The Effect of Rape Myth Endorsement on Police Response to Sexual Assault Survivors

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Police officers possess significant discretion in terms of suspect apprehension, investigative progress, and case processing (Gottfredson & Gottfredson, 1988). Termed, "the most important processing agents," (LaFree, 1981 p. 582), police officers operate as "gatekeepers" who select which cases are deemed worthy of subsequent formal processing, investigation, and referral to prosecution (Kerstetter, 1990). Recently, police officers have received scrutiny for shortcomings in response to sexual assault cases (Campbell et al., 2014; Campbell & Fehler-Cabral, 2018).

Decision-making surrounding sexual assault cases is often influenced by individual attitudes. The endorsement of rape myths, or "prejudicial, stereotyped, or false beliefs about rape, rape victims and rapists" (Burt, 1980, p. 217) among law enforcement has contributed to case attrition and negative consequences for survivors (Goodman-Delahunty & Graham, 2011). Rape myth endorsement has produced secondary victimization (Campbell, 2008), or the experience of feeling stigmatized and disbelieved by formal justice personnel. Research has also documented diminished perceptions of survivor credibility (O'Neal, 2017), and increased survivor blame (Hine & Murphy, 2018). In some instances, rape myth endorsement has prejudiced police report writing (Shaw et al., 2017), reduced the likelihood that officers will involve an advocate in the investigative process (Rich & Seffrin, 2013), or refer cases to prosecution (Venema, 2016), further exacerbating case attrition. The present report presents abbreviated findings from a study forthcoming in *Violence Against Women,* that examines police participants' endorsement of rape mythology and preparedness in responding to sexual assault calls for service (CFS).

Rape Myth Endorsement

Rape myths are culturally accepted but misguided beliefs surrounding what constitutes "real rape," who are "real survivors," and who perpetrates a sexual assault (Lonsway & Fitzgerald, 1994). Rape myth endorsement has created an environment that accepts and justifies sexual violence (Edwards et al., 2011). Common rape myths fall into three categories: victim masochism ("women secretly desire rough sex"), victim precipitation ("women ask for it," "only certain types of women are raped"), and victim fabrication ("women lie about being raped," or "exaggerate the effects of rape").

A recent focus on trauma-informed and survivor-centered criminal justice response has revitalized interest in policing to address suspect apprehension, case processing, and survivor cooperation. One precursor to case attrition may be rape myth endorsement. When police adhere to rape mythology, they may discredit survivors who present for formal assistance. This has re-traumatized survivors and inhibited survivor participation in the justice process.

Impulsivity and Rape Myths

Adherence to rape mythology may also be explained by low self-control. Existing theory has suggested self- control deficits have produced limited forsight and planning, little regard for consequences, increased self-centeredness, and limited empathy (e.g., Schreck, 1999). These individuals would anger easily, exhibit limited frustration tolerance, lack diligence, and engage in risky behaviors (Franklin et al., 2012). This literature has established a robust relation between low self-control and crime, victimization, and similarly-gratifying behaviors (Pratt & Cullen, 2000; Pratt et al., 2014). Few studies have examined the relation between impulsivity on other attitude constructs. Franklin et al. (2012) demonstrated the role of low self-control in predicting rape myth endorsement in a general population sample and Menaker and Franklin (2018) found significant relations between self-control deficits and prostitution myth endorsement among college students. Using police participants in a trend analysis, Franklin et al. (2019) examined the role of impulsivity and its effect on misperceptions of trauma among law enforcement personnel. Increased impulsivity produced increased misperceptions of trauma.

Rape Myths and Decision-Making

In addition to influencing officer decision making, the gravity of rape myth endorsement among law enforcement translates to survivor decision making, including whether to cooperate with formal case processing. Endorsement of rape myths among first responders may produce negative responses to sexual assault survivors. Personnel may respond with skepticism, disbelief, and insensitivity; questioning survivor credibility and engaging in secondary victimization (Page, 2010; Rich & Seffrin, 2012). When survivors are met with callous responses, stigma, or doubt, they may refuse to participate or cooperate with police in an investigation that is re-victimizing and re-traumatizing (Hansen et al., 2018; Kaiser et al., 2017).

