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The Association between Rape Myths and Continued Contact with the Perpetrator Following
Sexual Abuse

by

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A Master's Thesis

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Abstract

Sexual violence is a widespread phenomenon. The term rape myth was first coined in 1980 by Martha Burt, and she defined it as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” (Burt, 1980 p. 217). These myths, as well as any continued contact after a sexual assault, often lead to victim blaming, making it more difficult for victims to report any sexual assault. While rape myths were developed based on adult sexual assault, some research suggests that they also applied to child sexual abuse. This study will explore and expand the literature on rape myth acceptance and how it impacts beliefs about post-abuse behaviors of both child and adult sexual abuse survivors; more specifically the role of continued contact with a perpetrator following sexual abuse. This study found no statistically significant difference in the relationships between rape myth acceptance and continued contact following sexual abuse. However, the results suggest that individuals who acknowledged sexual assault were more likely to report continued contact than those that did not, and individuals who did not self-report sexual assault but met legal criteria for sexual assault scored higher on the rape myth acceptance scale. These findings are discussed as they pertain to support, education, and outreach efforts for sexual violence.

Keywords: rape myth acceptance, continued contact, sexual assault victims

The Association between Rape Myths and Continued Contact with the Perpetrator Following Sexual Abuse.

Sexual violence broadly refers to crimes such as sexual assault, rape, child sexual abuse and is a global problem that can cause long-term negative effects (Black et al., 2011). In the United States (U.S.) nearly one in five women (18.3%) and one in 71 men (1.4%) have reported being raped at some point in their lives (Black et al., 2011). The National Intimate Partner and Sexual Violence Survey collected complete phone interviews from 16,507 adults (9,086 women and 7,421 men) and found that as many as 40 % of those sampled reported that they were sexually abused before the age of 18, and 38% reported being sexually assaulted between the ages of 18 and 24 (Black et al., 2011). Most adult female rape survivors (79.6%) reportedly experienced their first rape before the age of 25, and almost half of them (42.2%), reportedly experienced their first rape before the age of 18 (Black et al., 2011).

These statistics likely underestimate the true prevalence of the problem as many individuals do not report their abuse, and even if they do tell someone, the majority of sexual violence survivors do not formally report their assault to authorities (Morgan & Kena, 2018). According to Morgan and Kena (2018), 80% of rapes and sexual assaults go unreported to authorities. The survivors of these crimes may worry about retaliation, think the police will not help or do not want to get the perpetrator in trouble (Rainn, 2010). Furthermore, since most perpetrators of both adult and child sexual abuse are known to the victim and are often family and/or friends, it is often hard for them to distance themselves from the perpetrator following the abuse. However, continued contact with the perpetrator has been used in court cases such as that of Harvey Weinstein to provide evidence that the sexual abuse did not happen. Consequently,

such rape myths and continued contact between perpetrators and victims may also play a part in the underreporting of rape and sexual abuse (Long, 2007, Rollero & Tartaglia, 2018).

Childhood Sexual Abuse

According to the CDC, childhood sexual abuse (CSA) affects one in four girls and one in 13 boys in the United States (Fast Facts: Preventing child sexual abuse, 2022). Some other studies have shown that 7.9% of men and 19.7% of women had experienced some form of sexual abuse before the age of eighteen, and the prevalence estimates ranged from 8% - 31% for girls and 3% - 17 % for boys (Barth, et al., 2012; Pereda, et al., 2009).

The CDC has stated that 91% of the time it is a family member, or someone known and trusted by the family who has perpetrated the sexual abuse (Fast Facts: Preventing child sexual abuse, 2022). Childhood sexual abuse has been associated with many psychological and health outcomes, including post-traumatic stress disorder, schizophrenia, and substance use (Hailes, et al., 2019).

Rape Myths

There are many erroneous beliefs about sexual assault, in terms of the act and the behavior of both the perpetrator and survivor. The term “rape myths” was first coined by Burt in 1980 as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” (Burt, 1980 p. 217). These false beliefs about sexual violence encourage victim blaming and often lead to the offender’s exoneration (Bieneck & Krahe, 2011; Rollero & Tartaglia, 2018; Segura et al., 2013). The stereotypical rape case, often called “real rape” or forcible rape involves a stranger who violently attacks a woman at night in a secluded outdoor area, where the woman has sustained severe injuries from the attack (Schwark, 2017; Waterhouse et al., 2016). The definition of which was changed in 2012 by FBI Director Robert Mueller to “The penetration, no

matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” (An updated definition of rape, 2017).

While these types of sexual assaults do occur, the majority of rape cases do not fit all of these characteristics. In a study that was conducted in the United Kingdom (U.K.), none out of the 400 cases reported to the U.K. central police over the course of two years fit the description of “real rape” (Waterhouse et al., 2016).

