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'She asked for it': A mixed-methods approach to exploring perceptions and stereotypes of rape in association with personality characteristics

Norma Rosenek

Supervised by: Jane Adlard   April 2015

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ABSTRACT

This study investigated the association between the perceptions of aggression, violence, coercion and consent in rape and individual personality characteristics, such as psychopathic and aggressive traits, and acceptance of rape myths and sexual aggression using a mixed-methods approach. Fifty-three participants with previous exposure to sexually violent material through profession, personal or study interests, rated three rape scenarios with male perpetrator and female victim in different situations, as well as one control scenario portraying a consensual sexual situation for perception of aggression, violence, coercion and consent. Psychopathic and aggressive traits, as well as acceptance of modern myths and sexual aggression were assessed using LSRP, BGA and AMMSA scales, respectively, grouping participants in high and low after performing a median-split. Standard multiple regression results indicated that psychopathy was the main predictor for low perception of aggression, violence and coercion, and high perception of consent. Acceptance of sexual aggression predicted coercion in one occasion, while aggressive behaviour was not a predictor. Repeated-measures MANOVA findings showed that females rated coercion significantly higher than males in one rape situation, while no significant differences were found between high and low scoring participants. Thematic Analysis allowed insights to patterned responses showing influences on perceptions of rape, showing that particularly participants in high groups used rape myths, victim-blame and gender stereotypes. Mostly, findings clearly indicated differences in perception of factors contributing to rape, however, in one situation identification of factors was similar between groups, hinting that the intensity of perception of rapes varied. Findings are intended to further contribute to rape prevention programmes.

KEY WORDS:	RAPE	STEREOTYPES	VIOLENCE	PSYCHOPATHY	RAPE MYTHS

Introduction

The present study aimed to explore common and stereotypical perceptions of rape and how participants' personality aspects, such as tendencies to psychopathic personality and aggressive traits, as well as acceptance of rape myths and sexual aggression are interlinked with them.

Sexual assaults are determined as involuntary and non-consensual sexual acts to which a person is coerced or threatened to take part in, usually through aggressive and violent behaviour from the perpetrator. Rape through oral, vaginal or anal penetration to which a person has not consented falls under the most serious cases of sexual assaults (Metropolitan Police, 2014). According to national statistics (MOJ, HO& ONS, 2013), on average 85,000 females and 12,000 males aged 16 to 59 fall victim to sexual assault annually. Consideration of rape under the Sexual Offences Act 2003 (SOA), the concept of 'consent' is fundamental. It was first placed on a statutory footing alongside conclusive and evidential presumptions under the sections 74-76, respectively, including the statement that 'a person consents if he [or she] agrees by choice, and has the freedom and capacity to make that choice (Sexual Offences Act 2003, section 74)'. The Crown Prosecution Service (2015) addressed issues related to the consent, stating that there is no grey area in consent; and rather, society is confused about the concept revolving around sexual consent by blaming rape-victims due to their drinking behaviour or dress code. They concluded that consent is clearly defined by law and 'must be given fully and freely'.

To understand how concepts and in the broadest sense concepts of consent, are understood, the next section explores schemas and related theories, which are concepts of how individuals make sense of the world (Grafman, 1995). Bartlett's (1932) schema theory suggested that schemas are mental frameworks that organise general knowledge, relating several attributes and concepts with each other. This is supplemented by affect theory, attributed to Silvan Tomkins (1978) which attempted to organise affects into independent categories that are each connected with a typical response; thus the feeling of joy may be displayed through smiling. Script theory, a psychological theory used by Tomkins (1978) to further the development of affect theory, proposed that based on schematic knowledge structures human behaviour falls into patterns, or so-called 'scripts'. Furthermore, affective experiences fall into patterns that may be grouped together depending on set criteria, such as types of individuals involved and intensity of affect experienced. Schank and Abelson (1977) introduced the concept of scripts, which are considered mental representations of event sequences or activities within specific contexts. The events are mentally structured along a rigid temporal dimension and organised hierarchically from the first event to last (Nuthman & van der Meer, 2005). A high consensus of used events in terms of structure and temporal order between different individuals can be found (Bower, Black & Turner, 1979; Zacks & Tversky, 2001). Grafman (1995) suggested that scripts are frequency-based knowledge structures. They allow understanding of the world and everyday situations, how to appropriately act within them, but also how to interpret events and others' behaviour and actions. He furthermore argued that scripts are the results of repeated experiences of specific events and activities. Rosen and colleges (2003) supported this view by proposing that script representations are possibly subject to frequency-effects, thus indicating that existence of mental scripts increase the predictability of events and actions. Symbolic interactionism is a

perspective influential to a range of sociological disciplines by approaching the study of human life and human conduct (Blumer, 1969); thus, the idea of sexual scripting draws particularly from this theory. Sexual scripts can be defined as essential frameworks for using schemas to organise understandings and ideas of sexual experiences and creating norms regarding sexual behaviour, which is expressed and maintained through continuous usage of those scripts (Gagnon, 1990). Mitchell and colleagues (2011) argued that individual intention influences sexual conduct and identified three scripts that participants employed to describe sexual experience: the biomedical script focused on genital function and physical release, whereas the relational script emphasised on relational characteristics of sexual encounters, valuing reciprocal, emotional security and intimacy. The erotic script was found to depict sexual activities as recreational act bringing novelty and excitement by focusing on giving and receiving pleasure. Furthermore, in scripts involving romantic actions Rose and Frieze (1993) found that the role of the male was proactive, whereas the female role was passive. This provides evidence for the frequency-effect (Rosen et al., 2003), as the media commonly and stereotypically presents males as te dominant gender, particularly in topics related to sexuality (Brown& L'Engle, 2009). Therefore, it is unsurprising that the number of female victims of sexual assault is significantly higher than those of males (MOJ, HO& ONS, 2013). This could be due to the fact that the media is not only portraying females as more sexually objectified and males as more aggressive (Dill& Thill, 2007), but also that males appear to be more ashamed or embarrassed for being a victim of sexual offences and therefore decide against reporting it (Sable et al., 2006). Further stereotypical perception on gender regarding sexual behaviour portray the view that '"nice women" don't say yes and "real men" don't say no' (Muehlenhard, 1988), indicating that stereotypically females are less likely to initiate sexual activities and indulge in them, whereas males do not turn down opportunities to engage them (Sprecher et al., 2000). Moreover, Oswald and Russell (2006) found that particularly college students did not perceive sexually coercive behaviour as problematic, which could further contribute to an underreporting of sexual misconduct, and appeared to be particularly relevant for date- and acquaintance-rape (Rickert, Wiemann& Vaughan, 2005). Gender differences in perceiving sexual coercion could explain that males do not perceive the same situation as sexually coercive as females would (Rotundo, Nguyen& Sackett, 2001). However, it is important to highlight that there are considerable inconsistencies in the literature in regards to labelling and defining terms that describe forms of sexual misconduct. For instance, the terms 'sexual aggression' and 'sexual coercion' are often used interchangeably, both referring to physical and non-physical strategies to gain sexual contact with unwilling others (DeGue & DiLillo, 2005). They found that other terms, such as rape and sexual assault, verbal and physical coercion, sexual abuse and sexual violence, also appeared to represent the same ideas.

Sexual assault often involves sexual violence (MOJ, HO & ONS, 2013) and psychopathy appears a factor that is involved in sexual violence, aggression and coercion (Harris et al., 2007; Mokros et al., 2011). Roughly 1% of the world's population is clinically considered to be psychopathic (Brewer, 2012). To identify psychopaths, professionals commonly use the Psychopathy Checklist: Revised (PCL-R), developed in the 1970s by Robert Hares, highlighting key emotional and interpersonal symptoms of psychopathy. Key features of psychopathic personality traits include the need for excitement, egocentricity, lack of guilt, responsibility and empathy, deceitful, impulsive and manipulative behaviour and shallow emotions

(Pitchford, 2001). Kirsch and Becker (2007) explored the emotional lives of those individuals and found that emotional deficits could exhibited common key traits, including emotional detachment and readiness to inflict pain or injuries. Woodworth and colleagues (2013) supported this idea by providing evidence that psychopathic offenders were significantly more likely to have sadistic paraphilias than offenders who either scored low or moderate on psychopathy tests. Furthermore, Lalumière and Quinsey (1995) suggested that psychopathy is one of the strongest risk factors for sexually coercive and aggressive behaviour. Moreover, Harris and colleagues (2012) found that particularly psychopathic rapists displayed behaviours that indicated deviant perceptions of consent and non-consent in rape scenarios, as they were more likely to identify cues to be consensual. This goes in line with Valliant and colleagues' (2000) findings showing that rapists scored higher on moral reasoning measures when psychopathy scores were also elevated. Results implied that rapists with psychopathic traits were capable of understanding moral issues, but chose to ignore interpersonal values based on personality characteristics. Palmer (2003) established a relationship between levels of moral reasoning and offending behaviour, with offenders generally reasoning at less mature levels than non-offenders. Cognitive distortions are important aspects within moral reasoning, and as outlined by Ward, Gannon and Keown (2006) denial, minimisation and rationalisations are those mostly used by sexual offenders to morally account for their offences.

