Article

Stop Blaming the Victim: A Meta-Analysis on Rape Myths

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Abstract

Although male rape is being reported more often than before, the majority of rape victims continue to be women. Rape myths—false beliefs used mainly to shift the blame of rape from perpetrators to victims—are also prevalent in today's society and in many ways contribute toward the pervasiveness of rape. Despite this, there has been limited consideration as to how rape prevention programs and policies can address this phenomenon, and there is no updated information on the demographic, attitudinal, or behavioral factors currently associated with rape myths. This research aimed to address this gap by examining the correlates of rape-myths acceptance (RMA) in published studies. A total of 37 studies were reviewed, and their results were combined using meta-analytic techniques. Overall, the findings indicated that men displayed a significantly higher endorsement of RMA than women. RMA was also strongly associated with hostile attitudes and behaviors toward women, thus supporting feminist premise that sexism perpetuates RMA. RMA was also found to be correlated with other "isms," such as racism, heterosexism, classism, and ageism. These findings suggest that rape prevention programs and policies must be broadened to incorporate strategies that also address other oppressive beliefs concurrent with RMA. Indeed, a renewed awareness of how RMA shapes societal perceptions of rape victims, including perceptions of service providers, could also reduce victims' re-victimization and enhance their coping mechanisms.

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According to the 1996 National Violence Against Women Survey in the United States, one in six women has been a victim of sexual assault or rape, compared to 1 in 33 men. The survey also estimated than more than 300,000 women are raped every year in the United States (Tjaden & Thoennes, 2000). In Canada, in 2004, published statistics indicated that of 23,000 sexual assault incidents, 86% were reported by women. It has also been estimated that only 6% of these assaults were in fact reported (Ontario Women Directorate, 2004). Rape statistics may therefore underestimate the prevalence of rape of women because a large number of incidents do not get reported.

An important factor that discourages rape victims from reporting is the nonsupportive reactions that they often encounter after disclosing the assault. Research findings indicate that rape victims may experience postrape trauma as a result of these nonsupportive reactions (Yamawaki, Darby, & Queiroz, 2007). Such reactions may emerge from the social network of the victims (Ullman, 1996), from legal services (Comack & Peter, 2005), police (Campbell & Johnson, 1997; Du Mont, Miller, & Myhr, 2003), clergy (Sheldon & Parent, 2002), health care providers (Ullman & Townsend, 2007), and so on. Rape myths—the false cultural beliefs that mainly serve the purpose of shifting the blame from perpetrators to victims—(Burt, 1980) help to explain the sociocultural context of these negative reactions. Burt (1980) operationalized and defined rape myths as false beliefs about rape, rape victims, and perpetrators. Lonsway and Fitzgerald (1994) further examined gender differences of the construct and indicated that rape myths allow men to justify rape and women to minimize personal vulnerability. In addition, the understanding of the impact of rape myths on rape victims and the society at large has been recognized as crucial for the well-being and recovery of these victims (Moor, 2007).

Most rape-prevention programs have been found to have only a short-term impact on the participants (Anderson & Whiston, 2005; Flores & Hartlaub, 1998), which highlights the fact that attitudes and beliefs about rape are complex and resistant to change (Rozee & Koss, 2001). Indeed, Shechory and Idisis (2006) indicated, "It seems that three decades after the first studies of rape myths, prejudices and stereotypes concerning rape and rape victims still exist" (p. 651). Similar findings had been indicated in an earlier meta-analysis of the degree of responsibility that observers assigned to female rape victims (Whatley, 1996).

Despite this, the extent of the impact of rape-myths acceptance (RMA) is still unclear and very little is known about the demographic, sociocultural,

and behavioral determinants of RMA. Anderson, Cooper, and Okamura's (1997) meta-analysis examined the overall attitudes toward rape in the mid-1990s. Their findings revealed that men, older people, traditional gender role beliefs, adversarial sexual beliefs, conservative political beliefs, and aggressiveness among other variables were predictors of rape acceptance. For women, the experience or exposure to rape victims were predictive of less rape acceptance. Anderson et al. also called for further examination of the multiple sociocultural factors influencing the perception of rape. This study aimed to answer this call and to update their findings by conducting a meta-analytic review of research published in the past 10 years on the demographic, behavioral, and attitudinal factors related to acceptance of rape myths. In contrast to Anderson et al.'s meta-analysis, this study is limited to measures of acceptance of rape myths. This was done to avoid confounding effects from conceptually distinct measures. Nagel, Matsuo, McIntyre, and Morrison (2005) indicated the difficulties of interpreting the results of studies that use scales measuring related but not equivalent concepts, such as attitudes toward rape, acceptance of rape myths, attitudes toward victims of rape, and others. By using meta-analytic methods, this review examined not only whether endorsement of rape myths was associated with other variables but also the strength and the direction of these associations. Therefore, this meta-analysis will (a) highlight factors and individual characteristics and beliefs that correlate with RMA in North America and thus (b) inform rape prevention and correctional programs and (c) inform interventions used with rape victims. Based on the review of research findings, it was hypothesized that males would have a higher endorsement of rape myths than females and that individuals with higher levels of education would have lower RMA. From a feminist perspective, it was further hypothesized that measures related with aggression and hostility toward women would be significantly associated with RMA. From a structural violence perspective, it was also predicted that structural factors linked with oppressive and aggressive manifestations would also be significantly associated with higher RMA.

