal violence perpetration and victimization (0 = no, 1 = yes).

After completing the survey, participants had the opportunity to enter a drawing for a gift card. To participate in the drawing, they were required to provide their email addresses. Participants were clearly informed that their email addresses would not be linked to their survey responses. As a result, the survey was conducted confidentially, and their information was deidentified. Resource information was included in the recruitment email and provided again at the end of the survey in case any distress had occurred.

Chapter 2: The Efficacy of Bystander Interventions on Prejudiced Attitudes & Perceptions Toward Intervening: A Meta-Analysis & Systematic Review

Significance of the Study. Given the importance of decreasing sexual violence, one effective strategy is to change attitudes that contribute to perpetration behavior and enhance bystander intervention. Since rape myth acceptance (RMA) is one such attitude that impacts sexual offending (Brownmiller, 1975; Iconis, 2008; Mouilso & Calhoun, 2013), the study utilized RMA as the primary measure of attitudes, in addition to sexism, bystander efficacy, and intentions to help. It remains unclear whether bystander interventions are effectively reducing these harmful beliefs and whether sufficient studies have been conducted on this topic. Previous systematic reviews have several limitations: they often focus on youth, are outdated, do not restrict studies to treatment-control comparisons, and show inconsistencies in the reduction of prejudiced attitudes.

Research Question.

- (1) Are bystander trainings effectively reducing prejudiced attitudes and increasing perceptions toward intervening?

Research Design. Five electronic databases were searched for eligible studies published between January 2015 and May 2024. The inclusion criteria included: (a) the population of interest must have focused on a college campus or university within the United States; (b) the intervention was adopted from bystander theory; (c) the outcomes included prejudiced attitudes (i.e., RMA, sexism), and perceptions toward intervening (i.e., bystander efficacy, intentions to help); and (d) it was a randomized controlled trial (individual or cluster design). The exclusion criteria included (a) the setting was not a college campus or university; (b) the outcome of interest was not RMA, sexism, bystander efficacy, or intentions to help; (c) it was not an RCT design; (d) it was not conducted in the United States or was not reported in English; or (e) it was published before 2015.

The electronic databases that were searched in the current review included PubMed (Medline), ProQuest Dissertation and Theses, Sociological Abstracts, PsychInfo (EBSCO), Criminal Justice Abstracts (EBSCO), and Web of Science. Two reviewers independently conducted screening and data extraction. The risk of bias was assessed utilizing the risk of bias tool from the Cochrane Collaboration (Higgins, 2008). Publication bias was assessed using a funnel plot (StataCorp, 2023) to explore the presence of small-study effects (Egger et al., 1997), as was the “trim-and-fill” method to estimate the number of studies that might be missing from the data (Duval & Tweedie, 2000). Effect sizes were calculated using Hedges *g*. Robust variance estimation in meta-regression was utilized to analyze treatment side effects and moderator analysis. Additionally, sensitivity analyses were utilized to determine if the effects of the intervention remained when outliers were removed (Hedges et al., 2010).

Results. The search results from the five databases elicited 512 records. Thirty-eight articles were assessed for eligibility for full-text review, but 20 were excluded. Therefore, a total of 11 articles were included. Most ($N = 9$) of the studies were journal articles; however, two dissertations were included. Most articles were individually randomized control trials ($N = 7$) or cluster randomized control trials ($N = 4$). No studies examined sexist attitudes, while more than half of studies examined bystander efficacy ($N = 8$), intentions to help ($N = 7$), and RMA ($N = 6$).

Overall, the combined effects from the 11 articles were statistically significant, indicating that the treatment condition differed significantly from the control conditions, and there was support for the idea that bystander intervention is, at least in part, effective. The outcome of sexism was not included as no studies examined this. The outcomes of RMA, intentions to intervene, and bystander efficacy were statistically significant, suggesting that the bystander

intervention was successful in decreasing rape myth acceptance, increasing intentions to intervene, and increasing bystander efficacy. The meta-analysis of 11 RCT articles found some evidence of bystander interventions changing prejudiced attitudes and perceptions toward helping. None of the studies included non-binary options, and few included information on cisgender relationships (N = 4; 36.36%).

Moreover, more research is needed on the newer measurements of AMMSA as this was not included in any of the studies, but the studies that did include myths (N = 6) utilized RMA. Research has suggested that rape myths are decreasing (Byrne et al., 2021) and sexual aggression myths might be a more reliable measurement of stereotypes in current society (Bohner et al., 2007). Future research might benefit from examining differences in perceptions between RMA and AMMSA following a bystander intervention. The study ultimately suggested that bystander interventions might successfully target certain attitudes (i.e., prejudiced attitudes and perceptions toward help). While future research needs to expand upon this, the review does highlight some strengths within the intervention that can be built upon.

Chapter 3: Victim-Blaming & Bystander Behavior Among College Students: A Multi-Campus Examination

Significance of the Study. Considering the extreme rates of sexual violence on college campuses and the efforts implemented to address this, the study aimed to assess to what extent victim-blaming perceptions persist and how this might vary based on contextual information. Victim-blaming perceptions remain persistent among college students (McMahon & Farmer, 2011), yet little is known about why this is. The idea of what constitutes "real" rape might affect how respondents interpret the scenarios presented. Their perceptions of blame might shift if the situations do not align with their expectations, such as the stereotype that sexual violence always

occurs with a male perpetrator and a female survivor. These perceptions might also impact bystander behavior as studies have shown that individuals with higher victim-blaming beliefs are less likely to intervene in cases of sexual violence (Martín-Fernández et al., 2018; Pagliaro et al., 2020). The study was built upon the information from the systematic review. It sought to address several of the gaps discovered, including a lack of research on LGBTQ+ populations and violence beyond male-on-female violence. Consistent with the systematic review, research suggests we know very little about the LGBTQ+ community within this area (Byrne et al., 2021; Fansher & Zedaker, 2022; Navarro & Ratajczak, 2022).

The study further sought to understand how blameworthiness might impact the result of a sexual assault (i.e., “completed” or “stopped”). Differences exist in perceptions of victim-blaming attitudes based on whether survivors physically resist and report the assault, as those who do not physically resist and do not report often face more blame as the expectation of “real” rape is that the survivor resists and immediately reports (Estrich, 1987; Randall, 2010; Sit & Schuller, 2018). However, there remains a lack of understanding of how perceptions of victim blame will change in an identical situation where the perpetrator stops or completes the assault.

The present study did not include differences in the amount of resistance from the survivors but manipulated what the outcome of the sexual assault was (i.e., “completed” or “stopped”) in addition to the sex of the perpetrator and survivor. By identifying why variations might exist in victim-blame among this population, policies that can aid in modifying these perceptions and altering bystander behavior can be explored.

Research Questions.

- (1) Will perceptions of victim-blaming be highest when the survivor is female and the perpetrator is male, compared to other sex combinations in the vignettes?

- (2) Will victim-blaming perceptions be higher when the sexual assault is “stopped” compared to when it is “completed”?
- (3) Will higher victim-blaming perceptions be associated with lower prosocial bystander behavior?
- (4) Will bystander training moderate the relationship between victim-blaming and prosocial bystander behavior?

Methods. The data from the proposal study came from the survey detailed above and was conducted in early 2025. Emails were sent via Qualtrics to all students at four universities in the Universities of Wisconsin. Respondents were randomly assigned to one of eight conditions in which they were presented with a vignette depicting a sexual assault scenario which the sex of the perpetrator and survivor and the ending. Respondents then answered questions on how much they agreed with statements on blame. Two ordinary logistic regression models were run using two questions from the vignettes as dependent variables to measure survivor blameworthiness and self-blame. The models were employed to assess whether victim-blaming and self-blame varied by the sex of the survivor or perpetrator and the conditions in which the narrative ended. Additionally, two multiple regression analyses were conducted to examine the relationship between victim-blaming and prosocial bystander behaviors, and whether bystander training moderates this relationship.

Results. Slightly over half of respondents reported previously attending bystander training (52%). Almost half of participants (47%) reported experiencing a sexual assault and the vast majority reported having someone close to them experience a sexual assault (70%). When the survivor was male, regardless of condition, survivors were assigned more blame for the

assault. Additionally, when the survivor was female and the perpetrator was male, participants believed they would blame themselves less for the assault than all other conditions.

In conditions in which the sexual assault was “completed,” the blame assigned was significantly lower compared to scenarios where the assault was “stopped.” Survivors of sexual assault themselves assigned less blame to the survivor, as did individuals who were close to a survivor. Interestingly, scenarios that had a “completed” assault were associated with higher levels of self-blame than scenarios which were “stopped.” Survivors of sexual assault exhibited higher levels of self-blame compared to those who had not experienced sexual assault, and individuals displaying higher levels of self-blame reported poorer mental health.

For models predicting bystander behavior, higher levels of blame directed toward the survivor were linked to an increase in prosocial bystander behaviors. Participants who believed their peers were helping others were significantly more likely to engage in prosocial bystander behavior, as were survivors of sexual assault and those close to a survivor. Bystander training was not significant in the first model and did not moderate the relationship between victim-blame and prosocial bystander behaviors, but it did become significant with those who not having attended bystander training having higher prosocial behaviors.

Chapter 4: Initial Evaluation of a Gender-Inclusive Version of Acceptance of Modern Myths on Sexual Aggression Scale

Significance of the Study. The third proposed study strived to address additional gaps uncovered in the systematic review, including a lack of information on gender differences and utilization of newer sexual aggression measurement tools. The AMMSA-21 has been exceedingly underutilized in the United States, as was found in the systematic review, and little

is known about the persistence of these attitudes and the impact this might have on other negative perceptions of sexual violence.

Given the lack of gender-inclusive research, the present study introduced a new version of the AMMSA-21, the Gender-Inclusive Acceptance of Modern Myths on Sexual Aggression (GIAMMSA), created by the primary researcher. Comparisons were made between the GIAMMSA and the Gender-Inclusive Rape Myth Scale (GIIRMAS) to determine the prevalence of each, along with correlations to prosocial bystander behaviors. While research on the influence of rape myths on bystander behaviors has been conducted, research has largely failed to examine how sexual aggression myths might influence prosocial bystander behaviors, as a person's perception might dictate how they perceive a situation or respond as a bystander.

Research Questions.

- (1) Will GIAMMSA have strong internal reliability?
- (2) Will GIAMMSA scores be higher than GIIRMAS scores?
- (3) Will those with lower GIAMMSA scores have higher prosocial bystander behaviors than those with higher GIAMMSA scores?

Methods. The data came from the study detailed above, conducted in early 2025. The respondents were emailed via Qualtrics and included all students at four universities in the Universities of Wisconsin. Participants were randomly assigned to complete either a rape myths scale (i.e., GIIRMAS) or a newly revised version of a sexual aggression myth scale (i.e., GIAMMSA). To determine if GIAMMSA was a unidimensional and reliable construct, confirmatory factor analysis was conducted. Confirmatory factor analysis was also employed with GIIRMAS to ensure the factors fit the prior research; however, it did not converge. Therefore, principal factor analysis (PFA) was conducted. Model fit tests were also conducted,

including model chi-square, root mean square error or approximation (RMSEA), and comparative fit index (CFI). A t-test was used to examine differences between GIAMMSA and GIIRMAS. Finally, a multiple regression analysis was run to determine if GIAMMSA was related to prosocial bystander behaviors.

Results. GIIRMAS was unable to converge based on the previously proposed five factors, and principal component analysis revealed five factors with weak loadings. The weak loadings raise concerns about the validity of this model and whether the construct is still relevant. Confirmatory factor analysis revealed that GIAMMSA is a unidimensional construct that has a good fit and is reliable with an alpha coefficient of .89. Therefore, the GIAMMSA might now be more relevant. Contributing to this idea, the t-test found that GIAMMSA scores were significantly higher than GIIRMAS scores. Regression analysis found that GIAMMSA was not statistically related to prosocial bystander behaviors ($p < .05$).

Chapter 5: Conclusion

Together, the three studies discussed above contributed to the literature on bystander intervention, sexual violence, and perceptions towards survivors on college campuses. They offer valuable insights into students' perceptions of sexual assault, the factors that reinforce these views, the consequences of views on bystander behavior, and the effectiveness of interventions designed to combat it. The final chapter focuses on synthesizing the findings across the studies and presents recommendations for enhancing existing policies and procedures regarding sexual violence on campuses. The findings and limitations of the studies are discussed. Finally, implications for future research are considered, paving the way for greater advancements in this critical area.

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Table 1.1
Overall Measures Included in Survey

| <i>Attitudes & Experiences</i> | |
|--|--|
| Victim-Blaming Vignettes ¹ | A vignette was presented and randomly assigned the gender of the perpetrator and survivor and the ending of the sexual assault. To what extent do you agree with statements about who is to blame (1 = strongly disagree, 6 = strongly agree)? |
| GIIRMAS ² or GIAMMSA ³ | Randomly assigned participants to complete either the GIIRMAS or the GIAMMSA. To what extent do you agree with statements on sexual violence (6 = strongly agree, 1 = strongly disagree)? |
| Perceptions of Peer Helping ⁴ | How likely are your friends to do the following bystander behaviors (0 = extremely unlikely, 6 = extremely likely)? |
| Prosocial Bystander Scale ⁵ | In the past 12 months, how often have you done the following behaviors (0 = 0 times, 1 = 1-2 times, 2 = 3-5 times, 3 = 6+ times)? |
| Victimization History | Has someone close to you ever experienced a sexual assault (0 = no, 1 = yes)? Have you ever experienced a sexual assault (including rape) (0 = no, 1 = yes)? |
| <i>Additional Information</i> | |
| Age | Years |
| Sex | Female, Male, Intersex, prefer not to answer |
| Gender Identity | Woman, Man, Transgender Man, Transgender Woman, Gender Variant/Non-Conforming, other (explain), prefer not to answer |
| Sexual Orientation | Heterosexual, Homosexual, Bisexual, other (explain), prefer not to answer |
| Race | American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White, other (explain), prefer not to answer |
| Year in School | Freshmen, Sophomore, Junior, Senior, Graduate Student, other (explain) |
| Campus | Which university do you attend? |
| Fraternity or Sorority | (0 = no, 1 = yes). If yes, was it academic or social (0 = academic, 1 = social). |
| Political Affiliation | Democratic, Republican, Independent, other (explain) |
| Health | Ranking mental and physical health separately (1 = very bad, 5 = very good) |
| Bystander Training Program | Does your college offer a bystander training (0 = no, 1 = yes)? Have you ever taken bystander training (0 = no, 1 = yes)? |

¹ Developed from Allen & Meadows (2017)

² From Johnson et al. (2023)

³ Developed from Bohner et al. (2022)

⁴ From Banyard et al. (2014)

⁵ From Cook-Craig et al. (2014)

CHAPTER TWO

The Efficacy of Bystander Interventions on Prejudiced Attitudes &
Perceptions Toward Intervening: A Meta-Analysis & Systematic Review

Abstract

While many bystander interventions have been implemented to reduce sexual violence, the true effects of the interventions on perceptions and attitudes are unclear as research has generally explored the impact on future behavior instead of changes to attitudes. The present study explored the influence of bystander interventions on four outcomes including, rape myth acceptance (RMA), sexism, bystander efficacy, and intentions to help from randomized control trials (RCTs). Five electronic databases (PubMed (Medline), ProQuest Dissertation and Theses, Sociological Abstracts, PsychInfo (EBSCO), Criminal Justice Abstracts (EBSCO), and Web of Science) were searched for eligible studies published between January 2015 and May 2024. Two reviewers independently conducted screening and data extraction. The average treatment effect size across all outcomes, with 43 effect sizes from 11 studies, was $g = 0.283$ with a 95% confidence interval [0.178, 0.388], which was statistically significant. The outcomes RMA, bystander efficacy, and intentions to help were statistically significant. The outcome sexism was not examined in any studies, and only six studies included RMA. The meta-analysis found evidence of bystander intervention efficacy in targeting prejudiced attitudes and perceptions toward intervening. Still, there remains a lack of research among non-binary and LGBTQ+ persons, the outcomes sexism and RMA, and RCTs conducted on bystander interventions.

Keywords: systematic review, bystander intervention, sexual violence, rape myths

The Efficacy of Bystander Interventions on Prejudiced Attitudes & Perceptions Toward Intervening: A Meta-Analysis & Systematic Review

Within the United States, rates of sexual victimization are substantial, and the rates are particularly high on college campuses (Cantor et al., 2020; Flintort, 2010; Krebs et al., 2016; Morgan & Oudekerk, 2019; Morgan & Truman, 2020; Rennison, 2002). Bystander intervention training programs were created in response to campus sexual violence and dating violence prevention (Orchowski et al., 2020). The programs aim to educate on the warning signs for risk of harm including noticing the problem, labeling it as problematic, taking responsibility for the situation, and having the skills necessary to ultimately intervene (McMahon & Banyard, 2012; Latané & Darley, 1970). To achieve this, the interventions target members of the campus community to increase their knowledge about sexual violence, decrease their attitudes and acceptance of rape myths, and increase persons abilities to intervene (Banyard et al., 2007; Jouriles et al., 2018).

While research on bystander intervention programs has been expanding (Jouriles et al., 2018), and the White House Task Force (2017) even highlighted the positive aspects of bystander interventions, there remain questions on how well the bystander interventions are targeting attitudes. Many studies focus on the ability of persons to intervene following the intervention without studying the impact of negative perceptions towards survivors. Given the importance of decreasing sexual violence, one strategy to reduce perpetration behavior and increase bystander intentions is through changing attitudes. Since rape myth acceptance (RMA) has been identified as one such attitude that impacts sexual offending (Brownmiller, 1975; Iconis, 2008; Mouilso & Calhoun, 2013), the present review aimed to examine RMA as the primary measure of attitudes, in addition to sexism, bystander efficacy, and intent to help. While

bystander interventions mainly aim to change behavior, the interventions often include components to target rape myth ideologies and to decrease negative attitudes. The true value of the intervention, in terms of the ability to change myth acceptance, has not yet been thoroughly studied. The present study reviewed how attitudes are impacted by bystander programs to better appreciate the validity and whether different interventions which exclusively target behavior need to be created.

Prevalence & Consequences of Sexual Violence

According to the Association of American Universities survey, in 2019, 25.9% of female undergraduate students reported experiencing nonconsensual sexual contact, either through physical force or an inability to consent. The concerning rates, however, are not contained to college campuses as, in 2015, approximately one in five women in the United States reported experiencing completed or attempted rape throughout their lifetime (Smith et al., 2018). As concerning, 81% of women and 43% of men reported that they experienced at least one form of sexual harassment or assault throughout their lives (Kearl, 2018).

The prevalence of sexual harassment and sexual assault cannot be ignored, and consequences follow the survivor for the rest of their lives. Experiencing sexual violence has a significant negative consequence on an individual's psychological well-being. According to Mason and Lodrick (2013), most survivors of sexual violence will be profoundly impacted including greater feelings of depression and post-traumatic stress disorder. In addition to consequences on psychological well-being, sexual violence in college students was associated with more academic problems such as lower grade point averages, higher dropout rates, and greater learning problems (Molstad et al., 2023). While the extent of impact varies greatly from

person to person, given the high prevalence and concerning nature of the crime, it is quite apparent that this needs attention to better protect individuals and communities.

Protective & Risk Factors

Research that has identified factors related to victimization of sexual assault has found women often have greater rates of experiencing sexual assault than men (Cantor et al., 2020; Hines et al., 2012). Persons who identify as transgender have higher odds of being a survivor of a sexual assault than bisexuals, cisgender women, and cisgender men (Coulter et al., 2017). While females and persons who identify as transgender are at high risk, behaviors can also influence the likelihood of sexual assault victimization. At least half of all sexual assaults involve alcohol use by the survivor and/or offender (Abbey, 2002; Basile et al., 2021; Jaffe et al., 2020). Similarly, sexual assault was more likely to occur with increased partying, which often coincides with substance use (Franklin et al., 2012; Hines et al., 2012; Jaffe et al., 2020). Prior perpetration, past victimization, binge drinking behavior, and symptoms of depression were associated with higher odds of committing a sexual assault (Walsh et al., 2021). Research on men who sexually assaulted women had higher scores on hostility toward women, a higher number of past sexual partners, drinking more often in sexual situations, and a greater history of delinquency in adolescence (Abbey & McAuslan, 2004; Ray & Parkhill, 2023; Steele et al., 2022).

The high prevalence rates might be influenced by the rape culture that persists in America, in which violence against women is deliberately excused and ignored (Burt, 1980; Lonsway & Fitzgerald, 1994). The existence of rape culture shapes attitudes, and ultimately behavior, of individuals enmeshed in the society. Researchers argue that the large prevalence of sexual violence in the United States is at least in part due to the rape culture (Cohen et al., 2018; Huck, 2021; Kelner, 2013; Lanford, 2016).

The concept of rape culture was developed at the same time as rape myths which help understand the high prevalence of sexual assault. Rape myths describe a complex set of cultural beliefs that support, and even perpetuate, sexual violence (Payne et al., 1999). The myths are prejudicial, stereotypical, or false beliefs that are about the rape itself, the survivor, or the perpetrator. Common forms of rape myths include that women who dress provocatively or are seductive are partly at fault for their victimization, that if a survivor did not physically fight back it is not rape, and that men have uncontrollable sexual urges that need to be released.

Prior research about perpetration has suggested that greater acceptance of rape myths was associated with the perpetration of sexual assault (Brownmiller, 1975; Iconis, 2008; Mouilso & Calhoun, 2013), highlighting the importance of this concept and suggesting a need to understand, and ultimately change, these attitudes. Holding the attitude not only influences perpetration but women were found to be less likely to report their sexual victimization if they had a greater RMA (Egan & Wilson, 2012; Li & Zheng, 2022; Stephens et al., 2016).

Bystander Interventions

Bystander interventions have become a prevailing intervention, particularly on college campuses, to reduce sexual violence. The original bystander framework, as developed by Latané and Darley (1970), was aimed at the bystander recognizing an event, understanding it as problematic, and deciding that they need to intervene and that they have the skills to do so. While the bystander intervention theory has now been disseminated into many types of interventions (e.g., Mennicke et al., 2023; Nielsen et al., 2025; Wijaya et al., 2022), the premise, and underlying theory stay consistent. This consistency helps to condition behavior and attitudes to change through social norms shifting. More current interventions put females and males as positive agents for change and frame sexual violence as an issue prevalent to everyone and

something everyone needs to take responsibility for, ultimately aiming to promote shared social identities among groups (Fenton et al., 2016).

The intervention aims to change the mindset of individuals to be more likely to intervene in various problematic scenarios, such as stepping in to stop sexual violence (Fenton & Mott, 2018). There are five necessary steps for a bystander to intervene including noticing the event, identifying the situation as problematic, taking responsibility for the situation, deciding how to help, and finally intervening (Latané & Darley, 1970). The primary component of the intervention is to change viewpoints to see more of these problematic scenarios and to identify how best to help. Bystander efficacy often is used as a measure to determine a person's perceived belief in their ability to recognize and use bystander behaviors to act in risky situations (McMahon et al., 2015).

The format of the interventions varies from fully online modules to in-person classes with differences in frequencies and locations. The organization of the intervention might matter for how much attitudes alter as prior research has varying endorsements of rape myths depending on format, length of time, and type of participant (Mujal et al., 2021; O'Brien et al., 2021; Zidenberg et al., 2022). Several studies have shown short-term benefits of the intervention on beliefs, specifically improvements in attitudes, knowledge, and bystander behavior, but there is a need for more conclusive evidence from a more diverse, larger population (Banyard et al., 2007; Jouriles et al., 2018).

Importance of Current Study

The existing literature has found mixed results on the effectiveness of bystander interventions (Azimi et al., 2021; Kettrey & Marx, 2021; Park & Kim, 2023) and discrepancies in results exist based on formatting and gender differences in bystander interventions (Diener

O’Leary et al., 2022; Hoxmeier et al., 2018; Palmer et al., 2018), indicating a need for a deep dive into the literature on this topic. The effectiveness has largely focused on behavioral outcomes, with few studies exclusively focusing on changes to attitudes.

The effectiveness has largely focused on behavioral outcomes, with few studies exclusively concentrating on changes to attitudes. RMA has been identified as a potential influence on the perpetration of sexual violence and promotes violence, yet few studies have entirely focused on how bystander interventions impact RMA. One recent study examined a specific bystander intervention among youth, *Bringing in the Bystander*, and found significant effects on measures of rape-supportive attitudes, bystander efficacy, and bystander intentions (Bouchard et al., 2022). A meta-analysis conducted by Katz and Moore (2013) that was similar to the present study found moderate support for bystander interventions’ impact on bystander efficacy and intentions to help among college students but only found small, but still significant, impacts on RMA (Katz & Moore, 2013). However, the study is more than a decade old and given that bystander interventions are a newer training there is a significant need for an updated study.