According to Strauss (2005), the degree to which assertive courting and sexual strategies are acceptable behaviour for males and females depends on attitudes regarding hostile or benevolent sexism (Glick et al., 2000). In fact, highly sexist males and females appear to be more tolerant with regards to execution or acceptance of more aggressive mating strategies, such as those represented in rape myths (Hall& Canterberry, 2011). Research uses rape vignettes in order to gain understanding regarding attitudes and knowledge about rape by creating familiarity with the situation (Grubb & Harrower, 2009). Literature on rape emphasised the importance of stereotypical attitudes and rape myths, characterised as prejudicial, stereotyped or false beliefs about rape itself, victims and perpetrators (Burt, 1980). Views on rape myths are widely spread in the general public (Gerger et al., 2007), which could be enhanced through the media's stereotypical portrayal of rape (Franiuk et al., 2008). Rape myths influence the subjective views of schemas that constitute the 'typical rape', outline assumptions about expected behaviour of victims and perpetrators, and create distorted perceptions of antecedents and consequences of rape. Often, blame is shifted from perpetrator to victim (Suarez& Gadalla, 2010). There are numerous rape myths, as collected on websites, such as 'Rapecrisis England and Wales' (2015) or a published list of rape myths by John Hamlin (2005). Relevant to the present study are four types of rape myths, including beliefs that (1)'Women who drink alcohol or use drugs are asking to be raped', (2)'Women cannot rape', (3)'You cannot be raped by your husband or boyfriend', (4)'Women "ask for it" by their dress or actions' (Burt, 1980; Hamlin, 2005; Gerger et al., 2007). Particularly prominent in research regarding rape myths was that rape-victim responsibility was more often attributed to rape victims than expected (Brown & Testa, 2008). Research suggested that potential attraction to the perpetrator was related to more victim responsibility (Wakelin & Long, 2003). Other factors influencing blame-attribution included alcohol consumption and victim clothing and behaviour. Wenger and Bornstein (2006) proposed that intoxicated females were perceived as less credible; therefore perpetrators were attributed less responsibility as compared to cases with sober victims. It was found that suggestive

or provocative clothing and behaviour of females were linked to greater sexual intent, leading to more rape responsibility (Maurer & Robinson, 2007). Brown and Testa (2008) found that rape-victim responsibility was negatively correlated with rape-victim empathy, suggesting that more blame was attributed to the victim when empathy for rape victims was low. As a common trait for psychopaths is considered to be lack of empathy (Pitchford, 2001), Fernandez and Marshall (2003) suggested that psychopaths are more likely to attribute responsibility to rape victims, rather than the perpetrator. Furthermore, Greendlinger and Byrne (1987) found associations between coercive sexual behaviour and fantasies, aggressive tendencies and rape myth acceptance. However, it has been found that perceptions and acceptance of sexual aggression and violence have been altered through repeated exposure to sexually violent contents through films, videogames and TV, resulting in emotional desensitization. Results showed that repeated exposure diminished emotional response, measured in ratings that indicated the extent to which the content was perceived as sexually violent (Mullin&Linz, 1995).

Thus, the aim of the present study was to contribute to research investigating preventive measures to protect victims from sexual perpetration. This was achieved by further exploring the relationship of psychopathic traits, aggressive and sexually aggressive behaviour patterns and the perception of sexual violence, aggression, coercion and consent with the help of rape vignettes. Furthermore, it was explored how and whether rape myths were portrayed by the same sample.

Hypotheses

1. Participants with high psychopathy, aggression and acceptance for sexual aggression scores will indicate lower perception of aggression, violence and coercion, and higher perception of consent in rating scenarios portraying rape.

2. There will be a difference in (i) scale scores and (ii) rating scores between
    i)   Gender
    ii)   Participant groups consisting of individuals with (1)high and (2)low
        i. psychopathy scores (LSRP)
        ii. aggressions scores (BGA)
        iii. acceptance of modern myths and sexual aggression (AMMSA)

3. There will be differences in 'before' and 'after' ratings in the four scenarios.

Research Questions

1. Do participants' characteristics, as well as ratings mirror their perceptions of rape scenarios, particularly in terms of aggression, violence, coercion and consent?

2. Will rape myths and gender stereotypes play a role in a gender-reversed scenario?

Methods

Design

The present study used a mixed-methods approach and was therefore divided into two parts; the first section used quantitative methods, whereas the second section used qualitative methodology. Qualitative analyses were used to support and expand quantitative results.

Quantitative:
Hypothesis 1 used Standard Multiple Regression Analysis (SMRA). This allowed assessing the relationship between one DV and multiple IVs. Altogether, there were 16 ratings (aggression, violence, coercion and consent for each of the four scenarios). All participants were asked to fill out three questionnaires (LSRP, BGA, AMMSA), measuring psychopathic traits, aggressive traits and acceptance of modern myths and sexual aggression. As each rating was a separate DV, 16 separate SMRAs had to be conducted. There were four IVs (each scale score and gender).

Hypothesis 2 was split into two parts. As scenario 1, 2 and 3 each depicted a form of rape, scenario 4 was excluded from the first analysis as it portrayed a consensual sexual situation and was analysed separately.
The first part used a 5-way repeated-measures Multivariate Analysis of Variance (MANOVA). The 12 ratings (four ratings from scenario 1, 2 and 3) were the DVs. A median-split was conducted for each of the scale scores (LSRP, BGA and AMMSA) to produce high and low scoring groups. Thus, there were four IVs, including each scale group and gender. Each IV had two levels (high vs. low groups for LSRP, BGA and AMMSA; male vs. female for gender). The between-subjects analysis explored differences of ratings between each of the IVs, the within-subjects analysis investigated differences within each of the ratings (aggression, violence, coercion consent) across scenario 1,2 and 3.
The second part analysed differences in ratings of scenario 4 and used a 5-way between-subjects MANOVA. DVs included aggression, violence, coercion and consent ratings for scenario 4 and the IVs remained the same as in the first analysis.

Hypothesis 3 used 16 separate paired-samples T-tests to assess the changes in 'before' and 'after' ratings. DVs were the 'before', the 'after' scores.

Qualitative:
Thematic analysis (TA) is a qualitative method for identifying, analysing, and reporting patterns (themes) within a dataset, allowing to describe and organise the data in rich detail. This enables the researcher to interpret aspects related to the research topic (Boyatzis, 1998). The present study used the constructionist approach of TA, as it examined how realities, events, meanings and experiences were the effects of discourses operating within society (Braun& Clarke, 2006). Doing so, TA can both reflect reality, and unpick or unravel the surface of 'reality'. In this study, those 'realities' were the outlined rape myths. In TA, it is essential that themes capture important information about the data that relate to the research question. Themes represented levels of patterned responses or meanings within the data set. As the present study was a mixed-methods approach, it was decided to use TA to provide a more detailed account for a group of themes within the data, rather than giving a rich

thematic description of the entire dataset. This allowed to link themes specifically to the research question. Themes within a dataset can be identified in one of two approaches: a deductive or theoretical ('top down') approach (Boyatzis, 1998; Hayes, 1997), or an inductive ('bottom up') approach (Frith & Gleeson, 2004). The present study used the former approach, as this tends to be more driven by the researcher's theoretical or analytic interest in the area. The present TA identified themes at a semantic, explicit level. Using a semantic approach, themes were identified within the surface meanings of the data. The analytic process involved organising the data to emphasise patterns in semantic content, and then summarised this with an interpretation of the patterns. The interpretation outlined the significance of patterns, their broader meanings and implications (Patton, 1990).

When conducting the present TA, six steps were followed, as recommended by Braun and Clarke (2006). (1) The researcher familiarised herself with the data: Immersion through repeated reading of the data allowed familiarisation with the depth and breadth of the content. (2) Generating initial codes: The researcher produced initial codes that identified semantic features interesting for the research question. Coding helped organising the data into meaningful groups. (3) Searching for themes: Different codes were sorted into potential themes. Codes were analysed and considered how they may be combined into overarching themes. A collection of possible superordinate and subordinate themes was created. (4) Reviewing themes: the collection of themes was reviewed and refined. Consequently, some themes were merged, split or dropped. (5) Defining and naming themes: After having created a satisfactory thematic map of the data, the essence of each theme was further investigated, and the aspects that each theme captured were determined and named accordingly. (6) Producing the report: Step 6 involved the final analysis and report writing with the full set of themes.

Participants

Sampling occurred opportunistically within the targeted sample population. Due to the sensitive nature of the study, it was a requirement that all participants had previously been exposed to topics related to sexual violence to minimise the potential of causing distress. Participants included undergraduate students on the BSc Psychology (Criminal Behaviour) course at Southampton Solent University, as well as members of the Sexual Violence Research Initiative (SVRI; http://www.svri.org/). This forum discusses sexual violence and is supportive of research in this field, updating members with news and currently published research weekly. Thus, students had been exposed to sexual violence due to the nature of the course, whereas external participants had had through their forum membership. All participants were recruited online. The forum received the recruitment post via the SVRI 'update', whereas students received the recruitment post directly via email from the project supervisor, Jane Adlard, on behalf of the researcher and contacted the researcher to receive the link. The study was conducted using the online tool 'SoSci Survey' (https://www.soscisurvey.de/). Forum and university participants received separate links enabling them to take part in the study online. Both surveys were identical, however, information regarding participation time was excluded in the forum survey. Age and gender was recorded for each participant. Participants had to be over the age of 18 to take part. A total number of 103 (18 students, 85 forum) participants took part in the study. Out of these, fifty-seven (11 students, 46 forum) either completed the survey or indicated they 'wished to end participation', leading them to the debrief. As

scale scores were essential for each analysis, participants who had not completed at least one scale had to be excluded, leaving a total of 53 participants. This number was sufficient for appropriate statistical analyses. In the SPSS data set, students were allocated numbers starting at '1', forum members at '101'. Participation was voluntary and students taking part received 1-hour participation time. Forum members were advised that there was no incentive.

Materials

Scenarios, Ratings and Questionnaire:
The researcher created four fictional scenarios depicting sexual activities of different levels of aggression, violence, coercion and consent. To gain a rich data set, contents of the scenarios were based on concepts previously outlined in the section relating to rape myths. Scenario 1 portrayed a so-called 'date-rape'. This was based on a scenario used by the Eastern Oregon University. Scenario 2 described an acquaintance-rape scenario that included alcohol and high levels of violence. It included elements of a real-world rape that was posted in a forum. Scenario 3 depicted a so-called 'celebrity-rape' and was roughly based on the case of Chad Evans; a public sports figure involved with an intoxicated female. Scenario 4 depicts a consensual sexual situation between a man and woman in a romantic relationship. The last scenario was intended to act as a control scenario after being presented with three rape scenarios. In all scenarios the perpetrator was male. Participants were asked to rate each scenario for levels of aggression, violence, coercion and consent from 1(low) to 10(high). Participants also received three open-ended questions for each scenario.