Rape myths have three commonly proposed characteristics: 1) they are apocryphal beliefs, (meaning of doubtful authenticity), that are widely circulated; 2.) they tend to explain varied important cultural phenomena; and 3.) they oftentimes serve to justify existing cultural arrangements (Lonsway & Fitzgerald, 1994). The acceptance of rape myths has been found to have a relationship with the formation of judgments and victim blaming (Grubb & Turner, 2012). These myths serve to justify the sexual violence that occurs and is held by individuals of all ages, genders, and racial/ethnic groups (Burt, 1980; Johnson et al., 1997; Suarez & Gadalla, 2010). A widely held rape myth is that women lie about rape and sexual assaults (Stabile et al., 2019). Other common rape myths include that only promiscuous women get raped, women who dress scantily provoke rape and that men cannot control their sex drive (Lonsway & Fitzgerald, 1994). These rape myths are widely circulated and are held for both survivors and perpetrators (Marshall & Hambley, 1996; Peterson & Muehlenhard, 2004).

Most rape myths are focused on women, but some focus on men as well. There is a lack of research when it comes to male survivors and how they are perceived after a sexually violent attack (Chapleau et al., 2008). However, research has been done that suggests many believe the myth that men experience little trauma, especially when the sexual act is perpetrated by a woman

(Ioannou et al., 2017). Rape myths that focus on male survivors include the belief that men are always in a constant state of readiness to accept any sexual opportunity, that a man is expected to be able to defend himself against sexual assault, and that men who are sexually assaulted by men must be gay (Ioannou et al., 2017).

Another rape myth is that most perpetrators are strangers. However, research has shown that approximately two-thirds of sexual assaults are committed by individuals known to the individual including acquaintances, friends, intimate partners, and relatives (Chancellor, 2012; Russell, 1990; Tjaden & Thoennes, 2000). Another population-based survey found that half of the sexual assault victims knew their rapist, with 19% reporting being raped by a current or former intimate partner (Dijk, 2007). Littleton and colleagues (2017) also found that 20.8% of survivors who identified their unwanted sexual experience as rape and 35.1% of survivors with unacknowledged rape (i.e., met the legal definition of rape but they did not characterize the behavior as rape) were in an intimate relationship with their perpetrator. Also, in the study, it was reported that 37.1% of the unacknowledged sexual assault survivors continued their relationship with the perpetrator, and 17.1% of those who were in an intimate relationship with their perpetrator acknowledged that they were rape survivors (Littleton et al., 2017).

Regarding children, a study found that victims as young as 12 were blamed for sexual abuse (George, et al., 2021). They stated that rape myths influence the perception of sexual abuse even when it related to children 17 and under (George, et al., 2021). This study focused on defense attorneys in CSA cases, using analysis of cross-examinations of 122 children aged six to 17, and found that they highlighted the rape myths in many of the cases (George, et al., 2021). They found that 10% of the defense attorneys referenced rape myths in these trials, by using lines of questioning that referenced a rape myth, and they asked 77% of children at least one rape

myth line of questioning. Their findings indicated that defense attorneys use adapted rape myths that would be plausible in CSA cases to strategically undermine children's credibility in CSA trials (George, et al., 2021).

While there is a myriad of negative consequences that result from rape myths, such as assigning blame to the victims and other negative and insensitive responses to the victims (Busching & Lutz, 2016); one major consequence is that many sexual encounters that meet the legal definition of rape may not be labeled by survivors as such, a phenomenon known as unacknowledged rape (Kahn & Mathie, 2007; Layman, et al., 1996). Layman and two other colleagues conducted clinical interviews with a small sample of college women and found that those women that identified their unwanted sexual experience as rape were clearer about their refusal to consent and experienced more forceful attacks as compared to those women who did not label their unwanted sexual experience as rape (Layman, et al., 1996).

Perceptions of Victims and Victim Behavior Following Sexual Assault

Many women who experience sexual assault never report their experience. While there are many barriers to reporting sexual assault for survivors, (i.e., fear of punishment, shame, and judgment), societal stereotypes and rape myths experienced by the survivors may also play a role in non-reporting (Buddie & Miller, 2001; Kahn et al., 1994; Koss, 1985). For example, many women indicate that they do not report sexual assaults because they feel as though these societal stereotypes would apply to them and thus they would not be believed or blamed for the abuse (Buddie & Miller, 200; Greeson et al., 2015; Taylor & Gassner, 2010).