Rape myth endorsement has negatively biased perceptions of survivors and increased culpability attributions (Sleath & Bull, 2012). These perceptions may have directly inhibited police investigative processes. Venema (2016) assessed rape mythology on police decision making in sexual assault cases among 174 police officers from a midsized, northeastern U.S. agency. Findings indicated rape myth endorsement decreased legitimacy and credibility afforded to survivors, regardless of case characteristics.

Rape Myths and Police Training

Efforts to improve police response to sexual assault have included augmenting programming with specialized training. An exhaustive review of literature concerning

the utility of specialized training on police response to survivors produced five studies with inconsistent findings (e.g., Darwinkel, Powell, & Tidmarsh, 2013; Goodman-Delahunty & Graham, 2011; Lonsway, Welch, & Fitzgerald, 2001; Sleath & Bull, 2012; Smith, Wilkes, & Bouffard, 2016).

Lonsway, et al. (2001) examined the effects of training in the most methodologically robust design, using a pre-and-post evaluation, and reported no significant differences in rape myth endorsement following training. Results from the study indicated positive behavioral change, such that training-completers demonstrated improved performance on simulated sexual assault survivor interviews. More recent studies have reiterated positive outcomes among police samples following exposure to specialized sexual assault training, including decreased rape myth endorsement (Smith et al., 2016) and diminished culpability attributions (Darwinkel et al., 2013). These findings are juxtaposed with studies that demonstrate no significant differences in blame (Sleath & Bull, 2012) or credibility attributions (Goodman-Delahunty & Graham, 2011) among trained and untrained officers. Taken together, inconsistencies within the sexual assault police training literature suggest that much remains unanswered regarding the role of prior specialized sexual assault training and its effect, if any, on rape myth endorsement and police response to sexual assault.

Purpose of the Present Study

RQ1: Among police-participants, what is the extent of rape myth endorsement?

RQ2: What police-participant factors predict rape myth endorsement?

RQ3: How does rape myth endorsement affect police-participant preparedness in responding to sexual assault CFS?

Methodology

Data for the study came from a larger federally-funded grant awarded by the Office on Violence Against Women, and a research partnership with a large, urban police department located in one of the five most populous and diverse U.S. cities. Data were collected from police personnel in August 2016 at all 14 police substations. A purposive sample of roll calls were selected to maximize participation while taking into consideration scheduled leave. Roll calls were held at 6-7am, 2-3pm, and 10-11pm. Prior to the scheduled survey date, reminder announcements were made by Police Lieutenants from the agency's Special Victims' Division to further facilitate participation. On the scheduled survey date, researchers administered pencil-and-paper surveys to commissioned officers who were present for roll call after reading a University Institutional Review Board approved description of the voluntary and anonymous nature of the study. Police personnel were invited to participate but were not offered incentive. Individuals did not receive anything of value in return for their participation. Surveys contained items presented in set order and administration took approximately 25 minutes. Baseline survey administration yielded 502 surveys for a 98% response rate.

Sample Demographics

The majority of participants were men and the sample was racially/ethnically diverse such that 38.1% identified as White, 23.4% identified as African American, 26.9% as Latino/a, 8.5% as Asian American/Pacific Islander, .02% as Native American/Alaskan Native, and 2.9% as "other." Further, the majority of

participants reported a four-year degree (40.6%), followed by "some college" (27.7%), graduate school (12.2%), and a high school education (7.5%). Participants averaged 11.62 years of service in law enforcement, and the majority (57.4%) reported having responded to between 1 and 5 sexual assault calls for service in the 12 months prior to survey administration.

Measures

Rape myth endorsement was captured using the 20-item Illinois Rape Myth Acceptance Scale—Short Form (IRMA-SF; Payne, Lonsway & Fitzgerald, 1999). Items were measured on a 6-point, Likert-type scale from 0 (*strongly disagree*) to 5 (*strongly agree*). Twenty items were summed to create an index that ranged from 0 to 100, where higher numbers indicated stronger endorsement of rape mythology (α = .832).