Demographic Questionnaire:
All participants were asked to provide demographic information on gender and age.

Scales**:**
Levenson Self-Report Psychopathy Scale (LSRP):
This scale is a non-clinical measure that assesses psychopathic traits in a non-institutionalized population and is available online. The LSRP is a 26-item 4-point Likert scale, with seven reverse-scored items. LSRP is composed of two subscales, measuring primary and secondary psychopathy. The primary psychopathy scale assessed traits such as selfishness and uncaring and manipulative posture towards others, whereas the secondary scale explored traits including impulsivity and self-defeating lifestyles. This study used total scale scores. Rather than emphasising criminal activity, this scale was created to investigate behaviours that are more typical within life in a community and assessed traits such as integrity (Levenson, Kiehl& Fitzpatrick, 1995). Inter-item reliability showed appropriate levels of internal consistency for the total scale (α= .85), subscale 1 (α= .83) and subscale 2 (α= .69) (Brinkley et al., 2001). Regarding reliability for the present study, Cronbach's Alpha (α= .68) of the total scale indicated a value just below the recommended .70-level (Nunnally, 1978).

Brown-Goodwin Assessment for Lifetime History of Aggression (BGA):
This revised 11-item scale created by Brown and Goodwin (1986) assessed aggressive behaviours and traits across three separate stages of life including

childhood, adolescence and adulthood. Internal consistency showed excellent levels (α= .88) (Dumais et al., 2005). For the present study Cronbach's Alpha (α= .88) matched the value the original study, indicating high internal reliability (Nunnally, 1978).

Acceptance of Modern Myths about Sexual Aggression (AMMSA):
AMMSA is a 30-item 7-point Likert scale used to assess acceptance of modern myths about sexual aggression. Questions were not related to any personal experiences, but rather to sexual aggression and perception thereof in general. With Cronbach's alpha (α =0.76), internal consistency is satisfactory (Gerger et al., 2007). For the present study Cronbach's Alpha (α= .93) exceeded the value of the original study, indicating high internal reliability (Nunnally, 1978).

SoSci Survey:
SoSci Survey was specifically developed for scientific surveys. It is a software package that supports researchers conducting online surveys. It enables the creation of the online questionnaires and allows downloading the data to SPSS. The present study used IBM SPSS version 22.

Procedure

The study was conducted online via Sosci Survey. Data was collected between Feburary 16 and March 28. Before commencing the study, all participants had to indicate that they were over the age of 18 and have read the information sheet, as they were unable to progress to the next page otherwise. It was indicated that this would the equivalent of signing the consent form. They were asked to answer demographic questions before being presented with four sexual scenarios and asked to rate them for aggression, violence, coercion and consent from 1(low) to 10(high). After rating each scenario, the same three questions were asked. The scenarios were still visually available for participants throughout rating and question stages to ensure key factors that were perceived as important could be identified. Participants were given the LSRPS, BGA and AMMSA scales, before they were presented with the scenarios again to re-rate them. Participants were thanked, debriefed and given contact details of the researcher and the university.

Ethical Considerations

Ethical approval was gained from the Southampton Solent Psychology Ethics Committee before commencing data collection, as devised by the British Psychological Society, following the Code of Human Research Ethics (BPS, 2010a) and the Working Party on Conducting Research on the Internet (BPS, 2010b) as this study was conducted online. All personal information was confidential and the identity of participants remained anonymous. Participants were informed that they were unable to withdraw participation once answers were submitted. Due to the sensitive nature of the study, only participants with previous exposure to sexual violence (as outlined in participants section) were recruited. Furthermore, they were advised that individuals who get distressed easily should not take part. Participants were given contact details of Jane Adlard, a Forensic Psychologist from Southampton Solent University. Students received a link to Southampton Solent University's Student 1st, in case they felt participation caused distress, whereas external participants received

contact details of the Samaritan's, a charity helping individuals who experience troubling feelings and need support (Principle 3; BPS, 2010a). All participants were over the age of 18 at the time of consenting.

Results

Hypothesis 1:
High scores on BGA, AMMSA and LSRP will predict low ratings for aggression, violence and coercion and consent.

There were 16 DVs, thus, 16 separate Standard Multiple Linear Regressions (SMLR) were conducted. DVs were ratings of aggression, violence, coercion and consent for all four scenarios. IVs for each SMLR were total scores of BGA, AMMSA and LSRP scales. Fifty-two participants were included for this analysis.

Table 1 *presenting Pearson correlations between LSRP, BGA and AMMSA total scores.*

	M	*SD*	LSRP r	BGA r	AMMSA r
LSRP	46.13	9.26		.325*	.531***
BGA	52.19	10.91	.325*		-.015
AMMSA	89.35	30-27	.531***	-.015	

*significant at the p<.05 level
*** significant at the p<.001 level

A Pearson correlation between all three scales showed that psychopathy was positively correlated (r= .531) with acceptance of sexual aggression, as well as with aggressive traits (r= .325). There was no relationship between the latter two scales.

Table 2 displaying results from Multiple Regression Analysis. DVs are displayed in column one (ratings of aggression, violence, coercion and consent for each of the four scenarios). IVs consisted of the three scale scores (LSRP, BGA, AMMSA).

DV		M	SD	sr^2	F	LSRP				BGA				AMMSA			
						B	β	sr^2	r	B	β	sr^2	r	B	β	sr^2	r
S1	Agg	7.13	2.31	.111	3.12*	-.113	-.457	.127	-.394**	.018	.086	.006	-.063	.005	.012	.003	-.178
	Vio	5.90	2.732	.079	2.46	-.133	-.454	.125	-.329**	.022	.088	.007	-.063	.016	.182	.023	-.060
	Coe	7.63	2.45	.084	2.56	-.093	-.346	.072	-.321*	.040	.177	.026	.065	-.005	-.062	.003	-.248*
	Con	2.06	1.61	.271	7.33***	.100	.577	.202	.517***	.018	.121	.012	.311**	-.010	-.187	.024	.118
S2	Agg	9.15	1.49	.235	6.23**	-.074	-.466	.132	-.524***	-.005	-.033	.001	-.336**	-.004	-.089	.005	-.183
	Vio	9.13	1.30	.045	1.79	-.044	-.317	.061	-.310*	-.008	.063	.003	-.039	-.001	-.026	.000	-.195
	Coe	7.69	3.55	-.038	.372	-.037	-.098	.006	-.139	-.018	-.057	.003	-.088	-.005	-.042	.001	-.094
	Con	1.19	.66	.285	7.77***	.047	.661	.265	.555***	-.003	-.056	.003	.161	-.004	-.166	.019	.186
S3	Agg	6.80	2.60	.009	1.145	-.031	-.111	.007	-.203	.006	.026	.001	-.006	-.016	-.185	.023	-.246*
	Vio	6.22	2.98	-.031	.493	-.027	-.084	.004	-.132	.012	.043	.002	.018	-.011	-.115	.009	-.162
	Coe	7.46	2.57	.140	3.78*	.019	.068	.003	-.157	.014	.060	.003	.090	-.039	-.461	.144	-.426**
	Con	4.31	3.24	.174	4.57**	.146	.420	.107	.456***	-.018	-.062	.003	.073	.011	.107	.008	.330**
S4	Agg	1.79	1.97	.046	1.81	.087	.409	.102	.249*	-.024	-.133	.015	.004	-.014	-.221	.033	-.002
	Vio	1.04	.194	-.035	.431	.001	.025	.000	.038	-.002	-.121	.012	-.115	.001	.099	.007	.114
	Coe	1.69	1.79	-.059	.049	.007	.037	.001	.018	.004	.023	.000	.036	-.003	-.050	.002	-.031
	Con	9.73	1.29	.011	1.19	.011	.077	.003	-.016	.014	.120	.012	.149	-.011	-.249	.042	-.210

Notes: S (scenario); agg (aggression), vio (violence), coe (coercion), con (consent); Adj R^2: Adjusted R^2; sr^2: part correlation, values from SPSS output were squared; r: Pearson's r

*significant at the p<.05 level

** significant at the p<.01 level

*** significant at the p<.001

Predictor variable

Scenario 1

Scenario 1 showed significant amounts of variances in aggression ($F_{(3, 48)}$=3.12, MSe=4.74, p<.05) and consent ($F_{(3,48)}$=7.33, MSe=1.9, p<.001) ratings (refer to table for Adjusted R^2 values), but not in violence ($F_{(3,48)}$=2.46, MSe=6.84, p=.74) and coercion ($F_{(3,48)}$=2.56, MSe=5.71, p =.066) ratings.