The objective of the current review was to assess whether bystander interventions have effectively targeted prejudiced attitudes and increased positive perceptions toward intervening. Similar systematic reviews have either been conducted with youth, are outdated, or did not limit studies to only treatment control comparisons. A crucial component missing in the literature is only utilizing studies that use the gold standards for research (i.e., randomized control trials). Particularly for a socially derived and constantly evolving concept, it is necessary to continue examining the validity of bystander interventions. Prior literature has been inconsistent in the strength of bystander interventions in reducing prejudiced attitudes and increasing perceptions

toward intervening. This study aided in evaluating the efficacy of the intervention, particularly in terms of changing attitudes.

Methods

Selection Criteria

The present systematic review was conducted following the guidelines from the Preferred Reporting Items for Systematic Review and Meta-analyses (PRISMA) (Page et al., 2021). A set of inclusion and exclusion were applied to the screening process to identify relevant articles.

Inclusion Criteria

Articles were included in the review if they met the following criteria:

- The population of interest must have focused on a college campus or university within the United States. The persons of interest can be of any race, sex, or sexual orientation.
- Eligible prevention programs were adapted from bystander theory or were self-reported as being a type of bystander intervention.
- Comparison groups included attention control, which had a comparable format to the intervention group, treatment as usual, or no treatment.
- The outcomes included prejudiced attitudes (i.e., RMA, sexism), and perceptions toward intervening (i.e., bystander efficacy, intentions to help).
- Randomized controlled trials (individual or cluster design) were used to reduce selection bias and provide a tool to examine cause and effect (Hariton & Locascio, 2018).

Exclusion Criteria

Articles were excluded from the review if they met the following criteria or if they did not meet the inclusion criteria:

- The setting was not a college campus or university.

- The outcome of interest was not RMA, sexism, bystander efficacy, or intentions to help.
- The study was not an RCT design.
- The study was not conducted in the United States or was not reported in English due to a lack of external validity.
- Studies published prior to 2015 were excluded as the social climate might have changed.

Search Strategy

The electronic databases that were searched in the current review included PubMed (Medline), ProQuest Dissertation and Theses, Sociological Abstracts, PsychInfo (EBSCO), Criminal Justice Abstracts (EBSCO), and Web of Science from 2015 to May 2024. Unpublished reports, abstracts, and dissertations were also eligible for inclusion. Reference lists of articles that were within the inclusion criteria were manually searched. The search study included the following syntax:

("bystander intervention" OR "bystander training" OR "sexual assault prevention program" OR "sexual violence prevention" OR "dating violence prevention program" OR "bystander education" OR "bystander program" OR "rape awareness program") AND ("rape myth acceptance" OR RMA OR Myth* OR belie* OR percept* OR attitude* OR sexis* OR "social norms" OR bias OR "sex bias" OR "gender bias" OR discrimination OR "sex discrimination" OR "sexual discrimination" OR "gender discrimination") AND (RCT OR "randomized controlled trial" OR "controlled clinical trial*" OR "double blind stud*" OR "single blind stud*" OR "random assignment" OR "random*" OR "compar*")

Data Collection & Analysis

Selection of Studies

Two researchers independently examined potentially eligible articles. The researchers screened through the title and the abstract and then conducted a full-text review. If the reviewers disagreed on a study, they resolved the dispute through discussion. The rate of agreement was 97%. When variables of interest could not be extracted from the study, the primary study authors were contacted to request the information.

Data Extraction

The studies were coded by the authors of the review. If the reviewers disagreed on the coding, they resolved the dispute through discussion. The following data was extracted: type and year of publication, author name, title, study design, length of intervention, length of follow-up(s), source of funding, and statistical methods. For participants, the eligibility criteria, and characteristics of the participants, including sex were extracted. The effect sizes were extracted for all conditions including baseline and follow-up means and standard deviations, regression coefficients, or group mean differences. The intervention data that was extracted included the intervention name and method, whether it used technology, the number of groups, the duration of time in minutes, the outcome variables and how they were measured, the number of persons in each condition, and the number of persons missing from baseline to follow-up.

Assessment of Risk of Bias

The risk of bias was assessed for each study that met the inclusion criteria. As conveyed in [Table 2.4](#), seven items were included: sequence generation, allocation concealment, blinding of participants, blinding of outcome assessment, incomplete outcome data, reporting bias, and other sources of potential bias (Higgins & Green, 2011). Two reviewers independently analyzed the articles utilizing the risk of bias tool from the Cochrane Collaboration (Higgins, 2008) with each item rated as high, some concerns, or low ([Table 2.4](#)).

Assessment of Publication Bias

To limit publication bias, we conducted an extensive search of databases or both published articles and unpublished literature. Two independent reviewers screened the results of potentially eligible studies to reduce bias in study selection. To assess publication bias, a funnel plot was examined (StataCorp, 2023) to explore the presence of small-study effects (Egger et al., 1997). Tests for funnel plot asymmetry were conducted in Stata (Egger et al., 1997) to estimate the association between intervention effects and study size that are greater than expected to occur by chance (Sterne et al., 2011). The “trim-and-fill” method was used to estimate the number of studies that might be missing from the data (Duval & Tweedie, 2000).

Data Synthesis

Effect sizes were calculated using Hedge’s g , as it offers unbiased estimates of the population statistics (Hedges & Olkin, 1985). Most of the effect sizes ($n = 62$) were calculated using mean and standard deviation on Stata version 18 (2023) while the remaining eight were hand calculated as they were reported in a different format. After effect sizes were calculated, reverse coding was utilized by taking the maximum of the effect size for the outcomes RMA and sexism and subtracting it from each effect size (Weems & Onwuegbuzie, 2001). Following the reverse coding, all outcomes were deemed successful if the effect size was greater for the intervention group.

Robust variance estimation (RVE) in meta-regression was used to estimate treatment effects (Hedges et al., 2010) to account for the statistical dependence of the effect sizes as research suggests that RVE is better able to estimate the overall effect more accurately than the traditional variance estimate due to the use of estimated marginal variances (Sidik & Jonkman, 2006). Multiple effect sizes were extracted from the same studies and thus were dependent. Data

was examined for all outcomes, and separately for the four outcomes included (i.e., RMA, sexism, bystander efficacy, intent to help). Sensitivity analyses were utilized to determine whether the effects of the intervention remain when outliers were removed (Hedges et al., 2010). The analyses were conducted for average dependency correlations that ranged from 0.10 to 0.90, and if the effects were comparable both before and after the analysis the results were not strongly impacted by outliers.

Results

Search Results

The PRISMA diagram illustrated in [Figure 2.1](#) outlines the search flow of the studies through the search and screening process. The search result from the five databases elicited 512 records. The selection and review of the articles was conducted by both authors. A total of 277 records were removed prior to screening as they were duplicate records. Of the 235 articles screened, 197 of the articles were excluded during the title and abstract screening as they obviously did not meet the inclusion criteria. One study had to be excluded as the statistics were not available (Salazar et al., 2019).

Of the 38 studies that were assessed for eligibility for full-text review, 27 were excluded due to: (a) the study was not a randomized control study (n = 10); (b) the dependent variable did not measure an attitude or belief (n = 7); (c) the intervention was prior to 2015 (n = 6); (d) the study setting was not a university or college (n = 2); (e) the study was not conducted with adults (n = 1); (f) the intervention implemented was not a bystander intervention (n = 1). Therefore, a total of 11 articles were examined which included nine journal articles and two dissertations ([Figure 2.1](#)). A summary of the included articles is displayed in [Table 2.1](#).

Characteristics

The individual breakdown of characteristics of included studies (n = 11) are summarized in [Table 2.1](#). The information includes the type of study, years of dissemination, and study design. The majority (n = 9) of the studies were journal articles but two dissertations were included. [Table 2.2](#) displays overall characteristics of the eleven studies. No studies included non-binary populations, as all of the studies (n = 11) included only male and female as gender categories. For sexual orientation, 36.36% (n = 4) studies included information on LGBTQ+ participants. However, most of the studies did not have large enough samples of persons who identified as LGBTQ+ to make any meaningful conclusions. The overall mean percentage of men in the sample was 36.34% ([Table 2.2](#)). A breakdown of gender variant inclusive studies, LGBTQ+ inclusive studies, the number of individuals in each condition, the average age of participants, and the percentage of the sample that are male is summarized in [Table 2.2](#). The number of studies that included each of the outcomes (i.e., RMA, sexism, bystander efficacy, intent to help) is displayed in [Table 2.2](#). No studies examined sexist attitudes, while more than half of studies examined bystander efficacy (n =8), intentions to help (n =7), and RMA (n =6).

Effects of Intervention

Overall Effect

The overall treatment effect sizes for all bystander intervention outcomes (RMA, bystander efficacy, intent to help) are presented in [Table 2.3](#). No studies examined sexism, so this is not included in the analyses. The treatment effect size across all four outcomes, with 43 effect sizes from 11 studies, was $g = 0.2833$ ($p < .001$) with a 95% confidence interval [0.178, 0.388], suggesting that the intervention has statistically significant larger effect than the control condition. All three outcomes were statistically significant. The outcome RMA, with 11 effect sizes from six studies, was $g = 0.293$ ($p < .01$) with a 95% confidence interval [0.162, 0.426]. The

outcome bystander efficacy, with 16 effect sizes from eight studies, was $g = 0.317$ ($p < .01$) with a 95% confidence interval [0.117, 0.518]. The outcome intentions to help, with 16 effect sizes from seven studies, was $g = 0.288$ ($p < .01$) with a 95% confidence interval [0.126, 0.450].

Sensitivity Analysis

Of all effect sizes, six of the effects (Elias-Lambert & Black, 2016; O'Brien et al., 2021; Peterson et al., 2018) were identified as outliers and were removed for sensitivity analysis. After removing these effect sizes, the overall effect size was $g = 0.253$ ($p < .001$), with 95% CI of [0.178, 0.329], which is comparable to the overall effect size within the original analysis ([Table 2.3](#)). The outcomes RMA, bystander efficacy, and intentions to help remained relatively consistent after conducting sensitivity analysis.

Risk of Bias

[Table 2.4](#) presents the risk of bias assessment results for all included studies. Of the studies, 55% had a satisfactory method of random sequence generation. None of the studies reported allocation concealment sufficiently as the studies did not provide adequate information and were rated as unclear, and no studies reported that the participants and researcher were blinded to the intervention, therefore all studies had a high rating on risk of performance bias due to an inability to blind participants. One of the studies was rated as high for incomplete data as attrition rates were large. None of the studies, however, failed to report data on all outcomes and all were therefore rated as low. Given this, one of the studies was rated as having higher overall bias, three were rated as having some concerns of bias, and seven were rated low bias. a high overall bias, seven were rated some concerns of bias, and eight were rated low bias.

Risk of Publication Bias

[Figure 2.2](#) shows the results of the funnel plot with imputed studies (StataCorp, 2023).

The estimated impact might be biased as the asymmetrical appearance of the funnel plot indicates there might be an underestimation of the intervention effect. The funnel plot suggests that studies with large beneficial effects might be missing therefore the observed effects could be underestimating true intervention effect.

Egger's regression test (Egger et al., 1997) was run and found a test statistic of $z = -2.57$ and a p-value of 0.010, indicating there is no evidence of small-study effects. The "trim-and-fill" method (Duval & Tweedie, 2000) based on 43 effect sizes had a 95% CI [0.186, 0.315] and a mean effect size of 0.250. The method suggested that seven hypothetical studies were estimated to be missing and were imputed. After imputing the studies, the updated estimated of the mean effect size of 0.302 with a 95% CI [0.233, 0.372]. Several of the effect sizes lie within the 95% pseudo CI ([Figure 2.2](#)). When examining the original effect size ($g = 0.250$) to the effect size after imputation ($g = 0.302$) it indicated they were somewhat comparable, with some variation potentially due to the wide range of effect sizes. However, due to the complicated nature of publication bias, we cannot conclude that our findings are robust against publication bias based on the funnel plot and the trim-and-fill method.

Discussion

The meta-analysis of 11 studies found evidence of bystander interventions changing prejudiced attitudes and perceptions toward helping. Specifically, the outcomes of RMA, bystander efficacy, and intentions to help were assessed from articles identified in five databases. The review involved studies of colleges within the United States that were reported in English. The external validity of the review is thus limited. The review, however, included male and

female participants, of at least 18 years of age, and any race or ethnicity. The study further included bystander intervention to gain wider estimates. The average effect size was generally comparable to the average effect size reported by Katz and Moore (2013), further suggesting bystander interventions have value.

It is crucial to discuss the lack of research on the LGBTQ+ population, as none of the studies included non-binary options and few included information on cisgender relationships (n = 4; 36.36%). Yet the rates of sexual violence among colleges in previous studies are often the highest among those who identify as transgender, bisexual, gay, or lesbian, with both sexual minority women and men victimized at higher rates than heterosexual women and men (Coulter et al., 2017). Given this, it is crucial for future research not only to expand on the impact of perceptions from bystander interventions but also how this might differ for those who identify as non-gender conforming or non-heterosexual. While the present research utilized the common RMA measurement, it is worth noting that a newer measurement developed by Gerger et al. (2007) named the Acceptance of Modern Myths on Sexual Aggression (AMMSA). The AMMSA has generally failed to be implemented within studies in the United States. Future research should examine differences in perceptions between RMA and AMMSA following a bystander intervention.

The current review was narrower in scope than many other reviews of bystander interventions as it focused exclusively on four attitudes (i.e., RMA, sexism, bystander efficacy, intentions to help). Thus, the review offers a more defined understanding of the intervention's specific impact on attitudes or beliefs and can gain unique insights. The robust variance estimate had different effect sizes than the control. The intervention condition for RMA, bystander efficacy, and intentions to help had significantly different effect sizes than control conditions,

suggesting support for the intervention positively changing these attitudes. None of the studies included sexism as an outcome, which suggests a large gap within literature, and only six of the studies examined RMA.

Strengths & Limitations

The review was a comprehensive search of bystander interventions meant to include any potentially relevant publication, intervention, or unpublished work. The inclusion criteria were broad to include as many studies as possible, particularly due to the lack of RCTs within this research. The study offered a different view of bystander interventions to emphasize a different area of the intervention that does not gain as much attention within research. Robust variance estimation was used to correct for dependencies introduced by using multiple effect sizes from the same study, and in total, 43 effect size estimates were included. RMA, bystander efficacy, intentions to help, and the overall model were significant suggesting that the intervention is positively impacting attitudes.

While the present review offered several new insights into the topic, limitations within the study need to be discussed. Firstly, the study did not examine moderating effects as there was not enough power due to the smaller number of studies ($n = 11$) included for analysis. The outcomes of the review all relied on self-reports so the accuracy and social desirability bias might be influencing responses. Many of the studies examined differences directly after the intervention limiting our knowledge of longitudinal impacts. The statistical analyses suggested there might be slight risk of publication bias and risk of bias within the study as was discussed. Finally, while the study suggested that bystander interventions might be influencing attitudes, the true extent of this is unknown and research is significantly lacking. Conclusions must therefore be cautiously examined as the review illustrated the need for future research.

Conclusion

Bystander interventions might be successfully targeting certain attitudes (i.e., prejudiced attitudes, and perceptions towards help). The impact of the intervention on sexist attitudes and confidence to help, however, was less known. Given the prevalence and consequences of sexual violence, it is crucial to effectively alter belief systems that might, in turn, impact behavior. More favorable attitudes can lead to changes in behaviors that can have a substantial, positive impact on the lives of individuals. The study suggested there is an insufficient number of RCTs that examine negative perceptions, particularly RMA and sexism, and a lack of research on non-binary and LGBTQ+ persons. While future research needs to expand upon this, the review does highlight some strengths within the intervention that can be built upon. As high rates of sexual violence continue to plague the United States, effective interventions are needed, and the more we understand the interventions, the better they will be.

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Table 2.1
Studies Included in Meta-Analytic Sample.

| Author, Year | Study Characteristics | | | Sample Characteristics | Intervention Characteristics | |
|--------------------|-----------------------|----------------------|------------------|--|---|---|
| | Design | Non-Binary Inclusive | LGBTQ+ Inclusive | N (I/C) ^a , Mean age (SD), Sex (% male) | Intervention | Outcome |
| Bannon 2017 | RCT (Cluster) | No | Yes | 53/50, Unknown, 0% | The Woman's Program | Bystander Efficacy |
| Banyard 2018 | RCT | No | No | 71/131, Unknown, 48% | Know Your Power Bystander | Bystander Efficacy, Intent to Help |
| Bloom 2023 | RCT (Cluster) | No | No | 146/147, 20.5 (1.8), 22% | MyPlan | Bystander Efficacy |
| Cameron 2018 | RCT | No | No | 213/111, 21 (2.98), 26% | Consequences of Bystander Interventions | RMA, Bystander Efficacy, Intent to Help |
| Cares 2015 | RCT | No | No | 293/301, 18.2 (0.5), 47% | Bringing in the Bystander | RMA, Bystander Efficacy, Intent to Help |
| Exner-Cortens 2021 | RCT (Cluster) | No | No | 40/40, 20.0 (1.3), 100% | Wingman 101 | RMA, Bystander Efficacy, Intent to Help |
| Feldwisch 2017 | RCT | No | No | 77/62, 19.5 (.9), 0% | Safe Sisters training | RMA, Bystander Efficacy, Intent to Help |
| Hennessy 2023 | RCT (Cluster) | No | Yes | 98/105, Unknown, 29.7% | Takes Action | Intent to Help |
| Hines 2017 | RCT | No | Yes | 330/232, 18.1 (0.6), 38% | STOP Dating Violence | RMA |
| Hines 2019 | RCT | No | Yes | 161/209, 18.4 (0.7), 37% | Bringing in the Bystander | RMA |
| Potter 2021 | RCT | No | No | 80/81, Unknown, 52% | Bystander Education - Trivia | Bystander Efficacy, Intent to Help |

^aI = intervention condition, C = control condition

Table 2.2
Characteristics of Studies Included in Meta-Analytic Sample.

| Study Characteristics (N= 11) | |
|---|------------------------|
| Study Type | |
| Journal Article | 9 |
| Dissertation | 2 |
| Years of Dissemination | 2015-2023 ^a |
| Study Design | |
| Randomized Control Trial (RCT) - Individual | 7 |
| Randomized Control Trial (RCT) - Cluster | 4 |
| Study Characteristics | |
| Non-Binary Inclusive | 0.00% |
| LGBTQ+ Inclusive | 36.36% |
| Mean Men in Sample | 36.34% |
| Outcomes | |
| Rape Myth Acceptance | 6 |
| Bystander Efficacy | 8 |
| Intentions to Help | 7 |
| Sexism | 0 |

^a Range is reported for Year of Dissemination.

Table 2.3
Robust Variance Estimation

| Outcome | Original | | | | Sensitivity | | | |
|--------------------|----------|----|-----------|-------------|-------------|----|-----------|-------------|
| | k1 | k2 | Hedges' g | 95% CI | k1 | k2 | Hedges' g | 95% CI |
| All | 43 | 11 | 0.283*** | 0.178 0.388 | 37 | 10 | 0.253*** | 0.178 0.329 |
| RMA | 11 | 6 | 0.294** | 0.162 0.426 | 10 | 6 | 0.275** | 0.177 0.373 |
| Intentions to Help | 16 | 7 | 0.288** | 0.126 0.450 | 14 | 7 | 0.282** | 0.149 0.414 |
| Bystander Efficacy | 16 | 8 | 0.317** | 0.117 0.518 | 13 | 7 | 0.277** | 0.112 0.441 |

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

k1=number of effect sizes, k2=number of studies; CI=confidence interval

Table 2.4*Risk of Bias Assessment for Randomized Control Trial Studies*

| Study | Random sequence generation | Allocation concealment | Blinding of participants | Blinding of outcome assessment | Incomplete outcome data | Selective reporting | Overall Bias |
|--------------------|-----------------------------------|-------------------------------|---------------------------------|---------------------------------------|--------------------------------|----------------------------|---------------------|
| Bannon 2017 | High | Unclear | High | High | Low | Low | Some Concerns |
| Banyard 2018 | High | Unclear | High | High | Low | Low | Some Concerns |
| Bloom 2023 | Low | Unclear | High | High | Low | Low | Low |
| Cameron 2018 | Unclear | Unclear | High | Low | Low | Low | Low |
| Cares 2015 | High | Unclear | High | High | High | Low | High |
| Exner-Cortens 2021 | Low | Unclear | High | High | Low | Low | Low |
| Feldwisch 2017 | Low | Unclear | High | High | Low | Low | Low |
| Hennessy 2023 | High | Unclear | High | High | Low | Low | Some Concerns |
| Hines 2017 | Low | Unclear | High | High | Low | Low | Low |
| Hines 2019 | Low | Unclear | High | High | Low | Low | Low |
| Potter 2021 | Low | Unclear | High | High | Low | Low | Low |

Figure 2.1

PRISMA Diagram Documenting Flow of Studies Through Systematic Review

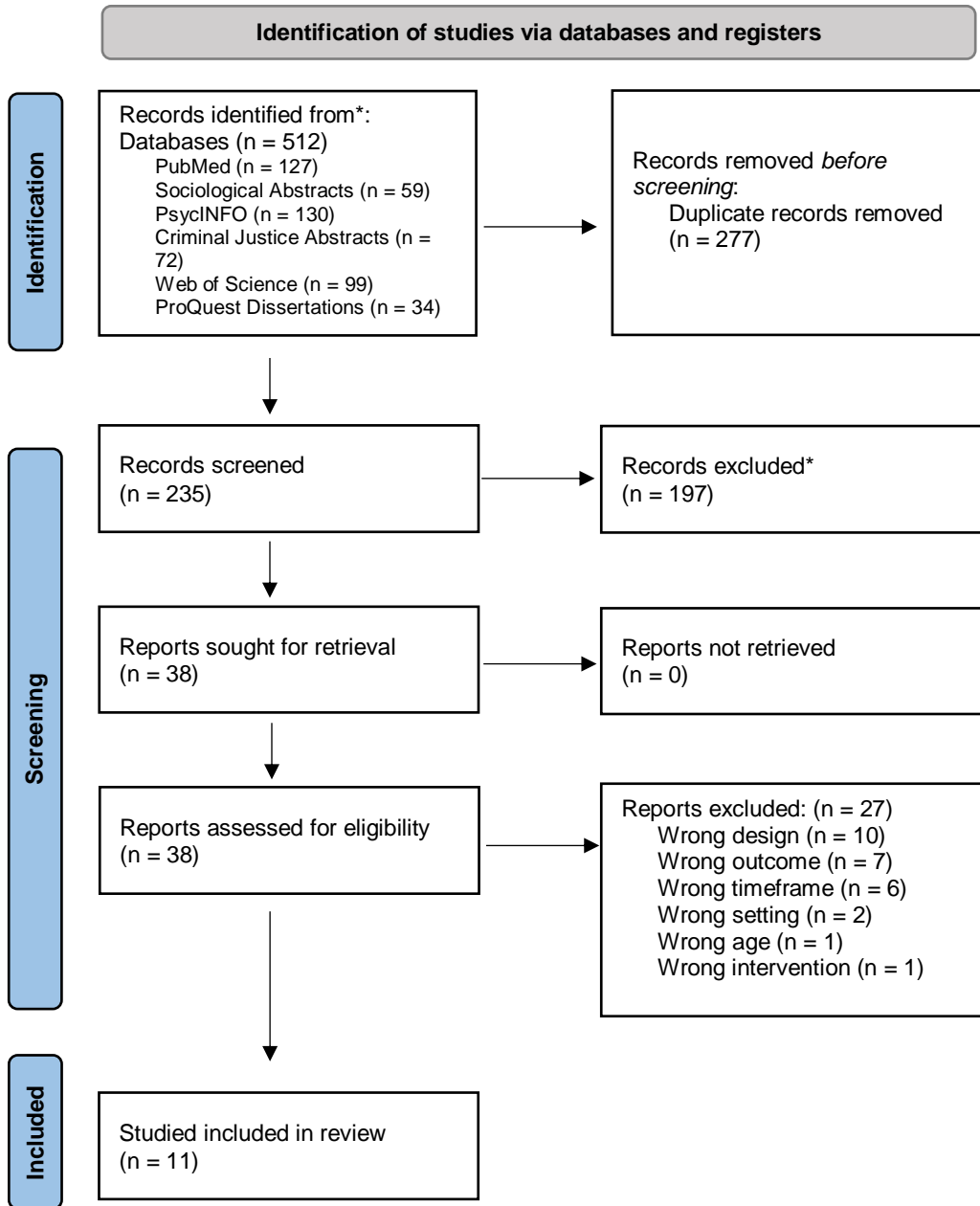
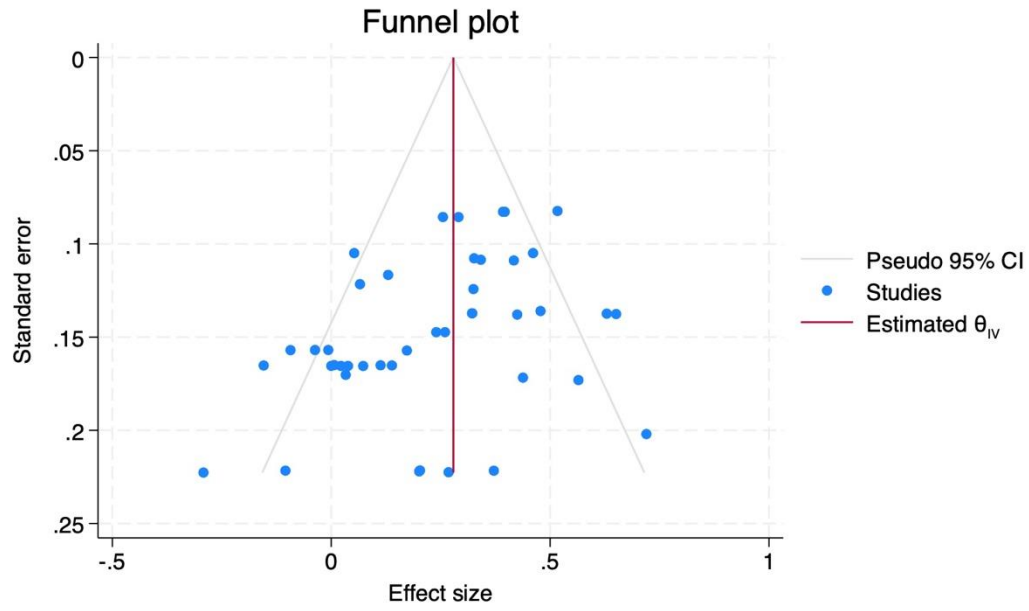


Figure 2.2

Funnel Plot of Standardized Mean Differences



CHAPTER THREE

Victim-Blaming & Bystander Behavior Among College Students:

A Multi-Campus Examination

Abstract

Given the significant issue of sexual violence on college campuses, it is crucial to explore victim-blaming perceptions, as these perceptions are closely linked to bystander behavior, reporting decisions made by survivors, and the occurrence of sexual violence. However, there is limited research on the multifaceted nature of victim-blaming, particularly regarding variations based on the outcome of sexual violence and the sex of the perpetrator and bystander, and how these factors ultimately influence bystander behavior. To address these gaps, the present study utilized data from 2,884 participants across four universities within the Universities of Wisconsin. Participants were randomly assigned to one of eight conditions that varied the sex of both the survivor and the perpetrator, as well as the outcome of the sexual assault (i.e., “completed” or “stopped”). The findings revealed that conditions featuring male survivors received higher victim-blame, while the scenario with a female survivor and a male perpetrator resulted in lower self-blame. Additionally, a “completed” sexual assault was associated with a decrease in victim-blaming compared to instances where the assault was “stopped.” In contrast, perceptions of self-blame were higher following a “completed” assault. Interestingly, prosocial bystander behavior correlated with increased victim-blaming, highlighting a complex relationship between these concepts that warrants further investigation. The study concludes with recommendations for future research and necessary policy changes.

