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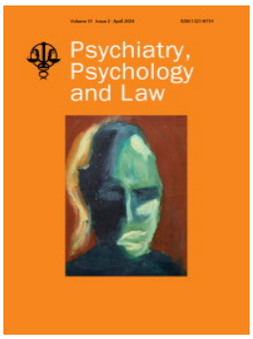

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# Investigating the role of psychopathic personality traits, gender and ethnicity in rape myth acceptance

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Research has found widespread endorsement of rape mythology, with several psychosocial variables underpinning beliefs in rape myths, including psychopathic personality traits. However, findings on the relationship between psychopathy and rape myths are often contradictory. The current study examined the role of four psychopathic personality traits (Affective Responsiveness, Cognitive Responsiveness, Interpersonal Manipulation and Egocentricity) on Rape Myth Acceptance (RMA) scores, controlling for the effects of gender and ethnicity while making use of subtle, contemporary measurement tools never previously employed. A cross-sectional community sample ($N = 228$) were recruited online to complete the psychosocial survey. Results revealed that deficits in Affective and Cognitive Responsiveness were associated with increased rape myth beliefs. Gender and ethnicity were also significant predictors of RMA. Cognitive Responsiveness, though not Affective Responsiveness, continued to be a significant predictor of RMA after controlling for gender and ethnicity. The role of empathy traits in the aetiology of sexually aggressive attitudes are discussed.

**Keywords:** Affective and cognitive responsiveness; empathy; psychopathic personality traits; psychopathy; rape myth acceptance.

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## 1. Introduction

Sexual violence is an offence that continues to be of widespread concern, with 618,000 women and 155,000 men sexually victimised in England and Wales each year alone (Office of National Statistics, ONS, 2021). Globally, World Health Organization (WHO, 2013) estimates indicate that the scale of the problem is likely to be substantively worse, yet exact prevalence is difficult to ascertain due to high rates of underreporting (see Stewart et al., 2023). Victim-survivors' reasons for not reporting (Widanaralalage et al., 2022) and case attrition linked to police investigative responses (Murphy et al., 2022; Richardson et al., 2019), prosecutor decision making (Zvi & Shechory-Bitton, 2022) and jury acquittals (Ellison & Munro, 2013; Stevens et al., 2023) are all explained in part by wide-ranging myths and misconceptions that surround sexual violence. Such misconceptions, termed *rape myths*, can be broadly defined as: *widely*

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*believed falsehoods that surround the offence of rape, and which predefine what rape victims and perpetrators are presumed to say and do before, during and after a sexual offence has occurred*. Common examples, as summarised by Willmott et al. (2021) include, belief that 'real rape' is perpetrated by a stranger rather than somebody that the victim knows, and involves some form of physical violence and/or resistance, after which victims immediately report their assault to the police. Other rape falsehoods include: that women *often* make false allegations of rape to the police (Hudspith et al., 2023), that rape by an intimate partner is *less serious and traumatic* than stranger rape (Lilley, Willmott, Mojtahedi, 2023), that some women either want to be raped (Sowersby et al., 2022) or *are to blame* when it happens (Smith et al., 2022), and that only gay men experience rape (Willmott & Widanaralalage, 2024); 'real men' cannot, as they are able to fight off would-be attackers (Weare & Willmott, 2024; Widanaralalage et al., 2022). These myths are often culturally embedded and prevalent both within and between distinct groups, communities and societies (Debowska et al., 2018; Duff & Tostevin, 2015; Ward, 1995). The problematic nature of rape myth acceptance (RMA; i.e. the measurable extent to which such beliefs and falsehoods are endorsed across wide-ranging situations) becomes apparent in recognising that increased endorsement of such myths underpins a proclivity for engaging in sexual violence (Escarguel et al., 2023; Johnson & Beech, 2017; Yapp & Quayle, 2018), prescribes the circumstances where rape is considered to be genuine (Lilley, Willmott, Mojtahedi, et al., 2023) and impacts upon rape trial justice due to the prejudicial influence of stereotypes among jurors (Parsons & Mojtahedi, 2022; Willmott et al., 2018). As Leverick (2020) indicates, 'the vast majority – if not all – beliefs that are described as rape myths are false if they are expressed as general statements applicable to all rape cases, even if they might be true in a smaller sub-set of cases' (p. 257).