The analysis showed that high psychopathy scores predicted low aggression (β=-.457, t(51)= -2.7, p<.05) and violence (β= -.454, t(51)= -2.64, p<.05) ratings, as can be assumed from the negative correlations (see table 2). High psychopathy scores also predicted high ratings of consent (β=.577, t(51)= 3.76, p<.001), as there was a significant positive correlation. Psychopathy did not predict coercion ratings (β= -.346, t(51)= -2.01, p=.050). Aggressive personality traits did not predict aggression, violence and coercion ratings. Even though there was a significant positive correlation between aggressive traits and consent ratings (r=.311), it was not a predicting factor (β=-.121, t(51)= .929, p=.358). While there was a significant negative correlation between the acceptance of sexual aggression and coercion ratings, it was not a predicting factor (β= -.062, t(51)= -.381, p=.705).
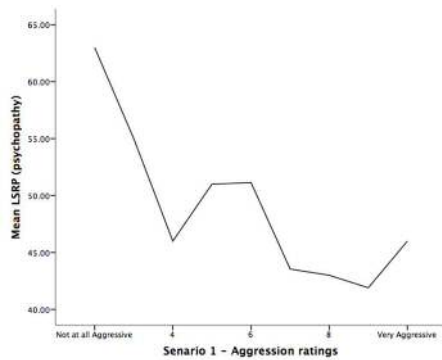

Figure 1: *line graph showing psychopathy predicting aggression ratings in scenario 1.*
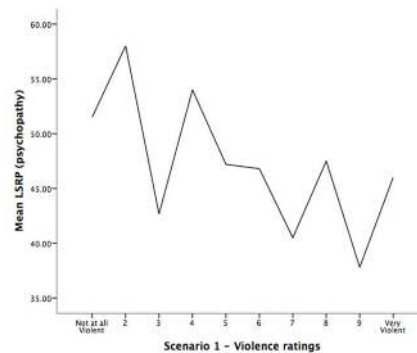

Figure 2: *line graph showing psychopathy predicting violence ratings in scenario 1.*
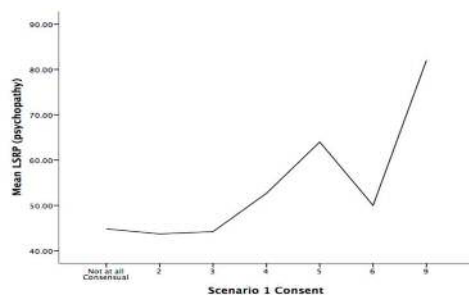

Figure 3: *line graph showing psychopathy predicting consent ratings in scenario 1.*

Scenario 2

Scenario 2 showed significant amounts of variances in aggression ($F_{(3, 48)}$=6.23, MSe=1.69, p<.01) and consent ratings (consent: $F_{(3,48)}$=7.77, MSe=.310, p<.001), but not in violence ($F_{(3,48)}$=1.79, MSe=1.61, p=.16) and coercion ($F_{(3,48)}$=.372, MSe=13.05, p =.77) ratings.

The analysis showed that high psychopathy scores predicted low aggression (β=-.466, t(51)= -2.97, p<.01) and high consent (β=.661, t(51)= 435, p<.001) but did not predict violence (β= -.317, t(51)= -1.81, p=.08) and coercion (β=-.098, t(51)= -.538, p=.593).

Furthermore, aggressive traits and acceptance of sexual aggression did not predict any of the ratings in scenario 2. However, tendencies showed a negative correlation between aggressive traits and aggression ratings.
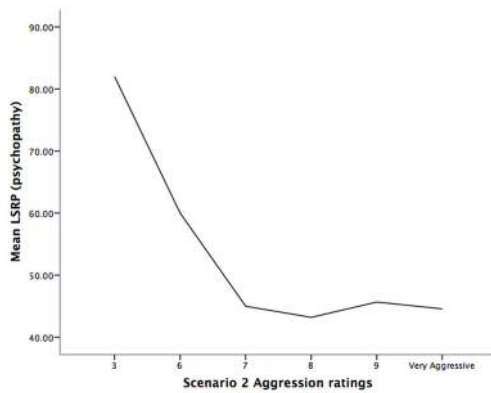

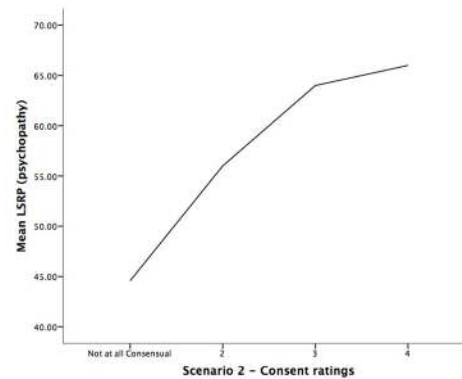Figure 4: *line graph showing psychopathy predicting aggression ratings in scenario 2.*

Figure 5: *line graph showing psychopathy predicting consent ratings in scenario 2.*

Scenario 3
Scenario 3 showed significant amounts of variances in coercion (F(3, 48)=3.78, MSe=5.68, p<.05) and consent ratings (F(3,48)=4.57, MSe=8.67, p<.01), but not in aggression (F(3,48)=1.15, MSe=6.7, p=.34) and violence (F(3,48)=.493, MSe=9.17, p=.69).

The analysis showed that high psychopathy scores predicted high consent ratings (β=.42, t(51)=2.57, p<.05) but did not predict any of the other ratings. Aggressive traits did not predict any of the ratings and there were no tendencies indicating the direction of ratings. High acceptance of sexual aggression predicted low coercion rates (β=-.46, t(51)=-2.93, p<.01) but none of the other ratings; however, tendencies showed a negative correlation between acceptance of sexual aggression and aggression ratings and a positive correlation with consent ratings.
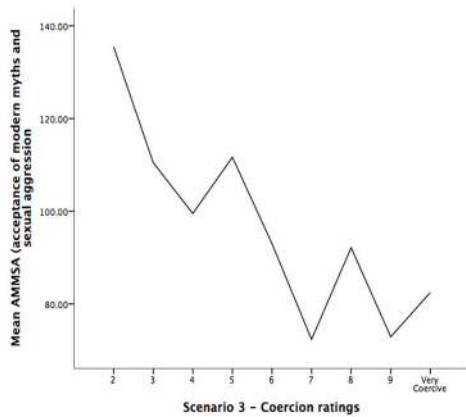
Figure 6: *line graph showing acceptance of myths and sexual aggression predicting coercion ratings in scenario 3.*
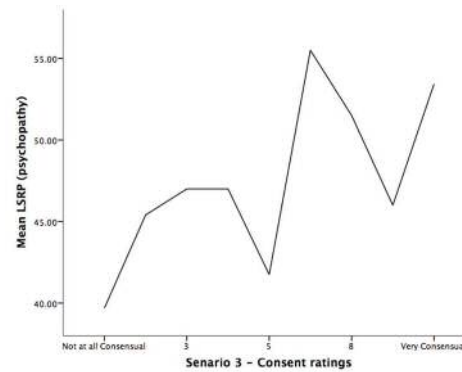

Figure 7: *line graph showing psychopathy predicting consent ratings in scenario 3.*

Scenario 4

Scenario 4 did not show significant amounts of variances for any of the ratings (aggression: $F(3, 48)=1.81$, MSe=3.72, p=.16; violence: $F(3, 48)=.431$, MSe=.04, p=.73; coercion: $F(3, 48)= .049$, MSe=3.39, p=.99; consent: $F(3,48)=1.19$, MSe=1.63, p=.32). However, high psychopathy scores predicted high aggression ratings ($\beta=.41$, $t(51)=2.33$, p<.05). None of the scales predicted violence, coercion and consent ratings.
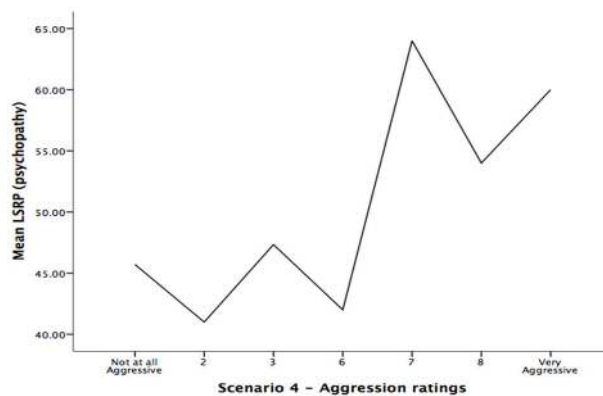
Figure 8: *line graph showing psychopathy predicting aggression ratings in scenario 4.*

Hypothesis 2:
There will be significant differences within ratings (aggression, violence, coercion, consent) and between gender and participants who score high and low on the LSRP, BGA and AMMSA.

As scenario 1,2 and 3 all depicted a form of sexual misconduct, it was tested for differences within ratings across those three scenarios. Scenario 4 was excluded from this analysis, as it depicted a consensual sexual act between two people in a romantic

relationship; thus, did not fit the pattern. Therefore, the first analysis was a repeated-measures MANOVA with ratings (aggression, violence, coercion, consent) as DVs and gender and participant groups (scoring high or low on LSRP, BGA and AMMSA) as IVs. It was tested for significant effects between the IVs or within each rating across the three scenarios.

The second analysis was a between-subject MANOVA with ratings (aggression, violence, coercion, consent) of scenario 4 as DVs and gender, and participant groups as IVs. Fifty-two participants were included in this study (m=17, f=35). Box's M Test was not computed for either MANOVA as some rating scores only had one value.

Hypothesis 2.1:

Between-subjects

Even though group size between genders was not equal (m=16, f=35), Pillai's V was used as it is considered the most robust test statistic (Olsen, 1976). This also allowed balancing out significant results in Levene's tests.

Between-Subjects multivariate results

Multivariate results indicated significant differences in ratings between male and female participants (V =.25, F(4, 35) =2.93, *p*<.05). Levene's test of homogeneity mainly showed significant results. Data was transformed, taking the square root and using ln- and log-functions but Levene's results remained significant. Therefore, MANOVA was conducted with the original data. P-values of Levene's tests are displayed in table 4 to allow insights in significances.

Table 3 *presenting between-subjects multivariate results.*

	Pillai's V	*F*	df	Error df
Gender	.25	2.93*	4	35
LSRP group	.10	.99	4	35
BGA group	.007	.06	4	35
AMMSA group	.08	.74	4	35
Gender* LSRP group	.07	.66	4	35
Gender* BGA group	.06	.6	4	35
Gender* AMMSA group	.08	.75	4	35
LSRP group* BGA group	.07	.67	4	35
LSRP group* AMMSA group	.09	.85	4	35
BGA group* AMMSA group	.11	1.03	4	35

*significant at the p<.05 level

Homogeneity of variance assumptions in the data were upheld for aggression ($F(12,38)= 1.20$, $p=.32$) and consent ($F(12,38)= .94$, $p=.52$)in scenario 1, and violence in scenario 3 ($F(12,38)=1.12$, $p=.38$) and scenario 4 ($F(12,38)= 1.81$, $p=.08$).