Conceptual Framework

The development of the construct of rape myths started with the pioneer work of Brownmiller (1975) and Burt (1980) and since then has been extensively used in research on sexual violence. However, the limitations of using rape myths as a singular explanation of rape (Buddie & Miller, 2001) and the lack of strong theoretical support of the construct of rape myths (Lonsway & Fitzgerald, 1994) have been indicated. Lonsway and Fitzgerald's (1994) comprehensive review pointed to the inconsistencies in the definitions and

methodology in this field of research. In particular, these authors assessed the construct and criterion validity limitations of Burt's (1980) rape myths acceptance–related scales and concluded that the scales appear to assess a basic hostility toward women. In a further study, Lonsway and Fitzgerald (1995) indicated that Burt's scales are indeed gender biased because they only addressed acceptance of violence toward women and proposed a gender neutral measure of rape myths. Continuing this line of work, the psychometrically sound Illinois Rape Myth Acceptance Scale (IRMAS) was developed (Payne, Lonsway, & Fitzgerald, 1999). Forbes, Adam-Curtis, and White's (2004) findings also lead to similar conclusions, by indicating that rape myths and other rape-supporting beliefs measures appear to be basically assessing hostility toward women. Despite this controversy, most of the research done on rape myths has used Burt's RMA scales, which may query about the overall strength of this field of knowledge. The present study acknowledges the psychometric and theoretical limitations of the construct and measures of RMA but agrees with Lonsway and Fitzgerald (1994) that "the literature in rape myths has something important to tell us and a review of them can provide summary and direction for future work" (p. 158). Indeed, interdisciplinary studies often concluded that despite its theoretical limitations, the concept of rape myths contribute in a significant way to the understanding of rape and its consequences to victims (e.g., Comack & Peter, 2005; Du Mont et al., 2003; Moor, 2007; Tang, 2000). In addition, a parallel body of research on child-abuse myths indicated the validity of myths as sociocultural indicators of attitudes that minimize social problems such as rape and child abuse (Cromer & Freyd, 2007).

Given the similarities of rape and other pervasive types of violence, the analytical framework of this study combines tenets from structural violence and feminist theories. Feminist theory focuses on gender inequality and indicates that society's acceptance of patriarchy and male dominance leads to tolerance of aggression against women (e.g., Rozee & Koss, 2001). However, this causal link is yet to be established, and feminist research often combined gender inequality with other structural causes such as poverty (e.g., Austin & Kim, 2000).

Alternatively, structural violence, a concept from Galtung's (1990) theory of violence explains the role of social arrangements that place individuals or groups in harmful conditions (Farmer, Nizeye, Stulac, & Keshavjee, 2006). As Confortini (2006) indicated, "Galtung's theory of violence offers theorists and practitioners . . . a framework within which violence against women can be seen in the larger context of societal violence" (p. 356). As Galtung (1990) indicated, one way that structural violence operates is by "making

reality opaque, so we do not see the violent act or fact, or at least not as violent" (p. 292). Structural violence, therefore, facilitates the analysis of how societal tolerance justifies and legitimates rape as well as other expressions of oppression and violence toward women.

Method

Selection Criteria

This review included articles and dissertations published between 1997 and 2007 (both years inclusive). Participants must be adults (18 years and above), and the study must include at least one measure of RMA and associations of this measure with other demographic, behavioral, or attitudinal variables. The review was restricted to studies conducted in United States and Canada, as the notion of rape and rape myths might have considerable cross-cultural variations (Burt, 1980). Such cross-cultural variations have also been indicated in several international studies on perceptions of rape (e.g., Hernández, Lira, & Méndez, 2004; Luo, 2000; Wehbi, 2002). In experimental studies and reports of intervention programs, only the preintervention measures were used in the meta-analysis. In addition, only studies of RMA toward rape of adult women were included.

Search Strategy

The search strategy included combinations of the keywords *rape* with *myths*, *attitudes*, and *perception*. The electronic databases searched included PsycINFO, ERIC, CSA Sociological Abstracts, National Criminal Justice Reference Service Abstracts, E-Journals & Scholars Portal, PILOTs Database, Digital Dissertations, Criminal Justice Abstracts, Criminology, Social Science Abstracts, Pro Quest Research Library, Pro Quest Dissertations and Theses, Social Sciences Citation Index, Medline, and CSA Social Services Abstracts. Additional articles were found by manually searching the references of retrieved articles and earlier reviews.

Search Results

The search located 158 studies from peer-reviewed journals and 78 dissertations in electronic databases. The selection and review of articles was performed by the first author and confirmed by the second. A total of 133 articles were excluded for the following reasons: (a) Measurement of RMA was done

after an experimental or an intervention program ($n = 50$); (b) studies were conducted outside of United States and Canada ($n = 24$); (c) examined theoretical, historical, and other aspects of rape myths or male rape ($n = 32$); and (d) did not provide sufficient information to calculate effect sizes ($n = 27$). Of the 78 dissertations, 51 were excluded because they were either theoretical or qualitative studies, and 15 were excluded because they only reported measures of RMA after an experimental or an intervention program. Thus, a total of 37 studies, 25 articles, and 12 dissertations were used in this meta-analysis (Table 1).