Keywords: victim-blaming, bystander intervention, sexual violence, sex differences

Victim-Blaming & Bystander Behavior Among College Students: A Multi-Campus Examination

The United States is grappling with a "silent epidemic" of sexual violence, characterized by a high incidence of sexual violence and a shocking lack of reporting by survivors (Flintort, 2010; Walker, 2020). This epidemic is significantly influenced by the enduring rape culture in America, which allows sexual violence to be deliberately excused and ignored (Baum et al., 2018; Huck, 2021; Kelner, 2013; Lanford, 2016). In the past decade, bystander training has emerged as a crucial focus in the fight against sexual violence. This training not only educates individuals on how to intervene in critical situations but also aims to create a culture of accountability and support (Banyard et al., 2005).

Today, nearly all incoming college freshmen in the United States participate in essential programs dedicated to sexual assault education and prevention because of the Campus Sexual Violence Elimination Act (The SaVE Act, 2021). Although the implementation and specific components might vary among institutions, these programs are vital for fostering a safer campus environment (Breitenbecher, 2000; DeGue et al., 2014). However, many training sessions still overlook an important aspect: addressing and reducing negative perceptions of survivors, often referred to as victim-blaming.

Survivors of sexual violence face a heightened risk of being blamed for their victimization when compared to survivors of other interpersonal crimes (Bieneck & Krahé, 2011; Gordon & Riger, 2011). This blame often results in negative reactions towards survivors, leading to a phenomenon known as secondary victimization (Boskovic & Misev, 2022; Ullman, 1996; Williams, 1984). A common approach to prevention is victim-focused strategies, which provide individuals with resources to enhance their safety and aim to reduce instances of sexual

violence. However, this approach has the potential to reinforce victim-blaming attitudes by implying that survivors have control over the outcome, thus diverting responsibility away from the perpetrator (Jago & Christenfeld, 2018).

Victim-blaming has significant repercussions for survivors, escalating the harm they experience and leading to the internalization of negative judgments. As a result, survivors face a heightened risk of developing PTSD and depression (Ferguson & Brausch, 2022; Wilson et al., 2022) and are more likely to engage in self-blame related to their assault (Allred, 2007; Bonnan-White et al., 2018; DeCou et al., 2019). Barriers to help seeking are frequently created when victims face blame (G. D. Anderson & Overby, 2021; Flynn, 2015; Henry et al., 2015; Lichty & Gowen, 2021; Penone & Spaccatini, 2019; Trottier et al., 2021). Additionally, victim-blaming attitudes contribute to the heightened sexual objectification of women (Abrams et al., 2003; Loughnan et al., 2013), an increase in the perpetration of sexual assault (Gervais et al., 2014), and a lower likelihood of intervening as a bystander (Boppana, 2021; Labhardt et al., 2017). It is vital to acknowledge and address these consequences to provide effective support for survivors.

While research has shown possible detriments of victim-blame, our understanding of when they emerge, and when they do not, is still insufficient (Grubb & Harrower, 2008; Grubb & Turner, 2012; Witte & Flechsenhar, 2025). Research has predominantly focused on male-on-female violence, missing the critical opportunity to explore how victim-blaming and bystander behavior varies based on the sex of both the perpetrator and the survivor. Addressing this gap in our knowledge is essential for grasping the full dynamics of victim-blaming and creating effective interventions.

To fill these critical gaps, the current study conducted an extensive, large-scale study exploring these issues across four Midwest college campuses. By employing randomized

conditions utilizing a factorial vignette design, the study aimed to shed light about how the sex of the perpetrator and survivor and the outcome of the assault shaped perceptions of blameworthiness and impacted bystander behavior. This research is not just a step forward; it is an essential endeavor to foster a deeper understanding and drive meaningful change in how we increase bystander behavior and address and combat victim-blaming in all its forms.

Literature Review

Victim-Blaming

The belief that survivors bear some responsibility for their victimization is known as victim-blaming (Eigenberg & Garland, 2008). Common examples of victim-blaming include questioning why a survivor dressed a certain way, why they accompanied the perpetrator to a location alone, or whether they had consumed alcohol or used drugs prior to the incident (Allen & Meadows, 2017). Victim-blaming unequivocally shifts responsibility onto the victim of a crime, diverting attention from the perpetrator. This detrimental mindset leads to serious negative consequences, including elevated rates of post-traumatic stress disorder (PTSD) and depression (Ferguson & Brausch, 2022; Wilson et al., 2022), as well as increased feelings of self-blame among survivors (Allred, 2007; Bonnan-White et al., 2018; DeCou et al., 2019). Rape culture perpetuates victim-blaming ideologies, with these damaging concepts inherently intertwined (Burt, 1980; Cusmano, 2018; Huck, 2021; Lonsway & Fitzgerald, 1995; Thacker, 2017).

Research has suggested that victim-blaming is linked to intentions to intervene and reduced beliefs in the perpetrator's guilt (Clarke & Lawson, 2009; Cohn et al., 2009; Frese et al., 2004; Holfeld, 2014; Weber et al., 2013). Survivors who grapple with victim-blaming are significantly less likely to report their assaults to the police (Zinzow & Thompson, 2011). The perceptions and attitudes of those around them play a crucial role in this decision-making

process. Those who harbor victim-blaming views are less likely to offer necessary support to survivors, which can deter survivors from seeking help from law enforcement (Testa et al., 2020). It is essential to address and challenge these attitudes to empower survivors, encourage reporting, and increase prosocial bystander behavior.

Many factors contribute to victim-blaming. Survivors who have consumed alcohol prior to a sexual assault are often blamed more frequently than those who have not been drinking (Bieneck & Krahe, 2011; Grubb & Turner, 2012; Landström et al., 2016; Qi et al., 2016; Romero-Sánchez et al., 2012), but perpetrators tend to face less blame when they are intoxicated (Cameron & Stritzke, 2003; Johnson et al., 2016; Qi et al., 2016). Survivors who wear more revealing or provocative attire often are unfairly blamed for the incident they experienced (Cassidy & Hurell, 1995; Gilmartin-Zena, 1983). The more familiar the survivor and perpetrator are with each other, the greater the blame placed on the survivor (Sleath & Bull, 2010; S. White & Yamawaki, 2009; Yamawaki, 2009) and survivors who do not resist are often blamed the most (Davies et al., 2008). Other important factors in victim-blame include the sex of the bystander and the survivor, their race, acceptance of rape myths, traditional views, history of victimization, sexual orientation, and the outcome of the assault. These factors will be explained in detail.

Gender & Sex of Bystander. Numerous studies have examined how the sex of a bystander influences victim-blaming attitudes. These studies have focused primarily on sex rather than gender. Research consistently shows that males tend to blame sexual assault survivors more and perpetrators less when compared to females (Bell et al., 1994; Furnham & Boston, 1996; Hockett et al., 2016). Heterosexual males demonstrate a higher tendency to blame survivors and endorse rape myths than homosexual males and heterosexual females (Davies & Hudson, 2011; Davies & McCartney, 2003).

While males exhibit greater blame towards survivors, they also assign significantly less blame to perpetrators than females do (Kahn et al., 2011). The literature consistently indicates that males have stronger victim-blaming mentalities than females; however, there has been limited research focusing on non-binary or transgender populations, and a greater emphasis has been placed on sex than gender (DeFrain & Demers, 2025).

Gender & Sex of Survivor. While research shows that male bystanders tend to blame survivors of sexual violence more than female bystanders, male survivors of sexual violence often are judged more harshly and assigned more blame than female survivors (Davies et al., 2009). This is particularly evident when males do not physically resist the assault. When they do fight back, the blame decreases significantly (Davies et al., 2009).

One possible explanation for this discrepancy is related to societal expectations of masculinity, where some believe that men should be able to avoid being sexually assaulted (Davies & Rogers, 2006). However, other studies have found that women can be blamed also at higher rates for their victimization compared to men (Idisis et al., 2007; Schneider et al., 1994). This raises questions about what other factors might be influencing the perceptions of blame.

Race. There is a noticeable gap in research regarding the influence of race or ethnicity on victim-blaming ideologies. Existing studies indicate that White male students tend to place more blame on survivors of sexual violence than their Hispanic male and Asian male counterparts (Schneider et al., 2009). However, some research has reported no significant difference in victim-blaming attitudes among bystanders of different races (Bell et al., 1994), while another study has shown that Hispanic participants exhibit higher levels of victim-blaming compared to their White peers (Casarella-Espinoza, 2015). The discrepancies between studies should be further explored.

Traditional Views. Individuals who strongly endorse traditional gender role stereotypes are more likely to blame survivors for the sexual violence (Grubb & Turner, 2012; Simonson & Subich, 1999; B. H. White & Kurpius, 2002). Men with traditional, conservative, and misogynistic attitudes tend to hold negative views, exhibit lower levels of empathy, and are more inclined to attribute blame to survivors (Cole et al., 2020). One study found that people who are less partisan and more strongly identify with their political group—whether Republican or Democratic—are more likely to engage in victim-blaming (Ortiz & Smith, 2022). Meanwhile, other studies suggest that those who identify as Republican or hold politically conservative views tend to blame survivors more (K. B. Anderson et al., 1997; Gravelin et al., 2019; Kahlor & Morrison, 2007; Lambert & Raichle, 2000; Naseralla et al., 2021).

Victimization History. The extent to which bystanders identify with the survivor might influence their tendency to assign blame. One factor in this could be the bystanders' own experiences with victimization or those of people close to them. Research specifically focusing on assigning blame in these situations is limited. When it comes to survivors and the acceptance of rape myths, findings have been inconsistent. Several studies have shown that individuals who have experienced sexual assault are more likely to accept rape myths compared to those who have not (Cooke et al., 2022; Haugen et al., 2019). However, other studies indicate that those who have been victimized might have lower rates of rape myth acceptance (Grandgenett et al., 2022; Worthen & Wallace, 2021). Consequently, the relationship between a history of victimization and victim-blaming remains unclear and warrants further investigation.

Sexual Orientation. The sexual orientation of both the bystander and the survivor can significantly influence the assignment of blame. Research indicates that heterosexual males tend to place more blame on survivors than homosexual males and females as well as heterosexual

females) (Davies & McCartney, 2003; Davies & Rogers, 2006). According to Davies and Rogers (2006), this tendency might stem from homophobic attitudes that lead to victim-blaming.

In contrast, homosexual male survivors often face more blame than heterosexual male survivors, particularly from male bystanders (Davies et al., 2001; Davies & Hudson, 2011; S. White & Yamawaki, 2009). The literature suggests that survivors are more likely to be blamed if they are attracted to their perpetrator, which leads to higher levels of blame for homosexual males and heterosexual females compared to homosexual females and heterosexual males (Davies & Hudson, 2011; Wakelin & Long, 2003). One explanation for the increase in blame is that homosexual males and heterosexual females are seen as having more unconscious desire for a sexual assault to happen (Ford et al., 1998), as stereotypes portray heterosexual women as “wanting” rape and homosexual men as “asking” for rape (Koss & Harvey, 1991; Mezey & King, 1992). Therefore, when the survivor might, in theory, be potentially attracted to the perpetrator, they are seen as more responsible for their assault, regardless of the situation. A significant limitation of the studies conducted so far is that they largely overlook female homosexual victims.

Result of Assault. A final overlooked factor that might impact victim-blame that has received little to no research is the result of the assault. While there has been research into the concept of resistance during such incidents (e.g., Randall, 2010; Sit & Schuller, 2018), the ending of the assault itself is an important aspect that has not been adequately explored. Whether a perpetrator completes the sexual assault or stops can affect the level of blame directed toward both parties. Sexual assaults occur on a continuum (Kelly, 1987; O’Callaghan, 2025), so without penetration, it might be a stopped rape but an assault nonetheless, but this critical element is notably absent from existing literature.

Bystander Intervention

Motivating bystanders to intervene is critical to ensure a safe campus and to prevent sexual violence. Bystander theory seeks to increase prosocial bystander behavior and has influenced interventions by emphasizing the crucial role that each member of the community plays in preventing sexual violence, in direct contrast to programs that focus on the survivor or perpetrator (Banyard, 2011; Banyard et al., 2005). Prosocial behavior can include actively speaking out against negative comments, intervening when someone is unable to provide consent or is vulnerable, and providing support to survivors (Banyard et al., 2005). Conversely, negative bystander behaviors would include staying silent, ignoring potentially alarming situations, or participating in harmful rhetoric. As such, bystander training programs seek to increase prosocial bystander behavior and decrease potentially detrimental behavior. Bystander training programs have been shown to be effective and empower students to be active in preventing sexual violence (Bowman, 2021; Jouriles et al., 2018; Katz & Moore, 2013; Kettrey et al., 2019; Park & Kim, 2023).

Latané and Darley (1970) developed a model outlining five steps for bystanders to intervene in critical situations. These steps include recognizing the event, identifying the situation as an opportunity for intervention, taking decisive responsibility, deciding how to help, and finally, choosing to intervene. The decision to intervene is a complex process influenced by various biases, including attitudes towards both the survivor and the perpetrator. Specifically, unconscious bias can affect a bystander's perception of a survivor's worthiness, which in turn can influence their decision to act (Burn, 2009). Research has shown that attributing more blame to the survivor is associated with a lower likelihood of intervention (Holfeld, 2014; Weber et al., 2013), highlighting the crucial role that perceptions of survivors play in decision-making.

However, it is important to note that these studies have not specifically focused on sexual violence.

The decision to intervene in situations of violence is complex and influenced by various individual and situational factors. Research in other contexts has shown that higher levels of victim-blaming are associated with lower rates of prosocial bystander behavior (e.g., Holfeld, 2014; Weber et al., 2013). However, there is limited research specifically focusing on sexual violence. A study on intimate partner violence revealed that attitudes toward both the survivor and the perpetrator significantly impact the willingness to intervene (Wijaya et al., 2022).

Many questions still exist regarding the extent to which victim-blaming affects the decision to intervene and what other factors contribute to prosocial bystander behavior, especially in the context of sexual violence. The specific impact of blame directed at the survivor and the perpetrator on prosocial bystander actions remains unclear. Furthermore, the relationship between bystander behaviors and perceptions of victim-blaming might be intertwined, warranting further investigation.

Current Study

Acknowledging the pressing need to understand the intricacies of victim-blaming and bystander behavior, this study undertook a thorough investigation across four college campuses. The study sought to understand the prevalence of victim-blame, when these perceptions might vary, and how they impact bystander behavior. Firstly, by employing a factorial vignette design, we aimed to elucidate how the sex of the survivor and perpetrator and the outcome of the assault influenced perceptions of blameworthiness using two ordinal logistic regression models. Secondly, this study used two multiple regression analyses to investigate how victim-blaming attitudes might influence prosocial bystander behaviors and the factors that affect this

relationship to gain a better understanding of how perceptions influence prosocial behavior. The insights gained from this study sought to significantly enhance our understanding of victim-blaming and provide essential guidance for policy development, including effective bystander training programs. Given these gaps, the present study aimed to answer the following questions:

- (1) Will perceptions of victim-blaming be highest when the survivor is female and the perpetrator is male, compared to other gender combinations in the vignettes?
- (2) Will victim-blaming perceptions be higher when the sexual assault is “stopped” rather than “completed”?
- (3) Will higher victim-blaming perceptions be associated with lower prosocial bystander behavior?
- (4) Will bystander training moderate the relationship between victim-blaming and prosocial bystander behavior?

Methods

Recruitment

A survey was conducted in March 2025 with college students from four universities within the Universities of Wisconsin, which varied in size. The student populations in the fall of 2023 were as follows: 4,030 at Campus 4, 5,058 at Campus 3, 22,703 at Campus 2, and 50,335 at Campus 1 (*Enrollments*, n.d.). Email addresses for all undergraduate and graduate students were obtained from each university, excluding those who opted out of having their information publicly available. An invitation to participate was sent out via Qualtrics (2025) to all students, explaining that participants would be presented with a sexual assault scenario followed by questions regarding their views on the situation.

To ensure the protection of human subjects, informed consent was obtained from all participants, and the study was approved by an institutional review board at [institution redacted]. Those who completed the survey had the opportunity to enter a drawing for a gift card, as this has been shown to increase response rates (Dillman et al., 2014). This drawing was conducted separately from the survey, and all participant responses were kept confidential. A total of 75,722 students were contacted to participate in the study, and 2,884 students completed the survey, resulting in a response rate of 3.8%.

Survey

This study was part of a larger survey on sexual violence stereotypes and victimization history. The survey sought to examine victim-blaming beliefs, how they might vary, and prosocial bystander behavior. The respondents were first presented with a vignette that described a sexual assault scenario, where both the outcome and the sex of the perpetrator and survivor were varied. Both scenarios involve an assault, but one of the conditions leads to the conclusion of rape. The vignette was adapted from a study by Allen and Meadows (2017). Vignettes were utilized to assess victim-blame attitudes, as they offer reliable, valid, and realistic questions compared to simple queries typically found in surveys (Alexander & Becker, 1978). Participants were randomly assigned to one of eight conditions: male perpetrator/female survivor (“completed”), male perpetrator/female survivor (“stopped”), male survivor/female perpetrator (“completed”), male survivor/female perpetrator (“stopped”), male/male (“completed”), male/male (“stopped”), female/female (“completed”), and female/female (“stopped”). Following the vignette, participants ranked their agreement with five statements regarding who should be blamed for the situation, using a scale from strongly disagree (1) to strongly agree (6), with

higher scores indicating greater blame. An example of a vignette, with a “stopped” outcome, is shown below:

“Matt is a college sophomore. Since he ended a relationship last year, he has not been in a serious relationship with anyone new but has been casually dating. Matt is at a party at one of his friend's apartments. Matt is drinking beer and recognizes his classmate, Josh, from Psychology. Josh approaches him and they chat about their recent assignment. Matt tells Josh that he looks great and Matt flirts back. Matt continues drinking beer, and they begin dancing together. Matt is laughing and having a good time.

Josh grabs Matt's hand and leads him away from the party and states “Let's go somewhere we can talk; it is too loud out there.” Matt responds, “I was having fun dancing, let's go back to the party.” Josh states that he “wants to talk.” He leads Matt into an empty bedroom and closes the door. He sits on the bed and pulls Matt onto his lap. He laughs. Josh kisses his mouth and neck, telling him again how good he looks and puts his hand under the hem of his pants. Matt pushes his hand away. He says, “I like you, but I want to go back to the party.” “C'mon, you look so hot tonight. Don't be a tease,” Josh says, and starts kissing him again.

Matt is starting to feel annoyed. Josh isn't listening to him. He puts his hand under his pants again. “Please stop,” Matt says. “I don't want to have sex.” Josh stops and pulls back as Matt jumps off the bed and runs back to the party, tears streaming down his face. Josh doesn't follow.”

Following the vignette, respondents were asked how likely they thought their friends were to engage in various types of bystander behavior. Following this, participants were asked about several behaviors and how many times in the last 12 months they engaged in the prosocial

bystander behavior. Next, respondents were asked if they previously experienced a sexual assault and if they are close to someone who experienced a sexual assault. Finally, respondents were asked demographic questions including age, sex, gender, sexual orientation, race, ethnicity, fraternity or sorority membership, the campus they attend, their year in school, political affiliation, physical and mental health, and whether they had attended a bystander training.

Dependent Variables

Survivor Blameworthiness. Following the vignette, respondents were asked how much they agreed with a statement that asserted that the survivor's behavior was, at least in part, to blame for what the perpetrator did. This question is utilized as a measure of survivor blameworthiness. Responses ranged from strongly disagree (1) to strongly agree (6), with higher scores indicating higher blame.

Self-Blame. After reading the vignette, respondents were asked how much they agreed with a statement about self-blame. The statement included the survivor's name, so it changed based on the condition, but in general, it asked if they were the survivor, they would blame themselves for what happened. This question is utilized as a measure of self-blame. Responses ranged from strongly disagree (1) to strongly agree (6), with higher scores indicating higher self-blame.

Prosocial Bystander Behaviors. A prosocial bystander behavior scale developed by Cook-Craig et al. (2014) was used to evaluate recent bystander actions. The scale consisted of seven items that asked respondents how often they engaged in specific bystander behaviors over the past 12 months, such as telling someone to stop speaking down to, harassing, or bullying someone else. Responses were categorized as follows: 0 times (= 0), 1-2 times (= 1), 3-5 times (= 2), or 6 or more times (= 3). A total bystander score was calculated, ranging from no

bystander behavior (0) to high levels of bystander behavior (21). In Stata (2025), the variable was transformed using $\log(x+1)$ (Benoit, 2011; Ives, 2015) due to the scale having a low mean in the sample ($M = 4.077$).

Independent Variables

Sex of Survivor & Perpetrator. In each vignette condition, the genders of the survivor and the perpetrator were manipulated. Four gender conditions were randomly assigned: female survivor/male perpetrator (= 0), male survivor/female perpetrator (= 1), male/male (= 2), and female/female (= 3).

Ending Condition. The outcome of the sexual assault was manipulated to either result in the sexual assault being “completed” (= 1) or “stopped” (= 0) (as shown in the vignette example above). The “completed” condition is the same as the “stopped” except for the last two sentences (e.g., “Instead of stopping, Josh starts to unfasten his pants. Matt doesn’t want to hurt his feelings, but he wants him to leave him alone. Josh doesn’t listen. Even though he doesn’t want to and says no, Josh has sex with him.”).

Bystander Training. Respondents were asked whether they had previously attended a bystander training program (0 = no, 1 = yes). It was described as referring to prevention programs designed to reduce sexual and other forms of interpersonal violence perpetration and victimization.

Peer Helping. A peer-helping scale developed by Banyard et al. (2014) was used to assess respondents' perceptions of those around them. The scale specifically evaluated how often respondents believe their friends engage in twenty different bystander behaviors, rated on a scale from 1 (extremely unlikely) to 6 (extremely likely). For example, one of the behaviors assessed was whether friends would do something to help a person who has consumed too much alcohol

and has passed out. An overall score was calculated by averaging the responses to all items from 1 to 6. Higher scores indicate a greater perception of peers' willingness to help. This variable is used solely for the dependent variable bystander intervention.