Table 4 *presenting Levene's test of homogeneity of all ratings across scenario 1,2 and 3.*

		F	Df1	Df2	sig
Scenario 1	Aggression	1.20	12	38	.32
	Violence	4.09	12	38	.000
	Coercion	2.61	12	38	.01
	Consent	.94	12	38	.52
Scenario 2	Aggression	4.01	12	38	.001
	Violence	1.12	12	38	.38
	Coercion	4.51	12	38	.000
	Consent	3.90	12	38	.001
Scenario 3	Aggression	2.84	12	38	.007
	Violence	1.81	12	38	.08
	Coercion	3.90	12	38	.001
	Consent	2.97	12	38	.005

Between-subjects effects

Post-hoc ANOVA between-subject main effects showed that, indeed, females rated coercion significantly higher than males ($F(1,38) = 3.57$, MSe = 9.21, $p < .01$). There were no other significant multivariate results, indicating that participants who had been grouped as high or low on each of the scales did not rate the three scenarios significantly different. There were no interaction effects between groups.

A follow-up ANOVA tested for differences of coercion ratings between the three scenarios were. As Levene's results were and remained significant using original and transformed data, original data was used.

Table 5 *presenting Levene's test of homogeneity results for follow-up ANOVA.*

Coercion	*F*	Df1	Df2	Sig
Scenario 1	20.57	1	51	.000
Scenario 2	8.69	1	51	.005
Scenario 3	11.83	1	51	.001

Findings indicated that females (m=8.5) only rated coercion higher than males (m=6.2) in scenario 2 ($F(1,51) = 5.46$, MSe = 11.45, $p<.05$).
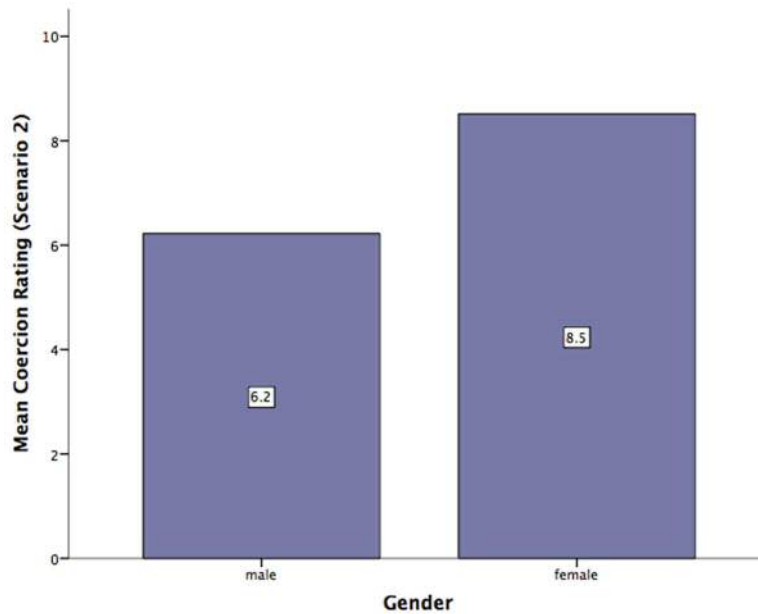

Figure 9 *presenting mean scores of males and females for coercion ratings in scenario 2.*

<u>Within-Subjects</u>

Multivariate results indicated that there was a significant difference within ratings across each scenario (V = .79, F(8, 31) = 15.45, $p<.001$). This was to be expected, as each scenario (1, 2 and 3), had a slightly different focus of sexual misconduct.

Table 6 *presenting multivariate within-subjects results.*

	Pillai's V	*F*	df	Error df
Scenario	.80	15.45***	8	31
Scenario*Gender	.20	.99	8	31
Scenario*LSRP group	.22	1.09	8	31
Scenario*BGA group	.17	.79	8	31
Scenario*AMMSA group	.43	2.89*	8	31
Scenario*Gender *LSRP group	.39	2.44*	8	31
Scenario*Gender* BGA group	.34	1.98	8	31
Scenario*Gender* AMMSA group	.17	.77	8	31
Scenario*LSRP group* BGA group	.35	2.09	8	31
Scenario*LSRP group*	.26	1.34	8	31

AMMSA group			
Scenario*BGA group*AMMSA group	.41	2.7*	8	31

***significant at the p<.001 level
*significant at the p<.05 level

Mauchley's Test of Sphericity

Homogeneity of variance (spherictiy) assumptions in the data were only upheld for coercion ($X^2(2)$= 4.3, p= .12), but not for the other ratings (aggression: $X^2(2)$= 17.84, p<.001; violence: $X^2(2)$= 15.61, p<.001; consent: $X^2(2)$= 26.37, p<.001). Therefore, the Greenhouse-Geisser estimate was reported for these within-subjects effects within aggression, violence and consent ratings.

Within-Subjects Effects

Post hoc within-subjects main effects showed that coercion was the only rating that was rated the same across all scenarios ($F(2, 76)$= .02, MSe=.6.64, p = .98), whereas, aggression ($F(1,54)$= 17.28, MSe= 5.04, p<.001), violence ($F(2, 56)$ = 27.30, MSe= 5.75, p<.001) and consent ($F(1, 50)$= 22.77, MSe= 5.55, p<.001) were rated significantly different.

Even though multivariate results indicated three interaction effects within
(1) scenario and the acceptance of sexual aggression groups (V= .43, F(8, 31) = 2.89, p<.05),

(2) scenario, gender and the psychopathy groups (V= .39, F(8, 31)= 2.44, p<.05) and

(3) scenario, acceptance of sexual aggression and experienced aggression (V = .41, F(8, 31)= 2.7, p<.05),

post hoc univariate tests did not show any significant differences in ratings for these interactions across scenarios 1, 2 and 3. Find details in table 7.

Table 7 *presenting univarite within-subjects results, following the significant multivariate results.*

	F	MSe	df	Error df	Sig
Scenario*AMMSA group					
aggression	19.34	5.04	1	54	.10
violence	6.33	5.75	1	56	.44
coercion	31.63	6.64	1	76	.10
consent	2.32	5.55	1	50	.64
Scenario*Gender* LSRP group					
aggression	10.43	5.04	1	54	.25

violence	9.07	5.75	1	56	.34
coercion	14.42	6.64	1	76	.34
consent	4.94	5.55	1	50	.46
Scenario*BGA group*AMMSA group					
aggression	10.07	5.04	1	54	.26
violence	10.12	5.75	1	56	.30
coercion	18.17	6.64	1	76	.26
consent	1.54	5.55	1	50	.72

There were no other significant differences within each rating and across each of the three scenarios depending on specific participant characteristics.

Hypothesis 2.2

For scenario 4, a between-subjects MANOVA was conducted.

Table 8 *presents multivariate between-subjects effects.*

	Pillai's V	*F*	df	Error df
Gender	.11	1.11	4	36
LSRP group	.14	1.49	4	36
BGA group	.12	1.24	4	36
AMMSA group	.10	1.03	4	36
Gender* LSRP group	.29	3.58*	4	36
Gender* BGA group	.04	.38	4	36
Gender* AMMSA group	.29	3.61*	4	36
LSRP group* BGA group	.24	2.85*	4	36
LSRP group* AMMSA group	.03	.28	4	36
BGA group* AMMSA group	.18	1.99	4	36

Multivariate results indicated that there were interaction effects between

1. males and females in high and low psychopathy groups (V =.29, F(4, 36) =3.58, *p*<.05),

2. males and females in high and low groups accepting sexual aggression (V =.29, F(4, 36) =3.61, *p*<.05) and

3. participants in high and low psychopathy and experienced aggression group (V =.24, F(4, 36) =2.85, *p*<.05).

Levene's test showed significant results for all four ratings (aggression: $F_{(12,39)}=2.86$, *p*<.01; violence $F_{(12,39)}=8.43$, *p*<.001; coercion: $F_{(12,39)}=3.61$, *p*<.01; consent:

F(12,39)=900.42, *p*<.001). Results were acquired with transformed data using log-function.

Post hoc ANOVAs showed the following results:

(1) There was an interaction effect between male and female participants in different psychopathy groups, rating consent differently (*F*(1, 39)=14.04, MSe=.013, *p*<.01).

(2) There was an interaction effect between male and female participants in different AMMSA groups when rating consent (*F*(1, 39)=13.46, MSe= .013, *p*<.01).

(3) There was an interaction effect showing that participants in different LSRP and BGA groups rated consent significantly different (*F*(1, 39)=8.56, MSe= .013, *p*<.05).

Thus, it can be summarised that aggression, violence and coercion are rated the same, however, there are differences in consent ratings.

Hypothesis 3:
Participants will rate scenarios differently after having been exposed to all scenarios and asked to think about as well as fill out the questionnaires.

A paired samples T-test was conducted to investigate whether there were differences between before (DVs) and after scores (IVs).

<u>Scenario 1</u>
There were no significant differences in any before and after ratings for scenario 1 (aggression: t(41)= -.30, *p*=.77; violence: t(46)= -1.04, *p*=.30; coercion: t(46)= -1.41, *p* =.17; consent: t(46)= 1.03, *p*= .31).

Table 9 *providing information on mean, standard deviation and number of participants that re-rated the scenario.*

	M	*SD*	N
Aggression			
before	7.52	1.82	42
after	7.64	2.15	42
Violence			
before	5.72	2.76	47
after	6.19	2.86	47
Coercion			
before	7.57	2.47	47
after	8.04	2.22	47
Consent			
before	2.13	1.68	47
after	1.83	1.57	47

Scenario 2
Participants rated violence significantly higher (t(45)= -2.38, *p*<.05); the other ratings remained the same. Tendencies showed that aggression and violence were rated higher in the after ratings and coercion and consent were rated lower.