Data Extraction

Studies were independently coded by both authors. Codes were compared and differences were resolved. The following data were extracted: type and year of publication, sample size, gender of participants, study population (i.e., community, students, and specific groups), mean age, ethnicity (higher concentration was coded), measurement of RMA, percentage of self-identified rape victims, and variables associated with RMA. Individual characteristics were classified as demographic, behavioral (activities, actions), and attitudinal factors. Attitudinal factors were further classified into two types: attitudes related to gender, sexuality, and sociocultural attitudes.

The direction of the correlations associated with the individual difference measures was coded to reflect the study's hypothesized direction of their effect with RMA. Thus, the association with higher RMA was the normative direction for outcomes.

Data Analysis

The studies reviewed reported their results in the form of correlation coefficients or means and standard deviations. Version 2 of the Comprehensive Meta Analysis software (Borenstein, Hedges, Higgins, & Rothstein, 2007) was used to compute the corresponding standardized mean difference effect size, also known as Cohen's *d*. Homogeneity of effect sizes across studies was tested using the *Q* statistic (Streiner, 2003), and the degree of their heterogeneity was assessed using the I^2 index (Huedo-Madina, Sanchez-Meca, Marin-Martinez, & Botella, 2006). The I^2 index is an estimate of the percentage of total variability in effect sizes that is due to between-studies variability, rather than sampling errors within studies. To obtain a global estimate of the effect size of the association between RMA scores and each of the demographic, behavioral, or attitudinal factors, effect sizes were combined across all studies

Table 1. Research Reports Included in the Meta-Analysis

Studies	Year	*n*	Sample Type	Gender	RMA Scale	Mean Age	Publication
Aberle & Littlefield	2001	76	Students	Males	RMAS	25	Journal
Aosved & Long	2006	998	Students	Both	IRMAS	20	Journal
Black et al.	2000	150	Community	Both	RMAS	31	Journal
Blecker & Murnen	2005	60	Students	Males	RSA	21	Journal
Carmody & Washington	2001	623	Students	Females	RMAS	25	Journal
Christopher et al.	1998	621	Students	Both	RMAS	23	Journal
Cotton et al.	2002	783	Students	Both	IRMAS	20	Journal
Cowan & Quinton	1997	270	Students	Both	RMAS	24	Journal
Devdas & Rubin	2007	75	Community	Females	RMAS	36	Journal
Drapeau	2003	251	Students	Males	RMAS	19	Dissertation
Emmers-Sommer et al.	2006	174	Students	Both	RMAS	20	Journal
Forbes, Adams-Curtis et al.	2004	264	Students	Both	RMAS	19	Journal
Forbes, Jobe et al.	2005	428	Students	Both	IRMAS	18	Journal
Frydenborg	1999	365	Students	Both	RMAS	18	Dissertation
Gamper	2004	1,023	Community	Males	RMAS	38	Journal
Hill & Fisher	2001	114	Students	Males	DRMAS	23	Journal
Holloway	2002	282	Students	Both	RMAS	19	Dissertation
Kennedy & Gorzalka	2002	400	Students	Both	RMAS	19	Journal
La Verdiere	2005	208	Students	Both	RMAS	18	Dissertation
Lee et al.	2005	169	Students	Both	SRMS	25	Journal
Locke & Mahalik	2005	254	Students	Males	IRMAS	20	Journal
Loh et al.	2005	325	Students	Males	IRMAS	19	Journal
Loiselle & Fuqua	2007	42	Students	Females	RMAS	22	Journal
McKay	2001	199	Therapists	Both	RMAS	52	Dissertation

(continued)

Table 1. (continued)

Studies	Year	*n*	Sample Type	Gender	RMA Scale	Mean Age	Publication
Milhausen et al.	2006	261	Students	Both	RMAS	20	Journal
Monto & Hotaling	2001	1,286	Community	Males	RMAS	38	Journal
Morry & Winkler	2001	154	Students	Both	RMAS	19	Journal
Peters	1999	176	Community	Males	RMAS	19	Dissertation
Reynolds	1999	215	Offenders	Males	RMAS	15	Dissertation
Rhim	2005	26	Police	Both	RMAS	31	Dissertation
Sanchez	1997	156	Community	Both	RMS	31	Dissertation
Sloan	2002	115	Students/offenders	Males	RMAS	23	Dissertation
Torres-Pryor	2003	324	Students	Both	IRMAS	22	Dissertation
White et al.	1998	109	Community	Females	RMAS	36	Journal
Wright	2002	181	Community	Females	RMAS	N/A	Dissertation
Yost & Zurbriggen	2006	168	Community	Both	RMAS	30	Journal
Zurbriggen & Yost	2004	162	Community	Both	RMAS	30	Journal

Note: RMA = rape myth acceptance; RMAS= Rape Myth Acceptance Scale (Burt, 1980); RSA= Rape Supportive Attitude (Lottes, 1998); IRMAS= Illinois Rape Myth Acceptance Scale (Payne, Lonsway, & Fitzgerald, 1999); DRMAS= Date-Rape Myth Acceptance Scale (Truman, Tokar, & Fisher, 1996); SRMS= Stranger Rape Myth Scale (Lee, Pomeroy, Yoo, & Rheinboldt, 2005); RMS = Rape Myth Scale (Sanchez, 1997).

reporting on each particular factor, assuming a random-effects model (Deeks, Altman, & Bradburn, 2001). Both the Q statistic and the means correlation coefficient were calculated using the inverse of the variance as weights.

