



Supporting Survivors: The Roles of Rape Myths and Feminism in University Resident Assistants' Response to Sexual Assault Disclosure Scenarios

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Abstract

Sexual assault is a widespread and deleterious issue on U.S. college campuses. Resident assistants (RAs) in university housing are in a unique position to support students who experience sexual assault. RAs' typical job roles, U.S. federal laws (e.g., Title IX), and institutional policies require them to respond to disclosures in particular ways, for instance, by providing emotional support and referring survivors to resources. These responses to disclosures can affect survivors' well-being—positively and negatively—but help providers do not always respond consistently. The current study examined how feminist beliefs and rape myth acceptance (RMA) predicted RAs' provision of material support (i.e., referring survivors to the campus sexual assault center) and emotional support (e.g., empathizing, consoling) in response to sexual assault disclosure scenarios. Data were collected from 300 undergraduate RAs at a large U.S. university. Results indicated that RAs with stronger feminist beliefs were significantly more likely to provide material support. Conversely, RAs with higher RMA were less likely to provide material and emotional support. An interaction between gender and RMA illustrated that men with higher RMA were least likely to provide material support. These findings demonstrate the need for improved training for RAs, as well as other first responders, around rape myths and responses to sexual assault.

Keywords Sexual assault · Social support · Feminist identity · Rape myth acceptance · Resident assistants

Sexual assault is a widespread problem on U.S. college campuses. *Sexual assault* includes any unwanted sexual activity, including attempted or completed penetration (involving a body part or an object inserted into the vagina, anus, or mouth), sexual coercion (e.g., verbal pressure), and any unwanted sexual contact (e.g., fondling, kissing). Experiencing sexual assault is linked to many negative

mental health outcomes (e.g., depression, posttraumatic stress, suicidality; Chang et al. 2015; Kaltman et al. 2005; Ullman and Najdowski 2009) and academic outcomes (e.g., low GPA, withdrawal from school; Jordan et al. 2014; Mengo and Black 2016). Undergraduate women are more likely to experience and fear sexual assault than men (Cook and Fox 2012; Fedina et al. 2018). These fears are well-founded, with an estimated 20–25% of U.S. college women experiencing sexual assault (Fedina et al. 2018; Fisher et al. 2000; Muehlenhard et al. 2017). In the vast majority of these cases, the perpetrator is male. Consequently, the focus of the current study is women's experiences of male-perpetrated sexual assault.

Given the extent of this problem, it is crucial to examine universities' response efforts, including staff members designated to support sexual assault survivors. Undergraduate Resident Assistants (RAs), defined in the present study as any undergraduate student who works for university housing regardless of official job title, are influential members of the campus community. Two important job roles for RAs include providing emotional and material supports in times of crisis

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(e.g., a non-judgmental listening ear; a referral to campus resources), and their responses can have a great impact on their students' lives (Blimling 2003). When sexual assault survivors disclose, positive responses from support providers can have positive effects on survivors' coping and well-being (Orchowski et al. 2013; Ullman 1999). However, not all formal sources of support respond in a uniform manner (Campbell 2008; Filipas and Ullman 2001). In the current study, we sought to examine factors that predict RAs' responses to sexual assault disclosures, specifically feminist identity and rape myth acceptance (RMA).

Resident Assistants' Role in Supporting Survivors

Undergraduate RAs are an accessible and valuable resource for many college students. RAs have an important and multifaceted position on campus, and their roles include being a friend and confidant for their residents, building an inclusive and welcoming community, being knowledgeable of and offering referrals to campus resources, responding to crisis situations, and enforcing university policies (Blimling 2003). When a resident is in distress, RAs are often the "first responders" and are responsible for recognizing the crisis and responding properly through actions such as providing a referral or making a report (Owens 2011; Reingle et al. 2010). However, RAs' roles can be complicated. RAs are often positioned as a legal extension of the university, and they must balance their roles as helper and policy enforcer even when those roles conflict (Letarte 2014).