Table 10 *providing information on mean, standard deviation and number of participants that re-rated the scenario.*

	M	SD	N
Aggression			
before	9.20	1.46	46
after	9.39	1.15	46
Violence*			
before	9.09	1.31	46
after	9.52	.78	46
Coercion			
before	7.43	3.69	46
after	7.00	3.78	46
Consent			
before	1.22	.70	46
after	1.09	.29	46

Scenario 3
Participants rated consent significantly lower (t(44)= 3.84, *p*<.001). There were no differences between the other ratings. Tendencies showed that all after ratings were lower than before ratings.

Table 11 *providing information on mean, standard deviation and number of participants that re-rated the scenario.*

	M	SD	N
Aggression			
before	6.79	2.42	43
after	6.23	3.02	43
Violence			
before	6.14	3.05	42
after	5.12	3.16	42
Coercion			
before	7.60	2.44	45
after	7.51	2.59	45
Consent*			
before	4.42	3.28	45
after	2.58	1.82	45

Scenario 4
There were no significant differences in any before and after ratings for scenario 1 (aggression: t(43)= .000, *p*= 1.00; violence: t(44)= -1.77, *p*=.08; coercion: t(41)= -1.00, *p*=.32; consent: t(43)= 1.00, *p*= .32).

Table 12 *providing information on mean, standard deviation and number of participants that re-rated the scenario.*

	M	SD	N
Aggression			
before	1.84	2.12	44
after	1.84	2.05	44
Violence			
before	1.02	.15	45
after	1.29	1.01	45
Coercion			
before	1.71	1.90	42
after	2.00	2.08	42
Consent			
before	9.05	.21	44
after	9.93	.26	44

Analysis

While the three rape scenarios were all, albeit differently, perceived to be of some levels of aggression, violence, coercion and non-consent, scenario 4 was mainly perceived as a consensual sexual act between a man and woman in a romantic relationship. Outlining their perception and understanding of the scenarios, personality characteristics appeared to influence participants' perception of these levels. Furthermore, stereotypical views regarding rape myths, as well as gender roles were noticed.

After careful revision of participants' responses to the three questions asked after each scenario and consideration of the research questions

1. Do participants' characteristics mirror perceptions of rape scenarios, particularly in terms of aggression, violence, coercion and consent?

2. Will rape myths and gender stereotypes play a role when asking for contributing factors to outcome and if gender in scenarios was reversed?

multiple themes were found, of which two are discussed in more detail (table 13) to subsequently link the chosen superordinate and subordinate themes to the outlined research questions. Quotations were taken from participants' responses (P = Participant No.; M = male; F = female; S = scenario; Q = Question) and were provided to support interpretations for specific scenarios or personality characteristics.

Table 13 *presenting themes discussed in the analysis.*

Superordinate Themes	Subordinate Themes	Sub-subordinate Themes
Perception and	Aggression	n/a
	Violence	n/a

Understanding of rape	Coercion	n/a
	Consent	n/a
Stereotypes	Rape Myths	'Women who drink or take drugs are asking to be raped' 'Women cannot rape'
		'You cannot be raped by your husband or boyfriend'
		'Women 'ask for it' by their dress or actions'
	Gender	Physical Factors
		Psychological and Emotional Factors
		Social Norms

I) Perception and Understanding of rape

As participants were asked to rate each scenario for levels of aggression, violence, coercion and consent as well as highlighting what factors they thought to be contributing to their perception of these levels, understanding thereof was analysed. Firstly, it has to be pointed out that there were differences, as well as similarities in how aggression, violence and coercion were perceived across the four scenarios, which may be explained by the statement of one participant that *'they are synonyms varying in perspective' (P161, M).* This theme can be linked to the first research question, by relating quantitative findings (regression and MANOVA) to participants' perception and understanding of rape. As scenario 4 did not depict a rape, responses were excluded for this theme.

Quantitative findings showed that specifically psychopathic traits predicted low perception of aggression, violence, coercion, but high perception of consent. This was particularly prevalent for scenarios 1 and 2, whereas high acceptance for sexual aggression predicted low coercion for scenario 3, and further showed tendencies of low perception of aggression and violence, but high levels of consent. Aggressive traits did not predict ratings, but showed tendencies of high consent in scenario 1 and low aggression in scenario 2.

i) *Aggression*

Regression results suggested that psychopathic traits predicted low aggression in scenario 1. While acceptance of myths about sexual aggression in scenario 3 was not a predicting factor, tendencies indicated high acceptance was related to lower aggression ratings

"I don't think there was much violence or aggression involved, as Lisa wasn't pushing Tom away" (P 6, F, S1, Q3; high LSRP).

"I do not feel that the male in this was aggressive and violent [...] She could have still refused. She was not isolated so could have got someone to help her." (P 11, F, S3, Q3; high LSRP; high AMMSA).

as compared to participants who scored low on both scales

"It was aggressive in the sense that he did not listen to her and just did whatever he wanted" (P 147, F, S1, Q3; low on all 3 scales).

"His predatory intent makes the act violent and aggressive" (P 110, F, S3, Q3; low LSRP; low AMMSA).

While the general perception of aggression differed between high and low groups, they also focused on different aspects that can be linked to blame. Participants with psychopathic traits stated that there were no or low levels of aggression, attributing responsibility to the victim, whereas participants with low scores highlighted that perceived aggression was enforced by the perpetrator. Furthermore, participants with high acceptance of sexual aggression appeared to perceive the scenario similar to those with high psychopathy scores

"For me there wasn't anything aggressive or violent but he clearly didn't read the situation right" (P 160, M, S3, Q3; high AMMSA).

Findings supported quantitative findings and gave insight to possible reasons for the difference in perception, as responsibility appeared to play a key role in this. Due to noticeable differences in quantitative and qualitative findings and perceptions of aggression and violence in scenario 2 this was analysed at the end of the subordinate-theme 'violence'.

ii)   *Violence*

According to quantitative findings, psychopathy was the only predictor for low perceptions of violence in scenario 1, but showed a negative correlation for scenario 2. TA supported findings for scenario 1.

"I don't think the encounter was 'violent' because they were both being 'violent' out of lust" (P 111, M, S1, Q3).

Moreover, the majority of participants, including those with low psychopathic traits, did not perceive scenarios 1 and 3 as particularly violent, either. This could be, as most participants' perceptions appeared to be congruent with the definition of *"Violence = being physically forceful … gripping, holding down, retraining, hitting"* (P 114, F, S1, Q3).

"In this scenario one does not really observe much physical violence, but rather mental violence when he is having sex with her although she does not want to" (P 138, F, S1, Q3)

"Don't think he was ACTUALLY violent as he did not hurt her physically, hit her etc." (P 147, F, S3, Q3).

However, there were participants, particularly those with low psychopathy scores, who did perceive these scenarios as violent

"It was violent to not accept Lisa's 'no'" (P 156, F, S1, Q3).

"It was violent of him to continue sleeping with her when she clearly wasn't in full consciousness." (P 156, F, S3, Q3).

These findings supported quantitative findings and indicated that the intensity of the perception of violence appeared to differ between individuals with different personality characteristics.

<u>Scenario 2 – perception of aggression and violence</u>

Perceptions of aggression and violence in the second scenario did not mirror predictions and correlations found in hypothesis 1 for participants with both psychopathic and aggressive traits. Participants from all participant groups (high/low scores on scales) identified aggressive and violent factors.

"In my opinion, this scenario was highly violent, highly aggressive" (P 169, M, S2, Q3; high LSRP).

"All of it was violent and aggressive. […] He quite literally aggressively and violently took ownership of her body" (P 105, F, S2, Q3; low LSRP; high BGA),

This could indicate that, albeit being capable of identifying aggressive and violent factors in a given situation, individuals with psychopathic and aggressive traits may still perceive them as less intensive or ignore these moral issues due to their characteristics, hence the lower ratings.

    iii)   <u>Coercion</u>

Levels of coercion were perceived in scenario 1 and 3 and the key factor in the perception of coercion appeared to be communication between victim and perpetrator

"Coercion – I don't think there is anything coercive, as there was no persuasion in this scenario (in fact, no communication at all)." (P 113, F, S2, Q3).

Quantitative regression results indicated that psychopathic traits was related to low coercion ratings in scenario 1, and high acceptance of sexual aggression predicted coercion in scenario 3.

"Yes, there definitely was coercion because it was clear that she didn't want him to and he did it anyway." (P 147, F, S1, Q3; low LSRP)

"Coercion = The female was forced and not talked into having intercourse therefore there was no coercion in this scenario" (P 139, M, S1, Q3; high LSRP)

This is supportive of findings outlining the difference in perception between the two psychopathic trait groups in scenario 1. Findings further went in line with regression results that indicated that high acceptance of sexual aggression predicted low perception of coercion in scenario 3.

"I think there was only slight coercion as there may have been a misunderstanding (P 6, F, S3, Q3; high AMMSA score)

Furthermore, MANOVA findings indicated that there were significant differences in coercion ratings between males and females in scenario 2.

"He did not have to coerce her as she was drunk and passed out" (P 111, M, S2, Q3).

"Definitely coercive because she could not defend herself and did not have the opportunity to give consent in the first place."(P 147, F, S2, Q3).