Results

Sample Information

The analysis included 37 studies, 34 were from the United States and 3 from Canada. Sample sizes ranged between a minimum of 26 to a maximum of 1,286 participants with a median of 208 participants (Table 1). The total number of participants in this analysis was 11,487. Of these, 58% were men ($n = 6,668$) and 42% were women ($n = 4,756$). The age of participants ranged between 15 and 52 years, with a mean of 25 years. A total of 21 samples (57%) included both genders, 13 samples (32%) included men only, and 5 samples (14%) included only female participants. A total of 23 samples (63%) were drawn from student populations, 11 samples (30%) were from the general population, and 5 samples (16%) from specific populations. Although many studies reported information about ethnicity and/or race of participants, only 6 studies compared RMA across ethnic groups. The percentage of participants self-identified as White ranged from 0% to 100% with a median of 85%. Only 4 studies (11%) reported the sexual orientation of participants.

Measures of Rape-Myth Acceptance

A variety of instruments were used to measure RMA, with 74% of the studies ($n = 27$) using the Rape Myth Acceptance Scale (RMAS; Burt, 1980) and 16% ($n = 6$) the IRMAS (Payne et al., 1999). All measures used are listed in Table 1. Short or slightly modified versions of RMAS and IRMAS were considered equivalent to the original scales.

Demographic Factors

Table 2 includes the weighted mean effect size of the relationships between RMA and demographic factors, its standard error, Q test of homogeneity of effect sizes reported by different studies, and I^2 index. Effect sizes with a + sign indicate positive correlations and those with a – sign indicate negative correlations. A positive association indicates a contribution to higher endorsement of RMA. The between-study variability in the relationship

Table 2. Means and Homogeneity Indices of Effect Size of the Relationship Between Acceptance of Rape Myths and Demographic Factors

Demographic Factors	*n*	Mean of *ES* (Standard Error)	Homogeneity Index, *Q*	Between-Study Variability, I^2
Gender (reference category: females)	15	0.58 (0.07)***	52.44***	73.30
Education (reference category: more than high school)	2	–0.57 (0.07)***	0.29***	0.00
Race/ethnicity (reference category: non-Whites)	6	–0.38 (0.17)*	55.85***	91.05
Age	5	–0.03 (0.13)	42.67***	90.62
Occupation (reference category: professionals)	1	0.09 (0.07)	0.00	0.00
Married	1	–0.06 (0.06)	0.00	0.00
Army member	1	0.06 (0.06)	0.00	0.00
Rape victim	1	0.09 (0.09)	0.00	0.00
Child abuse history	1	0.08 (0.06)	0.00	0.00

*$p < .05$. ***$p < .001$.

between RMA and each of the demographic factors ranged from 73.30% to 91.05%. Higgins and Thompson (2002) suggested that values of I^2 index around 25, 50, and 75% would, respectively, mean low, medium, and high heterogeneity. Using these guidelines, the relationship between RMA and race/ethnicity showed the highest heterogeneity among studies.

Gender showed the strongest relationship with RMA, with an overall effect size of 0.58 ($ES = 0.07$, $p < .001$), with men displaying significantly higher endorsement of RMA than women. The combined factor of race and ethnicity also showed a moderate effect size of –0.43 that was significantly different from zero ($p < .05$), with individuals coded as "White" having lower RMA. Education level was significantly related to RMA with a mean effect size of –0.57 ($p < .0005$), indicating higher levels of RMA in individuals with lower education levels. Cohen (1988) defined an effect size of 0.2 as small, 0.5 as moderate, and 0.8 as large. Based on these definitions, the average effect sizes for gender, education, and race/ethnicity represented moderate relationships, which would be recognized in everyday interactions. The effect size of age was not statistically significant.

Sociocultural Attitudes

Table 3 presents the effect size and heterogeneity of the relationships between RMA and sociocultural and attitudinal factors. Higher levels of RMA were strongly associated with higher levels of other oppressive beliefs, such as ageism (ES =1.01, $p < .001$), classism ($ES = 0.90$, $p < .001$), racism ($ES = 0.88$, $p < .001$), and religious intolerance ($ES = 0.82$, $p < .001$). However, a positive racial identity (subscale of Cross Racial Identity Scale [CRIS]), that is, being positively identified with own race ($ES = –0.71$, $p < .001$), and being socially competent ($ES = –0.63$, $p < .001$) were related to lower RMA. In contrast, CRIS, Pre-Encounter Racial Miseducation Scale, which reflect the Blacks' negative stereotypes of own race, had a positive moderate effect size regarding RMA ($ES = 0.45$, $p < .05$) and, thus, was associated with higher RMA. Similarly, indicators of societal pro status quo (i.e., primacy of work and pursuit of status) also had a small positive effect size ($ES = 0.29$, $p < .01$). In addition, the effect sizes for family factors (i.e., enmeshment, conflict, and authoritarian style), social desirability, risk-taking attitude, and religiosity were not significantly different from zero.