Control Variables

Additional covariates included participants' age, gender, sexual orientation, race, fraternity/sorority membership, physical and mental health, political affiliation, and bystander training ([Table 3.1](#)). Age was recorded in years. Respondents were asked to indicate their gender identity from the following options: woman (= 1), man (= 2), transgender man (= 3), transgender woman (= 4), gender variant/non-conforming (= 5), other (= 6), or prefer not to answer (= 9). For sexual orientation, respondents were asked to select the option that best describes them: heterosexual (= 1), homosexual (= 2), bisexual (= 3), other (= 4), or prefer not to answer (= 5). Respondents also chose one or more racial identities, including American Indian or Alaska Native (= 1), Asian (= 2), Black or African American (= 3), Native Hawaiian or Pacific Islander (= 4), White (= 5), other (= 6), or prefer not to answer (= 7). Additionally, respondents were asked if they identified as Hispanic/Latinx (0 = no, 1 = yes), whether they were part of a fraternity or sorority (0 = no, 1 = yes), and their political affiliation (Democratic = 1, Republican = 2, Independent = 3, other = 4). They also indicated their year in school: freshman (= 1), sophomore (= 2), junior (= 3), senior (= 4), graduate student (n = 5), or other (n = 6), as well as their university campus (Campus 1 = 1, Campus 2 = 2, Campus 3 = 3, Campus 4 = 4). Respondents also rated their physical and mental health on a scale from 1 to 5, where 1 represents "very bad" and 5 represents "very good." Additionally, participants were asked if they had ever experienced a sexual assault, using a straightforward yes/no question rather than a scale, as the research did not examine variations in the type of sexual assault (0 = no; 1 = yes). Lastly,

respondents were asked if someone close to them had experienced a sexual assault (0 = no; 1 = yes).

Data Analysis

Statistical analysis was conducted using Stata (version 18.5). Descriptive statistics were computed, including means and standard deviations for continuous variables, as well as counts and percentages for categorical variables. An analysis of multicollinearity was conducted, and none of the variables showed any issues ($VIF > 10$). Two ordinal logistic regression models were next run to examine whether survivor blameworthiness and self-blame differed by the sex of victim and perpetrator or ending condition while controlling for other factors. Following, two multiple regression analyses were performed to investigate the relationship between victim-blaming perceptions and prosocial bystander behavior, again controlling for other variables. The second model added an interaction term to determine if victim-blaming and prosocial bystander behavior was moderated by bystander training.

Results

Descriptive Statistics

The demographic characteristics of survey respondents are presented in [Table 3.2](#). Regarding experiences with sexual violence, just over half of the respondents had previously attended bystander training (51.5%). Almost half (46.9%) had experienced a sexual assault themselves, and the vast majority reported knowing someone close to them who had experienced a sexual assault (70.4%).

The majority of the participants (66.5%) identified as a woman. More of the respondents were heterosexual (64.2%), while a substantial proportion identified as bisexual (24.1%). In terms of racial background, a large percentage of respondents were White (76.5%), followed by

Asian (14.2%), other (4.8%), Black or African American (3.3%), American Indian or Alaskan Native (1.1%), and Native Hawaiian or Pacific Islander (0.1%). Additionally, about 8.5% of the respondents identified as Hispanic or Latinx. The year in school varied among respondents, with 25.2% being freshmen and 26.5% graduate students. Only 6.4% of respondents reported being members of a fraternity or sorority. Politically, more respondents identified as Democratic (61.5%) than Independent (17.1%), Republican (11.9%), and other (9.5%).

The statistics for continuous variables, including the number of respondents, means, standard deviations, and minimum and maximum values, are presented in [Table 3.3](#). The ages of the respondents ranged significantly from 18 to 75, with a mean age of 22.64 years ($SD = 6.062$). The average score for physical health was 3.92 ($SD = 0.829$), which was higher than the average mental health score, which was 3.36 ($SD = 0.950$), suggesting better physical health than mental health among respondents. The average peer-helping score was 4.79 ($SD = 0.713$) on a scale from 1 to 6. The mean score for prosocial bystander behaviors was remarkably low at 4.12 ($SD = 3.519$), on a scale of 0 to 21, suggesting that respondents do not engage in many prosocial behaviors.

[Table 3.4](#) displays the average responses for each victim-blaming question categorized by sex condition, including female survivor/male perpetrator, male survivor/female perpetrator, male/male, and female/female. The ordinal questions focused on several aspects: survivor blameworthiness, survivor blameworthiness when intoxicated, self-blame, perpetrator blameworthiness, and perpetrator blameworthiness when intoxicated. The averages for each question were: 1.56 ($SD = 1.15$) for survivor blameworthiness, 2.23 ($SD = 1.02$) for survivor blameworthiness when intoxicated, 3.91 ($SD = 1.55$) for self-blame, 5.33 ($SD = .919$) for perpetrator blameworthiness, and 3.57 ($SD = 1.219$) for perpetrator blameworthiness when

intoxicated. This suggests that respondents attributed the most blame to the perpetrator in general and for their intoxication, while also exhibiting higher rates of self-blame. The scores varied across sex conditions, as illustrated in [Table 3.4](#).

Additionally, [Table 3.5](#) presents the results of victim-related questions based on the ending condition, which can be either “stopped” (N = 1,079; 50.4%) or “completed” (49.7%). The blame scores were higher in the “stopped” condition for survivor blameworthiness (M = 1.65, SD = 1.26), survivor blameworthiness when intoxicated (M = 2.25, SD = 1.01), and perpetrator blameworthiness when intoxicated (M = 3.68, SD = 1.21). Self-blame was higher when the sexual assault was “completed” (M = 4.08, SD = 1.55) compared to “stopped” (M = 3.73, SD = 1.53). Perpetrator blameworthiness was also higher in the “completed” condition (M = 5.40, SD = .91) than the “stopped” condition (M = 3.73, SD = 1.53), suggesting the outcome of the assault might impact perceptions of blame.

Victim-Blaming Vignettes

Survivor Blameworthiness

The results of the ordinary logistic regression analyzing perceptions of survivor blameworthiness are presented in [Table 3.6](#). Participants in the male survivor/female perpetrator condition showed higher responses of survivor blameworthiness that were approximately 1.5 times greater than those in the male perpetrator/female survivor condition ($p < .01$). When the base categories were changed, it was found that the male survivor/female perpetrator condition had higher survivor blameworthiness than the male/male (OR = 1.418, $p < .05$). Notably, no other sex conditions produced significant results. These findings suggest that the sex of both the survivor and the perpetrator influences perceptions of blameworthiness only in the male

survivor/female perpetrator compared to female survivor/male perpetrator and in the male/male compared to male survivor/female perpetrator conditions.

The outcome of the vignette was significant. Specifically, when the sexual assault was "completed," the odds of assigning higher blame decreased by a factor of 0.686 compared to the scenario in which the assault was "stopped" ($p < .001$). Bystander training did not influence survivor blame ($p < .05$). Furthermore, being a survivor of sexual assault did not show a significant effect ($p < .05$). However, being close with a survivor was associated with lower odds of assigning a higher blame score ($OR = .612, p < .001$).

The results indicated that gender influenced perceptions of blameworthiness. Women assigned blame at a rate .708 times higher than males ($p < .01$). Furthermore, individuals identifying as Asian were 1.504 times more likely to attribute greater blame compared to their White counterparts ($p < .01$). In contrast, bisexual individuals ($OR = 0.636; p < .01$) assigned lower blame than heterosexuals. Political affiliation also played a significant role; Republicans ($OR = 2.008; p < .001$), Independents ($OR = 1.912; p < .001$), and individuals identifying as "other" ($OR = 1.802; p < .001$) demonstrated a notable tendency to assign blame more frequently than Democrats.

Students attending Campus 3, a rural mid-sized university, were 1.734 times more likely to provide higher blame ($p < 0.01$) than students attending Campus 1, an urban large-sized university. Notably, factors such as age, Hispanic/Latinx ethnicity, fraternity or sorority membership, and physical and mental health did not show any significant impact ($p < .05$). Overall, the variables in this model effectively accounted for approximately 6.4% of the variation in perceptions of survivor blameworthiness.

Self-Blame

[Table 3.7](#) demonstrates differences in blame based on gendered conditions. Compared to those in the male perpetrator/female survivor condition, all other conditions assigned higher blame. Those in the male survivor/female perpetrator condition had significantly higher odds of assigning self-blame (OR = 3.784, $p < .001$) than the male perpetrator/female survivor condition, as did the male/male condition (OR = 4.165, $p < .001$) and the female/female condition (4.362, $p < .001$). Results also indicated that participants in the "completed" condition showed 1.643 times greater odds of expressing a higher level of self-blame compared to those in the "stopped" condition ($p < .001$). Interestingly, bystander training did not exhibit a significant correlation with self-blame (OR = 0.941), yet survivors of sexual violence were 1.399 times more likely to assign higher levels of self-blame ($p < 0.001$). However, having a close relationship with a survivor did not influence their level of self-blame (OR = 1.038). This suggests that a prior history of sexual assault might increase the tendency to self-blame.

In analyzing the characteristics of participants, individuals who identified as Asian had significantly lower odds (.720 times) of being categorized in a higher self-blame group ($p < .01$) than White individuals. Women showed higher odds of self-blame compared to men (OR = 1.663; $p < .00$) with no other gender being significant. Additionally, graduate students were 1.333 times more likely to assign higher self-blame ($p < .05$) than freshmen. Students from campus 2, a large-sized university, had 0.827 times lower odds ($p < .05$) of being categorized in the higher self-blame group compared to the largest university (Campus 1). Other factors, including age, Hispanic/Latinx ethnicity, sexual orientation, political affiliation, fraternity or sorority membership, and physical health, did not have a significant impact on levels of self-blame ($p < .05$). Furthermore, mental health status was significantly associated to a 0.830 times lower likelihood of being categorized in a higher self-blame group ($p < .001$). This suggests that

poorer mental health was associated with higher levels of self-blame. Together, these variables explained only approximately 5.1% of the variation in self-blame.

Prosocial Bystander Behavior

The regression analyses that examined the variables predicting prosocial bystander behavior are summarized in [Table 3.8](#). Unexpectedly, higher levels of blame directed toward the survivor was linked to an increase in prosocial bystander behaviors ($B = 0.040$; $p < .01$). None of the other questions from the vignettes yielded statistically significant results, and bystander training did not have an impact. However, participants who believed their peers were helping others were significantly more likely to engage in prosocial bystander behavior ($B = 0.161$; $p < .001$). This suggests that individuals were more inclined to act as supportive bystanders when they perceive that their peers are frequently helping others.

Survivors of sexual assault consistently exhibited significantly higher levels of prosocial bystander behavior ($B = .299$; $p < .001$). Furthermore, individuals who were close to a survivor were even more inclined to engage in prosocial bystander actions ($B = .359$; $p < .001$). Younger individuals engaged in bystander behaviors more frequently than their older counterparts ($B = -.021$; $p < .001$).

Graduate students displayed lower levels of prosocial bystander behavior ($B = -.150$; $p < .01$), while members of fraternities and sororities engaged in these behaviors at higher rates ($B = 0.127$; $p < .05$). Students attending Campus 2 ($B = -.095$; $p < .01$) and Campus 3 ($B = -.122$; $p < .05$), a large and medium university, respectively, showed less prosocial behavior than students at the largest university (Campus 1). Notably, factors such as sexual orientation, gender, race, and affiliations with Hispanic/Latinx identity, as well as political beliefs, did not show

significant differences in bystander behavior ($p < .05$). Overall, the variables included in this model accounted for approximately 16.7% of the variation in prosocial bystander behaviors.

The second model aimed to investigate whether bystander training moderated the relationship between prosocial bystander behavior and survivor blameworthiness. As shown in [Table 3.8](#), the interaction between survivor blameworthiness and bystander training did not significantly affect bystander behavior ($p < .05$). However, bystander training did become significant in this model, with those who did not take bystander training having higher prosocial bystander behaviors ($B = -.104$; $p < .05$).

Discussion

The current study provides valuable insights for understanding victim-blaming beliefs and, in turn, effectively implementing bystander training. While much of the existing literature has concentrated primarily on male-on-female violence, there is a significant gap in understanding how bystanders perceive situations involving different dynamics. This research addresses that gap, paving the way for a more comprehensive approach to combating all forms of sexual violence.

The study examined how perceptions of victim-blaming varied based on the sex of both survivors and perpetrators, as well as how changing the scenario's ending influenced perceived blameworthiness. Male survivors had the highest levels of survivor blameworthiness regardless of condition. There has been significant research finding that male survivors are blamed more than female survivors (Schneider et al., 1994; Lonsway & Fitzgerald, 1995; Wakelin & Long, 2003). However, recent research has overlooked this important area. Individuals who hold traditional views of masculinity often have negative perceptions of male survivors who do not resist their attacker (e.g., Kassing & Prieto, 2003; White & Kurpius, 2002). The elevated levels

of blame towards male survivors of female perpetrators likely arise from enduring traditional masculine views that downplay the experiences of male survivors.

In contrast to prior literature that has shown higher levels of self-blame among females (Ullman et al., 2010), female survivors of male perpetrators had the lowest amount of self-blame assigned to them and males had high levels of self-blame. It is not clear why self-blame differed in this study, but it might be due to the overall blame that men experience being internalized, significantly impacting their self-perception and contributing to self-blame. These results underscore the complexities and nuances of blame across sexes, highlighting the need for further research into effective strategies for reducing blame in all its forms.

In addition to the sex-related conditions, the level of blame assigned to survivors varied significantly based on the outcome of the incident. It was expected that perceptions of victim-blaming would be higher in the "stopped" condition compared to the "completed" condition, and the findings confirmed this expectation. Individuals in the "completed" condition were significantly less likely to be blamed, while those in the "stopped" condition faced increased levels of blame. Research has shown that survivors who resist are blamed less (Du Mont et al., 2003; Schuller et al., 2010; Sommer et al., 2016); however, since the scenarios are identical except for the perpetrator's decision, this suggests there might be additional factors at play. One hypothesis is that when an assault is "stopped," the survivor's status becomes less clearly defined because they did not ultimately experience a "completed" sexual assault. As a result, people might feel more comfortable expressing their true feelings rather than adhering to socially acceptable responses. Given the lack of research in this area, this crucial aspect remains underexplored.

In contrast, individuals in the "completed" condition consistently exhibit higher levels of self-blame. Respondents anticipated blaming themselves more in incidents of a "completed" sexual assault compared to situations where the assault was "stopped." While perceptions of a survivor's responsibility diminished in instances of a "completed" assault, self-blame tended to rise significantly. This phenomenon, though not yet fully understood, ascertains that sexual assault survivors frequently grapple with high levels of self-blame, a trend more pronounced than in survivors of other crimes (Ullman et al., 2010). Moreover, these findings are likely shaped by social desirability bias, as participants might be hesitant to assign high levels of blame to a survivor but are willing to blame themselves in hypothetical scenarios. This is also highlighted by the higher overall rates of self-blame than survivor blameworthiness. This important area of study undoubtedly requires further investigation.

The third hypothesis was found to be invalid, as the results showed that the level of blame assigned to survivors was correlated positively with prosocial bystander behaviors. Specifically, participants who expressed greater blame towards a survivor reported engaging in more prosocial bystander actions. This suggests that the relationship between victim-blame and prosocial bystander behaviors is more complex than previously understood and requires further investigation. This finding contradicts prior literature, which has indicated that victim-blaming is associated with lower rates of prosocial bystander behavior (Burn, 2009; Holfeld, 2014; Salazar et al., 2019; Weber et al., 2013), as it undermines perceptions of the perpetrator's culpability (Clarke & Lawson, 2009; Cohn et al., 2009; Frese et al., 2004). The reasons for this contradiction are unclear, but people with higher victim-blaming attitudes might be more attuned to recognizing alarming situations. It should be noted, however, that the scores for prosocial bystander behavior were exceedingly low and many students reported not engaging in any

behavior, which might be biasing results. Additionally, the questions focused on past behavior, whereas many studies have concentrated on potential future actions of respondents (e.g., Burn, 2009; Holfeld, 2014) or have utilized rape myth acceptance instead of a sole focus on victim-blame (e.g., Alegría-Flores et al., 2017; Hines & Reed, 2017; Salazar et al., 2019). This gap between what they claim they would do, and their actual behavior might bias previous findings, as individuals with lower victim-blaming attitudes might express a stronger desire to intervene because it is considered socially acceptable. Clearly, this area is ripe for further research.

Contrary to expectations, bystander training did not show a significant correlation with prosocial bystander behavior and did not moderate the relationship between victim-blame and prosocial bystander behavior. The primary goal of bystander training is to increase bystander behavior (e.g., Banyard et al., 2005; Katz & Moore, 2013; Moynihan et al., 2015; Salazar et al., 2014) and if bystander training is not resulting in long-term behavior changes, it might be beneficial to shift our focus towards implementing concrete social changes, including reducing victim-blame and having more positive views towards survivors, to effectively combat sexual violence. This could include simple changes such as using more positive language, such as survivor instead of victim, while also focusing on large-scale societal changes. These findings underscore significant concerns about the validity and reliability of existing training programs, emphasizing the need for reassessment and improvement.

An imperative finding of the study was that survivors of sexual assault exhibited significantly higher levels of self-blame compared to those who have not experienced this. While the vignettes presented in the research were not directly tied to the participants' personal situations, they highlight the urgent need to address how we can effectively reduce self-blame among survivors and implement robust support measures. This issue is particularly critical, as

the internalization of self-blame is strongly associated with adverse mental health outcomes (Branscombe et al., 2003; Hamrick & Owens, 2019; Kline et al., 2021).

The Campus Sexual Violence Elimination Act (The SAVE Act, 2021) mandates that colleges provide educational prevention programming. This has led to the expectation that most college students have completed such training. However, only 51.52% of participants reported having done so. It is possible that some participants completed the bystander training but simply do not remember it. Nevertheless, the effectiveness of the intervention is undermined if participants cannot recall attending. Employing semester-long courses that offer multiple, short sessions might help mitigate the issue of recall. Research on best practices for bystander training demonstrates additional strategies for effectively addressing existing issues. Evidence shows that longer training formats significantly improve bystander behavior and reduce victim-blaming. Courses designed with shorter, repetitive sessions spread over several days have consistently yielded positive results (DeFazio et al., 2024; Jouriles et al., 2018; Vladutiu et al., 2011). To combat the diminishing benefits over time (Jouriles et al., 2018), implementing mandatory annual review sessions is essential. This approach ensures that students retain necessary knowledge from the intervention. Moreover, active learning exercises and dynamic discussions outperform passive methods (Park & Kim, 2023), highlighting the need for increased interactivity in training modules or in-person sessions. Bystander interventions achieve optimal success when they directly confront and work to dismantle negative attitudes toward women, including victim-blaming (Salazar et al., 2019). Additionally, teaching women self-defense techniques and safety strategies has proven to be far more effective in reducing sexual violence compared to other intervention methods (Gidycz & Dardis, 2014).

Given the limited number of students who reported completing bystander training and the lack of influence on both victim-blaming and prosocial bystander behaviors, universities should introduce a one-credit class for all incoming students and require a short review session yearly for all other students. Relying on short online modules is inadequate; instead, this class would deliver a thorough overview of bystander theory and training, while tackling essential issues such as stereotypes related to sexual violence and victim-blaming. This approach will enhance student engagement and reinforce the college's strong commitment to addressing this critical issue.

Limitations

The current study provides valuable insights into students' perceptions of blame but has several limitations. Although vignette scenarios were employed to identify variations in blame, these vignettes are artificial and might lack external and ecological validity (Davies et al., 2001; Ward, 1995). Consequently, we cannot accurately determine how individuals respond in real-life situations. It is ethically unfeasible to conduct randomized controlled studies that effectively capture the responses and feelings in these scenarios. Furthermore, when measuring prosocial bystander behaviors, participants were asked about their past actions rather than their potential responses in specific situations presented in the vignette. As a result, the participants' conditions did not influence their reported bystander behavior. Additionally, the peer helping behavior questions asked about helping in general but were not specific to sexual assault situations, and the actions a person takes might differ based on the type of help required.

One major limitation of the study is that the vignette did not examine differences between genders but sex differences. Given the lack of information within this area, this study meant to make it blatant what sex the perpetrator and survivor was. The sex of both the survivor and the perpetrator were clearly specified; however, there is a lack of research exploring how blame

might differ when the genders of the survivor and the perpetrator differ or are not clearly defined. This gap represents an important area for further investigation.

Moreover, the study participants were limited to students from four colleges in the Midwestern United States, which might affect the reliability of the findings among other populations. The response rate was also low (3.8%), which could mean that the sample is not generalizable and only persons with a stake in the topic completed the survey. However, research has found that low response rates on sexual violence surveys among postsecondary students do not bias results (Jeffrey et al., 2022). Fosnacht and colleagues (2017) further suggest that low response rates remain reliable with a sample of at least 500, yet people with more negative perceptions might not want to complete a survey on sexual violence. Additionally, it is essential to consider the influence of social desirability bias, which can lead to distorted responses (Ward, 1995). Although efforts were made to minimize this bias by ensuring that the survey was de-identified, there are still concerns that participants might not fully disclose their true feelings.

Conclusion

Recognizing the profound impact of victim-blaming on survivors and its role in perpetuating sexual violence, this study aimed to investigate prevalent attitudes. The findings unequivocally demonstrate that victim-blaming beliefs persist and are influenced by factors such as the sex of both the survivor and the perpetrator and the outcomes of incidents. The study suggests that male survivors of female perpetrators experience increased victim-blame and self-blame, and when a sexual assault does not ultimately occur, victim-blaming is more prevalent. This might be due to traditional masculinity views and a less clearly defined status of survivor that might influence socially desirable responses, respectively.

The implementation of bystander training on college campuses was a pivotal step in addressing and advocating against sexual violence; however, the results illustrated that nearly half of the college students did not report engaging in these training sessions. No significant changes in victim-blaming attitudes were observed among those who did participate. This study raises crucial questions and underscores the urgent need for further research on this serious issue. The high rates of sexual violence among college students demand action to dismantle the underlying factors, including rape culture and victim-blaming, to foster meaningful and lasting change.