### *1.1. Rape myth acceptance, gender and ethnicity*

Numerous studies have examined the role of gender in RMA. Although there are instances where females display heightened RMA, most research indicates that men are most likely to subscribe to wide-ranging rape myths and exhibit more problematic rape supportive beliefs overall. Indeed, heightened RMA among men is associated with increased self-reported rape proclivity and sexual coercion (Yapp & Quayle, 2018). Lonsway and Fitzgerald (1995) found that male hostility towards women significantly predicted rape-supportive attitudes. A plethora of studies consistently indicate heightened RMA among men, whose endorsement of rape mythology seemingly serves to justify and undermine the severity of male sexual aggression. Alternatively, research examining the importance of ethnicity in RMA is less consistent. Whilst some studies indicate increased RMA among Caucasian participants when compared to Black, Asian and other Minority Ethnic (BAME) participants (Stephens et al., 2016), others found that BAME participants were more likely to express problematic attitudes towards sexual violence than their Caucasian counterparts in UK (R. Blair, 2013), Canadian (Kennedy & Gorzalka, 2002) and US contexts (Mori et al., 1995). While it is evident that gender and ethnicity are factors associated with RMA, the need to further elucidate the unique contribution of such demographics remains.

### *1.2. Psychopathy: conceptualisation and measurement*

Characterised as a disorder of affective, interpersonal and behavioural traits, psychopathy was first conceptualised by Cleckley (1941) as comprising 16 traits, including callousness, egocentricity, interpersonal manipulation and a lack of remorse or guilt. This early conceptualisation has persevered and serves as the

foundation for one of the most widely known clinical assessment tools designed to capture such personality: the Psychopathy Checklist–Revised (PCL–R; Hare, 2003), which includes antisocial behaviour (ASB) as an integral feature of psychopathy. Although the PCL–R was once considered the gold-standard measure of psychopathy, today there is much debate surrounding the factorial structure of psychopathy. Researchers have indicated that ASB may indeed be a behavioural manifestation or outcome of psychopathy rather than core trait component (Boduszek & Debowska, 2016; Skeem & Cooke, 2010). In fact, two of the 20 items of the PCL–R (promiscuous sexual behaviour and multiple short-term relationships) do not load onto any of the factors of the PCL–R or contribute toward the factorial analysis (Boduszek & Debowska, 2016). An alternative recent measure of psychopathy, the Psychopathic Personality Traits Scale (PPTS; Boduszek et al., 2016), sought to address these concerns and excluded items assessing ASB. The PPTS measures traits that reflect Cleckley's (1941) original conceptualisation of psychopathy (affective responsiveness, cognitive responsiveness, interpersonal manipulation and egocentricity) and can be applied in non-clinical research settings among both forensic and non-forensic populations (Boduszek, Debowska, Sherretts, et al., 2018; Boduszek, Debowska, & Willmott, 2018; Boduszek et al., 2022). This is advantageous given the need to further elucidate the role of psychopathic personality in RMA beyond prison populations. *Affective Responsiveness* is characterised by a lack of empathy and emotional shallowness, whereas *Cognitive Responsiveness* assesses one's ability to mentally represent another person's emotional processes and engage with others emotionally at a cognitive level. *Interpersonal Manipulation* captures superficial charm, grandiosity and deceitfulness, whilst *Egocentricity* measures an individual's tendency to focus on one's own interests, beliefs and attitudes.

### *1.3. Psychopathy, sexual offending and rape myths*

The association between psychopathy, rape myth beliefs and sexual offending features prominently in past research, with affective deficits, interpersonal traits and rape (myth) cognitions frequently associated with an increased likelihood of perpetrating sexual violence (Hoffmann & Verona, 2019; Johnson & Beech, 2017). With some studies finding a link between those who experience sexual abuse in childhood and the emergence of psychopathy features (Boduszek et al., 2019), the cycle of abuse hypothesis may provide some insight into understanding this apparent psychopathy development (Plummer & Cossins, 2018). That said, it is important to recognise the limits of this explanation given that the majority of those that are sexually abused are female, and most offenders of sexual violence are male. In fact, most victims of sexual abuse (irrespective of gender), as well as those that score high in rape myth endorsement, will never perpetrate a sexual offence.