It can be summarised that TA could support quantitative regression and MANOVA findings regarding perception of coercion and the key factor 'communication' was prevalent throughout participant responses.

iv)   *Consent*

Regarding perception of consent, psychopathy predicted high consent ratings across scenarios 1, 2 and 3, whereas high acceptance of sexual aggression was correlated with high consent ratings for scenario 3, and an aggressive personality with high consent for scenario 1. Participants were asked to outline factors they perceived to have influenced the capability to give consent. Going in line with findings in the perception of aggression, the key factor in rating consent appeared to be responsibility. While most participants identified factors that implied that no consent was given, those with psychopathic traits and high acceptance of sexual aggression attributed the blame of non-consent to the victim in all three scenarios

"She may have felt partially responsible because she participated in and enjoyed the foreplay. She may have been too embarrassed to be more verbally or physically aggressive" (P 168, S1, Q1; high LSRP; high BGA; high AMMSA)

"If Lisa avoided to go this far they could have stopped at a point where both consent." (P 15, F, S2, Q1; high LSRP; high AMMSA)

"The fact that she left the club with him and walked into a hotel with him, and continued to engage in the hotel bedroom enjoying more alcohol that he provided. She also has not definitely rejected him, she stiffened which indicates she felt uncomfortable" (P 11, F, S3, Q3; high LSRP; high AMMSA),

whereas participants with low psychopathy scores and low acceptance of sexual aggression were more likely to attribute responsibility of non-consent to the perpetrator

"Tom's sense that he deserved to have sex without respecting Lisa's wishes, his lack of concern for her well-being." (P 106, F, S1, Q1; low LSRP; low AMMSA).

"Yes, Sue's being drunk impaired her ability to explicitly give consent. However, not being able to give consent is the same as not giving consent." (P 104, F, S2, Q1; low LSRP, low AMMSA)

"He could've taken her bodies stiffness as a sign and the amount of alcohol she had (which he clearly noticed when taking her home)." (P 156, F, S3, Q1; low LSRP; low AMMSA)

These findings supported quantitative results, indicating that participants with psychopathic traits and high acceptance of sexual aggression were more likely to perceive a higher level of consent in rape scenarios. It can be interpreted that responsibility may be a factor that contributes to these perceptions and consequently had an impact on ratings. Consent was rated higher when participants attributed blame to the victim; this could be linked to participants with psychopathic traits and high acceptance of sexual aggression. Lower ratings could be related to perpetrator-blame and was more prevalent in participants with low scores on these scales.

II.   Stereotypes

During the coding process, it was noticed that patterns in participants' responses included various stereotypes. The most prevalent stereotypes revolved around common rape myths that have been outlined previously. Furthermore, patterns indicated existence of gender stereotypes. Rape myths and gender stereotypes were analysed in the following subordinate-themes and linked to participants' characteristics. This theme was relevant to the second research question.

i)   *Rape myths*

a. 'Women who drink or take drugs are asking to be raped'

The first rape myth was most prevalent in responses for scenario 3. While several participants stated alcohol was influencing the outcome of the situation, there was a difference in how these responses could be interpreted. Some participants plainly stated that alcohol was a factor that disabled the victim's capability to give consent

"Because she has had a lot of alcohol, her ability to make decisions and give consent is severely compromised." (P 137, F, S3, Q1; low on all three scales).

Responses like this were mainly given by participants who scored low on the psychopathy and acceptance of sexual aggression scales, whereas perceptions of participants with high scores were more likely to be congruent with the rape myth that "intoxicated women 'ask to be raped'"

"When she had sobered up at the hotel there was the option to carry on drinking or say no at that point" (P 6, F, S3 Q3; high all three scales).

This indicated that participants with psychopathic traits and high acceptance of sexual aggression were more likely to accept this rape myth. Attribution of blame may have been used to justify use of the rape myth.

      b. 'Women cannot rape'

This rape myth came apparent when participants were asked to imagine the rape scenarios with gender roles reversed. Patterns were prevalent for all three rape scenarios. Responses showed that participants with high acceptance for sexual aggression and aggressive traits were most likely to accept that 'women cannot rape'

"It is out of the norm for a lady to drag a man to her hotel room without his consent. Women are usually afraid to let any men unknown to them into their life" (P 16, M, S3, Q2; high AMMSA),

"I think it's highly unlikely a woman would rape a man in this manner" (P 104, F, S3, Q2; high BGA),

Participants with low scores were more likely to perceive the scenario similar to the version without reversed gender roles

"The technical issue of consent would not have been different. If someone asked their partner to stop and that they were not ready to go all the way and their partner persisted then they engaged in non-consensual sexual activity." (P 128, F, S1, Q2; low on all three scales),

This indicated that there were differences in perception of gender roles, as well as the acceptance regarding gender-related sexual behaviour between participants with different personality characteristics, hinting towards the acceptance of gender-related stereotypical social norms and rape myths.

      c. 'You cannot be raped by your husband or boyfriend'

This rape myth related to scenario 1, which was portraying a date-rape and the pattern was noticeable when asking for factors that could have influenced consent. Particularly noticeable was that participant with high acceptance of sexual aggression were most likely to accept this rape myth

"The factor would be the relation itself because it was said in the first line that they were dating for a long time, maybe due to which she was able to tell him that she is not ready yet" (P 132, M, S1, Q1; high AMMSA),

whereas participants with low scores persisted that consent needs to be obtained at any time

"No, she had not consumed any alcohol, she was in a fit state to give consent and she clearly stated no to Tom, therefore there could have not possibly been any miscommunication here" (P 4, F, S1, Q1; low on all three scores).

      d. 'Women 'ask for it' by their dress or actions'

This rape myth was most prevalent in scenario 3. Patterns were noticed in responses regarding capability of consent. It was perceived that participants with low scale scores were more likely to describe the situation factually, without accepting the rape myth that the woman 'asked for it', or attributing responsibility to the victim

"She was too drunk and as a result of this was unconscious therefore she was unable to give consent" (P 4, F, S3, Q1; low on all three scales).

Participants with psychopathic and aggressive traits, as well as high acceptance of sexual aggression were most likely to attribute responsibility to the victim by emphasising on victim action

 "The fact that she left the club with him and walked into a hotel with him, and continued to engage in the hotel bedroom enjoying more alcohol that he provided. She also has not definitely rejected him, she stiffened which indicates she felt uncomfortable" (P 11, F, S3, Q1; high LSRP; high BGA)

"She also willingly follows him in the taxi and to the hotel and lets him take the lead, which may lead to him believe he is dominant and she will willingly commit to intercourse" (P 15, F, S3, Q1; high LSRP, high AMMSA),

as well as emphasising victim dress code

"Drinking alcohol, possibly taking drugs. The girl was dressed in a sexy outfit and was out to have a fun night out drinking and dancing" (P 119, F, S3, Q1; high LSRP, high AMMSA).

These findings indicated that there might be a link between individuals' personality characteristics, and the willingness of accepting rape myths and readiness to attribute responsibility. TA further supported quantitative findings, such as the relationship between psychopathy and acceptance of sexual aggression, and psychopathy and aggression.

    ii)   *Gender*

As mentioned, several stereotypes were noticed in responses regarding gender roles. Besides stereotypical physical factors *("the girl might not have the physical power to "handle" him the way he handled her"; P 138, F, S2, Q2)*, including biological physical factors *"Intercourse may not have been possible because a man that intoxicated would likely not achieve erection" (P 120, F, S1, Q2),* as well as psychological and emotional aspects ("*Lisa would have respected Tom's desire to stop as women have more empathy"; P 113, F, S1, Q2)*, the specific subordinate-theme that was most prevalent

for all scenarios revolved around 'social norms'. This included scenario 4, which portrayed a consensual situation between a man and woman.

    a. Social norms

Social norms are considered perceptions and expectations that society holds regarding actions and reactions 'appropriate' for males and females (McLeod, 2008). Participants made stereotypical assumptions about gender roles in the relationship between the two protagonists

"They are in a relationship that sounds patriarchal, woman cooked dinner […] Sense that it's a typical heterosexual relationship enforced by society. Gives me a creepy feeling of force assumed by man and assumed submission by woman if issue pressed" (P 106, F, S4, Q1; low on all three scales),

This could possibly suggest a link to sexist perspectives, such as feminism; indicated through the critical perception of the female who was made out to be the submissive gender. Furthermore, responses portraying female victims illustrated stereotypical views that were closely interlinked with rape myths, particularly 'women cannot rape'. It can be interpreted that social norms related to both genders could be a contributing factor in the acceptance of this rape myth.

"My suspicion is also that a woman wouldn't be as inclined to take advantage of her power in the reverse scenario, due to social norms of acceptable behaviour for one's gender." (P 113, F, S2, Q2; no score details)

Moreover, participants' statements included stereotypical views on male sexual behaviour when portraying male perpetrators. It was found that specifically participants with psychopathic and aggressive traits, and high acceptance for sexual aggression used stereotypical images to portray the perpetrator.

"It would be seen as more embarrassing for a man to be raped by a girl" (P 184, M, S2, Q2; high LSRP; high AMMSA)

"It is expected of men to want sex and seen as unmasculine to turn it down." (P 104, F, S1, Q2; high BGA)

Findings indicated that both, participants with high and low scores on each scale held stereotypical views of gender-related social norms, and specifically regarding sexual behaviour. However, it appears that those with high scores were more likely to use these to justify the acceptance of rape myths.

Discussion

The aim of the study was to gain a broader understanding of common and stereotypical perceptions of rape and in how far individual characteristics, particularly psychopathic and aggressive traits, as well as the readiness to accept rape myths and sexual aggression were associated with these perceptions. A mixed-methods approach allowed exploring this area in depth; quantitative analysis investigated the intensity and differences of perception of aggression, violence, coercion and consent

in rape scenarios with different foci, considering participant characteristics and gender, while qualitative TA was used to support quantitative findings, moreover, interpretations further allowed to make assumptions on possible reasons or contributing aspects behind perceptions of rape and the characteristics that were associated with the respecting participants.