Survivors are often blamed for their victimization when they have had previous encounters with their perpetrator. This leads to the harmful perception and stereotype that if a woman had a consensual sexual encounter with an individual then subsequent nonconsensual

encounters are not rape (L'Armand & Pepitone, 1982). Another stereotype or myth surrounding sexual assault is called "token resistance" in which a survivor initially rejects sexual contact and then eventually engages in sexual activity without resistance (Malamuth & Brown, 1994; Muehlenhard & Rodgers, 1998). Multiple studies have found that sexual assault survivors receive more blame when the perpetrator is a known individual such as an intimate partner, friend, or acquaintance (Bridges, 1991; Bridges & McGrail, 1989; L'Armand & Pepitone, 1982).

Where media influence is concerned, news outlets and social media have disseminated information to the public at large, and this greatly shapes the opinion of rape myths (Spohn & Tellis, 2012). In her book *Vamp or Virgin*, Benedict explains that rape myths are found in everyday media reporting of sexual assaults (Benedict, 1993). She gives the example that the rapists are always depicted as "sick" or "deranged", and that there is never "an exploration of potential cultural or structural problems" that could be looked into. Some media outlets have been accused of blaming the survivors of sexual assaults, questioning the survivor's credibility, using victim-blaming language, and spreading rape culture with the use of misogynistic language, the objectification of women's bodies, and the glamorization of sexually violent encounters as stimulating (Baum et al., 2018; Benedict, 1993, Johnson & Johnson, 2017).

There have been many publicized cases of rape and sexual assaults in which the media has been shown to sway the public's opinion. For example, the Central Park Jogger case and the Jennifer Levin rape by Robert Chambers both in New York City (Hayes et al, 2016), and the Kobe Bryant case, where it was found that 65% of newspapers used victim-blaming language with "she's lying" being the most common (Franiuk, et al, 2008).

However, myths about victims and victim behavior are not limited to adults. Several studies have found that rape myths are also evident in cases of childhood sexual abuse. For

example, a study was conducted in India, where 1000 college-aged students were given a questionnaire that assessed perceptions and experiences of childhood sexual abuse (Chopra et al, 2020). They found that 50% believed that the perpetrator was not known to the child or the family, more than 75% felt that the children were from “less reputable” families, meaning low-income families, 49% believed that few children were victims of sexual abuse and 45% of the students believed that the child was responsible for the abuse (Chopra, et al, 2020). Similarly, another study was done in the U.K. with 391 participants, and the participants were asked to read a depiction of a female child who was sexually assaulted by an adult male and then asked to complete a questionnaire (Davies & Rogers, 2009). They found that male respondents were less positive toward victims and considered the victim less credible than female respondents. They also found that younger victims (aged five years) were considered more credible than older children (aged 15 years) and that victims of strangers were considered in a more positive way and more credible than victims of someone known to them (Davies & Rogers, 2009).

Continued Contact after Sexual Assault

Long stated the continued contact between survivors and perpetrators is often cited as counterintuitive behavior in sexual assault cases, and in the public’s opinion this is seen as a failure to behave as one should after an assault (Long, 2007). This kind of pervasive thinking continues to fuel rape myths (Long, 2007). The counterintuitive behavior leads to questions about the credibility of the survivor. Layman et al (1996) reported that in a sample of 83 adult women a majority of sexual assault victims continued to keep in contact with the perpetrator after the event. They further explained that unacknowledged rape victims continued having sexual relationships with the perpetrator and that they do not label the event as rape but as a miscommunication. Fanflik (2007) expanded on the idea of unacknowledged and acknowledged

rape victims, and why the different definitions and severity of the event could lead some victims into counterintuitive behaviors and others not. Fanflik suggested that victims may also be impacted by external factors such as social support, relationship with the perpetrator, and severity of the assault; these factors oftentimes alter the behaviors of the victims after the assault (Fanflik, 2007). Other studies have also been done that explored continued contact after a sexual assault (Edwards et al., 2011; Katz et al, 2006; Rusbult & Martz, 1995). They found that individuals who were sexually assaulted by someone they were close with were more likely to continue the relationship following the assault (Rusbult & Martz, 1995).

Concerning CSA and continued contact, a study was conducted among regions in Africa and Asia, which has the highest rate of child sexual abuse as this is where the highest portion of children under 18 live (Selengia, et al., 2020). They found that the victim's homes and public areas pose the highest risk for children in both regions and that relatives comprise common perpetrators in Asia, while friends were the most common in Africa (Selengia, et al., 2020). Continued contact is prevalent when it comes to CSA as the child often does not have a say in who can be around them (Selengia, et al., 2020).