Whilst research indicates that psychopathic personality may explain some sexual offending, evidence suggests that the cognitive distortions that underpin such criminality may in fact mediate the link between psychopathy and sexual violence perpetration. Mouilso and Calhoun (2013) found that heightened scores in psychopathic traits (including arrogance, dominance and a lack of empathy) were directly associated with the belief that 'women secretly want to be raped'. Likewise, Debowska et al. (2015) found that callous affect was related with readiness to accept rape mythology in both prison and community populations in Poland. That said, the importance of interpersonal traits as indicated within the Mouilso and Calhoun (2013) study was not supported by Debowska et al. (2015), something that the authors attribute to Mouilso and Calhoun's failure to control for covariates in their study. Further evidencing the importance of affective trials, Watts et al. (2017) found that callous affect and a lack of empathy

were direct predictors of RMA among the student population tested. Watts and colleagues also found antagonism to be a significant correlate of rape mythology despite prior studies finding mixed evidence surrounding the importance of interpersonal traits. Further confusing evidence of any direct association, recent studies among student populations contradicted some of the findings outlined above. Unlike Debowska et al. (2015), Cooke et al. (2022) and Ioannides and Willmott (2023) found egocentricity to be an important predictor of RMA after controlling for gender, and, overall, the Bouffard and Miller (2022) study failed to replicate the Mouilso and Calhoun (2013) study's findings. DeLisle et al. (2019) found that both affective and interpersonal facets of psychopathy were related to RMA scores in a small sample of active military personal. These findings accord with those obtained by Methot-Jones et al. (2019) who observed that the same psychopathy features were predictive of sexist and violent supportive attitudes towards women more generally. Despite variability across the literature, most evidence indicates the importance of affective and/or interpersonal traits in RMA. Yet without an agreed consensus, further research is clearly warranted to help better understand the basis of such an association and prominence of facets such as egocentricity.

### *1.4. Current study*

The small number of existing studies examining the link between psychopathy and rape myth beliefs have generated mixed and contradictory findings. Furthermore, measures of both psychopathy and RMA adopted in previous research are limited in terms of contemporary relevance, subtlety and use. Rape myth scales used in prior explorations have typically made use of early rape myth inventories, including dated and overt rape myth statements. Drawing on Schlegel and Courtois's (2019) critical review of the robustness of existing RMA measurement tools, Gerger et al.'s (2007) psychometrically robust and theoretically informed, comprehensive and subtle Acceptance of Modern Myths About Sexual Aggression (AMMSA) scale will be adopted in assessing RMA. Psychopathy tools adopted in past research have also varied widely, with several studies making use of inventories designed for clinical and diagnostic settings. Therefore, the current study aims to make use of the Psychopathic Personality Trait Scale (Boduszek et al., 2016, 2022; Boduszek, Debowska, Sherretts, et al., 2018) and Acceptance of Modern Myths About Sexual Aggression scale (Gerger et al., 2007) to further investigate the link between psychopathy and sexually aggressive attitudes whilst controlling for gender and ethnicity, given the importance of such characteristics in previous research.

## 2. Method

### *2.1. Participants*

A total of 228 participants completed the survey in full, recruited through opportunity self-selecting sampling procedures. The survey link was advertised online via social media sites (including Twitter, Facebook and Linkedin) to anonymised members of the public. Participants ranged in age from 18 to 61 years ($M = 24.80$, $SD = 6.94$). In total, 171 (75.0%) participants self-identified as female, and 57 (25.0%) as male. Ethnicity included 152 (66.7%) Caucasian participants and 76 (33.3%) that identified as being part of a Black ($n = 54$), South Asian ($n = 13$) or alternative Minority Ethnic (BAME) group ($n = 9$). Concerning education, 94 (41.2%) self-reported their highest qualification as below a university bachelor's degree, whilst 134 (58.8%) participants held a university degree or above.

### *2.2. Measures*

Acceptance of Modern Myths About Sexual Aggression (AMMSA; Gerger et al., 2007) assesses the acceptance of subtle contemporary myths regarding sexual aggression and

rape, measuring the extent to which individuals justify or deny sexually aggressive behaviour (e.g. Item 9 '*If a woman invites a man to her home for a cup of coffee after a night out, this means that she wants to have sex*', and Item 26 '*Alcohol is often the culprit when a man rapes a woman*'). The self-report scale utilises a 7-point Likert scale across 30 items (1 = 'completely disagree' to 7 = 'completely agree'). Unidimensional cumulative scores range from 30 to 210, with higher scores indicating greater acceptance of myths surrounding sexual aggression (Cronbach's $\alpha = .92$).