Hypothesis 1 supported findings of Harris and colleagues (2007) that proposed that psychopathy was one of the main factors involved in sexual violence, aggression and coercion; findings suggested that psychopathy predicted low perception of aggression and violence, as well as high perception of consent in rape. However, perceptions varied in rape scenarios with different foci. While psychopathy predicted aggression for date- and acquaintance-rape, violence was predicted for date-rape only; high perceptions of consent could be predicted by psychopathy in all given scenarios. This went in line with Harris and colleagues (2012) who suggested that psychopathic individuals were more likely to pick up consensual cues in rape situations. Furthermore, regression results showed that high acceptance of modern myths and sexual aggression predicted low perception of coercive behaviour, supporting Greendlinger and Byrne (1987) who found associations between coercive sexual behaviour, aggressive tendencies and rape myth acceptance. While aggressive traits alone did not predict any of the outcomes, a positive correlation indicated that individuals with aggressive traits tended to perceive low levels of aggression in acquaintance-rape. Furthermore a positive correlation between aggressive behaviour and psychopathy was found, as well as a positive correlation between acceptance of myths and sexual aggression. This could indicate that these may be common traits in psychopathy, and that the existence of a combination of these traits may be contributing to the perception of rape, and moreover could be seen as risk factors for sexually coercive and aggressive behaviour, as proposed by Lalumiére and Quinsey (1995).

Based on script theory (Schank& Abelson, 1977), it was expected that participants were aware of scripts, more specifically common sexual schemas (Gagnon, 1990) that organised knowledge, understanding and attitudes about rape, as all participants had previously been exposed to topics involving sexual violence. Particularly two of the three sexual scripts identified by Mitchell and colleagues (2011) were found in participants' responses; the biomedical script that focused on genital function and physical release was present in responses for all three rape scenarios, mainly by identifying that erections are unlikely in highly intoxicated males, whereas the relational script that emphasises on emotional security and intimacy was mostly present in responses relating to the date-rape scenario. Highlighted were particularly those aspects that violated emotional security. It can therefore be concluded that individuals not only hold mental frameworks of sexual activities, but also of sexual misconduct, including rape. However, some of these scripts entailed false beliefs about rape; so-called rape myths. Regarding research question 1, it could be confirmed that participants' responses did mirror perceptions found in regression results for all scenarios and levels with the exception of scenario 2. Interpretation of participants' responses showed patterns of blame attribution, which is common in rape myths (Brown& Testa, 2008). The present study found that particularly participants with psychopathic traits were more likely to attribute blame to the victim. As lack of empathy can be associated with victim-blame (Brown& Testa, 2008), as well as psychopathy (Pitchford, 2001), findings supported Fernandez and Marshall (2003)

who suggested that psychopaths are more likely to attribute blame to rape victims rather than the perpetrator. As aggressive behaviour and acceptance of myths and sexual aggression were positively correlated with psychopathy, it is possible that individuals with these traits may also have less empathy; thus, explaining victim-blame in participants with these characteristics. TA further allowed to gain an understanding of what factors influenced participants' perceptions. Valliant and colleagues (2000) found that rapists with increased psychopathy scores scored higher on moral reasoning measures. This implied that these individuals were capable of understanding moral issues, yet chose to ignore them based on personality characteristics. Thus, it can be assumed that individuals could correctly identify factors that contributed to the rape situation, yet perceived them as less intensive as compared to participants without psychopathic traits; this could account for differences in participant ratings but similarities in responses for scenario 2. It was found that certain terms, such as 'sexual aggression' and 'sexual violence' were used interchangeably, supporting DeGue and DiLillo's (2005) findings. Therefore, it may be advisable to include thorough definitions of these terms in rape prevention programmes to ensure everyone understands them the same.

In terms of differences in perception of rape, Mullin and Linz (1995) suggested that repeated exposure to sexually violent contents lead to emotional desensitisation, resulting in low perception of aggression and violence, measured in ratings. As the present study required all participants to have previously been exposed to sexually violent material, it is possible that desensitisation could have contributed to lower perception. This could also explain non-significant MANOVA findings in hypothesis 2. While regression analysis used the actual scale scores to find predicting characteristics, MANOVA used a median split to distinguish between high and low scoring participant groups. Therefore, differences in ratings of participants that were near the median in high and low groups could have been too similar, which could have lead to non-significant results. While aggression, violence and consent ratings were perceived differently within each scenario, coercion was rated the same. However, findings did indicate gender differences in the perception of sexual coercion in the acquaintance-rape scenario, which went in line with Rotundo, Nguyen and Sackett (2001) who found that females were more likely to perceive a situation sexually coercive than males, particularly in acquaintance-rape situations (Rickert, Wiemann& Vaughan, 2005).

Hypothesis 3 tested for differences in ratings before and after being asked to think about rape situations in depth, and particularly about levels of aggression, violence, coercion and consent. With the exception of violence in scenario 2 and consent in scenario 3, re-ratings showed no change in ratings. It can be concluded that participants perceived scenario 2 significantly more violent and scenario 3 less consensual after having considered factors that influenced the situation. As all participants had previously been involved with topics of sexual violence due to their profession, personal or study interest, it is possible that they have a set image and attitude about rape. This supports Rosen and colleagues (2003) who proposed that scripts are subject to frequency-effects, indicating that existence of mental scripts increase predictability of events and actions; in this case the predictability of ratings. However, it could also be possible that the time span between ratings and re-ratings was not long enough, and participants remembered previous ratings.

The second research question was concerned with common stereotypes that were associated with rape and gender and was investigating rape myths and the acceptance thereof, as these are widely spread in the general public (Gerger et al., 2007). As outlined, responses gave insight to the acceptance of rape myths and findings showed that they were predominantly accepted by participants who scored highly on the scale measuring this trait, but also by participants with psychopathic and aggressive behaviour. Mostly, participants used rape myths to justify why they perceive the victim to be responsible for the outcome of the situation. The main factors used for these justifications included alcohol consumption, victim clothing and victim behaviour, which went in line with Wenger and Bornstein (2006) who suggested that intoxicated females were considered less credible. Even though scenarios 1 and 3 had different foci, one a date-rape, one a celebrity-rape, participants emphasised on suggestive victim behaviour, which could have been interpreted as sexual intent by the perpetrator, and thus justified the attribution of rape responsibility to the victim; this supported Maurer and Robinson's (2007) findings. It further indicated that victim-perpetrator relationships had no influence on rape myth acceptance, as one victim was in a relationship with the perpetrator, whereas the other victim hardly knew him. Particularly the myth that 'women cannot rape' showed differences in perceptions of participants with different characteristics. Rose and Frieze (1993) stated that stereotypical perceptions of romantic actions portrayed males in a proactive role, while females were considered to be passive. When asked to reverse gender roles, participants with low acceptance of rape myths and sexual aggression appeared to see no difference, while those with high acceptance were more likely to accept this myth, further supporting Greendlinger and Byrne (1987). Moreover, these findings suggested that participants with high acceptance, psychopathic and aggressive traits agreed with Muehlenhard's (1988) view that '"nice women" don't say yes and "real men" don't say no'. This indicated that individuals with these traits may not only hold different views on behaviour related to sexual misconduct, such as rape, but possibly also about gender-related social norms linked to consensual sexual behaviour.

While the present research did not facilitate instruments measuring sexism, future research may incorporate such measures to further investigate in how far sexist views influence perception of rape and acceptance of rape myths, as an interpretation let assume that some participants may hold sexist views, such as feminism. It was interpreted that individuals holding such views were more likely to accept rape myths and use these as justification for the outcome. This could also contribute to insights of Hall and Canterberry (2011), who proposed that highly sexist individuals were more likely to accept aggressive mating strategies. Furthermore, future studies could incorporate the entire qualitative data set, as the amount and variety of the data was too broad to consider all aspects within the scope of this project. This would allow a more in-depth analysis of sexist views, possible association with participant characteristics and stereotypical gender roles in sexual behaviour and rape situations. Thus, findings could contribute to further research for rape prevention programmes

The use of a mixed-methods approach incorporating both quantitative and qualitative methods can be viewed as a strength of this project, as it allowed an in-depth exploration of perceptions of rape and the characteristics associated with these perceptions, and a follow-up investigation into what aspects contributed to these perceptions that supported quantitative findings. Furthermore, TA allowed the researcher to investigate anticipated areas that have been based on previous

research in more detail. While expected patterns could be found, TA also revealed some unexpected aspects, such as specific views of sexism, which could build a basis for future research.

While the requirement for participants to either be a member of the Sexual Violence Research Initiative or a student of the Psychology (Criminal Behaviour) pathway minimised the risk of distress for participants, a wider sample may have allowed for greater variety in participant responses and to compare between participants with and without previous exposure to sexually violent material or interest therein. As there was no given or advised cut-off for either one of the three scores incorporated in this study, a median-split was performed to distinguish between high and low scoring participants. Thus, if this study were to be replicated there may be differences in how participants will be grouped, which can be regarded as a limitation.

Conclusion

In conclusion, the primary aim of the study was to investigate stereotypical perceptions of rape and gain a broader understanding in how far individual characteristics, such as psychopathy, aggression and acceptance of rape myths and sexual aggression predicted perceptions of aggression, violence, coercion and consent in a give rape scenario. A mixed-methods approach, including quantitative regression and MANOVA and qualitative Thematic Analysis allowed an in-depth analysis and findings could supplement each other. Quantitative findings indicated that particularly psychopathy was a predictor for low perception of aggression, violence and coercion, and high perception of consent, while aggressive behaviour alone did not predict perception at all. Acceptance of myths and sexual aggression predicted coercion. However, it has to be emphasised that predictions varied for scenarios with different foci. TA supported quantitative findings, indicating that individuals with certain personality characteristics perceived rape differently, which was expressed by attributing rape responsibility to the victim, and using rape myths and gender stereotypes to justify this. When responses were similar between individuals with different characteristics, but ratings still varied, it was assumed that while factors could be identified, the intensity thereof varied. This was linked to moral reasoning in psychopathy, as individuals are capable of understanding moral issues, but disregard them due to their characteristics. Altogether, this study included implications for future research in sexism linked to perception of sexual behaviour, including consensual sex, as well as rape. It can be summarised that this study highlighted main factors that predict perception of rape and their underlying constructs.

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