The Current Study

The majority of sexual assaults do not fit the portrayal of a stereotypical rape. However, this portrayal of sexual assault and subsequent victim behavior is promulgated through rape myths. Survivors can also believe in rape myths such as force is required, or the perpetrator is a stranger, and as such they may not label their unwanted sexual experience as rape even if it meets the legal definition. Further, given that the majority of survivors of sexual abuse knew their perpetrator before the assault, many do not or cannot cease communication with their abuser following the assault. The purpose of the current study is to explore and expand the

literature on rape myth acceptance and how its perception of post-abuse behaviors of survivors – specifically the role of continued contact with the perpetrator. The study will also examine the relationship between rape myth acceptance and post-abuse behaviors among a sample of young adults who experienced sexual assault. It is hypothesized that individuals who have experienced sexual assault with higher rape myth acceptance will be less likely to label various situations as sexual assault and that those with higher rape myth acceptance will be less likely to report continued contact with the perpetrator.

Methods

Participants

Recruitment Procedures

As part of an undergraduate research requirement, students had the option to complete a study examining continued contact in exchange for course credit. To participate, students had to be 18 years and older, speak English, and live in the United States. Those who were interested in participating read the informed consent in which they were made aware that the study would ask questions about their sexual history and any unwanted sexual experiences. If participants agreed to participate, then they were directed to an online survey hosted by [surveymonkey.com](https://www.surveymonkey.com). All responses were anonymous, and no IP addresses were gathered. After the survey, all students received a debriefing about the purpose of the study and all participants were provided with the numbers for the college counseling center and a local hotline should they feel distressed after the completion of the survey. All participants who completed the survey were granted research credit for their participation.

Demographics

After cleaning the data and disqualifying 18 participants who did not fit the age criteria and 10 who did not sign off on the consent form, there was a final total of $n= 399$ participants.

Demographic information can be found in Table 1. The participants were a mean age of 20 years, with a standard deviation of 3.13. Of the participants 69.7% identified as female ($n=278$), 28.1 % identified as male ($n= 112$), 1.5 % identified as nonbinary ($n=6$), and .7% preferred not to answer ($n=3$). Most of the women (85.3%; $n=237$) identified with a racial/ethnic group. Of those 51.05% indicated they were Hispanic or Latina ($n = 121$); 16.88% of women indicated they were Black/African American ($n=40$); 13.08% indicated that they were Asian American ($n =31$); 12.66% indicated they were of mixed race ($n =30$); 5.49% indicated that they belonged to another racial/ethnic classification ($n =13$) and 0.84% indicated that they were indigenous peoples ($n= 2$). Lastly, of the female participants 14.7% indicated that they were White/European ($n =41$).

Of the male participants, 67.9% identified a racial-ethnic group they were a part of ($n =76$). Of those 56.6% indicated they were Hispanic or Latino ($n =43$); 25% indicated they were Asian American ($n =19$); 10.5% indicated that they were Black/African American ($n =8$); 7.9% indicated that they were Mixed Race ($n =6$). Lastly, of the male participants 24.1% indicated they were White/European ($n =27$) and 8% preferred not to say ($n =9$).

Of the nonbinary participants one indicated they were Black/African American; three indicated they were Hispanic/Latino, and two indicated that they were Mixed race. Of the prefer not to say participants two indicated they were Hispanic/Latino. The majority of the female and male participants identified as heterosexual, refer to Table 1.

These numbers are comparable to previous studies that explored the prevalence and type of sexual assaults against college-aged men and women respondents. Though John Jay College does have a higher percentage of Hispanic/Latina students than most colleges in the United States (Quick Facts, 2021).

Groupings

The acknowledged sexual assault group are the individuals who reported both sexual abuse and behaviors on the SES SFV that were consistent with sexual assault. The unacknowledged sexual assault group are the individuals who did not self-report sexual assault but met legal criteria for sexual assault on the SES-SFV. Lastly, the no sexual assault group are the individuals who reported no history of sexual assault and did not report behaviors congruent with sexual assault on the SES-SFV.

Measures

Demographic Survey

After completing the initial screening questions, all participants were asked to complete a demographic survey, which included age, gender identity, race/ethnicity, and sexual orientation.

Rape Myth Acceptance Scale

The Illinois Rape Myth Acceptance Scale (Payne, Lonsway & Fitzgerald, 1999), was used to rate the participant's level of agreement with 22 rape myth statements. This scale has various subscales including “she asked for it”, “it wasn’t really rape”, “she lied”, “he didn’t mean to”, and “he didn’t mean to – alcohol.” All participants were asked to complete the scale. The Rape Myth Scale was then coded as the following: if greater than 10-15%, meaning if a participant missed less than two questions, a mean replacement was done (20 or more), if it was less than 10%, meaning they missed two or more (19 or more), then it was coded as missing.