The *Psychopathic Personality Traits Scale–Revised (PPTS–R;* Boduszek et al., 2022*)* is a self-report 28-item measure designed to assess psychopathic traits in both forensic and non-forensic populations. The measure is an updated and extended version of the original PPTS previously developed by Boduszek et al. (2016; Boduszek, Debowska, Sherretts, et al., 2018) where items have been constructed to assess knowledge/skills or attitudes/beliefs as opposed to behaviours. The PPTS–R consists of four sub-scales, each containing seven items: *Affective Responsiveness* (AR; where higher scores indicate greater deficits in AR); *Cognitive Responsiveness* (CR; higher scores indicate greater deficits in CR); *Interpersonal Manipulation* (IPM; higher scores indicate an increased ability to manipulate others); *Egocentricity* (EGO; higher scores indicate increased egocentricity). All responses are indexed using a 5-point Likert scale (*strongly disagree* = 1 to *strongly agree* = 5). Sub-scale scores range from 7 to 35, with higher scores indicating increased levels of each psychopathic trait. Items 10 and 22 are reverse scored (Cronbach's $\alpha$: AR = .86, CR = .76, IPM = .84, EGO = .69.)

*Demographics*

Demographic information was recorded and later categorised using self-reported open-ended responses to questions asked (e.g. 'How old are you in years?', 'How would you describe your gender?', 'How would you describe your ethnicity?'). Based on the responses given, age was recorded as a continuous variable, with gender and ethnicity binary coded as (1) male, (0) female; (1) Caucasian, (0) BAME. Note: as participants were not specifically prompted to report the gender that they were assigned at birth or their gender identity, no distinction is made between biological sex versus gender identity, and the gender variable responses were coded as male or female as these are the responses that participants provided.

### 2.3. Procedure

A cross-sectional survey hosted on the Qualtrics data collection platform was completed by self-selecting participants who clicked on the study link via the social media advertisement. Participants were informed of their rights in accordance with the British Psychological Society (British Psychological Society, 2021) ethical code for human research, affording them anonymity and informing them of their rights to withdraw at any time without providing a reason. Before taking part, participants were provided with an information sheet outlining the nature of the study and were asked to complete a consent form. Contact details of the researchers and free impartial support services were provided at the onset (and end) of the study. Participants subsequently completed the online survey answering questions as indicated in the measures section above, after which they were presented with a study debrief. Prior to experimentation, ethical approval was sought and granted from the School Research Ethics Committee at the host institution.

### 2.4. Analytic procedure

Data analysis was conducted using Version 24 of the Statistical Package for Social Science (SPSS). The initial step of the analytical

procedure consisted of preliminary assumptive testing to ensure the data were suitable for the planned analyses. Preliminary analyses indicated that assumptions of normality, linearity, multicollinearity and homoscedasticity were not violated. Adopting Tabachnick and Fidell's (2014) sample size formula, $N > 50 + (8 \times 6)$, the minimum sample required ($n = 98$) for the planned analysis was satisfied, indicating suitable statistical power in the data. Analyses involved *t* tests being conducted to examine group differences in AMMSA scores between participant demographic groupings. Hierarchical regression analyses were undertaken to examine the importance of psychopathic personality trait variables (AR, CR, IPM, EGO) in Step 1 of the model, and control variables (gender, ethnicity) were added in Step 2.

## 3. Results

Descriptive statistics including the means (*M*) and standard deviations (*SD*) for the four PPTS subscales, AMMSA and age are presented in Table 1.

To examine the group differences in AMMSA scores for categorical demographic variables, *t* tests were conducted and are presented in Table 2. Males ($M = 100.02$, $SD = 27.88$) displayed significantly higher AMMSA scores than females ($M = 82.63$, $SD = 25.63$). For ethnicity, BAME participants displayed significantly higher AMMSA scores ($M = 98.21$, $SD = 23.71$) than Caucasian respondents ($M = 80.93$, $SD = 27.16$). The degree of difference was moderate $t(226) = -4.72$, $p < .001$, $d = 0.68$. The difference between males' and females' AMMSA scores was also moderate, $t(226) = 4.42$, $p < .001$, $d = 0.65$. No statistically significant difference was observed based on level of education.

