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► **To cite this version:**

Agnès Schlegel, Robert Courtois. Scales for evaluating the acceptance of the rape myth: benefits and limitations. *International Journal of Risk and Recovery*, 2019, 2, 10.15173/ijrr.v2i1.3587. hal-02864133

HAL Id: hal-02864133

<https://hal.science/hal-02864133v1>

Submitted on 19 Jun 2021

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LETTER TO THE EDITOR

Scales for evaluating the acceptance of the rape myth: benefits and limitations

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Dear Editor,

Society's views regarding rape and sexual aggression have significantly evolved in recent years. Rape is now a felony, and the context of marital rape is an aggravating circumstance. Nonetheless, common representations could tend to minimize the perpetrator's responsibility and to excuse their actions. This shows acceptance of a set of attitudes, beliefs and stereotypes that we call the Rape Myth. Acceptance of these representations or of the Rape Myth is widespread, including among those who work in the legal and healthcare fields and among jurors, and may lead to a reduced penal response [1,2]. It also exists among rape victims and may prevent them from reporting the events or being able to reconstruct them precisely [3]. The existence of strong correlations between acceptance of the Myth and a propensity for rape and other coercive sexual behaviour [4-7] underscores the importance of this factor. In this way, the acceptance of the Rape Myth could lead to cognitive distortions that rationalize, minimize or justify the behaviours of sexual offenders [8,9]. Cognitive distortions also serve to protect sexual abusers' image so that they do not feel guilty, blame themselves or consider themselves to be monsters.

In order to study how widely the Rape Myth is accepted and how far-reaching its consequences are, it must first be measured. Today, a number of different scales are in use. Since the concept first ap-

peared in the 1970s, the Myth's definition has evolved, leading to the creation of some thirty scales. We shall present the main ones in the following paragraphs.

The evolution of the scales

An initial scale created by Field in 1978 [10], the "Attitudes Toward Rape Scale" (ATR), includes 32 items yielding eight factors: (i) "Women are responsible for preventing rape"; (ii) "Sex is a motivation for rape"; (iii) "Rape is punished harshly"; (iv) "Victims play a role in precipitating rape"; (v) "Rapists are normal"; (vi) "Power is a motivation for rape"; (vii) "Women's perception after rape is favorable", and finally (viii) "Women's normal attitude during rape is resistance". This scale's constructs and psychometrics were of moderate quality. Costin created a scale derived from the ATR in 1985, the twenty-item "R-Scale" (for "Rape scale") based on three factors: (i) "Women's responsibility in rape"; (ii) "The role of consent" and (iii) "The rapist's motivation" [11]. Criticism of this second scale overlaps with criticism of the original scale – weak psychometric properties and highly cross-correlated factors that reflect a single overarching factor rather than a multidimensional structure [12]. The ATR and R-Scale were nonetheless pioneering tools for research on the Rape Myth.

Rape Myth Acceptance Scale

The first scale to use the Myth terminology was developed by Burt [13]. This was the "Rape Myth Acceptance Scale" (RMAS), made up of 19 items in 6 belief categories and based on research by the feminists of the time: (i) "Nothing happened"; (ii) "No harm was done"; (iii) "She wanted it" or "She liked it"; (iv) "She asked for it"; (v) "Only mentally ill men commit rape" and

(vi) “Men cannot control their sexuality” [13,14]. While it has been widely used ever since, its psychometric and conceptual qualities have been criticized repeatedly because of the wording of the items, their complexity and specificity, and the fact that the last ones, which are assessed as percentages, do not really correspond to beliefs or stereotypes [15]. According to several authors, the RMAS should be seen as a measure of the acceptance of violence against women rather than of the Rape Myth [16,17], as it is structured to take into account three factors: (i) “Denial of rape accusations”; (ii) “Victim’s responsibility” and (iii) “Rape claims seen as manipulation” [18]. Nonetheless, the RMAS does serve to highlight associations with traditional gender role stereotypes, adversarial sexual beliefs and the acceptance of interpersonal violence, even though Burt also designed scales used to assess these concepts, which were criticized from a conceptual point of view [16,19]. Adversarial sexuality beliefs are defined as “(...) the expectation that sexual relationships are fundamentally exploitative, that each party to them is manipulative, sly, cheating, opaque to the other’s understanding, and not to be trusted” [13].