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Table 3.1*Descriptions of Measures Included in the Study*

| <i>Attitudes & Experiences</i> | |
|--|--|
| Victim-Blaming Vignettes ¹ | A vignette was presented and randomly assigned the sex of the perpetrator and survivor and the ending of the sexual assault (i.e., “completed” or “stopped”). To what extent do you agree with statements about who is to blame (1 = strongly disagree, 6 = strongly agree)? |
| Prosocial Bystander Scale ² | In the past 12 months, how often have you done the following bystander behaviors (0 = 0 times, 1 = 1-2 times, 2 = 3-5 times, 3 = 6+ times)? |
| Perceptions of Peer Helping ³ | How likely are your friends to do the following bystander behaviors (0 = extremely unlikely, 6 = extremely likely)? |
| <i>Control</i> | |
| Age | Years |
| Gender Identity | Woman, Man, Transgender Man, Transgender Woman, Gender Variant/Non-Conforming, other (explain) |
| Sexual Orientation | Heterosexual, Homosexual, Bisexual, other (explain) |
| Race | American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White, other (explain) |
| Sexual Assault History | Has someone close to you ever experienced a sexual assault (0 = no, 1 = yes)? Have you ever experienced a sexual assault (including rape) (0 = no, 1 = yes)? |
| Fraternity or Sorority Membership | (0 = no, 1 = yes) |
| Year in School | Freshman, Sophomore, Junior, Senior, Graduate Student, Other |
| Campus | Campus 1, Campus 2, Campus 3, Campus 4 |
| Political Affiliation | Democratic, Republican, Independent, other (explain) |
| Physical & Mental Health | How would you rate your health? (1 = very bad, 5 = very good) |
| Bystander Training Intervention | Have you ever taken bystander training (0 = no, 1 = yes)? |

¹ Developed from Allen & Meadows (2017)² From Cook-Craig et al. (2014)³ From Banyard et al. (2014)

Table 3.2*Descriptive Statistics of Categorical Variables (N = 2,143)*

| Variable | <i>n</i> | % |
|---------------------------------------|----------|-------|
| Gender Identity | | |
| Woman | 1426 | 66.54 |
| Man | 552 | 25.76 |
| Transgender Man | 28 | 1.31 |
| Transgender Woman | 13 | 0.61 |
| Gender Variant/Non-Conforming | 112 | 5.23 |
| Other | 12 | 0.56 |
| Sexual Orientation | | |
| Heterosexual | 1,375 | 64.16 |
| Homosexual | 126 | 5.88 |
| Bisexual | 517 | 24.13 |
| Other | 125 | 5.83 |
| Race | | |
| American Indian/Alaskan Native | 23 | 1.07 |
| Asian | 305 | 14.23 |
| Black/African American | 71 | 3.31 |
| Native Hawaiian/Pacific Islander | 1 | 0.05 |
| White | 1,640 | 76.53 |
| Other | 103 | 4.81 |
| Hispanic/Latino | | |
| No | 1,961 | 91.51 |
| Yes | 182 | 8.49 |
| Year in School | | |
| Freshmen | 540 | 25.20 |
| Sophomore | 298 | 13.91 |
| Junior | 334 | 15.59 |
| Senior | 365 | 17.03 |
| Graduate Student | 568 | 26.50 |
| Other | 38 | 1.77 |
| Fraternity/Sorority Membership | | |
| No | 2,005 | 93.56 |
| Yes | 138 | 6.44 |
| Political Affiliation | | |
| Democratic | 1,317 | 61.46 |
| Republican | 255 | 11.90 |
| Independent | 367 | 17.13 |
| Other | 204 | 9.52 |
| Campus | | |

| | | |
|---------------------------------------|-------|-------|
| Campus 1 | 1,245 | 58.10 |
| Campus 2 | 696 | 32.48 |
| Campus 3 | 154 | 7.19 |
| Campus 4 | 48 | 2.24 |
| Bystander Training | | |
| No | 1,039 | 48.48 |
| Yes | 1,104 | 51.52 |
| Survivor of Sexual Assault | | |
| No | 1,138 | 53.10 |
| Yes | 1,005 | 46.90 |
| Close to a Survivor of Sexual Assault | | |
| No | 394 | 18.39 |
| Yes | 1,509 | 70.42 |
| Unsure | 240 | 11.20 |

Table 3.3

Descriptive Statistics of Continuous Variables (N = 2,143)

| Variable | Mean | Std. Dev. | Min. | Max. |
|---------------------|--------|-----------|------|------|
| Prosocial Bystander | 4.077 | 3.519 | 0 | 21 |
| Peer Helping | 4.787 | 0.713 | 1 | 6 |
| Age | 22.636 | 6.062 | 18 | 75 |
| Physical Health | 3.922 | 0.829 | 1 | 5 |
| Mental Health | 3.360 | 0.949 | 1 | 5 |

Table 3.4*Descriptive Statistics of Victim-Blaming Questions by Sex Condition*

| | Female Survivor/ Male Perp (N = 555) | Male Survivor/ Female Perp (N = 543) | Male/Male (N = 540) | Female/Female (N = 505) |
|--|--|--|------------------------|----------------------------|
| Item | Mean (SD) | Mean (SD) | Mean (SD) | Mean (SD) |
| <i>Survivor Blameworthiness</i> | | | | |
| The survivor's behavior was, at least in part, to blame for what the perpetrator did. | 1.48 (1.06) | 1.66 (1.19) | 1.51 (1.12) | 1.61 (1.23) |
| <i>Survivor Blameworthiness (Intoxication)</i> | | | | |
| What happened at the party was, at least in part, the survivor's fault because they had been drinking. | 1.42 (0.88) | 2.57 (0.91) | 2.44 (0.84) | 2.52 (0.99) |
| <i>Self-Blame</i> | | | | |
| If you were the survivor, you would blame yourself for what happened. | 3.07 (1.49) | 4.12 (1.48) | 4.24 (1.44) | 4.24 (1.45) |
| <i>Perpetrator Blameworthiness</i> | | | | |
| The perpetrator was to blame for what happened at the party. | 5.70 (0.72) | 5.50 (0.77) | 5.63 (0.85) | 5.50 (1.01) |
| <i>Perpetrator Blameworthiness (Intoxication)</i> | | | | |
| The perpetrator would not have behaved this way if they were not drunk. | 2.59 (1.08) | 4.11 (1.05) | 3.78 (1.05) | 3.86 (1.08) |

Table 3.5*Descriptive Statistics of Victim-Blaming Questions by Ending Condition*

| | “Completed” (N = 1,064) | “Stopped” (N = 1,079) |
|--|----------------------------|--------------------------|
| Item | Mean (SD) | Mean (SD) |
| <i>Survivor Blameworthiness</i> | | |
| The survivor’s behavior was, at least in part, to blame for what the perpetrator did. | 1.47 (1.02) | 1.65 (1.26) |
| <i>Survivor Blameworthiness (Intoxication)</i> | | |
| What happened at the party was, at least in part, the survivor’s fault because they had been drinking. | 2.21 (1.04) | 2.25 (1.01) |
| <i>Self-Blame</i> | | |
| If you were the survivor, you would blame yourself for what happened. | 4.08 (1.55) | 3.73 (1.53) |
| <i>Perpetrator Blameworthiness</i> | | |
| The perpetrator was to blame for what happened at the party. | 5.40 (0.91) | 5.25 (0.92) |
| <i>Perpetrator Blameworthiness (Intoxication)</i> | | |
| The perpetrator would not have behaved this way if they were not drunk. | 3.47 (1.22) | 3.68 (1.21) |

Table 3.6*Ordinal Logistic Regression Predicting Survivor Blameworthiness*

| Variable | Odds Ratio | Std. Err. |
|----------------------------------|------------|-----------|
| Sex Condition | | |
| Male Survivor/Female Perpetrator | 1.495** | 0.206 |
| Male/Male | 1.055 | 0.152 |
| Female/Female | 1.238 | 0.177 |
| Ending Condition | | |
| “Completed” | 0.686*** | 0.068 |
| Bystander Training | 0.905 | 0.093 |
| Survivor of Sexual Assault | 0.807 | 0.096 |
| Close to a Survivor | | |
| Yes | 0.612*** | 0.083 |
| Unsure | 0.858 | 0.147 |
| Age | 1.002 | 0.011 |
| Race | | |
| American Indian/Alaskan Native | 0.337 | 0.222 |
| Asian | 1.504** | 0.208 |
| Black/African American | 0.924 | 0.262 |
| Native Hawaiian/Pacific Islander | 0.000 | 0.010 |
| Other | 0.773 | 0.204 |
| Hispanic/Latinx | 1.165 | 0.221 |
| Gender | | |
| Woman | 0.708** | 0.082 |
| Transgender Man | 0.343 | 0.220 |
| Transgender Woman | 0.603 | 0.480 |
| Gender Variant/Non-Conforming | 0.516* | 0.165 |
| Other | 0.850 | 0.597 |
| Sexual Orientation | | |
| Homosexual | 0.613 | 0.160 |
| Bisexual | 0.636** | 0.093 |
| Other | 0.658 | 0.175 |
| Political Affiliation | | |
| Republican | 2.008*** | 0.297 |
| Independent | 1.912*** | 0.253 |
| Other | 1.802*** | 0.305 |
| Year in School | | |
| Sophomore | 0.977 | 0.159 |
| Junior | 0.920 | 0.149 |
| Senior | 0.731 | 0.122 |
| Graduate Student | 0.823 | 0.139 |

| | | |
|--------------------------------|---------|-------|
| Other | 0.876 | 0.380 |
| Campus | | |
| Campus 2 | 1.051 | 0.123 |
| Campus 3 | 1.734** | 0.327 |
| Campus 4 | 0.704 | 0.247 |
| Fraternity/Sorority Membership | 0.915 | 0.187 |
| Physical Health | 1.048 | 0.073 |
| Mental Health | 1.046 | 0.065 |
| Cut 1 | 0.678 | 0.401 |
| Cut 2 | 1.849 | 0.404 |
| Cut 3 | 2.252 | 0.406 |
| Cut 4 | 2.908 | 0.412 |
| Cut 5 | 3.591 | 0.423 |

Note: Reference categories were male perpetrator/female survivor sex condition, “stopped” ending condition, no bystander training, not a survivor of sexual assault, not close to someone who has experienced a sexual assault, White, not Hispanic/Latinx, man, heterosexual, democratic, freshman, campus 1, not in fraternity.

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

Table 3.7*Ordinal Logistic Regression Predicting Self-Blame*

| Variable | Odds Ratio | Std. Err. |
|----------------------------------|------------|-----------|
| Sex Condition | | |
| Male Survivor/Female Perpetrator | 3.784*** | 0.423 |
| Male/Male | 4.165*** | 0.466 |
| Female/Female | 4.362*** | 0.500 |
| Ending Condition | | |
| “Completed” | 1.643*** | 0.129 |
| Bystander Training | 0.941 | 0.076 |
| Survivor of Sexual Assault | 1.399*** | 0.128 |
| Close to a Survivor | | |
| Yes | 1.038 | 0.122 |
| Unsure | 1.205 | 0.179 |
| Age | 0.992 | 0.009 |
| Race | | |
| American Indian/Alaskan Native | 1.870 | 0.767 |
| Asian | 0.720** | 0.087 |
| Black/African American | 0.748 | 0.167 |
| Native Hawaiian/Pacific Islander | 1.996 | 2.902 |
| Other | 0.891 | 0.174 |
| Hispanic/Latinx | 0.968 | 0.149 |
| Gender | | |
| Woman | 1.663*** | 0.164 |
| Transgender Man | 1.304 | 0.472 |
| Transgender Woman | 2.087 | 1.140 |
| Gender Variant/Non-Conforming | 1.135 | 0.236 |
| Other | 1.269 | 0.702 |
| Sexual Orientation | | |
| Homosexual | 0.691* | 0.122 |
| Bisexual | 0.964 | 0.100 |
| Other | 1.164 | 0.223 |

| | | |
|--------------------------------|----------|-------|
| Political Affiliation | | |
| Republican | 0.852 | 0.110 |
| Independent | 0.977 | 0.108 |
| Other | 1.111 | 0.155 |
| Year in School | | |
| Sophomore | 1.176 | 0.155 |
| Junior | 1.185 | 0.153 |
| Senior | 0.964 | 0.123 |
| Graduate Student | 1.333* | 0.180 |
| Other | 1.397 | 0.463 |
| Campus | | |
| Campus 2 | 0.827* | 0.075 |
| Campus 3 | 0.995 | 0.161 |
| Campus 4 | 0.615 | 0.161 |
| Fraternity/Sorority Membership | 0.922 | 0.150 |
| Physical Health | 0.976 | 0.053 |
| Mental Health | 0.830*** | 0.041 |
| Cut 1 | -2.216 | 0.337 |
| Cut 2 | -0.421 | 0.330 |
| Cut 3 | 0.437 | 0.329 |
| Cut 4 | 1.253 | 0.330 |
| Cut 5 | 2.770 | 0.333 |
| Cut 6 | 4.640 | 0.353 |

Note: Reference categories were male perpetrator/female survivor sex condition, “stopped” ending condition, no bystander training, not a survivor of sexual assault, not close to someone who has experienced a sexual assault, White, not Hispanic/Latinx, man, heterosexual, democratic, freshman, campus 1, not in fraternity.

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

Table 3.8*Regression Analysis for Variables Predicting Prosocial Bystander Behavior*

| Variable | <u>Model 1</u> | | <u>Model 2</u> | |
|---|----------------|-----------|----------------|-----------|
| | B | Std. Err. | B | Std. Err. |
| Bystander Training | -.027 | .031 | -.104* | .052 |
| Survivor Blameworthiness | .040** | .015 | .019 | .019 |
| Survivor Blameworthiness * Bystander Training | -- | -- | .049 | .026 |
| Survivor Blameworthiness (Intoxication) | .005 | .018 | .005 | .018 |
| Self-Blame | .019 | .011 | .019 | .011 |
| Perpetrator Blameworthiness | -.027 | .017 | -.026 | .017 |
| Perpetrator Blameworthiness (Intoxication) | -.006 | .014 | -.007 | .014 |
| Peer Helping | .161*** | .023 | .160*** | .023 |
| Survivor of Sexual Assault | .299*** | .036 | .302*** | .036 |
| Close to a Survivor of Sexual Assault | | | | |
| Yes | .359*** | .045 | .360*** | .045 |
| Unsure | .083 | .058 | .086 | .058 |
| Age | -.021*** | .003 | -.021*** | .003 |
| Race | | | | |
| American Indian/Alaskan Native | .107 | .148 | .108 | .148 |
| Asian | -.061 | .046 | -.061 | .046 |
| Black/African American | .053 | .085 | .052 | .085 |
| Native Hawaiian/Pacific Islander | .558 | .692 | .567 | .691 |
| Other | -.020 | .073 | -.016 | .073 |
| Hispanic/Latinx | -.003 | .057 | -.007 | .057 |
| Gender | | | | |
| Woman | -.022 | .039 | -.022 | .039 |
| Transgender Man | -.161 | .138 | -.157 | .138 |
| Transgender Woman | .117 | .197 | .116 | .197 |
| Gender Variant/Non-Conforming | -.042 | .079 | -.039 | .079 |
| Other | -.173 | .208 | -.170 | .208 |
| Sexual Orientation | | | | |
| Homosexual | -.125 | .068 | -.124 | .068 |
| Bisexual | -.054 | .040 | -.054* | .040 |
| Other | -.120 | .071 | -.119 | .071 |

| | | | | |
|--------------------------------|---------|------|---------|------|
| Political Affiliation | | | | |
| Republican | .025 | .051 | .022 | .051 |
| Independent | .040 | .042 | .038 | .042 |
| Other | .027 | .053 | .025 | .053 |
| Year in School | | | | |
| Sophomore | -.034 | .051 | -.036 | .051 |
| Junior | -.052 | .050 | -.051 | .050 |
| Senior | -.024 | .050 | -.022 | .050 |
| Graduate Student | -.150** | .052 | -.152** | .052 |
| Other | .161 | .127 | .150 | .127 |
| Campus | | | | |
| Campus 2 | -.095** | .035 | -.098** | .035 |
| Campus 3 | -.122* | .062 | -.125* | .062 |
| Campus 4 | .058 | .104 | .054 | .104 |
| Fraternity/Sorority Membership | .127* | .062 | .123* | .062 |
| Physical Health | .030 | .021 | .030 | .021 |
| Mental Health | -.004 | .019 | -.004 | .019 |
| Adjusted R | .167 | | .167 | |

Note: Reference categories were no bystander training, not a survivor of sexual assault, not close to someone who has experienced a sexual assault, White, not Hispanic/Latinx, woman, female, heterosexual, democratic, freshman, campus 1, not in fraternity.

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

CHAPTER FOUR

Initial Evaluation of a Gender-Inclusive Version of Acceptance of Modern Myths on Sexual Aggression Scale

Abstract

Sexual aggression myths were introduced as a new construct to address the limitations of rape myths and gain a better understanding of a socially evolving issue. However, the new construct is rarely used in the United States, and research still heavily relies on traditional concepts that overlook vulnerable groups, including the LGBTQ+ community, female perpetrators, and various forms of violence. The current study aimed to modify the Acceptance of Modern Myths on Sexual Aggression-21 (AMMSA-21) scale by incorporating gender-inclusive language. Data was collected from 2,884 college students across four universities within the Universities of Wisconsin, with 1,332 respondents completing the Gender-Inclusive Acceptance of Modern Myths on Sexual Aggression (GIAMMSA) scale and 1,377 students completing an older measure, the Gender-Inclusive Illinois Rape Myth Acceptance Scale (GIIRMAS). Results indicate that the GIAMMSA is a valid and unique construct, with an alpha coefficient of .89. The relationship between GIAMMSA and prosocial bystander behavior was examined but was not significant. Overall, the GIAMMSA appears to align better with the current social context than the GIIRMAS, and this new version should be utilized in future research.

Keywords: victim-blaming, college students, sexual aggression myths, sexual violence

Initial Evaluation of a Gender-Inclusive Version of Acceptance of Modern Myths on Sexual Aggression Scale

Since the 1980s, the concept of rape myths has influenced our understanding of sexual violence and critiqued rape culture through stereotypical, negative attitudes towards survivors. Rape myths are prejudicial, stereotypical perceptions that downplay, deny, or justify sexual violence that men commit against women (Bohner, 1998). The myths tend to exonerate the perpetrator while attributing blame to the survivor.

The concept has been updated since its initial implementation as society has socially evolved. Such changes include acknowledging that victim-blaming has become more subtle over time, changing language to be more socially desirable, and being more considerate of issues, including racism and marginalization (Ferro et al., 2008; McMahon & Farmer, 2011). A crucial update to rape myths is the emergence of the related concept sexual aggression myths, measured by the Acceptance of Modern Myths about Sexual Aggression scale (AMMSA) (Eyssel & Bohner, 2008). It includes more relevant myths that are less blatant, as the update was meant to be more reflective of the current social environment and includes less obvious myths and stereotypes regarding sexual violence. However, very few studies in the United States utilize this new tool.

Survivors of sexual violence face numerous challenges, as women who accept rape myths tend to report their victimization less frequently (Deming et al., 2013; Egan & Wilson, 2012; Vonderhaar & Carmody, 2015) and are also more likely to experience more severe mental and physical health effects as a result of the trauma (Campbell et al., 2009). The acceptance of sexual aggression myths is vital to study, as prior research shows that targeting these attitudes, along with implementing programs that effectively reduce perceived barriers to reporting assaults,

significantly increases the likelihood that college students will report sexual assaults to law enforcement (Hahn et al., 2020).

Due to the profound impact of sexual aggression myths on survivors, there is an urgent need for more comprehensive research regarding the prevalence of these myths, as well as whether they are similar across diverse populations (Byrne et al., 2021; Fansher & Zedaker, 2022; Navarro & Ratajczak, 2022). Much of the existing literature has focused predominantly on White, middle to upper-class individuals and has largely centered on heteronormative violence perpetrated by men against women. However, there is a growing recognition that other forms of violence, such as female-to-male and same sex violence, are prevalent and deserve further investigation (Johnson et al., 2023; Straus, 2008; Worthen, 2021).

Without proper tools to measure stereotypes related to sexual violence and negative perceptions of survivors, the policies implemented might depend on outdated methods that are ineffective in changing beliefs and behaviors. Due to the lack of research about sexual aggression myths in the United States and the failure to recognize all forms of violence, this study introduces a revised version of the Acceptance of Modern Myths on Sexual Aggression scale, called the Gender-Inclusive Acceptance of Modern Myths on Sexual Aggression (GIAMMSA). This scale employs gender-inclusive language to address sexual aggression myths, aiming to enhance our understanding of all types of violence and contemporary beliefs. An evaluation of the GIAMMSA was conducted, which included a comparison to the gender-inclusive rape myth scale and an examination of the impact of myths on prosocial bystander behaviors.

Literature Review

The term of rape myths was first introduced in the 1970s, around the same time as the emergence of the concept of rape culture. It describes a complex set of beliefs that support and perpetuate sexual violence committed by men against women (Payne et al., 1999). Rape myths are prejudicial, stereotypical, or false beliefs about the crime itself, the survivor of the rape, or the perpetrator (Schwendinger & Schwendinger, 1974). These myths serve to deny, downplay, or justify sexual violence and often lead to victim-blaming, while exonerating the perpetrator (Bohner, 1998; van der Bruggen & Grubb, 2014). Common examples of rape myths include the belief that women ask for rape, that men are unable to control their biological urges, that the survivor is at fault for dressing promiscuously, that there is a high prevalence of false reporting, and that women are simply vengeful (Brownmiller, 1975).

Sexual aggression myths are related to, but distinct from, rape myths as factor analyses indicate that the items from rape myths and sexual aggression myths loaded onto separate factors suggesting that they represent old-fashioned views and modern beliefs, respectively (Eyssel & Bohner, 2008; Hantzi et al., 2015; Megías et al., 2011). To address issues of social desirability associated with rape myths, sexual aggression myths offer more contemporary and less direct perceptions of sexual violence (Gerger et al., 2007). Some examples of these myths include statements, such as: "Many women tend to misinterpret a well-meaning gesture as a 'sexual assault'" and "While victims of armed robbery must fear for their lives, they receive far less psychological support than rape victims."

Notably, a greater acceptance of these sexual aggression myths is linked to the perpetration of sexual assault (Abbey et al., 2012; Anderson & Anderson, 2008; Brownmiller, 1975; Iconis, 2008; Mouilso & Calhoun, 2013; Russell, 2016; Russell & King, 2016; Saenz, 2009; Swartout, 2013; Thompson et al., 2011; Warren et al., 2015). This underscores the

significance of understanding and ultimately changing these harmful attitudes. Among students who endorse sexual aggression myths, they are less likely to lend support to survivors and more likely to victim-blame than those who do not endorse the myths (Rich et al., 2021) yet personally knowing a survivor of a sexual assault has been associated with a lower likelihood of supporting rape myths (McMahon, 2010; Navarro & Ratajczak, 2022).

Interestingly, survivors of sexual assault might endorse sexual aggression myths at higher rates compared to those who did not experience victimization (Cooke et al., 2022; Haugen et al., 2019). This might be due to when someone experiences sexual victimization they have an increased acceptance of traditional gender roles, which in turn reinforces rape myths (Cooke et al., 2022). Another explanation is that the trauma from the assault can create cognitive dissonance, leading to the internalization of rape myths and causing deviations in expectations regarding what constitutes normal sexual encounters (Haugen et al., 2019). Nevertheless, other studies indicate that victimization might lead to lower rates of endorsing these myths (Grandgenett et al., 2022; Worthen & Wallace, 2021), leaving the true relationship between victimization and myth endorsement uncertain. Ultimately, the survivor's beliefs and the beliefs of those around them influence whether a survivor feels comfortable disclosing their assault.

A person's attitude can also influence the likelihood of bystander intervention. Victim-blaming attitudes not only hinder bystander actions but also discourage survivors from seeking help (Martín-Fernández et al., 2018; Pagliaro et al., 2020). The willingness to intervene in cases of intimate partner violence is affected by attitudes towards both the survivor and the perpetrator (Wijaya et al., 2022). In addition to victim-blaming, there is a link between acceptance of rape myths and the likelihood of intervening (Banyard, 2008; Burn, 2009; Diener, 2016; Johnson-Quay, 2015; McMahon, 2010; Rosenstein & Carroll, 2015). Although the study of rape myths

has played a significant role in research, the full extent of their impact remains largely unknown (Suarez & Gadalla, 2010).

Measuring Myths

Early research on rape myths reveals that adults accepted an average of 14 out of 32 myths (Feild, 1978). Approximately one in four college students endorsed these myths (Giacopassi & Dull, 1986). While there are variations between rape myths, the most common rape myths tend to blame the victim (e.g., “When women go around wearing low-cut tops or short skirts, they’re just asking for trouble”), exonerating the perpetrator (e.g., “When a man is very sexually aroused, he may not even realize that the woman is resisting”), and deny or downplay the violence inherent in rape (e.g., “Although most women wouldn’t admit it, they generally find being physically forced into sex a real “turn-on””) (Burt, 1980). The traditional rape myths questions are rather blatant and are solely focused on male-on-female violence. The original rape myth acceptance scale, created by Burt in 1980, initially exhibited impressive reliability, achieving a Cronbach’s alpha of .88.

Given the changes in social dynamics over the past 50 years, the explicit questions in the established Rape Myth Acceptance (RMA) scale might now be problematic. Research indicates a significant positive skew in the distribution of responses, with very low mean scores across the scales (Bohner, 1998; Bohner et al., 1999). On a scale from 1 (strongly disagree) to 7 (strongly agree), average RMA scores are typically around 2.0 for females and 2.6 for males (Eyssel et al., 2006). More recent studies also show this low skew (Byrne et al., 2021; McMahon & Farmer, 2011; O’Connor et al., 2018). This suggests that rape myths might be an outdated concept and that the willingness to openly acknowledge these blatant myths has declined. Consequently, the

skewed distributions could limit the potential impact of interventions, especially when baseline scores are already very low.

In 2023, an initial evaluation of a gender-inclusive version of the Illinois Rape Myth Acceptance Scale (GIIRMAS) was published by Johnson and colleagues. This scale sought to expand the measurement of rape myths beyond a heteronormative framework. Data collected from a convenience sample supported five factors of the original IRMA, utilizing gender-inclusive language. The development of a gender-inclusive version of rape myths scale represents a significant advancement; however, there are still imbalances in how these myths are distributed (Byrne et al., 2021; McMahon & Farmer, 2011; O'Connor et al., 2018). These imbalances might result from social changes, suggesting that simply using gender-inclusive language might not be sufficient to lead to more spread in the distributions, as the concept of rape myths might be outdated. Similar to research on modern racism and sexism, historical shifts in the content and nuances of these myths could explain the lower scores for agreement with rape myth acceptance (RMA). This is likely because agreeing with such myths is increasingly socially unacceptable (Gerger et al., 2007; Hindes & Fileborn, 2021; Swim et al., 1995; Worthen & Schleifer, 2024).

A more recent conceptualization of rape myths, known as the Acceptance of Modern Myths on Sexual Aggression (AMMSA), was developed to update the terminology and make it more relevant to contemporary discussions (Gerger et al., 2007). The AMMSA framework differs from the Rape Myth Acceptance (RMA) framework because it encompasses a broader range of beliefs about sexual aggression and presents these beliefs in a more nuanced way. Examples of how it is more nuanced include: "when it comes to sexual interactions, women expect men to take the lead," and that "interpreting harmless gestures as 'sexual harassment' is a

common tactic in the battle of the sexes" (Gerger et al., 2007). The AMMSA aims to identify contemporary beliefs that might still contribute to attitudes toward rape and victim-blaming. This assessment includes questions organized into three main categories: denying the severity of the problem, exhibiting hostility toward survivors, and showing a lack of support for policies aimed at reducing the impact of sexual violence (Gerger et al., 2007).