Preparedness in Responding to Sexual Assault Calls for Service was measured using two researcher-created items that asked, "how prepared do you feel to respond effectively to CFS for sexual assaults involving strangers?" and "how prepared do you feel to respond effectively to CFS for sexual assaults involving intimate partners?" Responses were captured on a 6-point, Likert-type scale from 0 (*very unprepared*) to 5 (*very prepared*). The 2-items were subjected to exploratory factor analysis (EFA), which produced one factor with an Eigenvalue greater than 1 that accounted for 93.45% of the variance. Factor loadings were both .967. The 2-items were summed and titled *preparedness in responding to sexual assault CFS*. Responses ranged from 0 to 10 where higher numbers represented increased preparedness (α = .926).

Prior Specialized Sexual Assault Training was captured using 6-items that reflected various types of specialized sexual assault training including having received, "any specialized training:" 1) "on the investigation of sexual assault" (no = 49.3%, yes = 50.7%), 2) "on victim sensitivity" (no = 29.6%, yes = 70.4%), 3) "on the trauma of victimization" (no = 44.5%, yes = 55.5%), 4) "on crime victims' reactions and behaviors in dealing with their victimization" (no = 45.5%, yes = 54.5%), 5) "in identifying drug-facilitated sexual assault" (no = 78.3%, yes = 21.7%), and 6) "in identifying the role of alcohol and/or intoxication in sexual assaults" (no = 68.1%, yes = 31.9%). The 6-items were summed to create an index from 0 to 6, where higher numbers represented increased participation in specialized sexual assault training (α = .870).

Participant impulsivity was captured using the 4-item impulsivity subscale of Grasmick et al.'s (1993) low self-control measure. Four items were measured on a 6-point, Likert-type scale from 0 (*strongly disagree*) to 5 (*strongly agree*). Items were reversed coded and were summed to create an impulsivity index from 0 to 15; increased values represented increased impulsivity. α = .655).

Control Variables

Officer sex (Men = 0 Women = 1), race/ethnicity (White = 0, African American = 1, Latino/a = 2, Asian American/Pacific Islander = 3, Native American/Alaskan Native = 4, Other = 5), educational attainment [high school = 0, some college = 1, two-year degree = 2, four-year degree = 3, graduate school = 4), and years of service (*M* = 11.62, *SD* = 9.77) were included as controls. Additional control variables included number of sexual assault CFS in previous 12 months Responses were captured on an ordinal scale (None = 0, 1 to 5 = 1, 6 to 10 = 2, 11 to 20 = 3, 21 or more = 4).

Results

Table 1 presents the results of the multivariate OLS regression model predicting rape myth endorsement, while independent and con-

trol variables were entered simultaneously. The 20-item rape myth endorsement index (M = 11.62, SD = 9.77) was regressed on prior specialized sexual assault training, police impulsivity, and demographic and occupational controls. The regression equation was significant, R^2 = .21, F(9, 507) = 15.18, p = .000, and explained 21% of the variance in rape myth endorsement.

Table 1. OLS Predicting Rape Myth Endorsement

Variables	b	β	t-Ratio
Officer Sex (0 = male, 1 = female)	-4.09	-0.12	-2.95**
Black[a]	0.25	0.01	0.22
Latinx[a]	2.03	0.08	1.84
Other[a]	4.75	0.14	3.27**
Educational Attainment	0.55	0.06	1.46
Years of Service	-0.03	-0.03	-0.68
Sexual Assault CFS	0.66	0.05	1.33
Sexual Assault Training	-0.19	-0.04	-0.95
Impulsivity	1.44	0.40	10.01*
R²			0.21*
F			15.18