Sexual Experience Survey-Short Form Victimization (SES-SFV)

Next, the participants filled out the Sexual Experience Survey – Short Form Victimization (SES-SFV; Koss et al, 2006) which was used to indicate the sexual assault that best classified their unwanted sexual experience. Participants responding to the SES-SFV did not

have to report whether they have experienced a sexual assault. The participants were asked to indicate whether they have had an unwanted sexual experience that legally constitutes a sexual assault or rape by selecting which experiences they have had and selecting a description of how often the experiences occurred in the past year (0, 1, 2, 3+) and since the age of 14 (0, 1, 2, 3+).

The SES-SFV identifies sexual assault victims that fall into one of eight categories: Continual arguments and pressure resulting in sex play; continual arguments and pressure resulting in intercourse; giving alcohol or other drugs resulting in attempted intercourse; giving alcohol or other drugs that result in intercourse; and threatened or use physical force resulting in sex play, attempted intercourse, intercourse, or other penetration penial or oral intercourse or penetration by objects other than the penis (Sorenson et al, 2013). The SES-SFV is a shortened, revised version of the original Sexual Experiences Survey created by Koss and Oros (1982), because the SES-SFV does not require self-labeling by the participant, it can better assess how often particular experiences that legally constitute sexual assault and rape have occurred.

The SES-SFV questions were combined into one variable of having experienced sexual assault with 1 being no and 2 being yes. Then it was distinguished by the participant answering at least 1 for life for any of the questions asked. The SES-SFV questions and the rape questionnaire were recorded to be either 0 (did not endorse) or 2 (endorsed), then all questions were combined into one variable to sum experiences. This scoring had a potential range of 22 to 110, with 22 being the lowest score possible meaning that the participant had high rape myth acceptance and 110 being the highest score meaning that the participant had low rape myth acceptance. The SES-SFV and the demographic survey are widely used items with established psychometric properties (Johnson et al., 2017).

Added Question to the SES-SFV

After responding to the SES-SFV items, participants were able to respond to one question as to whether the participants had other unwanted experiences or have been otherwise sexually assaulted. If the participant has had other experiences, they were able to further detail their experiences or include other unwanted sexual experiences.

Relationship to Other Person in the Sexual Experience

Then participants completed the Relationship to Other Person in the Sexual Experience form. This classified the perpetrator (Friend, family, stranger, acquaintance) and also established whether the participant continued contact after the assault.

Description of Continued Contact Questionnaire

This questionnaire consists of 9 items investigating the type, frequency, and description of continued contact. The first five items are quantitative/qualitative items, where participants can select options that best describe them, or can further specify their own experience. The first item allows participants to indicate which types of continued contact they have experienced. Participants can choose either “electronic” or “in-person” continued contact or indicate “no continued contact”. Then, there are two items that relate to the frequency of continued contact. Participants can provide a “frequency” score on a scale of 1 (Not Frequent) to 7 (Very Frequent), as well as a numerical estimate of how often the continued contact occurs (the number of times per day, weeks, months, years).

Next, the participants responded to items indicating which contexts the continued contact occurred (work, school, social, recreational, essential, family, other) and the nature of the continued contact as perceived by the victim (agreeable, necessary, worrisome, neutral, unnecessary, disagreeable, other). Finally, participants answered four qualitative, open-ended

items that illicit how the continued contact impacted them, their reasons for the occurrence of continued contact, and other thoughts they may have related to their experiences of continued contact. These were coded by general reasons expressed for continuing contact (e.g., social risk management, downplaying of assault, other personal reasons), thematic characterizations of the continued contact, emotions expressed in response to similar contact (i.e., angry, nervous, indifferent), and anything else that may emerge in the responses. This questionnaire lacks a study of psychometric properties because it was created specifically for the current research study.

Results

Participants were separated into three groups based on their responses to the SES-SFV and their self-reported sexual abuse history. Those who reported sexual abuse and also reported behaviors on the SES-SFV consistent with sexual assault were placed in the “acknowledged sexual assault” group ($n = 41$), those who did not self-report sexual assault but met legal criteria for sexual assault on the SES-SFV were in the “unacknowledged sexual assault” group ($n = 31$) and those who reported no history of sexual assault and did not report behaviors congruent with sexual assault on the SES-SFV were in the “no sexual assault” group ($n = 270$).

Overall, the mean score for the entire sample on the RMA scale with a total of 392 participants was 94.59 ($n=392$). The range observed from this sample is between 31 - 110. The means for each of the groups on the RMA scale are presented in Table 2. Those with unacknowledged sexual assault ($n = 31, 93.00 \pm 14.60$), were more likely to accept rape myths than those with no sexual assault ($n = 270, 93.57 \pm 13.52$), and those with acknowledged sexual assault ($n = 41, 98.96 \pm 9.57$).