Table 3 shows that correlations between AMMSA scale scores and AR, CR, IPM, EGO, gender and ethnicity were weak to moderate. Whilst moderately correlated, the strongest associations observed were between AMMSA and CR ($r = .34$, $p < .001$), AR ($r = .33$, $p < .001$), ethnicity ($r = .30$, $p < .001$) and gender ($r = .28$, $p < .001$).

A hierarchical multiple regression analysis was performed to investigate the role of psychopathic personality traits (AR, CR, IPM, EGO) on AMMSA scores, controlling for gender and ethnicity. The four dimensions of the PPTS were included in Step 1, with gender and ethnicity added in Step 2 (Table 4).

Model 1 was statistically significant $F(4, 223) = 9.27$, $p < .001$, accounting for 12.7% of the variance in AMMSA scores. Of the four psychopathy predictor variables in Model 1, AR and CR made unique significant contributions. This indicates that participants displaying greater deficits in affective and cognitive responsiveness (empathy traits) exhibited higher AMMSA scores.

After including ethnicity and gender at Step 2, total variance explained by the six predictor variable increased to 21.8% and was statistically significant, $F(6, 221) = 11.53$, $p < .001$. Inclusion of gender and ethnicity at

Table 1. Descriptive statistics for all continuous variables.

| Variables | *M* | *SD* | Range | Minimum | Maximum |
|---|---|---|---|---|---|
| AR | 11.81 | 3.99 | 23.00 | 7.00 | 30.00 |
| CR | 16.80 | 2.64 | 17.00 | 10.00 | 27.00 |
| IPM | 16.71 | 4.79 | 25.00 | 7.00 | 32.00 |
| EGO | 15.10 | 3.68 | 21.00 | 7.00 | 28.00 |
| AMMSA | 86.69 | 27.26 | 154.00 | 31.00 | 185.00 |
| Age (years) | 24.80 | 6.94 | 43.00 | 18.00 | 61.00 |

Note: AR = affective responsiveness; CR = cognitive responsiveness; IPM = interpersonal manipulation; EGO = egocentricity; AMMSA = Acceptance of Modern Myths About Sexual Aggression.

Table 2. Descriptive statistics of the group differences in AMMSA scores between gender, ethnicity and level of education.

| Scale | Group | *M* | *SD* | *t* | Cohen's *d* |
|---|---|---|---|---|---|
| AMMSA | Males | 100.02 | 27.88 | 4.42*** | 0.65 |
| | Females | 82.63 | 25.63 | | |
| | Caucasian | 80.93 | 27.16 | −4.72*** | 0.68 |
| | BAME | 98.21 | 23.71 | | |
| | Below bachelors | 84.25 | 26.86 | −1.13 | 0.15 |
| | Bachelors and above | 88.40 | 27.51 | | |

Note: AMMSA = Acceptance of Modern Myths about Sexual Aggression; BAME = Black, Asian or Minority Ethnic heritage. Cohen's *d*: 0.2 = small effect size; 0.5 = moderate effect size; 0.8 = large effect size (Cohen, 1998).
***$p < .001$.

Table 3. Correlations between AMMSA, psychopathy traits, gender and ethnicity.

| Variables | AMMSA | AR | CR | IPM | EGO | Gender | Ethnicity |
|---|---|---|---|---|---|---|---|
| AMMSA | — | | | | | | |
| AR | .33*** | — | | | | | |
| CR | .34*** | .56*** | — | | | | |
| IPM | .17* | .51*** | .27*** | — | | | |
| EGO | .24*** | .58*** | .49*** | .61*** | — | | |
| Gender | .28*** | .31*** | .22*** | .15* | .12** | — | |
| Ethnicity | −.30*** | .07 | .12* | .13* | .04 | .11 | — |

Note: AMMSA = Acceptance of Modern Myths about Sexual Aggression; AR = affective responsiveness; CR = cognitive responsiveness; IPM = interpersonal manipulation; EGO = egocentricity.
*$p < .05$. **$p < .005$. ***$p < .001$.