Gender and Sexuality Attitudes

There was marked variability ($I^2 > 80\%$) among studies in their reported relationships between RMA and attitudinal factors related with gender and sexuality (Table 4). Not surprisingly, however, large overall effect sizes with a positive direction were found with oppressive and adversarial attitudes against women, such as attitudes toward women ($ES = 1.28$, $p < .001$), combined measures of sexism (ES =1.13, $p < .001$), victim-blaming attitudes (ES =1.22, $p < .001$), acceptance of interpersonal violence (ES =1.12, $p < .001$), low feminist identity (ES =1.07, $p < .01$), and adversarial sexual beliefs ($ES = 0.80$, $p < .01$). Decision latency (i.e., estimated time for a woman to say no to sexual advances), hostility toward women, male sexuality, prostitution myth, therapists' acceptance of rape victim scale, sexual conservatism, vengeance, and sociosexuality (i.e., openness to multiple sexual partners) were examined in one study each, and their effect sizes ranged between medium to large and were all significantly larger than zero. Homophobia had a significant moderate effect size ($ES = 0.70$, $p < .001$) as well as male-dominance attitude ($ES = 0.41$, $p < .001$), acceptance of rape ($ES = 0.69$, $p <.001$), and violence ($ES = 0.76$, $p < .05$). However, profeminist beliefs ($ES = –0.81$, $p < .01$), having sexual submission fantasies ($ES = –0.41$, $p < .05$), and male hostility ($ES = –0.35$, $p < .01$) were negatively related to RMA.

Table 3. Means and Homogeneity Indices of Effect Size of the Relationship Between Rape Myths Acceptance and Attitudinal Sociocultural Factors

Sociocultural Attitudes	*n*	Mean of *ES* (Standard Error)	Homogeneity Index, *Q*	Between-Study Variability, I^2
Ageism	1	1.01 (0.07)***	0.00	0.00
Classism	1	0.90 (0.07)***	0.00	0.00
Combined racism[a]	3	0.88 (0.07)***	5.97	66.50
Religious intolerance	1	0.82 (0.07)***	0.00	0.00
Religiosity	1	–0.14 (0.15)	0.00	0.00
CRIS—racial identity[b]	3	–0.71 (0.17)***	4.74	57.80
CRIS—racial mis-education/ self-hatred[c]	2	0.45 (0.23)*	4.32*	76.84
CRIS—multiculturalism[d]	1	–0.16 (0.15)	0.00	0.00
CRIS—Afro-centricity[e]	1	0.02 (0.15)	0.00	0.00
CRIS—Anti-White[f]	1	0.35 (0.15) *	0.00	0.00
CRIS total[g]	3	0.18 (0.16)	55.34***	87.35
Social competence	1	–0.63 (0.07)***	0.00	0.00
Societal pro status quo[h]	2	0.29 (0.09)**	0.12	0.00
Self-reliance	1	0.28 (0.13)*	0.00	0.00
Social desirability	1	–0.28 (0.16)	0.00	0.00
Socialization	2	0.12 (0.08)	0.00	0.00
Risk taking	1	0.20 (0.13)	0.00	0.00
Reactions to offensive language and behaviors	1	0.16 (0.11)	0.00	0.00
Acculturation	2	–0.81 (0.80)	21.81***	95.41
Family factors[i]	3	0.13 (0.17)	2.93	31.82

a. Combined racism: old racism, modern racism, and racism.
b. CRIS = Cross Racial Identity Scale; high racial identity subscale: positive identification with own race.
c. CRIS-racial mis-education: self-negative stereotypes of Blacks; self-hatred: Black person's self-hatred for being Black.
d. CRIS-multiculturalism: importance of multiple cultural identities and acceptance of diverse groups.
e. CRIS-afro-centricity: importance of Afro-centric ideology to empower Black community.
f. CRIS-anti-White: intense hatred of Whites and White culture.
g. CRIS total: aggregated measure of all subscales.
h. Societal pro status quo: primacy of work, pursuit of status.
i. Family factors: authoritarian family style, family enmeshment, and family conflict.
*$p < .05$. **$p < .01$. ***$p < .001$.

Behavioral/Situational Factors

Table 5 presents the effect size and heterogeneity of the reported relationships between RMA and behavioral/situational factors. In spite of the high

Table 4. Means and Homogeneity Indices of Effect Size of the Relationship Between Rape Myths Acceptance and Attitudes Toward Gender or Sexuality