An ANOVA was conducted between groups to assess differences in the RMA based on sexual assault status. However, there were several outliers, and the assumption of homogeneity

of variances was violated, as assessed by Levene's test for equality of variances ($p = .003$). Consequently, a nonparametric test was done because the data violated both assumptions of homogeneity of variance and had outliers. The Kruskal-Wallis H test was used instead because it would not be impacted by outliers. The Kruskal-Wallis H test was conducted to determine if there were differences in Rape Myth Acceptance scores between the three groups of participants (No Sexual Assault, Unacknowledged Sexual Assault, Acknowledged Sexual Assault). The distributions of Rape Myth scores were similar for all groups, as assessed by visual inspection of a boxplot and the median Rape Myth Acceptance scores were not statistically significantly different between groups, $\chi^2(2) = 5.718, p = .057$.

Due to one assumption not being met (inclusion of outliers), A Mann-Whitney U test was conducted to determine if there were differences in Rape Myth Non-Acceptance scores between Acknowledged Sexual Assault and Unacknowledged Sexual Assault groups. Distributions of the Rape Myth Non-Acceptance scores for both groups were similar, as assessed by visual inspection. The median engagement score for the Acknowledged Sexual Assault group was (101.00) and Unacknowledged Sexual Assault group was (93.00), this was not statistically significant, $U = 485.50, z = -1.708, p = .088$, using an exact sampling distribution for U (Dineen & Blakesley, 1973).

A Chi-Square test for association was conducted between reported continued contact with the perpetrators and the different acknowledgment of sexual assault groups (Acknowledged Sexual Assault and Unacknowledged Sexual Assault), Table 3. All expected cell frequencies were greater than five. There was no statistically significant association between reported continued contact with the perpetrators and the different acknowledgment of sexual assault groups $\chi^2(1, n = 63) = .365, p = .546$.

Lastly, a binomial logistic regression was performed to ascertain the effects of Rape Myth Acceptance scores and the relationship to the perpetrator on the likelihood that participants continued contact with the perpetrator. The logistic regression model was statistically significant, $\chi^2(9) = 21.021, p = .013$. Of the two predictor variables, the relationship to the perpetrator ($p = .016$), was the statistically significant one. Participants whose perpetrator was a family member had 1.645 times higher odds to continue contact compared to other relationships, however, this result was not significant. It was observed that overall, the relationship variable was significant, but individual relationships did not show statistical significance.

Discussion

The current study was conducted to explore whether rape myth acceptance impacts beliefs about post-abuse behaviors of survivors; more specifically the role of continued contact with a perpetrator following sexual assault. We also examined the relationship between rape myth acceptance and post-abuse behaviors among a sample of young adults who experienced sexual assault.

Contradictory to both hypotheses, no significant differences were found between groups on rape myth acceptance nor between groups on continued contact after sexual assault. However, it was observed that individuals who acknowledged sexual assault had lower rape myth acceptance, meaning that they were less likely to believe in rape myths than those who did not acknowledge sexual assault; this also suggests that individuals who acknowledged sexual assault were more likely to report continued contact.

It was predicted that individuals with high rape myth acceptance, who have also experienced sexual assault would be less likely to label various situations as sexual assault. The results showed that there were no significant differences in rape myth acceptance between

groups, but those with unacknowledged sexual assault had the lowest scores. This suggests that individuals with unacknowledged sexual assault were more likely to believe in rape myths.

Koss (1985) coined the term unacknowledged rape survivors, this term has been used to label many sexual assault survivors who use nonvictimizing terms and phrases such as “it was a miscommunication” or “bad sex” (Wilson & Miller, 2016). In relation to other literature, Mason, Riger, and Foley (2004), reported that women with a higher rape myth acceptance blamed female victims more often in a date rape vinaigrette and were less likely to believe rape had occurred in a scenario than women who had lower rape myth acceptance scores. Lastly, Bohner and Lamprodis (2004), reported that women who had higher rape myth acceptance scores viewed sexual assault information as less relevant to them than women who scored lower in rape myth acceptance and they also believed that they were less vulnerable to sexual assault. These two examples support the suggestion that individuals with unacknowledged sexual assault were more likely to believe in rape myths.

We also predicted that those with higher rape myth acceptance would be more likely to report sexual assault, however, the Chi-Square test was non-significant. Although it should be noted that many individuals who had acknowledged and unacknowledged sexual assault had continued contact with the perpetrator. A Binomial Regression was then conducted to discover the effects of Rape Myth Acceptance scores and the relationship to the perpetrator on the likelihood that participants continued contact with the perpetrator. The logistic regression model was statistically significant, suggesting that continued contact was more likely if the perpetrator was a family member.