For instance, under both U.S. federal and institutional policy, RAs are increasingly mandated to respond to sexual assault disclosures in specific ways (Letarte 2014). The Department of Education Office for Civil Rights' (OCR) guidance on Title IX has shaped university sexual assault policies that impact RAs. Most universities in the United States designate RAs as "Responsible Employees," a mandatory reporting role under Title IX guidance such that if an RA learns a student has been sexually assaulted, she/he must report it to an appointed designee on campus (often the Title IX Coordinator; Letarte 2014; Lhamon 2014). Additionally, in this role, RAs are expected to provide support to residents who disclose sexual assault through acts such as providing information about resources available on and off campus (e.g., housing and academic accommodations, victim advocacy services) and explaining confidentiality (e.g., which resources can provide confidentiality; Lhamon 2014). Universities are not mandated to designate all RAs as Responsible Employees, but housing staff members are considered Campus Security Authorities under the Clery Act [34 CFR 668.46(a)], which requires them to report aggregate, non-identifying information about sex-related crimes to

campus officials (e.g., dates, times, locations of crimes). Under these policies, RAs have a substantial responsibility to support and assist students who experience sexual assault.

Formal support providers, such as RAs, may respond to sexual assault survivors in both positive and negative ways (Campbell 2008; Ullman 1999). Negative, unsupportive reactions include blaming survivors for what happened, not believing them, trying to control their decisions, or treating them differently (Ullman 2000). These negative reactions can even function as a second victimization, causing further trauma (Campbell 2008). Negative reactions exacerbate psychological consequences (e.g., depression), increase harmful coping strategies (e.g., self-blame, substance use), and inhibit survivors from disclosing altogether (Ahrens 2006; Orchowski et al. 2013; Orchowski and Gidycz 2015; Ullman and Relyea 2016). Conversely, positive, supportive behaviors can include believing the survivor, providing emotional support (e.g., comforting, listening, empathizing), and offering material aid (e.g., providing information about resources; Ullman 2000). These positive responses can facilitate coping and psychological well-being for survivors (Borja et al. 2006; Orchowski et al. 2013; Peter-Hagene and Ullman 2014; Ullman 1996a, b).

As illustrated in the literature we reviewed, two important positive sources of support that RAs can provide are emotional and material supports. *Emotional support* can entail providing care and concern and supporting survivors emotionally, whereas *material support* can involve providing survivors with information about other formal resources that can further assist survivors following an assault. For example, many U.S. universities have sexual assault centers (SAC) and/or victim advocacy services on campus (Richards 2016). These services are an essential material support because they focus explicitly on the needs and interests of survivors (Martin 2005).

Research illustrates that RAs are increasingly trained on the issue of sexual assault and ways to respond to survivors' disclosures (Bowman and Bowman 1995; Koch 2012). However, formal support providers are not all uniform in their responses (Campbell 2008; Filipas and Ullman 2001). Thus, it is important to understand factors that facilitate RAs' provision of emotional and material support following a sexual assault disclosure. Factors that may play a central role are gender, feminist beliefs, and rape myth acceptance (RMA).

Gender

Prior research suggests that gender may play a role. Greater experience and salience of sexual assault may affect women's responses to disclosures. Women are more likely to believe that university sexual assault policies and resources are important and have greater knowledge about campus sexual assault resources than men (e.g., Banyard et al. 2007; Streng and Kamimura 2016; Walsh et al. 2010). Women are also less

likely to engage in victim-blaming behavior in response to sexual assault (Grubb and Harrower 2008). These findings suggest that women in a formal support provider role—such as RAs—may be more likely to provide material and emotional supports after a sexual assault disclosure.

Feminist Beliefs

A core tenant of feminism is the belief that patriarchy and gender inequality fuel society's tolerance of aggression toward women (Roze and Koss 2001). Feminist beliefs, like the importance of supporting women and ending sexual violence (Downing and Roush 1985), may shape support providers' responses to sexual assault survivors. In a recent qualitative study, feminist-identified college students described providing support for women who experience sexual violence and advocating to improve institutional policies and resources for sexual assault survivors (e.g., creating a sexual assault center or hotline on campus, organizing Take Back the Night marches; Lewis et al. 2016). There is ample evidence that attitudes about gender are associated with victim-blame (i.e., blaming the victim for the assault)—a very negative social reaction. People who hold more benevolently sexist beliefs, based on the idea that women should be protected and treasured, are more likely to blame victims for their assault (Abrams et al. 2003; Durán et al. 2010; Masser et al. 2010; Yamawaki 2007). Similarly, some studies have found that endorsing hostile sexism, or believing women try to gain power by controlling men, is associated with blaming the victim (Cohn et al. 2009; Durán et al. 2010). On the other hand, people who hold more egalitarian beliefs about women's gender roles, such as the belief that women should have equal access to education and employment, are less likely to blame victims than people with more traditional gender-role beliefs (Acock and Ireland 1983; Simonson and Subich 1999; Willis 1992; Yamawaki 2007). People with less sexist beliefs express more empathy for sexual assault survivors (Ferguson and Ireland 2012). Further, feminist identity is related to activism: feminists are more likely to attempt to make positive changes in their lives and the lives of others (Yoder et al. 2011; Zucker 2004). Given these findings, people who more strongly endorse feminist beliefs may be more likely to respond to survivors with positive social actions, such as providing emotional and material supports after a disclosure.