Attitudes Toward Gender/Sexuality	*n*	Mean of *ES* (Standard Error)	Homogeneity Index, *Q*	Between-Study Variability, I^2
Attitudes toward women	6	1.28 (0.13)***	92.29***	94.583
Acceptance of interpersonal violence	2	1.12 (0.20)***	0.72	0.00
Acceptance of rape[a]	3	0.69 (0.10)***	0.96	0.00
Adversarial sexual beliefs[b]	6	0.80 (0.26)**	61.01***	91.80
Attitudes toward victims of rape	1	0.65 (0.44)	0.00	0.00
Hostility toward women	1	1.07 (0.14)***	0.00	0.00
Homophobia[c]	4	0.70 (0.09)***	16.19**	81.48
Therapist acceptance of rape victims	1	–0.47 (0.15)**	0.00	0.00
Victim blame attitudes[d]	2	1.22 (0.12)***	0.74	0.00
Violent attitudes[e]	2	0.76 (0.34)*	22.79***	95.61
Vengeance	1	0.30 (0.10)**	0.00	0.00
Combined sexism[f]	10	1.13 (0.10)***	51.65***	82.58
Sexual conservatism	1	0.47 (0.06)***	0.00	0.00
Sociosexuality[g]	1	0.32 (0.16)*	0.00	0.00
Social potency[h]	1	–0.49 (0.26)	0.00	0.00
Submission fantasy	1	–0.41 (0.16)*	0.00	0.00
Decision latency[i]	1	1.19 (0.37)**	0.00	0.00
Prostitution myth[j]	1	0.56 (0.07)***	0.00	0.00
Low feminist attitudes[k]	3	1.07 (0.37)**	49.14***	95.93
Profeminist beliefs[l]	2	–0.81 (0.27)**	5.20*	80.78
Male dominance attitudes[m]	6	0.41 (0.13)***	27.52***	81.83
Male sexuality	1	0.75 (0.13)***	0.00	0.00
Male hostility[n]	1	–0.35 (0.124)**	0.00	0.00
Male pathology	1	0.18 (0.12)	0.00	0.00
Psychopath personality inventory	1	–0.14 (0.25)	0.00	0.00

a. Acceptance of rape: likelihood of raping, sexual assault acceptance, sexual assault expectations.
b. Adversarial sexual beliefs: Adversarial Heterosexual Beliefs Scale.
c. Homophobia: homophobia, homophobia/gay, homophobia/lesbian.
d. Victim blame attitudes: victim blame and female precipitation of rape.
e. Violent attitudes: violent and violent sexuality appeal.
f. Combined sexism: sexism, benevolent sexism, ambivalent sexism, neo-sexism, hostile sexism, old-fashioned sexism, modern sexism.
g. Sociosexuality: openness to multiple partners.
h. Social potency: self-perceived ability for manipulation.
i. Decision latency: estimated time for a woman to say no to sexual advances.
j. Prostitution myth: beliefs that justify the existence of prostitution and exploitation of prostitutes (Cotton et al., 2002).
k. Low feminist attitudes: traditional gender roles and low feminist identity.
l. Profeminist attitudes: sex role ideology and high feminist identity.
m. Male dominance: dominance, [male] dominance fantasy, male dominance, power over women, token resistance, winning over.
n. Male hostility: belief that males' hostility toward women cause rape rather than male mental illness or psychopathology (Cowan & Quinton, 1997).
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 5. Means and Homogeneity Indices of Effect Size of the Relationship Between Rape Myths Acceptance and Behavioral/Situational Factors

Behavioral Factors	*n*	Mean of *ES* (Standard Error)	Homogeneity Index, *Q*	Between-Study Variability, I^2
Sexual aggression[a]	9	0.91 (0.20)***	102.72***	93.37
Sexual coercion[b]	2	0.73 (0.29)*	5.77*	82.68
Number of sexual thoughts	1	–0.63 (0.06)***	0.00	0.00
Number of sexual partners	1	–0.20 (0.06)***	0.00	0.00
Frequency of sex	1	–0.22 (0.06)***	0.00	0.00
Playboy[c]	1	0.54 (0.13)***	0.00	0.00
Pornography viewer	1	0.10 (0.06)	0.00	0.00
Prostitution user	1	–0.04 (0.06)	0.00	0.00
Elite athlete	1	0.70 (0.16) ***	0.00	0.00
Athletic involvement	1	0.06 (0.13)	0.00	0.00
Alcohol use	2	0.13 (0.08)	0.51	0.00
Use of degrading images	1	0.72 (0.29)*	0.00	0.00
Fraternity membership	3	0.50 (0.31)	22.16***	90.95
Film preference	1	0.36 (0.24)	0.00	0.00
Therapists' years of working with rape victims	1	0.49 (0.15)**	0.00	0.00
Therapists years of overall experience	1	–0.22 (0.14)	0.00	0.00
Number of rape cases per year: police officers	1	0.72 (0.44)	0.00	0.00
Years as police officer	1	–0.10 (0.42)	0.00	0.00
Antirape activism	1	–0.01 (0.19)	0.00	0.00

a. Sexual aggression: aggression, perpetration, sexual aggression, sexual experiences survey, sexual violence.
b. Sexual coercion: Endorsement of Force Scale, Coercive Sexuality Scale.
c. Playboy: a factor of the Conformity to Masculinity Norms Inventory (CMNI), masculine gender norm related to "adventure, anti-feminity, concealing emotions, and subordinating women" (Mahalik et al., 2003, p. 14).
*$p < .05$. **$p < .01$. ***$p < .001$.