The AMMSA is designed to address a wide range of themes; however, validation analyses indicate that it can be considered a unidimensional construct (Gerger et al., 2007; Hantzi et al., 2015). This means that respondents who score high on one theme or belief tend to also score high on others. Additionally, the average AMMSA scores are generally higher and more normally distributed compared to the RMA scales (Gerger et al., 2007; Megías et al., 2011). The internal consistency of the AMMSA scale typically yields alpha coefficients of .90 or higher, while its test-retest reliability over several weeks is over .80 (Gerger et al., 2007; Megías et al., 2011; Milesi et al., 2020).

Furthermore, the AMMSA scale shows a strong correlation with the RMA scale; however, factor analyses indicate that the items from each scale largely load onto separate factors (Eyssel & Bohner, 2008; Hantzi et al., 2015; Megías et al., 2011). This means that while AMMSA and RMA are related, they measure different constructs. Specifically, the AMMSA scale seems to focus more on contemporary acceptance of myths, whereas the RMA scale reflects traditional beliefs. The AMMSA scale, however, has primarily been utilized outside of the United States, in countries such as Germany, Greece, Macedonia, Russia, and Sweden (Fernsund & Luke, 2021; Hantzi et al., 2015; Kenig, 2021; Megías et al., 2011; Olga & Gerd, 2020; Süssenbach & Bohner, 2011).

In 2022, Bohner et al. updated the AMMSA, resulting in the creation of the AMMSA-21 scale. This updated scale consists of 21 items and focuses on three primary areas: (1) the prevalence of false accusations, (2) stereotypes about sexual aggression and women's behavior, and (3) antagonism towards victims' demands and a lack of support for anti-violence policies. Psychometric analysis has shown that the AMMSA-21 functions well as a unidimensional construct and demonstrates high reliability, with alpha coefficients ranging from .92 to .94 (Bohner et al., 2022). It is important to note that the AMMSA-21 is a gendered scale, and there is currently no gender-inclusive version measuring sexual aggression myths.

Current Study

Given the importance of understanding sexual aggression myths in relation to prosocial bystander behaviors, the experiences of survivors after an incident, police reporting, and the perpetration of sexual assault, it is essential to explore these myths in greater depth. This study aimed to evaluate whether the revised version of sexual aggression myths (GIAMMSA) is more effective than the traditional rape myths construct which can advance our understanding and research on the perpetration of sexual assault, reporting behaviors, and prosocial bystander behaviors.

The current research developed and evaluated a new, gender-inclusive version of the Acceptance of Modern Myths on Sexual Aggression (GIAMMSA). The GIAMMSA was compared to a gender-inclusive version of the modified Illinois Rape Myth Acceptance Scale (GIIRMAS). Additionally, the study examined the relationship between the GIAMMSA and proactive bystander behaviors.

The study aimed to assess the following research questions:

- (1) Will GIAMMSA have strong internal reliability?

- (2) Will GIAMMSA scores be higher than GIIRMAS scores?
- (3) Will those with lower GIAMMSA scores have higher prosocial bystander behaviors than those with higher GIAMMSA scores?

Methods

Participants

A survey was conducted and distributed to all currently enrolled students at four universities within the Universities of Wisconsin in early 2025. The student populations in the fall of 2023 for the four universities were as follows: 4,030 at Campus 4, 5,058 at Campus 3, 22,703 at Campus 2, and 50,335 at Campus 1 (*Enrollments*, n.d.). The sample included all students from the universities, including undergraduate and graduate students. Invitations to participate in the survey were sent via email, and participants completed the survey on Qualtrics (2025). Informed consent was obtained electronically, and the study received approval from an institutional review board at [institution redacted]. Participants who completed the survey had the chance to enter a gift card drawing, and their responses were kept confidential. Of the 75,722 students emailed the survey, 2,884 completed it, indicating a response rate of 3.8%.

Survey Administration

This paper is part of a larger study that also investigated victim-blaming vignettes. University students received an email via Qualtrics (2025) containing a recruitment script and a link to the survey, with the incentive of being entered into a drawing for a gift card. Even when entered into a drawing, gift cards have been shown to increase response rates (Dillman et al., 2014). The study described in the email as seeking to gain insights into beliefs and experiences related to sexual violence. The survey was both de-identified and confidential. Consent for human subject research was obtained from four universities, and informed consent was secured

from all participating students. To increase the sample size, a follow-up email was sent to all participants one week after the initial email.

Dependent Variable

Prosocial Bystander Behaviors. The prosocial bystander behaviors scale (Cook-Craig et al., 2014) assessed recent bystander behaviors. The questionnaire had seven items and asked how often participants engaged in specific bystander actions (e.g., telling someone to stop talking down to, harassing, or messing with someone else?) within the past 12 months. included 0 times (= 0), 1-2 times (= 1), 3-5 times (= 2), or six or more times (= 3). A total bystander score was created from these responses, ranging from engaging in no bystander behaviors (0) to high-frequency bystander behaviors (21). Due to the scale having a low mean in the sample ($M = 4.149$), the variable was transformed using $\log(x+1)$ in Stata (2025) (Benoit, 2011; Ives, 2015).

Independent Variables

GIIRMAS. Half of the participants ($N = 1,378$) were randomly assigned to complete the Gender-Inclusive version of the modified Illinois Rape Myth Acceptance Scale (GIIRMAS) created by Johnson et al. (2023). Compared to the GIAMMSA, the GIIRMAS included narrower attitudes and asked questions more directly. For example, “if a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of control” was changed to “if someone is raped while they are drunk, they are at least somewhat responsible for letting things get out of control.” The GIIRMAS is a validated measurement with strong internal consistency ($\alpha = .97$).

The scale included 18 items that ranged from (1) strongly disagree to strongly agree (6), with no neutral response. The GIIRMAS included an overall latent variable indicative of rape myth acceptance and five underlying factors: (1) victim asked for it, (2) did not mean to, (3) did

not mean to (intoxication), (4) it was not really rape, and (5) victim lied (Johnson et al., 2023). A total rape myth score was created by averaging all items, in which a higher score indicated a higher acceptance of rape myths, with possible scores ranging from 1 to 6.

GIAMMSA. The other half of participants (N = 1,332) were randomly assigned to complete the GIAMMSA. Due to a lack of gender-inclusive measurements of sexual aggression myths, a new version of the AMMSA-21, which is a gender-inclusive version, was created, referred to as GIAMMSA. A complete list of the 21 questions included is provided in the [Appendix](#). The original AMMSA-21 was created by Bohner et al. (2022) and is a validated measurement with strong internal consistency ($\alpha = .93$). The scale includes topics such as attitudes that false accusations of sexual assault or aggression are common, and that persons lie about sexual victimization because they have selfish motives (Bohner et al., 2022). The scale also includes topics on stereotypes about what rape is, which come together to define what persons perceive as a “real rape” (McKimmie et al., 2020).

The GIAMMSA updated the language from the AMMSA-21 to be gender-inclusive and included 21 items (see [Appendix](#)). For example, the question “women often accuse men of rape in order to hurt them” was modified to “individuals often accuse persons of rape in order to hurt them.” Participants then responded using a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree). No neutral response was included, as it forced respondents to choose a directional response, as they might otherwise not have chosen a side due to social desirability concerns (Sturgis et al., 2014). An overall score was formed by finding the average, in which a higher score indicated a higher level of agreement with modern myths on sexual aggression, with possible scores ranging from 1 to 6.

Control Variables

Perception of Peer Helping. To assess how respondents view the bystander behaviors of those around them, perceptions of the peer helping scale were utilized (Banyard et al., 2014). The scale assessed how often participants believed their friends were doing twenty bystander behaviors (e.g., do something to help a person who has had too much to drink and is passed out, knock on the door to see if everything is all right if they hear sounds of fighting or arguing through dorm or apartment walls). Respondents were asked how often they believed their friends did the following bystander behaviors from extremely unlikely (1) to extremely likely (6). An overall perception of peer helping score was created by taking the average, ranging from 1 to 6, with a higher score indicating higher perceptions of helping. The scale is a validated measurement with strong internal consistency ($\alpha = .93$).

Demographic Information. Information was asked about participants' age, sex, gender, sexual orientation, race, campus, fraternity/sorority membership, political affiliation, victimization history, and bystander training. A summary is included in [Table 4.1](#). Age was examined in years. Respondents were asked what gender identity they most identify with, including woman (= 1), man (= 2), transgender man (= 3), transgender woman (= 4), gender variant/non-conforming (= 5), other (= 6), or prefer not to answer (= 9).

Information on respondents' sexual orientation was obtained by asking what best describes their sexual orientation, including heterosexual (straight) (= 1), homosexual (gay) (= 2), bisexual (= 3), other (= 4), or prefer not to answer (= 5). Respondents were asked to choose one or more races that they considered themselves, including American Indian or Alaska Native (= 1), Asian (= 2), Black or African American (= 3), Native Hawaiian or Pacific Islander (= 4), White (= 5), other (= 6), or prefer not to answer (= 7). They were asked if they consider themselves Hispanic/Latinx (0 = no, 1 = yes). Participants were asked what campus they attend

(campus 1 = 1, campus 2 = 2, campus 3 = 3, campus 4 = 4), if they are part of a fraternity or sorority (0 = no, 1 = yes), and their political affiliation (Democratic = 1, Republican = 2, Independent = 3, other = 4). They were asked to rate their mental and physical health separately (1 = very bad, 5 = very good).

Additionally, they were asked if they had ever experienced a sexual assault (0 = no, 1 = yes) or if someone close to them had (0 = no, 1 = yes). Finally, respondents were asked whether they had ever attended a bystander training (0 = no, 1 = yes), described as a prevention program designed to reduce sexual and other forms of interpersonal violence perpetration and victimization.

Data Analysis

Stata (version 18.5) was utilized to conduct all analyses. For the first hypothesis, confirmatory factor analysis (CFA) was conducted to examine the factor structure of the GIAMMSA via Structural Equation Modeling (SEM) (Phakiti, 2018). For the GIAMMSA, unidimensionality was proposed based on the original AMMSA-21 (Bohner et al., 2022). The factor loading cut-off value used was .3 (Hair & Anderson, 1998; Merenda, 1997). Model fit was explored using item and factor loadings and fit indices, including model chi-square, root mean square error or approximation (RMSEA), and comparative fit index (CFI). For the aforementioned indices, the proposed cut-offs were based on Weston and Gore (2006) (i.e., non-significant chi-square, $RMSEA \leq .1$ with a maximum upper bound 90% CI of .10, $CFI \geq .90$).

Principal factor analysis was conducted for GIIRMAS, as CFA from prior research that utilized five factors was unable to converge. Varimax rotation was employed because it demonstrates the results clearly and is easier to interpret, as it minimizes the number of variables with high loadings for each factor to make loadings smaller (Feild, 2009). Factors greater than

.75 are strong, values ranging from .5-.75 are moderate, and values ranging from .3-.49 are weak (Mohamad et al., 2017). To calculate the varimax rotation, scaling is used to divide factor loadings by the corresponding communality, as shown below:

$$\tilde{l}_{ij}^* = \frac{\hat{l}_{ij}}{\hat{h}_i}$$

Where,

\tilde{l}_{ij}^* is the quantity maximized by varimax rotation.

\hat{l}_{ij} is the initial factor loadings between j^{th} common factor and i^{th} variable.

\hat{h}_i is the communality of i^{th} variable.

To investigate the second hypothesis, a t-test was conducted to determine the differences between the two groups: GIAMMSA and GIIRMAS. A multiple regression analysis was then conducted on the subset of participants that completed the GIAMMSA and included control variables (N = 1,029). The model assessed whether GIAMMSA was related to prosocial bystander behaviors while controlling for other variables. Due to concerns about multicollinearity between sex and gender (VIF = 15.73), sex was excluded from the model. No other variables exhibited multicollinearity issues (VIF > 10).

Results

Descriptive Statistics

Demographic characteristics of categorical variables of participants are shown in [Table 4.2](#), including the number and percentage. Overall, for gender, there was a substantially high

level of respondents who identified as women (65.0%), followed by men (27.0%), with smaller percentages of transgender men (1.3%), transgender women (0.7%), and gender variant or non-conforming (5.6%). Most participants were heterosexual (65.5%) and Democratic (59.9%). The sample was overwhelmingly White (76.0%). There was a larger proportion of freshmen (25.8%) and graduate students (25.4%) in the sample. Approximately 45.8% of the sample reported they had previously experienced a sexual assault with many reporting being close to a survivor (67.0%). Concerningly, only 53.1% of students reported attending bystander training, which is a requirement for all students.

[Table 4.3](#) further reports descriptive statistics of continuous variables, including the mean, standard deviation, minimum, and maximum. The average age was 22.62 (SD = 6.190). The average perceptions of peer helping score was 4.763 (SD = .689) and average prosocial bystander behaviors was 4.149 (SD = 3.470) prior to the log transformation. The bystander scores were very low and skewed. The Rates of GIAMMSA total scores (M = 2.678; SD = .637) were higher than GIIRMAS scores (M = 2.151; SD = .589) for the entire sample on a scale of 1 to 6. This suggests that respondents were more likely to agree with sexual aggression myths than rape myths.

Confirmatory Factor Analyses

Cronbach's alpha for the GIAMMSA was calculated and yielded a value of .885, indicating good reliability. CFA was conducted on the 21 items of the GIAMMSA. Previous literature has suggested that both the AMMSA and AMMSA-21 are unidimensional (Bohner et al., 2022; Megías et al., 2011); therefore, it can be inferred that the gender-inclusive version would also be unidimensional.

After performing the CFA using maximum likelihood estimation and accounting for missing values, the assessment confirmed the measure's unidimensionality. The model fit results were mixed: the chi-square test rejected the model, while the Root Mean Square Error of Approximation (RMSEA) and Comparative Fit Index (CFI) indicated a good fit ($\chi^2(189) = 1299.43, p < .001$; RMSEA [90% CI] = .065 [.062, .069], CFI = .900). Given that the sample size exceeded 200, prior research suggests not rejecting the model fit solely based on a significant chi-squared statistic, as the sample size can significantly influence the fit indices (Schermelleh-Engel et al., 2003; Tabachnick & Fidell, 2007). Therefore, the overall fit of the model is considered good. Item-level scores for each question are displayed in [Table 4.4](#).

Principal Factor Analysis

Cronbach's alpha for GIIRMAS was calculated, yielding a value of .812, which indicates good reliability. A confirmatory factor analysis (CFA) was performed on the GIIRMAS based on existing literature, which identified five underlying factors. However, the model did not converge successfully. Consequently, a principal factor analysis (PFA) was conducted. The varimax-rotated matrix results from the PFA are presented in [Table 4.5](#). In this analysis, five factors were included, but none of the proposed factors aligned with the questions.

For the first factor, it included three items that had a loading of .7 or higher: a lot of times individuals who say they were raped agreed to have sex and then regret it (.803), rape accusations are often used as a way of getting back at individuals (.796), a lot of times individuals who say they were raped often led the other on and then had regrets (.804). The second factor also included three items above .7 including: when individuals rape, it is usually because of their strong desire for sex (.791), individuals do not usually intend to force sex on

others, but sometimes they get too sexually carried away (.742), and rape happens when an individual's sex drive gets out of control (.799).

The third factor had two items with loadings .7 or higher: if an individual does not physically fight back, you cannot really say it was rape (.715), and if the accused "rapist" does not have a weapon, you really cannot call it a rape (.773). Both the fourth and fifth factors only included one item each that was above .7. For the fourth factor, the item was: it should be considered rape if an individual is drunk and did not realize what they were doing (.810). For the fifth factor, the item was: if an individual goes to a room alone with another at a party, it is not their own fault if they are raped (.779).

The weak loadings raise concerns about the validity of this model and its relevance. Since the confirmatory factor analysis (CFA) did not converge, it strongly calls into question whether this model is appropriate. Within PFA, eight factors did not sufficiently correspond to any specific factor and had weak loadings. Among these items are statements such as, "when individuals go to parties wearing slutty clothes, they are asking for trouble" and "if an individual doesn't say 'no,' they can't claim rape." Considering that the rape myth construct was developed over 50 years ago in 1970, changes in time and social conditions might have rendered the scale outdated. This brings into question to validity of the rape myth construct.

T-Test

To examine the second hypothesis, scores between GIAMMSA and GIIRMAS were compared using a t-test. As illustrated in [Table 4.6](#), the t-test results indicated a significant difference between the myth conditions ($t(22,780) = -44.462, p < 0.001$). The scores for the GIAMMSA condition were significantly higher than those for the GIIRMAS condition, suggesting that levels of acceptance of sexual aggression myths were greater than rape myths.

[Figure 4.1](#) presents a histogram that compares the distributions of GIAMMSA and GIIRMAS. It indicated that GIAMMSA has a more normal distribution than GIIRMAS.

Regression Analysis

Multiple regression analysis was conducted to determine the relationship between GIAMMSA and prosocial bystander behavior. As shown in [Table 4.7](#), the model found that GIAMMSA was not statistically related to prosocial bystander behaviors ($p < .05$). Prior attendance of bystander training was also not statistically significantly associated with prosocial bystander behaviors ($p < .05$). Expectedly, higher perceptions of peer helping were statistically related to higher prosocial bystander behavior ($B = .152$; $p < .001$), as were survivors of a sexual assault ($B = .258$; $p < .001$) and persons who had someone close to them experience a sexual assault ($B = .384$; $p < .001$).

Furthermore, individuals who identified as Asian exhibited lower levels of prosocial bystander behaviors compared to those who identified as White ($B = -.171$; $p < .01$). Graduate students demonstrated lower levels of prosocial behaviors than freshmen ($B = -0.214$; $p < .01$). Students attending the second campus, a large university, also reported lower bystander behaviors than those at the largest campus (Campus 1) ($B = -0.195$; $p < .001$). The variables Hispanic/Latinx, gender, political affiliation, fraternity or sorority membership, and physical and mental health were not statistically significant ($p < .05$). Overall, the model accounted for 16.1% of the variation in prosocial bystander behavior.

Discussion

A significant body of literature still relies on rape myth frameworks and measurements instead of the newer construct known as sexual aggression myths. To date, very few studies in the United States have employed the AMMSA but it has been validated in other countries,

including Germany, Greece, Macedonia, Russia, and Sweden (Fernsund & Luke, 2021; Hantzi et al., 2015; Kenig, 2021; Megías et al., 2011; Olga & Gerd, 2020; Süssenbach & Bohner, 2011). Therefore, this study aimed to address this gap by introducing a new, gender-inclusive version of sexual aggression myths, the GIAMMSA.

The GIAMMSA demonstrated strong reliability with a Cronbach's alpha of .89. Additionally, confirmatory factor analysis indicated that the model had a good overall fit. In contrast, the validity of the GIIRMAS remains unclear. The five underlying components did not align with the intended construct (Johnson et al., 2023), resulting in the confirmatory factor analysis failing to converge. Furthermore, the principal factor analysis for the GIIRMAS showed weak loadings, with few loadings that achieved a .7 or higher. Additionally, the scoring results indicated that the GIAMMSA and GIIRMAS scores were significantly different. Statistical analysis using a t-test revealed a notable difference between the two. Specifically, GIAMMSA overall elicited significantly higher scores ($M = 2.660$; $SD = .018$) than GIIRMAS ($M = 2.150$, $SD = .016$).

The t-test, along with factor analyses, suggests that the GIIRMAS might be an outdated measure that no longer accurately reflects the factors once did. This is reflective of recent research that has shown decreasing rates in rape myths, with small and skewed distributions (Byrne et al., 2021). The social climate and its changes over time have seemingly diminished the impact of rape myths (Gerger et al., 2007; Hines & Fileborn, 2021; Swim et al., 1995; Worthen & Schleifer, 2024), and as societal attitudes have evolved, the negative perceptions of survivors might have also shifted. Due to this shift, we must focus on assessing sexual aggression rather than relying on outdated rape myths. The GIAMMSA is an effective tool for measuring these contemporary attitudes.

The second aim of this study was to examine the link between sexual aggression myths and bystander behaviors. The results did not show a significant relationship between GIAMMSA and prosocial bystander behaviors. This goes against prior literature that has shown that rape myths are related to decreased prosocial bystander behavior (Banyard, 2008; Burn, 2009; Diener, 2016; Johnson, 2015; McMahon, 2010; Rosenstein & Carroll, 2015), but there is little literature specifically examining how sexual aggression myths affect prosocial bystander behavior. This could mean that there is no relationship between decisions to intervene as a prosocial bystander and their sexual aggression myth acceptance, or the lack of significance could be due to the measurement scales used. The scale utilized did not exclusively emphasize interventions related to sexual violence, which might lead to significant variations in the analysis. The scores on the prosocial bystander scale were exceedingly low ($M = 4.077$) and negatively skewed, suggesting that bystander behaviors are not common among college students, and most tend to not do anything. The low scores might also be due to respondents not being in situations where they could intervene as bystanders, not seeing the troubling situations, or it could be that respondents are truly not engaging in many prosocial behaviors. Nevertheless, while additional research is necessary to fully comprehend these complex relationships, it is clear that GIAMMSA offers a dependable measurement tool for this field of exploration.

Limitations

The present study made significant contributions to the research on sexual violence. However, it is essential to acknowledge some limitations. First, the data was collected from only four universities in the Universities of Wisconsin, which might limit the external validity of the findings. Second, the sample included a large proportion of female participants, with notably fewer participants from other genders. Although the sample size was sizeable, we still lack

substantial knowledge about gender differences. Additionally, the response rate was low, and bias might arise from this. The people who choose to take the survey might have more stake in the topic of sexual violence and might vary in attitudes compared to those who did not choose to complete the survey. The recruitment script discussed the study examining perceptions of and experiences with sexual assault, and this might have generated more people who care about this and felt compelled to complete it. However, while 3.8 is a low response rate, it has been found that low response rates on sexual violence surveys do not bias results (Jeffrey et al., 2022) and remain reliable with a sample of at least 500 (Fosnacht et al., 2017). Finally, social desirability bias could lead to the underreporting of negative beliefs related to sexual violence. Although steps were taken to minimize social desirability bias, including ensuring confidentiality, it remains a concern. Despite these limitations, the study provides a valuable new tool for examining myths about sexual aggression.

Conclusion

The concept of rape myths is outdated, giving way to the more relevant framework of sexual aggression myths. The Gender-Inclusive version of Acceptance of Modern Myths on Sexual Aggression (GIAMMSA) is not only valid and reliable, but it also produces significantly higher scores compared to traditional rape myth assessments. While further exploration is needed regarding the effectiveness of bystander training and the relationship between sexual aggression myths and prosocial bystander behavior, it is evident that the updated version of sexual aggression myths must be adopted. Implementing effective policies requires the use of accurate and validated tools, and the GIAMMSA provides precisely that.