Table 4. Hierarchical multiple regression of associations with AMMSA.

| | *R* | $R^2$ | $R^2_{change}$ | *B* | *SE* | *β* | *T* |
|---|---|---|---|---|---|---|---|
| Step 1 | .38 | .14*** | | | | | |
| AR | | | | 1.37 | −0.59 | .20* | 2.31 |
| CR | | | | 1.63 | −0.61 | .21* | 2.69 |
| IPM | | | | −0.06 | −0.46 | −.01 | −0.12 |
| EGO | | | | 2.30 | −0.65 | .03 | 0.35 |
| Step 2 | .49 | .24*** | .10*** | | | | |
| AR | | | | 0.88 | −0.57 | .13 | 1.54 |
| CR | | | | 1.39 | −0.58 | .18* | 2.41 |
| IPM | | | | 0.38 | −0.45 | .07 | 0.84 |
| EGO | | | | −0.02 | −0.62 | −.00 | −0.03 |
| Gender | | | | 10.41 | 3.90 | .17* | 2.67 |
| Ethnicity | | | | −15.08 | 3.50 | −.26*** | 4.31 |

Note: AMMSA = Acceptance of Modern Myths about Sexual Aggression; AR = affective responsiveness; CR = cognitive responsiveness; IPM = interpersonal manipulation; EGO = egocentricity.
*$p < .05$. ***$p < .001$.

Step 2 accounted for a further 9.1% of variance in the outcome variable, $R^2_{change} = .10$, $F_{change}\ (2, 221) = 13.89, p < .001$. Here, three out of six predictor variables were now statistically significant predictors of AMMSA scores. CR ($\beta = .18, p < .05$) maintained a statistically significant contribution upon AMMSA scores after controlling for the effects of gender and ethnicity. Ethnicity ($\beta = -.26, p < .001$) and gender ($\beta = .17, p < .05$) were also significantly associated with AMMSA scores, indicating that BAME participants and men in the sample exhibited greater endorsement of rape myths than their Caucasian and female counterparts' participants. AR made no unique significant contribution after controlling for gender and ethnicity.

## 4. Discussion

Psychopathy has been identified as an antecedent to sexually-aggressive attitudes and behaviours, with RMA functioning as an important cognitive distortion mediating this relationship (Mouilso & Calhoun, 2013). Findings have been mixed and, at times, contradictory in establishing the relationship between psychopathy and RMA. This might be explained by recognising the challenges in operationalising psychopathy, which lacks an agreed definition (Boduszek & Debowska, 2016; Skeem & Cooke, 2010), and the need for measures that better reflect subtleties and discourse of contemporary rape mythology (Schlegel & Courtois, 2019). As such, the current study sought to advance the literature by addressing these methodological criticisms, using a non-clinical, self-reported measure of psychopathy, the PPTS (Boduszek et al., 2016), and a more contemporary measure of rape myth beliefs in the AMMSA (Gerger et al., 2007), never previously adopted in research assessing the link between psychopathy and rape myth beliefs. The study contributes to the literature by also controlling for the effects of key individual-level factors (gender and ethnicity), previously found to significantly influence RMA (Mori et al., 1995; Yapp & Quayle, 2018).

Of the four psychopathy dimensions examined, affective and cognitive responsiveness were significantly related with RMA. Specifically, deficits in the two empathy traits had a significant positive association with participants' rape myth scores, indicating that a lack of affective and cognitive responsivity was directly related to heightened RMA. Whilst empathy has never previously been explored as a distinct facet in past research, this finding broadly accords with the results of Debowska et al. (2015), Watts et al. (2017) and DeLisle et al. (2019), who also found that affective traits were important determinants of RMA. The finding is also consistent with research that found that deficits in understanding and engaging with others' emotional states relate to sexual coercion and aggression (Blair, 1995; Hoffmann & Verona, 2019). Reduced responsiveness to emotional stimuli is an important aspect of the psychopathic personality as adults with increased psychopathy regarding care-based transgressions (i.e. behaviours that overlook mutual responsiveness and moral actions that affect others) as more morally permissible than non-psychopathic samples (Blair, 2022). As AMMSA items include perpetrators' sexual transgression and moral judgements on victims' actions and thoughts before, during and after sexually violent incidents, the findings emphasise how impaired emotional responsiveness in relating to victims shapes individuals' propensity towards victim-blaming attitudes.