Illinois Rape Myth Acceptance Scale

Payne et al. proposed another acceptance scale in 1999, the “Illinois Rape Myth Acceptance Scale” (IRMAS), in which they attempted to provide a precise, rigorous definition of the structure underlying the Myth, which may be understood both as a unit (a single, overarching factor), or as something multidimensional [19]. They argued that each dimension of the beliefs defining the Myth may have a different function in different people, which may explain in part why the degree of acceptance may vary for an individual. Thus, for women, the fact of telling themselves that rape only happens “to certain types of women” protects them against their own vulnerability and the subsequent anxiety or fear of falling victim to it themselves. The IRMAS is made up of 45 items structured around seven factors: (i) “She asked for it”; (ii) “It wasn’t really rape”; (iii) “He didn’t mean to, that wasn’t his intention”; (iv) “She wanted it”; (v) “She lied”; (vi) “Rape is

a trivial event” and (vii) “Rape is a deviant event” [19]. The independence of these factors has not been clearly demonstrated [12,21]. An abridged 20-item version of the IRMAS has been developed, the “Illinois Rape Myth Acceptance Scale-Short Form”, which assesses the Myth in an comprehensive manner with good psychometric qualities [19].

Acceptance of Modern Myths about Sexual Aggression Scale

Gerger et al. are the authors of the “Acceptance of Modern Myths about Sexual Aggression Scale” (AMMSA) [12]. They developed this scale after observing low acceptance rates of the Rape Myth in studies based on the previous scales, a major disadvantage for its use in rape prevention, where the goal is precisely to reduce rates of acceptance. The authors hypothesized that this “ceiling effect” was not necessarily due to a decrease in prevalence, but rather to two elements: (a) an effect of “social desirability”, since thanks to sexual aggression prevention campaigns, people are more aware of what is socially permissible; (b) the Rape Myth has evolved, and the original scale items are no longer suited to its measurement. To correct for this second aspect, the items were subtly reworded to cover all beliefs linked to the Myth concept. The AMMSA includes 30 items structured into five categories: (i) “Denial of the scope of the problem”; (ii) “Antagonism towards victims’ demands”; (iii) “Lack of support for policies designed to alleviate the effects of sexual violence”; (iv) “Beliefs that male coercion forms a natural part of sexual relationships”, and (v) “Beliefs that exonerate male perpetrators by blaming the victim or the circumstances” [12]. But only one factor accounts for the concept in a holistic way (with Cronbach alpha coefficients of 0.90-0.95, depending on the study). Its psychometric qualities have been demonstrated in its English, German, Greek, and Spanish versions [20,21]. An abridged 11-item version was developed in German and French [22], but its authors have not supplied all the elements required for an assessment of its psychometric qualities and its relevance.

In line with Gerger et al., who claim that the Rape Myth is highly dependent on the cultural context and that scales of measurement should be adjusted for changes in language and subtler myths [12], McMahon and Farmer developed their own 22-item scale [23] derived from the "Illinois Rape Myth Acceptance Scale" (IRMAS) of Payne et al. [19] by modifying those items judged too explicit and rewording all items with more contemporary vocabulary (including using a number of slang expressions). They retained only four of IRMAS' seven subscales: "She asked for it"; "He didn't mean to"; "It wasn't really rape" and "She lied". Its generalizability is limited due to the wording of the items and the fact that it is targeted at students.

We have not mentioned all the scales measuring the Myth of rape (about thirty in total), but only those that are the most widely used or that have inspired others. An example of the scales not included is the Perceived Causes of Rape (PCR) created by Cowan and Quinton [24], which has 30 items covering five factors: (i) "Male dominance"; (ii) "Society and socialization"; (iii) "Female precipitation"; (iv) "Male sexuality, and (v) "Male hostility. However, it was not developed only to investigate the rape myth and it also includes sociocultural representations (Male dominance and Society/socialization).

Conclusion

Acceptance of the Rape Myth has obvious consequences (from a social, individual, and clinical point of view). Despite the recent "Weinstein case" that has encour-

aged many victims of sexual assault to speak out, we seem to see certain forms of "resistance" to social change towards greater equality between men and women and to the denunciation of factors that contribute to violence against women. It is crucial to be able to act on the cognitions or representations that underlie acceptance of the Rape Myth, such as the idea that victims are responsible for what happened to them. This would help improve treatment not only for victims, but also for the perpetrators of sexual violence. The top priority is clearly to help teenagers and young adults recognize their gendered sexual beliefs and give thought to becoming a man or a woman, emotional and sexual relationships and the notions of respect and genuine consent between partners. In this regard, it should be noted that the existence of several scales related to Rape Myth reflects the interest of researchers in the concept and its structure, even if a lack of consensus on its definition may weaken findings in the area. While the use of such tools should take into account the investigated cultural context, the "Acceptance of Modern Myths about Sexual Aggression Scale" (AMMSA) developed by Gerger et al. [12] seems of interest both for its relevance (in particular since it takes into account social desirability) and for its psychometric qualities.