Rape Myth Acceptance (RMA)

Rape myths are inaccurate widespread cultural beliefs that serve to blame victims for the sexual assault they experienced and to deny and justify violence against women (Brownmiller 1975; Burt 1980; Payne et al. 1999). Some common examples of rape myths include believing that a woman is “asking for it” if she is wearing “provocative” clothing and that a rapist

must have used a weapon in order for an assault to be considered a “real” rape. The majority of sexual assaults within a college context are perpetrated by an individual the survivor knows, involve the use of alcohol, and do not involve a weapon (Fisher et al. 2010; Rennison and Addington 2014). Those who endorse rape myths may more readily interpret students' sexual assault disclosures as not “real” rape and fail to respond in a positive or supportive manner.

Research consistently finds that RMA predicts greater likelihood of blaming the victim for a sexual assault, which is a negative response to disclosures, as well as more negative treatment of survivors (Grubb and Turner 2012). A recent study found that college students with higher RMA were less likely to believe that encouraging a survivor to seek formal assistance, such as counseling, and communicating that the survivor did nothing wrong would be helpful ways to respond to a sexual assault survivor (Sit and Schuller 2018). Other research suggests that formal help providers who endorse rape myths may be more likely to respond negatively to sexual assault disclosures. For example, McLindon and Harms (2011) found that mental health counselors' beliefs about sexual assault can influence the support they provide to survivors, including referring them to long-term treatment or other resources. Additionally, Kushmider and colleagues (Kushmider et al. 2015) found that counselors often refrained from emotionally supportive responses because of their problematic beliefs about rape. Thus, RAs who have higher RMA may be less likely to provide material and emotional supports to survivors.

Summary and Research Questions

In the current study, we examined how gender, feminist beliefs, and RMA predicted RAs' likelihood to provide two specific types of support—material and emotional—in response to sexual assault disclosure scenarios. In addition, we explored the multiplicative effects of these factors. Women tend to be more accepting of feminist attitudes and less accepting of rape myths (Edwards et al. 2011), so it may be the case that feminist beliefs and RMA moderate the relationship between participants' gender and provision of support. For instance, men with lower feminist beliefs and greater RMA may be even less likely to offer survivors material and emotional support. RMA is strongly associated with anti-feminist beliefs such as sexism, gender-role stereotypes, and hostility towards women (Aosved and Long 2006; Lutz-Zois et al. 2015; Stoll et al. 2016; Suarez and Gadalla 2010); thus, the interaction between feminist identity and RMA may further predict RAs' responses to sexual assault disclosures. For example, an RA who has higher endorsement

of feminist beliefs and lower RMA should be more likely to provide social support than an RA with lower feminist beliefs and higher RMA.

To summarize, our first research question examined how (a) gender, (b) feminist beliefs, (c) RMA, and (d) the interaction between these factors predict RAs' provision of material support (i.e., referring survivors to the campus sexual assault center). Our second research question then examined how (a) gender, (b) feminist beliefs, (c) RMA, and (d) the interaction between these factors predict RAs' provision of emotional support (e.g., empathizing).

Method

Procedure and Participants

Data were collected from undergraduate RAs at a large U.S. Midwestern university. Each of the 17 residence halls on campus holds a weekly meeting for their residence staff. Two members of the research team attended one of these meetings for every residence hall and invited RAs who were present to take an anonymous paper survey. Each participant was paid \$5 (USD) as compensation. All study procedures were approved by the university's Institutional Review Board. In total, 306 RAs completed the survey. We removed one individual due to excessive missing data (less than half of items were completed), for a total sample size of 305.