Consistent with previous research (Kennedy & Gorzalka, 2002; Mori et al., 1995; R. Blair, 2013), male and BAME participants expressed more problematic attitudes towards sexual violence than female and Caucasian participants, respectively. Controlling for these demographic factors yielded interesting results, as affective responsiveness (characterised by low empathy and emotional shallowness) was no longer a significant determinant of rape myth

beliefs. It is worth noting, however, that gender, but not ethnicity, was significantly correlated with affective responsiveness in the current sample, which may reflect the role of gender in accounting for variance in participants' emotionality. Moreover, as males have been found to score significantly higher in a lack of affective responsiveness than females (Boduszek, Debowska, Sherretts, et al., 2018), it is possible that gender better explains variance in RMA than participants' AR. Alternatively, adherence to traditional gender role stereotypes have been found to explain significant variance in the effect of psychopathy domains in RMA (Cooke et al., 2022). It may be that individual characteristics mediated the effect of AR in this sample. Further research is needed to fully explore this relationship, particularly as heightened RMA and hostility towards women in men (often a reflection of their adherence to traditional gender roles) predict higher rape proclivity and perpetration (see Yapp & Quayle, 2018).

The lack of evidence of the role of interpersonal manipulation and egocentricity in participants' RMA is consistent with findings of Debowska et al. (2015), but not with the Cooke et al. (2022) study, where egocentricity was found to significantly predict higher RMA. However, in their study, traditional gender role acceptance accounted for substantial amounts of variance. It may be that, as previously stated, the individual-level factors controlled in this study reflected differences not only in affect but also in self-centredness. Furthermore, whilst all subdimensions of psychopathy were significantly correlated with AMMSA, participants' emotional responsiveness in this study accounted for the majority of its variance. This finding emphasises not only the importance of empathy traits in attributions of causality and responsibility, but also the distinctiveness of the four dimensions of psychopathy measured in this study.

Findings of this study should be interpreted in light of some limitations. First, self-reported measures of psychopathy and RMA may affect the validity of the findings due to social desirability response bias present in all self-report research. Second, with most participants indicating a level of education at bachelor's degree or above, and an over-representation of young, female and Caucasian participants, sampling bias may impact upon the broader generalisability of the findings. Future research should seek to recruit more diverse samples adopting systematic and stratified sampling procedures such that age, ethnicity, sex and gender (distinguishing between the two constructs and capturing participants that identify as non-binary) and other demographic variables are more proportionally represented, improving the generalisability of the results. In doing so, any possible interactional effects between demographic variables may also be reliably tested. It is also important to recognise the possible sampling bias that occurs as a consequence of recruitment from social media sites utilised in this study (i.e. Twitter, Facebook, LinkedIn). Given that users of different social media platforms may have particular political orientations, future research should seek to capture and control for any potential confounding influence related to such variation. Future research should also seek to compare community groups to UK prison and offending populations as did Debowska et al. (2015, 2018) in a Polish context. This is particularly important given the role of RMA in rape proclivity and perpetration (see Bouffard & Miller, 2022). Finally, the findings of the study do not distinguish between different gender and ethnic identities. Taking an intersectional approach to the study of sexual violence adds an important dimension to this debate (see Widanaralalage et al., 2022) and would also extend our current understanding of psychopathy and its cognitive distortions.

## 5. Conclusion

The current study extends the literature on the role of psychopathy in individuals' rape myth acceptance by highlighting the importance of

cognitive responsiveness, identified to be a unique feature of psychopathic personality, in distinguishing between affective and cognitive empathy constructs in a manner previous research has not sought to do. Furthermore, given that affective responsiveness was no longer directly associated with rape myth acceptance scores upon controlling for the effects of gender and ethnicity, the need to further examine how a wide range of personality and demographic factors are involved in the aetiology of victim-blaming and sexually aggressive attitudes and beliefs is warranted.

## Ethical standards

### *Declaration of conflicts of interest*

Dominic Willmott has declared no conflicts of interest.
Aklima Rafique has declared no conflicts of interest.
B. Kennath Widanaralalage has declared no conflicts of interest.
Amuda Agneswaran has declared no conflicts of interest.

### *Ethical approval*

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional research committee [University of Huddersfield School Research Ethics Committee, SREC] and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

### *Informed consent*

Informed consent was obtained from all individual participants included in the study.

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