level of variability in the reported results, a large positive overall effect size was found between sexual aggression and RMA ($ES = 0.91$, $p < .001$), followed in magnitude by sexual coercion ($ES = 0.73$, $p < .05$). Regarding the student samples, the use of degrading images (i.e., offensive toward women) had a moderate effect size ($ES = 0.72$, $p < .05$), indicating a positive

relationship of this activity with endorsement of rape myths. Similarly, in studies including only male samples, an elite athlete status ($ES = 0.70$, $p < .001$), and being a playboy, that is, conforming the masculine norm of playboy (Locke & Mahalik, 2005; $ES = 0.54$, $p < .001$), both had positive significant effect sizes of moderate size, thus, indicating an association with higher endorsement of RMA. The effect size of the relationship of RMA with the Psychopath Personality Inventory (PPI) was surprisingly negative but not statistically significant. Other moderating factors of adherence of RMA were, in order of their effect size, the number of sexual thoughts ($ES = -0.63$, $p < .001$), frequency of having sex ($ES = -0.22$, $p < .001$), and number of sexual partners ($ES = -0.20$, $p < .001$). In a large sample of therapists (McKay, 2001), the number of years worked as counselor had a negative relationship with RMA, albeit not a significant relationship ($ES = -0.22$), whereas the number of years working with rape victims was positively related to RMA ($ES = 0.49$, $p < .01$). Alcohol use had a positive relationship with RMA that was not statistically significant.

Discussion

The purpose of this study was to examine the relationship between measures of RMA and behavioral, attitudinal, and demographic factors across published studies. A total of 37 studies reporting on these associations were reviewed, and their results were combined through the calculation of standardized effect sizes. In spite of the variability in the types of samples and the measurement of RMA and related factors, high RMA levels were consistently and significantly associated with a large number of behavioral and attitudinal indicators. These associations, which were based on data from 11,487 individuals, were of a medium to large size, which would be recognized by individuals in their daily interactions.

The overall results of this meta-analysis supported the stated hypotheses about the associations of RMA with demographic, behavioral, and attitudinal measures. Furthermore, results indicated an intersection of several structural and individual factors in the explanation of endorsement of rape myths. Indeed, the analysis included factors beyond the focus of individual perpetrators and victims, such as the complex social issues of sexism, racism, homophobia, socially endorsed sexual activities, and so on.

Our findings indicated that men displayed significantly higher endorsement of RMA than women, which is consistent with results from earlier studies of RMA (e.g., Whatley, 1996). Only two studies reported nonsignificant differences between men and women. The first study was a dissertation based on a sample of experienced therapists of both genders (McKay, 2001),

and the other study used a sample of Asian and non-Asian university students in Canada (Kennedy & Gorzalka, 2002). The former indicated a potential interaction of gender with occupation, and the latter indicated a potential interaction with ethnicity. The strong association between gender and RMA support the feminist hypothesis that gender inequality perpetuates rape myths; that is, a male-dominant society would probably justify rape and blame the victims.

Although most reported rape is intraracial and not interracial, race is considered a powerful variable in social judgments about rape (George & Martinez, 2002; Varelas & Foley, 1998). This meta-analysis found that racism and racial identity were significantly related with RMA, although in different directions. Although racism had a positive association with RMA, high racial identity contributed to low RMA. However, the limited representation of ethno-racial groups in the reviewed studies precludes a thorough analysis of this factor.

The strong positive association between RMA and sexual aggression and other hostile attitudes and/or aggressive behaviors toward women was also confirmed in this meta-analysis. In addition, findings of this meta-analysis highlighted other nonaggressive sexual activities and/or attitudes that have strong relationships with RMA. For example, higher RMA appeared to be related with playboy behavior, sociosexuality, and use of degrading images. In contrast, number of sexual partners, frequency of sex, and the number of sexual thoughts appeared to moderate RMA. The latter was also consistent with Anderson et al.'s (1997) findings indicating that sexual aggression, but not sexual promiscuity, was related to rape attitudes. Male pathology and psychopathic traits were not associated with RMA, indicating that individuals who displayed hostility in general may be less likely to justify rape myths as opposed to individuals whose hostility is targeted against women. In agreement with previous studies (Lonsway & Fitzgerald, 1994, 1995), these findings also suggested a potential overlapping between RMA and measures of hostility toward women.

The present findings also identify the sizable effect of some behaviors and activities related to RMA. For example, being an elite athlete was found as incrementing adherence with RMA. This finding confirmed findings from previous studies (e.g., Crosset, Ptacek, McDonald, & Benedict, 1996; Koss & Cleveland, 1996) but precluded to examine gender differences on RMA as only male elite athletes were considered. Therapists' length of experience working with rape victims was found to be positively associated with RMA. One possible explanation for this finding is that the therapists may become desensitized to the suffering of rape because of repetitive exposure or as a consequence of compassion fatigue, and this may lead to an increased acceptance

of rape myths. Other possible explanations include Fox and Carey's (1999) collusive resistance concept. This concept describes the process by which therapists join rape survivors to avoid confronting painful issues, thus, failing the therapeutic responsiveness. Using the same rationale, attempts to avoid painful issues related to the assault may also lead to justify the rape in certain extent. The implications of these findings are important. It seems that it is necessary to not only promote awareness of the ways in which RMA may be impacting the survival of rape victims (Moor, 2007) but also to examine how RMA may be affecting the therapists' perception of the victims.

Three studies reported the incidence of rape and/or sexual assault for their participants. The average prevalence rate for these studies was 33%. This is an alarming finding, which indicates that social changes are necessary to confront this problem. However, as indicated by Peterson and Muehlenhard (2004), endorsement of rape myths minimizes the need for these changes, this is, by placing the responsibility for sexual violence on the victims rather than on the perpetrators and the society as a whole. This is consistent with our findings that associate RMA with other oppressive beliefs also resistant to change, such as racism, sexism, classism, religious intolerance, and so on. The congruency of RMA with other oppressive beliefs also made rape myths a potential indicator of structural violence.