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Table 4.1*Measurement Descriptions of Variables Included in the Study*

Attitudes & Experiences

| | |
|--|---|
| GIIRMAS ¹ or GIAMMSA ² | Randomly assigned participants to complete either the GIIRMAS or the GIAMMSA. To what extent do you agree with statements on sexual violence (1 = strongly disagree, 6 = strongly agree?) |
| Perceptions of Peer Helping ³ | How likely are your friends to do the following bystander behaviors (0 = extremely unlikely, 6 = extremely likely)? |
| Prosocial Bystander Scale ⁴ | In the past 12 months, how often have you done the following bystander behaviors (0 = 0 times, 1 = 1-2 times, 2 = 3-5 times, 3 = 6+ times)? |

Control

| | |
|------------------------|--|
| Age | Years |
| Gender Identity | Woman, Man, Transgender Man, Transgender Woman, Gender Variant/Non-Conforming, other (explain), prefer not to answer |
| Sexual Orientation | Heterosexual, Homosexual, Bisexual, other (explain), prefer not to answer |
| Race | American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White, other (explain), prefer not to answer |
| Fraternity or Sorority | (0 = no, 1 = yes) |
| Political Affiliation | Democratic, Republican, Independent, other (explain) |
| Health | Ranking mental and physical health separately (1 = very bad, 5 = very good) |
| Sexual Assault History | Has someone close to you ever experienced a sexual assault (0 = no, 1 = yes)? Have you ever experienced a sexual assault (including rape) (0 = no, 1 = yes)? |
| Year in School | Freshman, Sophomore, Junior, Senior, Graduate Student, Other |
| Campus | Campus 1, Campus 2, Campus 3, Campus 4 |
| Bystander Training | Have you ever taken bystander training (0 = no, 1 = yes)? |

¹ From Johnson et al. (2023)² Developed from Bohner et al. (2022)³ From Banyard et al. (2014)⁴ From Cook-Craig et al. (2014)

Table 4.2*Descriptive Statistics of Categorical Variables (N = 1,029)*

| Variable | <i>n</i> | % |
|---------------------------------------|----------|-------|
| Gender Identity | | |
| Woman | 669 | 65.01 |
| Man | 278 | 27.02 |
| Transgender Man | 13 | 1.26 |
| Transgender Woman | 7 | 0.68 |
| Gender Variant/Non-Conforming | 58 | 5.64 |
| Other | 4 | 0.39 |
| Sexual Orientation | | |
| Heterosexual | 674 | 65.50 |
| Homosexual | 70 | 6.80 |
| Bisexual | 229 | 22.25 |
| Other | 56 | 5.44 |
| Race | | |
| American Indian/Alaskan Native | 10 | 0.97 |
| Asian | 156 | 15.16 |
| Black/African American | 36 | 3.50 |
| Native Hawaiian/Pacific Islander | 1 | 0.10 |
| White | 782 | 76.00 |
| Other | 44 | 4.28 |
| Hispanic/Latino | | |
| No | 942 | 91.55 |
| Yes | 87 | 8.45 |
| Year in School | | |
| Freshmen | 265 | 25.75 |
| Sophomore | 141 | 13.70 |
| Junior | 149 | 14.48 |
| Senior | 196 | 19.05 |
| Graduate Student | 261 | 25.36 |
| Other | 17 | 1.65 |
| Fraternity/Sorority Membership | | |
| No | 959 | 93.20 |
| Yes | 70 | 6.80 |
| Political Affiliation | | |
| Democratic | 616 | 59.86 |
| Republican | 132 | 12.83 |
| Independent | 170 | 16.52 |
| Other | 111 | 10.79 |

| | | |
|---------------------------------------|-----|-------|
| Campus | | |
| Campus 1 | 594 | 57.73 |
| Campus 2 | 333 | 32.36 |
| Campus 3 | 79 | 7.68 |
| Campus 4 | 23 | 2.24 |
| Bystander Training | | |
| No | 483 | 46.94 |
| Yes | 546 | 53.06 |
| Survivor of Sexual Assault | | |
| No | 558 | 54.23 |
| Yes | 471 | 45.77 |
| Close to a Survivor of Sexual Assault | | |
| No | 200 | 19.44 |
| Yes | 720 | 69.97 |
| Unsure | 109 | 10.59 |

Table 4.3

Descriptive Statistics of Continuous Variables (N = 1,029)

| Variables | M | SD | Min | Max |
|------------------------------|-------|-------|-----|------|
| Age | 22.62 | 6.190 | 18 | 75 |
| Physical Health | 3.881 | 0.860 | 1 | 5 |
| Mental Health | 3.340 | 0.938 | 1 | 5 |
| Peer Helping | 4.763 | 0.689 | 1 | 6 |
| Prosocial Bystander Behavior | 4.149 | 3.470 | 0 | 21 |
| GIIRMAS | 2.151 | 0.589 | 1 | 4.78 |
| GIAMMSA | 2.678 | 0.637 | 1 | 4.81 |

Table 4.4*GIAMMSA Scale and Item Descriptive Statistics*

| Item | Overall M (SD) |
|---|----------------|
| <i>Subscale: Prevalence of false accusations</i> | |
| Q1. Individuals often accuse persons of rape in order to get revenge. | 2.31 (1.29) |
| Q2. Individuals who have emotional problems often claim that they have been raped. | 2.15 (1.15) |
| Q3. Individuals often accuse prominent persons of rape in order to further their own career. | 2.05 (1.12) |
| Q4. These days, a large number of rape accusations are false. | 1.96 (1.04) |
| Q5. Individuals easily confuse well-intentioned gestures with sexual harassment. | 2.44 (1.14) |
| Q6. In a custody battle, individuals often allege that their ex-husband has been sexually violent. | 2.73 (1.18) |
| Q7. Some individuals really enjoy playing the victim of rape. | 2.24 (1.26) |
| Q8. Individuals often accuse their partners of marital rape in order to hurt them. | 2.03 (1.07) |
| Q9. The discussion about sexual harassment on the job has resulted in many harmless behaviors being misinterpreted as harassment. | 2.26 (1.15) |
| <i>Subscale: Stereotypes about sexual aggression</i> | |
| Q10. Individuals must always be on guard so as not to be accused of sexual harassment. | 2.99 (1.49) |
| Q11. These days, individuals who share revealing photos make themselves sex objects. | 2.24 (1.30) |
| Q12. When individuals play hard to get, it means they want sex.* | 1.31 (0.68) |
| Q13. Good-looking individuals run a greater risk of becoming victims of sexual violence. | 2.90 (1.36) |
| Q14. Many individuals like to submit to the sexual wishes of others. | 3.04 (1.27) |
| Q15. Most rape victims have taken the risk of walking through dark alleys at night. | 1.92 (1.15) |

Q16. In the event of an actual rape, an individual always resists. 4.23 (1.47)

Subscale: Lack of support for survivors

Q17. Victims of sexual violence receive insufficient help.* 4.91 (1.09)

Q18. There are insufficient offers of help for rape victims.* 4.46 (1.24)

Q19. Because the fascination caused by sex is disproportionately large, society's sensitivity to crimes in this area is also disproportionate. 3.65 (1.43)

Q20. Although the victims of armed robbery obviously fear for their lives, they receive far less psychological support than rape victims. 3.14 (1.25)

Note: * = Reverse-coded

Table 4.5
Varimax Rotated Matrix using Principal Component Analysis

| Indicators | Factor 1 | Factor 2 | Factor 3 | Factor 4 | Factor 5 |
|---|----------|----------|----------|----------|----------|
| Victim Asked for It | | | | | |
| If an individual is raped while they are drunk, they are at least somewhat responsible for letting things get out of control. | .381 | | .410 | | |
| When individuals go to parties wearing slutty clothes, they are asking for trouble. | .511 | | .363 | | |
| If an individual goes to a room alone with another at a party, it is not their own fault if they are raped. | | | | | .779 |
| If an individual acts like a slut, eventually they are going to get into trouble. | .572 | | | | .309 |
| Didn't Mean To | | | | | |
| When individuals rape, it is usually because of their strong desire for sex. | | .791 | | | |
| Individuals don't usually intend to force sex on others, but sometimes they get too sexually carried away. | | .742 | | | |
| Rape happens when an individual's sex drive gets out of control. | | .799 | | | |
| Didn't Mean To (Intoxication) | | | | | |
| If an individual is drunk, they might rape someone unintentionally. | | .582 | | | |
| It should be considered rape if an individual is drunk and didn't realize what they were doing. | | | | .810 | |
| If both people are drunk, it can be rape. | | | | .665 | |
| It Wasn't Really Rape | | | | | |
| If an individual doesn't physically resist sex—even if protesting verbally—it can be considered rape. | | | -.491 | | .417 |
| If an individual doesn't physically fight back, you can't really say it was rape. | | | .715 | | |
| If the accused "rapist" doesn't have a weapon, you really can't call it a rape. | | | .773 | | |
| If an individual doesn't say "no," they can't claim rape. | .432 | | .521 | | |
| Victim Lied | | | | | |
| A lot of times, individuals who say they were raped agreed to have sex and then regret it. | .803 | | | | |
| Rape accusations are often used as a way of getting back at individuals. | .796 | | | | |
| A lot of times, individuals who say they were raped often led the other on and then had regrets. | .804 | | | | |
| Few individuals who claim they were raped just have emotional problems. | | | | | .488 |

Table 4.6*T-Test Comparison of Myth Scores by Condition*

| | N | Mean | Std. Err. | 95% Conf. Interval | | t-value |
|------------|-------|-------|-----------|--------------------|-------|------------|
| GIIRMAS | 1,378 | 2.150 | .016 | 2.119 | 2.181 | |
| GIAMMSA | 1,332 | 2.660 | .018 | 2.625 | 2.694 | |
| Difference | | -.510 | .024 | -.560 | -.463 | -21.579*** |

Note: *p < .05, **p < .01, ***p < .001

Table 4.7*Regression Analysis for Variables Predicting Prosocial Bystander Behavior*

| Variable | B | Std. Err. |
|---------------------------------------|----------|-----------|
| GIAMMSA | .083 | .044 |
| Bystander Training | -.014 | .045 |
| Peer Helping | .152*** | .034 |
| Survivor of Sexual Assault | .258*** | .051 |
| Close to a Survivor of Sexual Assault | | |
| Yes | .384*** | .064 |
| Unsure | .142 | .084 |
| Race | | |
| American Indian/Alaskan Native | .368 | .225 |
| Asian | -.171** | .065 |
| Black/African American | .115 | .120 |
| Native Hawaiian/Pacific Islander | .540 | .691 |
| Other | -.085 | .110 |
| Hispanic/Latinx | -.023 | .081 |
| Age | -.010* | .005 |
| Gender | | |
| Woman | .034 | .055 |
| Transgender Man | -.330 | .202 |
| Transgender Woman | .348 | .274 |
| Gender Variant/Non-Conforming | -.038 | .112 |
| Other | -.484 | .353 |
| Sexual Orientation | | |
| Homosexual | -.201* | .093 |
| Bisexual | -.024 | .060 |
| Other | -.038 | .103 |
| Political Affiliation | | |
| Republican | .023 | .074 |
| Independent | .094 | .062 |
| Other | .029 | .073 |
| Year in School | | |
| Sophomore | .014 | .073 |
| Junior | -.137 | .073 |
| Senior | -.032 | .070 |
| Graduate Student | -.214** | .076 |
| Other | -.022 | .196 |
| Campus | | |
| Campus 2 | -.195*** | .052 |
| Campus 3 | -.111 | .088 |
| Campus 4 | .119 | .150 |

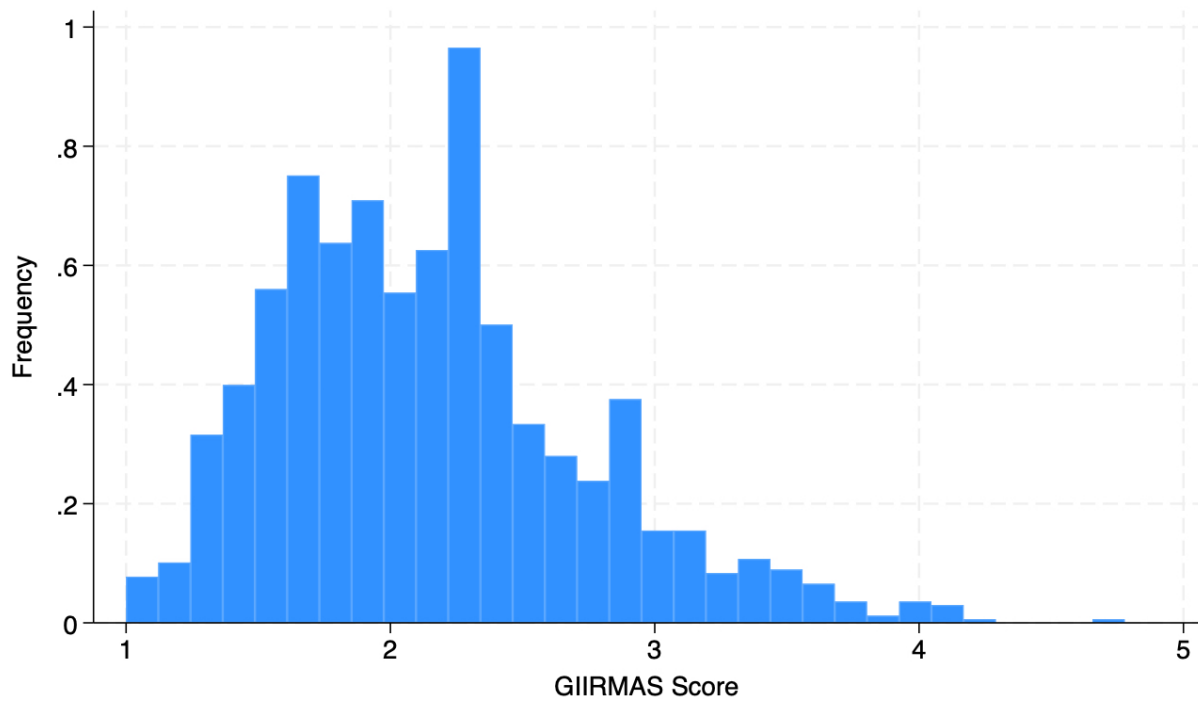
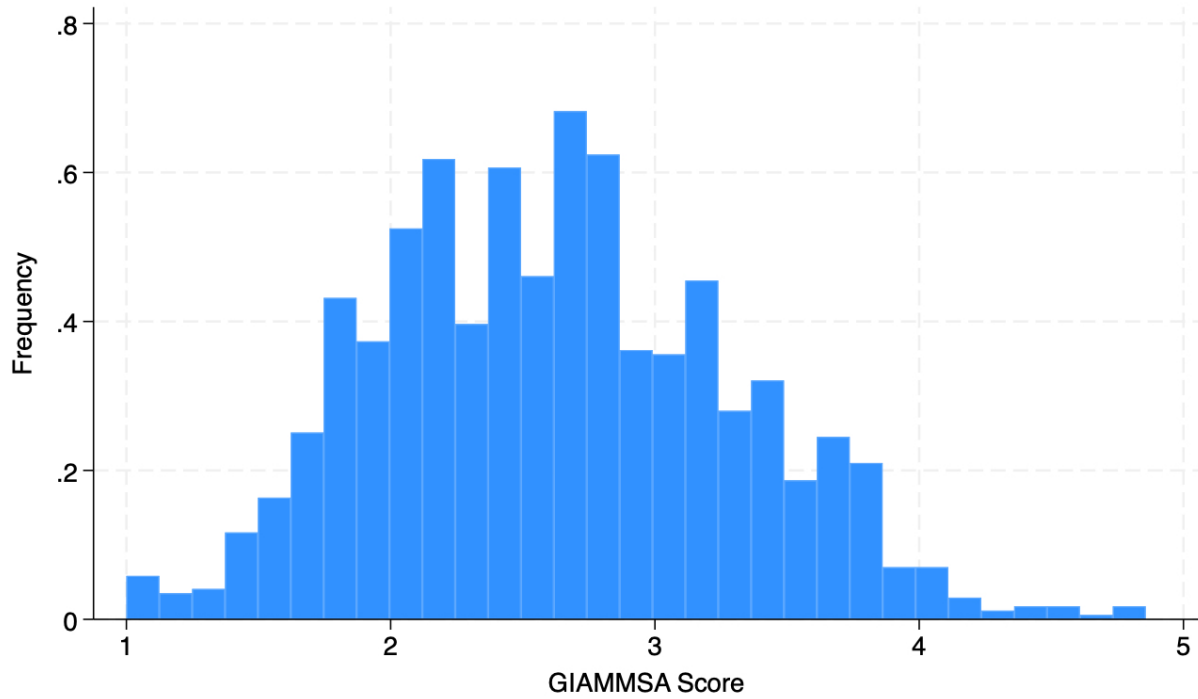
| | | |
|--------------------------------|-------|------|
| Fraternity/Sorority Membership | .011 | .088 |
| Physical Health | -.005 | .028 |
| Mental Health | -.033 | .027 |
| Adjusted R | .161 | |

Note: No prior sexually assault, do not have someone close to them who has been sexually assaulted, White, woman, heterosexual, Democratic, and no prior intervention were used for reference categories.

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

Figure 4.1

Histograms of GIAMMSA & GIIRMAS



CHAPTER FIVE

Conclusion

This dissertation significantly advances the literature on sexual violence through several key contributions: (1) it addresses the critical gap in research regarding prejudiced beliefs concerning female and same-sex perpetrators, as well as the effects of bystander training on these beliefs; (2) it clarifies how and when perceptions of victim-blaming and self-blame differ across scenarios based on sex and outcome, enhancing our overall understanding; (3) it introduces a new, gender-inclusive version of sexual aggression myths scale that should be used in the United States; (4) it examines how victim-blaming and sexual aggression myths impact prosocial bystander behavior; (5) contributed updates to existing theoretical frameworks.

The following chapter offers a thorough integration of the three studies conducted in this dissertation. First, it highlights the key findings from each study and compares them to the results of the other studies. Next, it outlines the overall limitations and discusses their implications. Finally, it examines the implications for future research and suggests potential directions for further investigation.

Overarching Results

The first study established a strong foundation for the subsequent two studies in this dissertation. As outlined in [Chapter Two](#), the systematic review revealed a significant gap in research regarding the impact of bystander interventions on beliefs, particularly through the application of randomized control trials. Future research evaluating bystander interventions should utilize randomized control trials particularly examining LGBTQ+ populations and situations beyond male-on-female violence. It also highlighted a critical lack of information focused on the LGBTQ+ community in this context, with most existing research concentrated on male-on-female violence. This is consistent with the literature, which has suggested a lack of

research within LGBTQ+ communities (Byrne et al., 2021; Fansher & Zedaker, 2022; Navarro & Ratajczak, 2022).

The review demonstrated that bystander trainings might effectively be targeting rape myths, intentions to intervene, and bystander efficacy, while emphasizing the urgent need for further exploration in this area. It became evident that no studies have adequately addressed the new construct sexual aggression myths (Gerger et al., 2007), and many rely on outdated rape myths. Furthermore, few studies utilized the gold standard of research design—randomized control trials. This is important as it ensures a reduction in sampling bias and an ability to determine cause and effect (Hariton & Locascio, 2018), yet research has failed to use this. The findings also indicate that there are significant gaps in our understanding of bystander training, victim-blaming, sexual aggression myths, and perceptions surrounding bystander decisions to intervene. These gaps shaped the objectives of the second and third studies, paving the way for more thorough investigation and meaningful advancements in this vital area of research.

To address gaps in understanding prejudiced attitudes, including victim-blaming and sexual aggression myths, and exploring situations beyond male-on-female violence, the second study investigated how victim-blaming attitudes differed based on the sex of both the perpetrator and the survivor, as well as the outcome of the assault (i.e., whether it was “completed” or “stopped”). Survey data were collected from over 2,800 college students within four universities in the Universities of Wisconsin to create a sample that is not only large but also diverse and inclusive of all genders and sexual orientations, as this has been lacking in prior research (Byrne et al., 2021; Fansher & Zedaker, 2022; Navarro & Ratajczak, 2022). Given the absence of randomized controlled trials in this area, as revealed in the first study, the second study randomly assigned participants to vignettes that included various sex and outcome conditions.

As outlined in [Chapter Three](#), the study revealed that rates of victim-blame varied according to sex-related factors. When the survivor was male, participants attributed more blame to the survivor, regardless of the sex of the perpetrator. The increased blame for male survivors might stem from traditional masculine views that overlook their experiences (Schneider et al., 1994; Kassing & Prieto, 2003; Lonsway & Fitzgerald, 1995; Wakelin & Long, 2003; White & Kurpius, 2002), but recent studies had failed to examine this. When the survivor was female and the perpetrator was male, participants reported that they would feel less self-blame if they were the survivor compared to all other conditions. Prior literature contradicts this finding as women are more likely to experience higher levels of self-blame (Ullman et al., 2010). Many questions remain regarding the reasons behind the variations in self-blame and blame directed towards survivors based on gender, which should be explored in future research.

Another important finding from [Chapter Three](#) was that survivors of sexual assault placed higher self-blame on the survivor, regardless of the condition. While the self-blame is not related directly to their own experience, it does question how the persistence of victim-blaming by those surrounding the survivor impacts their intrinsic blame. This finding is particularly alarming because worse mental health outcomes were associated with higher perceptions of perceived self-blame, which is reflected in other research (e.g., Branscombe et al., 2003; Hamrick & Owens, 2019; Kline et al., 2021). This raises important questions about how self-blame might influence other aspects of a survivor's life and overall experiences.

In addition to the sex of perpetrator and survivor impacting blame, the context of the assault had a significant impact on the levels of blame directed at the victim. Participants in the “stopped” condition expressed higher levels of blame compared to those in the “completed” condition. This finding is novel and can enhance our understanding of when victim-blaming

occurs. In the “completed” condition, individuals might feel unable to place guilt on the survivor because their status as a survivor is more clearly defined. In contrast, in the “stopped” condition, that situation might be less apparent, leading to increased blame. This difference could indicate that the views expressed are more genuine and not influenced by social desirability, but this is an area unexplored by research, and there might be other underlying factors.

Since the review exposed a lack of utilization of sexual aggression myths, along with a lack of gender-neutral language and inclusive research, the AMMSA-21 (Bohner et al., 2022) was revised to include a new gender-inclusive version, denoted GIAMMSA. As revealed in [Chapter Four](#), the study explored how the GIAMMSA and a gender-inclusive version of rape myths (GIIRMAS) (Johnson et al., 2023) might differ. The results indicated that the concept of rape myths might be outdated, as the GIIRMAS could not converge on the proposed five factors, and its factor loadings were weak. This finding is consistent with literature indicating that the prevalence of rape myths is decreasing, as evidenced by low average scores (Byrne et al., 2021; Eyssel et al., 2006; McMahon & Farmer, 2011; O’Connor et al., 2018). This trend supports the idea that rape myths are an obsolete construct. In contrast, the GIAMMSA showed higher scores than the GIIRMAS and was identified as a reliable, unidimensional construct. This indicates that the more recently developed framework for measuring sexual aggression myths is a more appropriate tool, given the significant social changes that have occurred over the past 50 years. Therefore, the GIAMMSA appears to be a robust method for assessing this construct.

As illustrated in Chapters [Three](#) and [Four](#), individuals who have higher victim-blaming attitudes might actually engage in more prosocial bystander behaviors compared to those with lower scores, but sexual aggression myths were not related to bystander behavior. The relationship between victim-blaming and prosocial bystander behavior finding was unexpected

and warrants further investigation, as prior literature has consistently found that victim-blaming is associated with decreased bystander behavior (Holfeld, 2014; Weber et al., 2013). The reasons for this contradiction were not understood, but it might be due to the mean of bystander behaviors scale being so low, indicating most students do not intervene.

Additionally, the analysis revealed that victim-blaming and prosocial bystander behavior were not impacted by prior attendance of a bystander training and bystander training did not moderate this relationships, yet the primary goal of bystander training is to increase bystander behavior (e.g., Banyard et al., 2005; Katz & Moore, 2013; Moynihan et al., 2015; Salazar et al., 2014). Bystander training, however, did become significant in the moderation model in [Chapter Three](#), but was associated with decreased prosocial bystander behaviors. This raises significant questions about how effective the trainings are and whether they are inadvertently negatively impacting behavior and beliefs toward survivors.

The dissertation also made substantive updates to three theoretical frameworks, including bystander theory, sexual aggression myths, and real rape. Bystander theory has long focused on what more can be done to increase bystander intervention, but it has not adequately identified or addressed solutions related to gender biases. The study provided a gender-inclusive lens across all three theoretical frameworks, suggesting that our perceptions of what constitutes a real rape, our acceptance of sexual aggression myths, and ultimately decisions to intervene are all influenced by gender biases, the conclusion of the assault, and victim-blame attitudes. The research highlights a crucial need for additional research that incorporates gender inclusivity when applying these theoretical frameworks.

In summation, we are missing substantial information on attitudes towards survivors and how these views vary. The present dissertation demonstrated that variations in victim-blaming

exist based on the sex of the perpetrator and survivor and based on the outcome of the sexual assault. Survivors had higher perceptions of self-blame than those who had not experienced a sexual assault, and this might impact mental health. Further, the GIAMMSA is a favorable tool to examine sexual aggression myths, and these myths are more prevalent than rape myths. While sexual aggression myths were not related to bystander behavior, prosocial bystander behavior was associated with increased victim-blaming, offering a confounding relationship. Bystander training did not impact prosocial bystander behavior and did not moderate the relationship with victim-blaming. Essential questions remain regarding the effectiveness of existing bystander training, which seemingly is insufficient in the fight against sexual violence on college campuses.

Limitations

This dissertation presents several important research contributions, but it also has limitations. First, the studies relied on self-report data, which has some drawbacks. Social desirability bias can lead to the underreporting of negative belief systems, and participants in the survey might have a particular interest in the topic that influenced their responses. The victim-blaming vignettes asked participants to rate how they thought they would perceive blame in the given situation; however, without directly experiencing these scenarios, it is impossible to accurately gauge their true feelings, and even with a confidential survey, there is still a risk for social desirability bias.

Additionally, the data were collected from four colleges, which might limit the generalizability of the findings to other settings. Although the sample size was large, most participants were female, and the males who completed the survey might have had a specific interest in the topic, potentially skewing the results. This is particularly an issue as the response

rate was only 3.8%. Those who might report higher levels of blame or beliefs in myths might have chosen not to participate.

An important limitation within [Chapter Three](#) is that the vignettes were not measuring gender differences but were using sex. Due to the limited information within this area, the study did not use gendered or gender-variant language to make clear distinctions between sexes. Limiting the vignettes to only male and female sexes does neglect other potentially critical elements that is essential for a comprehensive understanding. This is an essential area for future areas to consider: how will victim-blaming differ based on the genders of the perpetrator and survivor, and will this change if the gender is not clear? Based on the current literature, this question remains ambiguous. Nevertheless, the study provided important background information on variations in victim-blame.