The mean age for participants was 20.5 years old ($SD = .93$, range 18–25). At the time of the survey, RAs had worked in their current position from a minimum of one month to a maximum of 5 years ($M = 11$ months, $SD = 10$). The largest portion of participants were in their third year (43.5%, $n = 130$) or fourth year (38.5%, $n = 115$) at the university; the rest were in their second year (12.7%, $n = 38$) or fifth year and above (5.4%, $n = 16$). Participants were White (40.0%, $n = 120$) or Asian/Asian American/Pacific Islander (26.7%, $n = 80$), and the remainder identified as African American/Black (17.3%, $n = 52$), Latinx/Hispanic (4.7%, $n = 14$), Middle Eastern/Arab (2.7%, $n = 8$), another race or ethnicity (1.3%, $n = 4$), or Multiracial (7.3%, $n = 22$). Participants were just over half women (56.7%, $n = 170$), with the rest identifying as men (43.3%, $n = 130$).

Measures

The current study used both quantitative and qualitative data. In the measures described in the following, higher scores on all of the scales indicate higher levels of that particular construct. The survey began with demographic questions, including gender, and then were presented in the order listed in the following.

Gender

Participants were asked, "What is your gender?" Coded response options included: 1 = woman, 2 = man, 3 = trans*, and 4 = If none of the options above describe you, please specify how you identify [write in]. Participants who identified as transgender or gender nonconforming did not constitute a large enough sample to analyze as a separate group ($n = 5$), so gender was coded Women = 1, Men = 0.

Provision of Material Support ($\alpha = .88$)

RAs' likelihood to refer sexual assault survivors to the Sexual Assault Center (SAC) was used to assess their provision of material support. Participants were given six short scenarios describing an encounter between two students that would be defined as a sexual assault under the university's sexual misconduct policy (see the [Appendix](#) for scenarios). After each scenario, participants were asked, "Would you refer [survivor's name] to the Sexual Assault Center?," and they rated their answer on a 7-point Likert-type scale from 1 (*not at all likely*) to 7 (*extremely likely*). We averaged participant's responses across all six scenarios to yield a single likelihood-to-refer score.

Provision of Emotional Support

We measured RAs' provision of emotional support by coding their open-ended responses to the six scenarios. After each scenario, participants were asked: "Briefly describe how you would respond to [survivor's name]." Collapsing across all responses, we used content analysis to identify themes within these open-ended data. Content analysis is a technique for classifying text into meaningful categories of information (Stemler 2001; Weber 1990). Using a deductive approach, we analyzed these data specifically looking for types of emotional support. We identified 12 themes that exemplified emotional support (see Table 1 for detailed explanations of each theme). Next, we quantified these themes by assigning participants a score from 0 to 12, which represented how many of the 12 types of emotional support they displayed across their open-ended responses. For instance, a participant who did not communicate any emotional support in response to any of the six scenarios would receive a score of 0, whereas a participant who communicated empathizing, listening, and following up in their responses to any of the scenarios would receive a score of 3. This measure indicates the variety and extent of emotional support types that RAs' would provide.

Rape Myth Acceptance ($\alpha = .75$)

RMA was measured using the Illinois Rape Myth Acceptance Short Form (IRMA-SF; Payne et al. 1999). The measure

Table 1 Emotional support themes, definitions, and examples

Theme	Definition	Example excerpts
1. Meeting needs	RAs determine what the survivor needs and provides that support.	"I'd let her know I was here for anything she needs."
2. Sympathizing	RAs are sympathetic to the situation and express this to the survivor.	"I'm sorry that you had to experience something like this."
3. Empowering	RAs seek to restore some power and agency back to the survivor.	"Ask her what she wants to do for her next steps. Give her the power back."
4. Accompanying	RAs offer to go with the survivor to the SAC or another resource.	"I would give her the [SAC] # and offer to go with her or stay with her while she called."
5. Praising	RAs give positive affirmation to the survivor for disclosing.	"I would tell [her] that it was very brave of her to tell me and that I appreciate her trusting me."
6. Validating	RAs let the survivor know that they believe her/his story.	"I would explain how that's still sexual assault and that I believe her."
7. Consoling	RAs provide comfort to a survivor in distress.	"I'd try my best to comfort her."
8. Empathizing	RAs empathize with the survivor's situation.	"I understand what you are going through firsthand. Please think of me as someone you can talk to."
9. Emphasizing safety	RAs express that the survivor's safety is important.	"You deserve to be/feel safe in your relationship."
10. Avoiding blame	RAs avoid blaming the survivor for the assault.	"It's not your fault, you didn't do anything wrong."
11. Following up	RAs check-in on the survivor after the initial disclosure.	"I'd make sure she was OK and continue to check up on her."
12. Listening	RAs listen to the survivor's story.	"I would listen to her."