In relation to CSA, the study found that the relationship variable was significant in terms of continued contact, but the individual relationships did not show any statistical significance.

This may be particularly important for children who have no choice in who they can associate with. The perpetrators are most often known to the family and child and often have access to the child (Fast Facts: Preventing child sexual abuse, 2022; Selengia, et al., 2020). This is particularly important as the perpetrator will be able to see and be around the child which can lead to further victimization and mental and physical health issues for the child (Hailes, et al., 2019).

The Harvey Weinstein sexual abuse trial showed that perpetrators who sexually abuse individuals can face serious consequences (Farmer, 2020). In the case, the defense team questioned the fact that many of the women continued contact with Weinstein because he had the power to make them a “big movie star” and many were afraid to speak out against him (Ransom, 2020). Barbara Ziv, a forensic psychologist, explained from the witness stand in Weinstein’s case that “The idea that women respond to sexual assault by screaming, yelling, punching, biting—although that happens, it’s rare” (Ransom, 2020). Weinstein’s team then used the fact that some of the women who accused him of sexual assault continued contact with him and portrayed an outwardly friendly relationship (Chan, 2020). This brought into question the perception of stereotypical rape and its characteristics.

In the case of Weinstein, there was the added layer of power dynamics, and the victims fear of retaliation if they denied him. Most sexual assault victims know their perpetrators, and many still keep in contact with them after the assault (Edwards et al., 2012). This does not make the assault consensual. In Edwards et al., (2012) study, it was suggested that 75% of victims continued contact after the assault. It also suggested that a continuation of the relationship was greater if the victims were coerced into sexual acts instead of acts of completed rape, as was the case with many of Weinstein's victims (Edwards et al., 2012).`

The findings in the current study suggest that women who have lower rape myth acceptance scores are less likely to label their experience of sexual assault as rape. A previous study conducted by Peterson & Muehlenhard in 2004, observed the same phenomenon. They found that women who accepted the rape myth “if women don’t fight back it's not rape” and “they did not fight back”, were less likely to acknowledge their experience as rape (Peterson & Muehlenhard, 2004). Newins et al. (2018), found that the acceptance of two specific rape myths “He didn’t mean to” and “Rape is a deviant event” were related to sexual refusal assertiveness, which is linked to a negative association to rape acknowledgment. Edwards et al., 2012, found that victims with less perpetrator blame, greater trauma symptomology, and non-reporting can predict the continuation of victim-perpetrator relationships.

Limitations

There were several limitations of this study. It was administered online and may have potentially shifted how results and experiences were reported than if it was done administrator to participant in person. It may also be possible that when explicitly asked some individuals chose not to report their experience as sexual assault but listed the behaviors instead. The study was conducted using an undergraduate sample and thus may not be representative of the general population. More research using a broader sampling pool is needed to generalize the results. This study used a racially diverse sample of students from an urban college who according to Krebs et al., 2007, are particularly vulnerable to sexual assault, but may not be representative of the broader populations of sexual assault survivors. However, this is still an important sample, because even though the sample does not represent the larger population it focuses mostly on marginalized individuals who are often overlooked.

Demographics were not included in direct analyses concerning participants' acknowledgment of sexual assault, type of contact reported, and rape myth acceptance. However, it could be beneficial to certain groups if these factors were specifically studied. Specifically, samples that target a specific age, gender, sexual orientation, and racial/ethnic identity group will result in data that would be better generalized to other cultures.

The demographic survey and the SES-SFV are widely used items with established psychometric properties. However, we added questions to the SES-SFV, the Relationship to the Other Person Involved in the Sexual Experience, and the Description of Continued Contact were original measures created for this study. Therefore, these measures' validity and reliability are significantly limited and may not directly assess the victim-perpetrator relationship and description of human contact.

This study included both childhood sexual abuse and adult sexual assault. There is also the fact that not all participants filled out the age in the SES-SFV, which was used to indicate the sexual assault that best classified their unwanted sexual experience. Some indicated that they were sexually assaulted as adults, some abused as children, some as both, and some indicated the fact that they were sexually assaulted without an age given. This made it difficult to differentiate CSA cases from adult sexual assault cases.

Implications and Future Directions

The findings in this study, though below the statistical level of significance, do have implications for the existing literature on continued contact research and rape myth acceptance. As noted we did not have a large sample of individuals who reported sexual assault which may have limited the statistical power. Though given the trends observed in this study it would be important to continue studying how rape myth acceptance may impact the labeling of sexual

assault and also how it may impact continued contact with the perpetrator. Future studies could also focus solely on adult sexual assault as children often do not have a choice. They do not have the option to choose who they are around and that skews the data and results significantly.