Finally, while prosocial bystander behavior was examined in relation to victim-blaming, the survey focused on participants' general past prosocial behaviors. As a result, the vignette condition was irrelevant to their bystander behavior. Despite these limitations, the research offers a novel approach to measuring sexual aggression myths and provides valuable insights into the belief systems and victimization experiences of a large sample of college students.

Implications & Future Directions

Collectively, the findings from the three studies highlight several areas for improvement in practices and suggest directions for future research. Firstly, a significant finding from this research was the lack of studies focusing on LGBTQ+ populations, non-binary individuals, same-sex perpetration, and female perpetrators. While this dissertation aimed to address some of these gaps, further work is essential in this area. It is crucial to explore why male survivors faced more blame and how to change this. Understanding these factors could help identify strategies to

reduce overall blame. Additionally, the heightened self-blame among survivors and its impact on mental health is a concerning finding that warrants further investigation. Colleges should ensure they are providing adequate support for these issues.

An intriguing area for future research to investigate is why campuses differed in their rates of prosocial bystander behavior. It might be that students who choose to attend certain universities already have underlying differences in perceptions towards survivors and intentions to help, or it could be that the training received at another campus is better at changing the behavior of students. Regardless, rates of prosocial bystander behaviors on college campuses are alarmingly low, raising significant concerns about the likelihood of intervention in situations of sexual assault. Previous bystander training did not demonstrate a meaningful improvement in bystander behavior, and the incidence of sexual assaults on campuses remains high, with 44% of respondents reporting that they experienced such an assault while attending college. This indicates a pressing need to change campus culture, which might require updating training programs.

Concerningly, nearly half of the students (48%) reported never attending bystander training, even though such training should be a standard component of their education. Not recalling participation in this intervention diminishes any potential impact it might have had. The overall effectiveness of these programs is questionable, especially regarding their lack of correlation with prosocial bystander behavior, victim-blaming tendencies, and sexual aggression myths.

Another important area of future exploration is determining how sexual aggression myths influence the perpetration of sexual violence. Sexual aggression myths are an emerging concept that, while related to rape myths, are distinct (Gerger et al., 2007). Although the study suggested

that a higher victim-blaming might actually promote prosocial bystander behaviors, it did not thoroughly examine additional potential negative consequences of harboring such beliefs, such as the impact on sexist attitudes and the perpetration of sexual violence. It was also not fully understood why victim-blaming was associated with increased bystander behavior, which is an important component to understand when updating training.

This dissertation suggests that the persistently high rates of sexual violence might not solely stem from a lack of bystander intervention. Instead, it suggests that underlying perceptions might be reinforcing rape culture, including the perpetuation of sexual aggression myths and victim-blaming. Consequently, the significance of these perceptions and their consequences might be underestimated. The study revealed that individuals who believed their peers were more likely to intervene exhibited higher rates of prosocial bystander behavior and lower levels of blame towards survivors. This supports the idea that we can reduce sexual violence on campuses by altering the perceptions held by those around us.

Therefore, to adequately combat rape culture, the trainings need to be revitalized to go beyond merely discussing bystander intervention with minimal coverage of related topics. While bystander training is crucial for increasing the likelihood of intervention in cases of sexual violence, many incidents of sexual violence occur in private settings, where bystanders cannot intervene (Ding et al., 2020; Fusé et al., 2007). The current training might be missing this essential piece. While it was found that bystander training does not work to increase prosocial bystander behavior, changing the current programming to be more conducive to research that shows bystander interventions can be effective might relieve this issue. Addressing myths about sexual aggression, challenging victim-blaming attitudes, and making them central goals of programs might also help.

The university system should seriously consider implementing a standardized one-credit course for incoming students with a curriculum that focuses on negative perceptions towards survivors. These programs should include comprehensive training on consent, addressing stereotypes about sexual violence, promoting anti-victim-blaming attitudes, offering self-defense training, and providing specific guidance on how to support friends who have experienced a sexual assault. Implementing multiple, shorter intervention sessions can enhance engagement and retention (DeFazio et al., 2024; Jouriles et al., 2018; Vladutiu et al., 2011), as can incorporating active learning and discussions (Park & Kim, 2023) and annual review sessions (Jouriles et al., 2018).

Sexual violence is a serious issue on college campuses, and it presents an opportunity for us to come together and take meaningful action. This dissertation introduces a reinvigorated perspective on understanding sexual violence, emphasizing the importance of ongoing research and a transformative shift in societal attitudes. By moving away from outdated methods and perspectives, we can effectively address the prevalence of sexual violence. To create lasting change, we must introduce innovative ideas, implement new training programs, and reshape societal beliefs. This dissertation serves as a foundational step in that positive transformation.

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Appendix

Vignettes

1. Male/Male “Stopped”

Matt is a college sophomore. Since he ended a relationship last year, he has not been in a serious relationship with anyone new but has been casually dating. Matt is at a party at one of his friend's apartments. Matt is drinking beer and recognizes his classmate, Josh, from Psychology. Josh approaches him and they chat about their recent assignment. Matt tells Josh that he looks great and Matt flirts back. Matt continues drinking beer and they begin dancing together. Matt is laughing and having a good time.

Josh grabs Matt's hand and leads him away from the party and states “Let's go somewhere we can talk; it is too loud out there.” Matt responds, “I was having fun dancing, let's go back to the party.” Josh states that he “wants to talk.” He leads Matt into an empty bedroom and closes the door. He sits on the bed and pulls Matt onto his lap. He laughs. Josh kisses his mouth and neck, telling him again how good he looks and puts his hand under the hem of his pants. Matt pushes his hand away. He says, “I like you, but I want to go back to the party.” “C'mon, you look so hot tonight. Don't be a tease,” Josh says, and starts kissing him again.

Matt is starting to feel annoyed. Josh isn't listening to him. He puts his hand under his pants again. “Please stop,” Matt says. “I don't want to have sex.” Josh stops and pulls back as Matt jumps off the bed and runs back to the party, tears streaming down his face. Josh doesn't follow.

Please rank how much you agree with the following statements. Response options range from strongly disagree to strongly agree.

1. Matt's behavior was, at least in part, to blame for what Josh did.
2. Josh was to blame for what happened at the party.
3. Josh wouldn't have behaved this way if he wasn't drunk.
4. What happened at the party was, at least in part, Matt's fault because he had been drinking.
5. If you were Matt, you would blame yourself for what happened.

2. Female/Female “Stopped”

Ashley is a college sophomore. Since she ended a relationship last year, she has not been in a serious relationship with anyone new but has been casually dating. Ashley is at a party at one of her friend's apartments. Ashley is drinking beer and recognizes her classmate, Jenna, from Psychology. Jenna approaches her and they chat about their recent assignment. Jenna tells

Ashley that she looks great and Ashley flirts back. Ashley continues drinking beer and they begin dance together. Ashley is laughing and having a good time.

Jenna grabs Ashley's hand and leads her away from the party and states "Let's go somewhere we can talk; it is too loud out there." Ashley responds, "I was having fun dancing, let's go back to the party." Jenna states that she "wants to talk." She leads Ashley into an empty bedroom and closes the door. She sits on the bed and pulls Ashley onto her lap. She laughs. Jenna kisses her mouth and neck, telling her again how good she looks and puts her hand under her pants. Ashley pushes her hand away. She says, "I like you, but I want to go back to the party." "C'mon, you look so hot tonight. Don't be a tease," Jenna says, and starts kissing her again.

Ashley is starting to feel annoyed. Jenna isn't listening to her. She puts his hand under her pants again. "Please stop," Ashley says. "I don't want to have sex." Jenna stops and pulls back as Ashley jumps off the bed and runs back to the party, tears streaming down her face. Jenna doesn't follow.

3. Female/Male Perpetrator "Stopped"

Emily is a college sophomore. Since she ended a relationship last year, she has not been in a serious relationship with anyone new but has been casually dating. Emily is at a party at one of her friend's apartments. Emily is drinking beer and recognizes her classmate, Brett, from Psychology. Brett approaches her and they chat about their recent assignment. Brett tells Emily that she looks great and Emily flirts back. Emily continues drinking beer and they begin dance together. Emily is laughing and having a good time.

Brett grabs Emily's hand and leads her away from the party and states "Let's go somewhere we can talk; it is too loud out there." Emily responds, "I was having fun dancing, let's go back to the party." Brett states that he "wants to talk." He leads Emily into an empty bedroom and closes the door. He sits on the bed and pulls Emily onto his lap. She laughs. Brett kisses her mouth and neck, telling her again how good she looks and puts his hand under her pants. Emily pushes his hand away. She says, "I like you, but I want to go back to the party." "C'mon, you look so hot tonight. Don't be a tease," Brett says, and starts kissing her again.

Emily is starting to feel annoyed. Brett isn't listening to her. He puts his hand under her pants again. "Please stop," Emily says. "I don't want to have sex." Brett stops and pulls back as Emily jumps off the bed and runs back to the party, tears streaming down her face. Brett doesn't follow.

4. Male Survivor/Female Perpetrator Stopped

Brett is a college sophomore. Since he ended a relationship last year, he has not been in a serious relationship with anyone new but has been casually dating. Brett is at a party at one of his friend's apartments. Brett is drinking beer and recognizes his classmate, Emily, from Psychology. Emily approaches him and they chat about their recent assignment. Emily tells Brett that he

looks great and Brett flirts back. Brett continues drinking beer and Brett and Emily dance together. Brett is laughing and having a good time.

Emily grabs Brett's hand and leads him away from the party and states "Let's go somewhere we can talk; it is too loud out there." Brett responds, "I was having fun dancing, let's go back to the party." Emily states that she "wants to talk." She leads Brett into an empty bedroom and closes the door. Brett is sitting on the bed, and Emily jumps onto his lap. He laughs. Emily kisses his mouth and neck, telling him again how good he looks and puts her hand under the hem of his pants. Brett pushes his hand away. He says, "I like you, but I want to go back to the party." "C'mon, don't be a tease," Emily says, and starts kissing him again.

Brett is starting to feel annoyed. Emily isn't listening to him. She puts her hand under his pants again. "Please stop," Brett says. "I don't want to have sex." Emily stops touching him and he jumps off the bed and walks out of the room. Emily doesn't follow.

5. Male/Male "Completed"

Matt is a college sophomore. Since he ended a relationship last year, he has not been in a serious relationship with anyone new but has been casually dating. Matt is at a party at one of his friend's apartments. Matt is drinking beer and recognizes his classmate, Josh, from Psychology. Josh approaches him and they chat about their recent assignment. Matt tells Josh that he looks great and Matt flirts back. Matt continues drinking beer and they begin dancing together. Matt is laughing and having a good time.

Josh grabs Matt's hand and leads him away from the party and states "Let's go somewhere we can talk; it is too loud out there." Matt responds, "I was having fun dancing, let's go back to the party." Josh states that he "wants to talk." He leads Matt into an empty bedroom and closes the door. He sits on the bed and pulls Matt onto his lap. He laughs. Josh kisses his mouth and neck, telling him again how good he looks and puts his hand under the hem of his pants. Matt pushes his hand away. He says, "I like you, but I want to go back to the party." "C'mon, you look so hot tonight. Don't be a tease," Josh says, and starts kissing him again.

Matt is starting to feel annoyed. Josh isn't listening to him. He puts his hand under his pants again. "Please stop," Matt says. "I don't want to have sex." Instead of stopping, Josh starts to unfasten his pants. Matt doesn't want to hurt his feelings, but he wants him to leave him alone. Josh doesn't listen. Even though he doesn't want to and says no, Josh has sex with him.

6. Female/Female "Completed"

Ashley is a college sophomore. Since she ended a relationship last year, she has not been in a serious relationship with anyone new but has been casually dating. Ashley is at a party at one of her friend's apartments. Ashley is drinking beer and recognizes her classmate, Jenna, from Psychology. Jenna approaches her and they chat about their recent assignment. Jenna tells

Ashley that she looks great and Ashley flirts back. Ashley continues drinking beer and they begin dance together. Ashley is laughing and having a good time.

Jenna grabs Ashley's hand and leads her away from the party and states "Let's go somewhere we can talk; it is too loud out there." Ashley responds, "I was having fun dancing, let's go back to the party." Jenna states that she "wants to talk." She leads Ashley into an empty bedroom and closes the door. She sits on the bed and pulls Ashley onto her lap. She laughs. Jenna kisses her mouth and neck, telling her again how good she looks and puts her hand under her pants. Ashley pushes her hand away. She says, "I like you, but I want to go back to the party." "C'mon, you look so hot tonight. Don't be a tease," Jenna says, and starts kissing her again.

Ashley is starting to feel annoyed. Jenna isn't listening to her. She puts his hand under her pants again. "Please stop," Ashley says. "I don't want to have sex." Instead of stopping, Jenna starts to unfasten her pants. Ashley doesn't want to hurt her feelings, but she wants her to leave her alone. Jenna doesn't listen. Even though she doesn't want to and says no, Jenna has sex with her.

7. Female Survivor/Male Perpetrator "Completed"

Emily is a college sophomore. Since she ended a relationship last year, she has not been in a serious relationship with anyone new but has been casually dating. Emily is at a party at one of her friend's apartments. Emily is drinking beer and recognizes her classmate, Brett, from Psychology. Brett approaches her and they chat about their recent assignment. Brett tells Emily that she looks great and Emily flirts back. Emily continues drinking beer and Brett and Emily dance together. Emily is laughing and having a good time.

Brett grabs Emily's hand and leads her away from the party and states "Let's go somewhere we can talk; it is too loud out there." Emily responds, "I was having fun dancing, let's go back to the party." Brett states that he "wants to talk." He leads Emily into an empty bedroom and closes the door. He sits on the bed and pulls Emily onto his lap. She laughs. Brett kisses her mouth and neck, telling her again how good she looks and puts his hand under the hem of her shirt. Emily pushes his hand away. She says, "I like you, but I want to go back to the party." "C'mon, you look so hot tonight. Don't be a tease," Brett says, and starts kissing her again.

Emily is starting to feel annoyed. Brett isn't listening to her. He puts his hand under her shirt again. "Please stop," Emily says. "I don't want to have sex." Instead of stopping, Brett starts to unfasten her pants. Emily doesn't want to hurt his feelings, but she wants him to leave her alone. Brett doesn't listen. Even though she doesn't want to and says no, Brett has sex with her.

8. Male Survivor/Female Perpetrator "Completed"

Brett is a college sophomore. Since he ended a relationship last year, he has not been in a serious relationship with anyone new but has been casually dating. Brett is at a party at one of his friend's apartments. Brett is drinking beer and recognizes his classmate, Emily, from Psychology. Emily approaches him and they chat about their recent assignment. Emily tells Brett that he

looks great and Brett flirts back. Brett continues drinking beer and Brett and Emily dance together. Brett is laughing and having a good time.

Emily grabs Brett's hand and leads her away from the party and states "Let's go somewhere we can talk; it is too loud out there." Brett responds, "I was having fun dancing, let's go back to the party." Emily states that she "wants to talk." She leads Brett into an empty bedroom and closes the door. Brett is sitting on the bed, and Emily jumps onto his lap. He laughs. Emily kisses his mouth and neck, telling him again how good he looks and puts her hand under the hem of his pants. Brett pushes her hand away. He says, "I like you, but I want to go back to the party." "C'mon, don't be a tease," Emily says, and starts kissing him again.

Brett is starting to feel annoyed. Emily isn't listening to him. She puts her hand under his pants again and. "Please stop," Brett says. "I don't want to have sex." Instead of stopping, Emily starts to unfasten his pants. Brett doesn't want to hurt her feelings, but he wants her to leave him alone. Emily doesn't listen. Even though he doesn't want to and said no, Emily has sex with him.

GIAMMSA

For the following section, please rank how much you agree or disagree with the statements.

Factor 1: Prevalence of false accusations

1. Individuals often accuse persons of rape in order to get revenge.
2. Individuals often accuse their partners of marital rape in order to hurt them.
3. Individuals often accuse prominent persons of rape in order to further their own career.
4. In a custody battle, individuals often allege that their ex-husband has been sexually violent.
5. Individuals who have emotional problems often claim that they have been raped.
6. These days, a large number of rape accusations are false.
7. Some individuals really enjoy playing the victim of rape.
8. The discussion about sexual harassment on the job has resulted in many harmless behaviors being misinterpreted as harassment
9. Individuals easily confuse well-intentioned gestures with sexual harassment.

Factor 2: Stereotypes about sexual aggression

10. In the event of an actual rape, an individual doesn't always resist.
11. Many individuals like to submit to the sexual wishes of others.
12. Individuals must always be on guard so as not to be accused of sexual harassment.
13. Most individuals prefer to be praised for their intelligence rather than their looks.
14. These days, individuals who share revealing photos make themselves sex objects.
15. When individuals play hard to get, it means they want sex.
16. Good-looking individuals run a greater risk of becoming victims of sexual violence.
17. Most rape victims have taken the risk of walking through dark alleys at night.

Factor 3: Lack of support for survivors

18. Victims of sexual violence receive insufficient help.
19. Because the fascination caused by sex is disproportionately large, society's sensitivity to crimes in this area is also disproportionate.
20. Although the victims of armed robbery obviously fear for their lives, they receive far less

- psychological support than rape victims.
21. There are insufficient offers of help for rape victims.

GIIRMAS (Johnson et al., 2023)

For the following section, please rank how much you agree or disagree with the statements.

Factor 1: Victim Asked for It

1. If an individual is raped while they are drunk, they are at least somewhat responsible for letting things get out of control.
2. When individuals go to parties wearing slutty clothes, they are asking for trouble.
3. If an individual goes to a room alone with another at a party, it is not their own fault if they are raped.
4. If an individual acts like a slut, eventually they are going to get into trouble.

Factor 2: Didn't Mean To

5. When individuals rape, it is usually because of their strong desire for sex.
6. Individuals don't usually intend to force sex on others, but sometimes they get too sexually carried away.
7. Rape happens when an individual's sex drive gets out of control.

Factor 3: Didn't Mean To (intoxication)

8. If an individual is drunk, they might rape someone unintentionally.
9. It should be considered rape if an individual is drunk and didn't realize what they were doing.
10. If both people are drunk, it can be rape.

Factor 4: It Wasn't Really Rape

11. If an individual doesn't physically resist sex—even if protesting verbally—it can be considered rape.
12. If an individual doesn't physically fight back, you can't really say it was rape.
13. If the accused "rapist" doesn't have a weapon, you really can't call it a rape.
14. If an individual doesn't say "no," they can't claim rape.

Factor 5: Victim Lied

15. A lot of times, individuals who say they were raped agreed to have sex and then regret it.
16. Rape accusations are often used as a way of getting back at individuals.
17. A lot of times, individuals who say they were raped often led the other on and then had regrets.
18. Few individuals who claim they were raped just have emotional problems.

Perceived Peer Helping

For the following questions, please indicate how rate how likely YOUR FRIENDS are to do each of the following behaviors.

1. Ask a stranger if they need to be walked home from a party or get their friends to do so.
2. Criticize a friend who says they had sex with someone who was passed out or didn't give consent.
3. Do something to help a very intoxicated person who is being brought upstairs to a bedroom by a group of people at a party.
4. Do something to help a person who has had too much to drink and is passed out.
5. Tell a campus or community authority if they see a person who has had too much to drink and is

- passed out.
6. Do something if they to see a woman surrounded by a group of men at a party who looks very uncomfortable.
 7. Express discomfort/concern if someone makes a joke about a woman's body or about gays/lesbians or someone of a different race.
 8. Knock on the door to see if everything is all right if they hear sounds of fighting or arguing through dorm or apartment walls.
 9. Go to an RA or RHD, other campus or community resource for advice on how to help if they suspect someone they know is in an abusive relationship.
 10. Accompany a friend to the police department or other community resource if they needed help for an abusive relationship.
 11. Ask a stranger who looks very upset at a party if they are okay or need help.
 12. Ask a friend if they need to be walked home from a party.
 13. Talk to people they know about the impact of using language that is negative toward groups like gays/lesbians/women/people of color.
 14. Speak up to someone who is making excuses for using physical force in a relationship.
 15. Speak up to someone who is calling his/her partner names or swearing at them.
 16. Contact a community resource (e.g., counseling center, RA) to discuss concerns about a friend who may be in distress.
 17. Educate themselves about sexual abuse and intimate partner abuse prevention and share this information with others.
 18. Approach a friend if they thought s/he was in an abusive relationship to let them know they were there to help.
 19. Step in and say something to someone they knew who was grabbing or pushing their partner.
 20. Go to a community resource (crisis center, counseling center, police, professor, supervisor, etc.) if they saw someone grabbing or pushing their partner.

Prosocial Bystander Behaviors

**For the following questions, please indicate how often in the past 12 months did you:
(0, 1-2 times, 3-5 times, 6+ times)**

1. Tell someone to stop talking down to, harassing, or messing with someone else?
2. Speak up when you heard that someone who was forced to have sex or hurt by a boyfriend/girlfriend was to blame?
3. Talk to a friend who was being physically hurt by a boyfriend/girlfriend?
4. Ask someone who looked very upset at a party whether he or she was okay or needed help?
5. Ask a friend whether he or she needed to be walked or driven home from a party if he or she looked upset?
6. Speak up to someone who was bragging or making excuses for forcing someone to have sex with them?
7. Got help for a friend because he or she had been forced to have sex or was physically hurt by a boyfriend/girlfriend?

Victimization

1. Have you ever experienced a sexual assault (including rape)? (*Note: Sexual assault refers to*

sexual contact or behavior that occurs without explicit consent of the victim.)

- Yes
 - No
 - Unsure
2. Have you ever experienced a sexual assault (including rape)? *(Note: Sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim.)*
 - Yes
 - No
 - Unsure
 3. Have you ever experienced a sexual assault (including rape)? *(Note: Sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim.)*
 - Yes
 - No
 - Unsure
 4. Have you ever experienced a sexual assault (including rape)? *(Note: Sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim.)*
 - Yes
 - No
 - Unsure
 5. Have you ever experienced a sexual assault (including rape)? *(Note: Sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim.)*
 - Yes
 - No
 - Unsure
 6. Has someone close to you experienced a sexual assault (including rape)?
 - Yes
 - No
 - Unsure
 7. When did you experience your last sexual assault?
 - Within the last year
 - 1 to 5 years ago
 - More than 5 years ago
 - Unknown
 8. Did you experience an assault while you were in college?
 - Yes
 - No
 - Unsure
 9. Have you ever experienced a sexual assault (including rape)? *(Note: Sexual assault refers to*

sexua

- Yes
 - No
 - Unsure
10. For the most recent incident, did you know the person who sexually assaulted you?
- Yes
 - No
11. How did you know the person?
- Current or Former Partner
 - Family Member
 - Friend
 - Acquaintance
 - Other (explain) _____
12. Please select all that apply. Did you disclose the assault to:
- The University
 - The Police
 - I did not disclose
 - Other _____
13. Why did you decide not to disclose?
- _____
14. How do you feel the university handled your disclosure?
- Extremely Unsatisfied
 - Unsatisfied
 - Somewhat Unsatisfied
 - Somewhat Satisfied
 - Satisfied
 - Extremely Satisfied
15. How do you feel the police handled your disclosure?
- Extremely Unsatisfied
 - Unsatisfied
 - Somewhat Unsatisfied
 - Somewhat Satisfied
 - Satisfied
 - Extremely Satisfied

Additional Information

1. What is your sex?
- Male
 - Female
 - Intersex
 - Prefer not to answer

2. What gender identity do you most identify with?
 - Man
 - Woman
 - Transgender Man
 - Transgender Woman
 - Gender Variant/Non-Conforming
 - Other (explain) _____
 - Prefer not to answer
3. What is your current age?

4. Which of the following best describes your sexual orientation?
 - Heterosexual (straight)
 - Homosexual (gay)
 - Bisexual
 - Other (explain) _____
 - Prefer not to answer
5. Choose one or more races that you consider yourself to be:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
 - Other (explain) _____
 - Prefer not to answer
6. Are you Hispanic/Latinx?
 - Yes
 - No
 - Prefer not to answer
7. What school year are you in?
 - Freshmen
 - Sophomore
 - Junior
 - Senior
 - Graduate student
 - Other (explain) _____
8. What campus do you attend?

9. Are you part of a fraternity or sorority?
 - Yes
 - No
10. Is your fraternity/sorority primarily academic or social?

- Academic
 - Social
11. What political party do you most align with?
- Democratic
 - Republican
 - Independent
 - Other (explain) _____
12. How would you rate your current physical health?
- Very Good
 - Good
 - Average
 - Bad
 - Very Bad
13. How would you rate your current mental health?
- Very Good
 - Good
 - Average
 - Bad
 - Very Bad
14. Does your college offer a sexual assault intervention program? (*Note: Sexual assault intervention programs refer to prevention programs designed to reduce sexual and other forms of interpersonal violence perpetration and victimization*)
- Yes
 - No
15. Have you ever taken a sexual assault intervention program? (*Note: Sexual assault intervention programs refer to prevention programs designed to reduce sexual and other forms of interpersonal violence perpetration and victimization*)
- Yes
 - No