Conflict of interest: none

References

1. Dinos S, Burrowes N, Hammond K, Cunliffe C. A systematic review of juries' assessment of rape victims: Do rape myths impact on juror decision-making? *Int J Law Crime Justice* 2015;43(1):36-49.
2. Eschholz S, Vaughn MS. Police sexual violence and rape myths: Civil liability under Section 1983. *J Crim Justice* 2001;29(5):389-405.
3. Peterson ZD, Muehlenhard CL. Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences. *Sex Roles* 2004;51(3):129-44.
4. Bohner G, Jarvis CI, Eyssel F, Siebler F. The causal impact of rape myth acceptance on men's rape proclivity: Comparing sexually coercive and noncoercive men. *Eur J Soc Psychol* 2005;35(6):819-28.
5. Bohner G, Reinhard MA, Rutz S, Sturm S, Kerschbaum B, Effler D. Rape myths as neutralizing cognitions: Evidence for a causal impact of anti-victim attitudes on men's self-reported likelihood of raping. *Eur J Soc Psychol* 1999;28(2):257-68.

6. Briere J, Malamuth NM. Self-reported likelihood of sexually aggressive behavior: Attitudinal versus sexual explanations. *J Res Pers* 1983;17(3):315-23.
7. Canan SN, Jozkowski KN, Crawford BL. Sexual assault supportive attitudes: Rape myth acceptance and token resistance in Greek and non-Greek college students from two university samples in the United States. *J Interpers Violence* 2016;33(22):3502-30.
8. Abel GG, Becker JV, Cunningham-Rathner J. Complications, consent, and cognitions in sex between children and adults. *Int J Law Psychiatry* 1984;7(1):89-103.
9. Abel GG, Gore DK, Holland CL, Camps N, Becker JV, Rathner J. The measurement of the cognitive distortions of child molesters. *Annals Sex Research* 1989;2(2):135-52.
10. Feild HS. Attitudes toward rape: A comparative analysis of police, rapists, crisis counselors, and citizens. *J Pers Soc Psychol* 1978;36(2):156-79.
11. Costin F. Beliefs about rape and women's social roles. *Arch Sex Behav* 1985;14(4):319-25.
12. Gerger H, Kley H, Bohner G, Siebler F. The acceptance of modern myths about sexual aggression scale: Development and validation in German and English. *Aggress Behav* 2007;33(5):422-40.
13. Burt MR. Cultural myths and supports for rape. *J Pers Soc Psychol* 1980;38(2):217-30.
14. Burt MR, Albin R, Semmel. Rape Myths, Rape Definitions, and Probability of Conviction. *J Appl Soc Psychol* 1981;11(3):212-30.
15. Lonsway KA, Fitzgerald LF. Rape myths. In Review. *Psychol Women Q* 2006;18(2):133-64.
16. Lonsway KA, Fitzgerald LF. Attitudinal antecedents of rape myth acceptance: A theoretical and empirical reexamination. *J Pers Soc Psychol* 1995;68(4):704-11.
17. Briere J, Malamuth N, Check JV. Sexuality and rape-supportive beliefs. *International Journal of Women's Studies* 1985;8:398-403.
18. Jones ME, Russell RL, Bryant FB. The structure of rape attitudes for men and women: A three-factor model. *J Res Pers* 1998;32(3):331-50.
19. Payne DL, Lonsway KA, Fitzgerald LF. Rape myth acceptance: Exploration of its structure and its measurement using the Illinois Rape Myth Acceptance Scale. *J Res Pers* 1999;33(1):27-68.
20. Hantzi A, Efthymios L, Katerina T, Bohner G. Validation of the Greek acceptance of modern myths about sexual aggression (AMMSA) scale: Examining its relationships with sexist and conservative political beliefs. *Int J Confl Violence* 2016;9(1):121-33.
21. Megías JL, Romero-Sánchez M, Durán M, Moya M, Bohner G. Spanish validation of the acceptance of modern myths about sexual aggression scale (AMMSA). *Span J Psychol* 2013;14(2):912-25.
22. Helmke S, Kobusch P-R, Rees JH, Meyer T, Bohner G. Beliefs about the Strauss-Kahn case in France and Germany: Political orientation and sexual aggression myths as local versus global predictors. *Int J Confl Violence* 2014;8(1):171-86.
23. McMahon S, Farmer GL. An updated measure for assessing subtle rape myths. *Soc Work Res* 2011;35(2):71-81.
24. Cowan G, Quinton WJ. Cognitive Style and Attitudinal Correlates of the Perceived Causes of Rape Scale. *Psychol Women Q* 1997;21(2):227-45.

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