RAs, resident assistants; SAC, sexual assault center

consisted of 20 items including items such as "If the rapist doesn't have a weapon, you really can't call it rape" and "Many women secretly desire to be raped." IRMA items can be scored as seven separate subscales or averaged to yield a single RMA score. Respondents indicated their level of agreement with each item on a Likert-type scale from 1 (*not at all agree*) to 7 (*very much agree*). Participants' responses were averaged to give a total RMA score, with higher scores indicating greater acceptance of rape myths.

Feminist Beliefs

Feminist beliefs were measured with the beliefs portion of Zucker's (2004) feminist identity measure. Participants were asked three questions that represented the cardinal beliefs of feminism: (a) "Girls and women have not been treated as well as boys and men in our society," (b) "Women and men should be paid equally for the same work," and (c) "Women's unpaid work should be more socially valued." For each item, participants could respond 1 (*yes*) or 0 (*no*). Participant's responses on these items were summed to create a single index of beliefs.

Results

Descriptive Results

Table 2 contains means and standard deviations for variables for women and men. Men were significantly more like to

endorse rape myths compared to women, $t(296) = 3.94$, $p < .001$, 95% CI [.11, .33], $d = .46$. The men in our sample were also less supportive of feminist beliefs than the women, $t(273) = -3.27$, $p = .001$, 95% CI [-.35, -.09], $d = .40$. Compared to women, men were also less likely to provide material support, $t(298) = -2.53$, $p = .012$, 95% CI [-.31, -.04], $d = .29$, and emotional support, $t(298) = -2.30$, $p = .022$, 95% CI [-.67, -.05], $d = .27$. Table 2 also contains correlations between study variables for women and men. There were significant relationships between the variables for men, but not for women. Specifically, feminist beliefs was negatively correlated with RMA and positively correlated with provision of material support. RMA was negatively associated with both material and emotional support. Additionally, there was a significant positive relationship between both types of support.

Research Question 1: Material Support

To test our first research question, we ran a hierarchical linear regression with intentions to refer to the SAC (a provision of material support) as the dependent variable. We found that the residuals for this model were negatively skewed. We implemented a logarithmic transformation, which improved normality. Given that the same pattern of findings emerged with the transformed variable, we retained the original measure here for ease of interpretation.

We entered all independent variables on Step 1: gender, feminist beliefs, RMA. We entered two- and three-way

Table 2 Descriptive statistics and correlations for study variables

Variables	Women	Men	Range	Correlations			
	Mean(<i>SD</i>)	Mean(<i>SD</i>)		1	2	3	4
1. Feminist beliefs	2.77(.48)	2.55(.63)	0–3	–	–.01	.04	.06
2. Rape myth acceptance	1.27(.36)	1.49(.59)	1–7	–.42***	–	.01	–.10
3. Material support	6.78(.40)	6.61(.78)	1–7	.27**	–.43***	–	.11
4. Emotional support	1.78(1.40)	1.42(1.27)	0–12	–.01	–.18*	.17*	–

Correlations for women above diagonal and men below diagonal. Material support = average likelihood to refer survivors to the sexual assault center. Emotional support = sum emotional supports offered to survivors

* $p < .05$. ** $p < .01$. *** $p < .001$

interactions among gender, feminist beliefs, and RMA on Step 2. Categorical variables were coded 0/1 and continuous variables were centered before computing interaction terms. Results for these analyses appear in Table 3. Independent variables explained a significant 12% of the variance in intentions to refer survivors to the SAC. Participants with greater endorsement of feminist beliefs had greater intentions to provide material support. Conversely, participants with higher RMA had lower intentions to refer survivors to the SAC.

Although gender was not a significant predictor on its own, there was a significant interaction between gender and RMA. Entering the interactions explained an additional 5% of the variance in referral intentions, but only one interaction was significant. We probed this interaction between gender and RMA using simple slopes and an online computational tool (see Preacher et al. 2015). Figure 1 illustrates that men's intentions to refer survivors to the SAC significantly decreased as their RMA increased ($b = -.55$, $p < .001$). However, RMA was unassociated with women's intentions to provide material support ($b = .02$, $p = .87$).