A sample of John Jay college students who, according to Krebs et al., 2007, are particularly vulnerable to sexual assault, but may not be representative of the broader populations of sexual assault survivors. Our sample population was racially diverse and had various assault types, but it consisted of more than half the participants indicating that they were Hispanic/Latino. According to John Jay Quick Facts 2021 statistics, 63% of the undergraduate and 49% of the graduate populations were Hispanic. Although this may not be true for the greater population of sexual assault survivors, it could potentially improve how the campus responds to sexual assault and brings a change in terms of reform policy and practice around CUNY schools.

While this study provides some preliminary evidence of a relationship between rape myth, continued contact, and sexual assault, more work is still needed. Future studies could be done using larger sample sizes and changes in how the study is administered can also lead to different and many varied results. Research could be focused solely on continued contact and rape myths or sexual assault, acknowledged and unacknowledged. There are so many different branches that could lead to more helpful results. Research could be done that focuses on age and continued contact; this could be a longitudinal study. However, it would have to have some factors in place that do not lead to further traumatization to the population, such as talk therapy.

Additionally, future research could focus on the presence of continued victim-perpetrator contact and whether it could predict the victim's emotional reactions to sexual violence and sexual acts in general. There could also be a focus on how it affects their decision to disclose

their experience of sexual violence and report their experiences of sexual violence. Many sexual assault victims choose not to disclose for various reasons, including negative reactions, questioning if they are telling the truth and asking victim-blaming questions, and fear of rejection from loved ones. In a more critical sense, reporting sexual assault and having professionals from various fields, either law enforcement, social services, or medical, not believing the victim has been shown to lead to major negative outcomes for survivors (McQueen, et al., 2021)

Lastly, this was an exploratory study, and as such we were limited by the victim's experiences and continued contact with the perpetrator. We were also limited by their perception of the sexual assault experienced. This includes how the victim categorizes acknowledged and unacknowledged sexual assault, what they think of the relationship between them and their perpetrator; whether they choose to classify them as an attacker, someone they had a relationship with or a misunderstanding, and the extent the above factors affected the victim's response and explanation for continued contact in the study.

Sexual assault and rape myths are complex issues deeply ingrained in our societies. Our culture promotes violence against women, and this in turn promotes the prevalence of sexual violence against women (Brownmiller, 1975; Edwards et al., 2011). This and future studies can lead to a change in government policies and regulations. Hopefully, that would impact attitudes and perceptions of sexual assault survivors and change the way many individuals perceive rape myths over time.

In conclusion, the current study provides some evidence for the relationship between survivors and rape myth acceptance and the behavior of survivors in terms of continued contact with the perpetrator. Continued contact with a perpetrator is a behavior seen as counterintuitive and often leads many to perceive that the victim is lying or not telling the whole truth. Victim

behaviors, specifically continued contact, should not be used against the victim but should be used as a way to better understand the dynamics that often time hinder sexual assault victims from receiving justice. This could be one of the factors that empower sexual assault victims, lead them to seek information and support in the aftermath of an attack, and gives them a way to work through their trauma.

Tables

Table 1

Demographic characteristics

	N (%)
Participants	399.0
Gender	
Male	112 (28.1)
Female	278 (69.7)
Nonbinary	6 (1.5)
Prefer not to say	2 (.5)
Age	
18 - 27 years old	387 (97.1)
28 - 37 years old	10 (2.8)
38 - 47 years old	2 (0.6)
Race/Ethnicity	
White/ European	68 (17.0)
Black/African American	49 (12.3)
Indigenous Peoples	2 (0.5)
Asian American	50 (12.5)
Hispanic or Latino	170 (42.6)
Mixed Race	38 (9.5)
Other	13 (3.3)
Prefer not to say	9 (2.3)
Sexual Orientation	
Lesbian	10 (2.5)
Gay	5 (1.3)
Bisexual	50 (12.5)
Pansexual	9 (2.3)
Heterosexual	298 (74.7)
Other	6 (1.5)
Prefer not to say	21 (5.3)

Table 2

Mean and Standard Deviation for the Differences in Rape Myth Acceptance

Groups	N	Mean	SD
Acknowledged Sexual Assault	41	98.957	9.567
Unacknowledged Sexual Assault	31	93.004	14.596
No Sexual Assault	270	93.570	13.516

Table 3

Continued Contact after Sexual Experience

Groups	No n (%)	Yes n (%)
Acknowledged Sexual Assault	16 (40.00%)	24 (60.00%)
Unacknowledged Sexual Assault	11 (47.83%)	12 (52.17%)
Total	27 (42.86%)	36 (57.14%)

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