Limitations

One limitation of this study is that it included only those studies that had been published in peer-reviewed journals and dissertations, and hence, the results are subject to publication bias. Another limitation is that all articles used in this meta-analysis were cross-sectional in design, and hence, causal relationships between RMA and other factors cannot be inferred. These studies also used a variety of instruments to measure attitudinal and behavioral factors, and many studies developed their own instruments or relied on self-reported measures. However, the small number of studies ($N = 37$) precluded subgroup analyses and/or comparisons of average effect size by the type of measurement instrument used. Another important limitation is that some of the associations found in this review are only assessed in a singular study. The large sample size in those studies minimized this limitation in most cases. For example, Aosved and Long (2006) used a sample of 998 students, Monto and Hotaling (2001) used a community sample of 1,286 men, and Gamper (2004) used a community sample of 1,023 men.

In addition, although all studies included measures of rape myths that depart from common conceptual grounds, they are not equivalent. Indeed, the popular RMAS and IRMAS are distinctive from each other in several

features, for example, on how gender is considered, IRMAS being gender neutral, and RMAS oriented toward female rape (Burt, 1980; Payne et al., 1999). In particular, the psychometric limitations of RMA measures and conceptual limitations of rape myths in general, as examined before (see Conceptual Framework), caution about the interpretation of the findings. In addition, Buhi (2005) has reported the lack of consistency on reliability report of studies using Burt scale on RMA, which may also compromise the findings of this study. There is also an overrepresentation of student samples, mostly White participants, and the use of only North American samples. Notwithstanding these limitations, this is the first quantitative synthesis of literature on the associations between RMA and demographic, attitudinal, and behavioral factors from 1997 and confirms that despite all efforts RMA continues to be prevalent in society.

Implications for Rape Education Programs

The effectiveness of most rape-prevention programs has been criticized because follow-up studies found only a short-term impact from those programs (Anderson & Whiston, 2005; Brecklin & Forde, 2001). The extensive use of RMA in rape prevention programs in the educational system has been also indicated (Buhi, 2005). The findings of this meta-analysis suggested that the content of rape-education programs must be broadened to incorporate strategies to also address other oppressive beliefs concurrent with the acceptance of rape myths and sexism, such as racism, classism, and so on. The moderating role of sexually promiscuous behaviors needs to be examined in-depth to identify elements of these behaviors that are part of a healthy sexuality and incorporate those elements in rape-education programs. Social competence is also a moderator that should be emphasized more often in educational programs. In addition, the significant moderating role of high racial identity and openness to other races and cultures, or multiculturalism, also indicate areas to focus on in programs targeted to reduce RMA.

Implications for Research

The large effect sizes observed of racism, classism, sexism, ageism, religious intolerance, and racial identity support a structural perspective of rape myths as a complex sociocultural issue. Indeed, the concerning views of RMA as conceptually confounded with hostility against women and sexism also supported this structural perspective. It is important to note that the association of RMA with other oppressive beliefs was mainly determined by associations with IRMAS, and Rape Myth Scale (RMS), and not RMAS (e.g., Aosved &

Long, 2006; Forbes et al., 2004). An in-depth analysis of the multiplicity of oppressions is beyond the scope of this discussion, but further research examining the interaction of rape myths with other oppressive beliefs is needed. It is the intersection of these oppressive forces that seems to compound the difficulty of achieving social changes. Indeed, Cowan and Quinton in 1997 already suggested that "belief in socio-cultural causes of rape may require a predisposition to think systematically as much as an ideological stance" (p. 227).

North American society has been called a "rape culture" (Lonsway & Fitzgerald, 1995). However, the anthropologist Peggy Sanday (1996) made clear that rape-free and rape-prone societies are achievable, and they can even coexist within a large societal context. Sanday defines a rape-free society as "one where the act of rape is either infrequent or does not occur . . . [and where] sexual aggression is socially disapproved and punished severely" (p. 193). Some rape-free societies, as the African Twa, achieve this status mostly because they have an egalitarian view of men's and women's contributions to society and, thus, have an absence of male-dominance ideology (White, Potgieter, Strube, Fisher, & Umana, 1997). Hence, there are models to follow on how to improve social and gender relations in what are called "rape-prone societies" and should be an important focus of further comparative research in rape and rape myths.

Previous research has questioned the construct validity of RMA measures, in particular (Lonsway & Fitzgerald, 1994, 1995), and the overall conceptual validity of the construct of rape myths (e.g., Forbes, Jobe, White, Bloesch, & Adam-Curtis, 2005). The findings of this meta-analysis also found a strong association of RMA with measures of hostility toward women, which may suggest a potential construct confounding with those measures. If rape myths "immense potential for the understanding of sexual assault" (Lonsway & Fitzgerald, 1994, p. 133) is to be conserved, further research should also focus in addressing specific threats to the construct validity of RMA measures and in revisiting its theoretical underpinnings as explanatory framework of the acceptance of sexual victimization.

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Bios

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