In terms of demographic characteristics, officer sex (Men = 0, Women = 1) was a significant, negative predictor of rape myth endorsement, b = -0.12, t = -2.95, p = .003, such that women reported decreased endorsement of rape myths compared to men. "Other" race/ethnicity (N = 0, Y = 1) was a significant, positive predictor of rape myth endorsement, b = 0.14, t = 3.27, p = .001, suggesting that officers who identified as "Other" race/ethnicity reported increased endorsement of rape myths compared to White officers. Finally, impulsivity was a significant, positive predictor of rape myth endorsement, b = 0.40, t = 10.01, p = .000, suggesting that increased impulsivity predicted increased endorsement of rape myths.
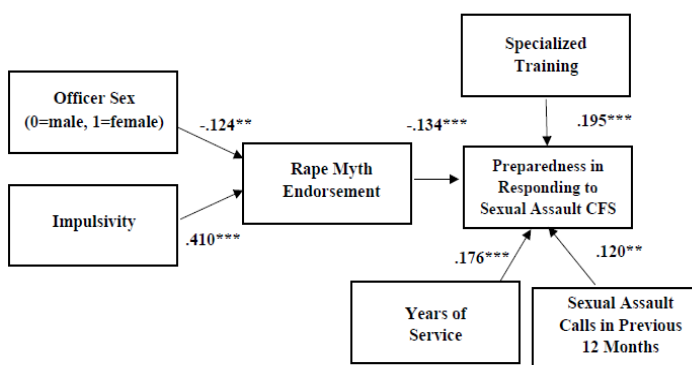
Figure 1. Full Path Model

Figure 1 presents the results of the path model assessing preparedness in responding to sexual assault CFS. Officer sex (Male = 0, Women = 1) predicted decreased rape myth endorsement, b = -.124, p <.01, such that women reported lower levels of rape myth endorsement compared to men. In addition, Impulsivity predicted increased rape myth endorsement, b = .410, p <.001, such that increased impulsivity produced increased rape myth endorsement. Findings from the path model reiterate the results presented in the multivariate OLS regression model. In addition, rape myth endorsement predicted decreased levels of preparedness in responding to sexual assault CFS, b = -.134, p <.001. Furthermore,

prior specialized sexual assault training predicted increased levels of preparedness in responding to sexual assault CFS, b = .195, p <.001. Finally, control variables were significant and substantively meaningful in that years of service, b = .176, p <.001, and the number of sexual assault calls in the previous 12 months, b = .120, p <.01, predicted increased levels of preparedness in responding to sexual assault CFS.

Discussion and Implications for Texas

This report presents abbreviated findings from a forthcoming study examining police-participant levels of rape myth endorsement, factors that predict rape myth endorsement among police-participants, and the role of rape myth endorsement on police-participant preparedness in responding to sexual assault CFS. Several findings are worthy of discussion.

First, results presented here demonstrate levels of rape myth endorsement among police fell below the scale midpoint (RQ1). Despite the positive nature of this finding, research has noted that any endorsement of rape mythology is problematic for survivors who formally report, given the unique position of police personnel who make decisions about how to formally proceed with a case. From a policy standpoint, Texas police agencies may benefit from educational programming that focuses on dismantling rape myths, as existing studies have demonstrated promising results (Darwinkel et al., 2013; Smith et al., 2016).

Next, findings demonstrated the role of officer sex and impulsivity in endorsing rape mythology. Given the saliency of sex as a predictor of rape myth endorsement, Texas law enforcement agencies would benefit from targeting hiring of women police personnel to better represent the populations in which they are responsible for protecting and serving (Sleath & Bull, 2017). Additionally, structuring sexual assault training in ways that facilitate interactive, small group, single-sex discussions concerning attitudes surrounding gender-based violence may be beneficial in terms of in-service training modules. Regarding police participant impulsivity, this finding is among the first in a developing body of literature that has linked impulsivity with attitudinal outcomes, including prostitution myth endorsement (Menaker & Franklin, 2018), rape mythology in general population samples (Franklin, et al. 2012) and trauma misperceptions among law enforcement personnel. While researchers have noted the stable nature of this personality trait, applicants and recruits may be screened to identify extreme levels of impulsivity in terms of risk for adverse attitudes, but that also may impact police misconduct (Donner & Jennings, 2014) and unwillingness to report police misbehavior (Donner et al., 2018).

Finally, results have identified the substantively meaningful effect of rape myth endorsement on decreased levels of preparedness in responding to sexual assault CFS. This finding is particularly interesting given the low mean score on rape myth endorsement among this officer sample. It is also noteworthy that findings demonstrated the utility of prior specialized sexual assault training as a significant predictor of increased levels of preparedness in responding to sexual assault CFS.

Taken together, findings suggest that rape myth endorsement warrants continued improvement for law enforcement agencies. Changing these attitudes may augment responses and prepared in responding to CFS benefitting Texas assault survivors.

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