Research Question 2: Emotional Support

To test our second research question, we ran a hierarchical linear regression with provision of emotional support as the dependent variable. Again, we entered gender, feminist beliefs, and RMA on Step 1 and entered two- and three-way interactions among gender, feminist beliefs, and RMA on Step 2. Variables were dummy coded 0/1 or centered before computing interaction terms. Results for these analyses are reported in Table 4. We found that the independent variables explained a significant 3% of the variance in the provision of emotional support. Women offered more emotional support in response to the disclosure scenarios than men. RMA was also a significant predictor of emotional support: Lower acceptance of rape myths predicted more emotional support offered to survivors. Unlike our findings for material support, feminist beliefs and the interactions between and among the independent variables were not significantly associated with the provision of emotional support.

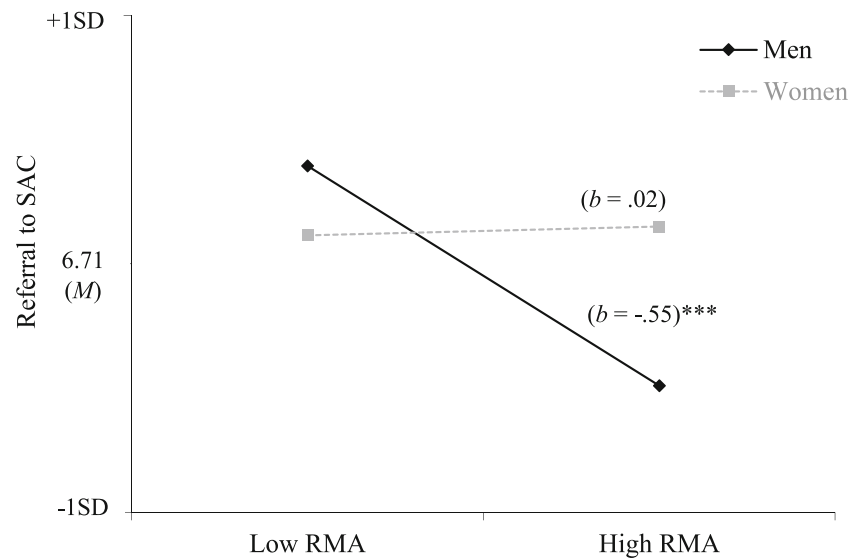
Table 3 Hierarchical linear regression predicting likelihood to provide material support

Predictors	Step 1			Step 2		
	β	b	t	β	b	t
Gender	.07	.09	1.24	.09	.11	1.51
Feminist beliefs	.12	.13	2.00*	.12	.14	1.45
RMA	–.27	–.35	–4.55***	–.43	–.54	–5.54***
Gender x RMA				.26	.57	3.47***
Feminist Beliefs x RMA				–.06	–.10	–.72
Gender x Feminist Beliefs x RMA				.01	.05	.18
<i>F</i>		13.10***			9.44***	
<i>df</i>		3			6	
<i>df</i> _{error}		271			268	
<i>R</i> ²		.12			.17	
ΔR^2					.05**	

Gender coded women = 1, men = 0; RMA = rape myth acceptance

* $p < .05$. ** $p < .01$. *** $p < .001$

Fig. 1 Two-way interaction between gender and rape myth acceptance (RMA) predicting intentions to refer survivors to the sexual assault center (SAC). b = unstandardized regression coefficient (simple slope). Low = -1 SD below the mean and high = $+1$ SD above the mean. *** $p < .001$



Follow-up Analyses for Rape Myth Acceptance

Because RMA was an important predictor of both material and emotional support, we further investigated and clarified these results with an exploratory analysis: We ran bivariate correlations to examine how the different facets of RMA were related to these two forms of social support. The IRMA (Payne et al. 1999) can be scored into seven subscales: (a) She asked for it (e.g., “When women are raped, it’s often because the way they said ‘no’ was ambiguous”), (b) It wasn’t really rape (e.g., “If the rapist doesn’t have a weapon, you really can’t call it rape”), (c) He didn’t mean to (e.g., “Rape happens when a man’s sex drive gets out of control”), (d) She wanted it (e.g., “Many women secretly desire to be raped”), (e) She lied (e.g., “A lot of women lead

a man on and then they cry rape”), (f) Rape is a trivial event (e.g., “Women tend to exaggerate how much rape affects them”), and (g) Rape is a deviant event (e.g., “Men from nice middle-class homes almost never rape”).

Six of the seven subscales—She asked for it, It wasn’t really rape, She wanted it, She lied, Rape is a trivial event, and Rape is a deviant event—were significantly associated with RAs’ intentions to refer survivors to the SAC. RAs who endorsed these beliefs more strongly had lower intentions to provide material support. Similarly, four of the seven subscales were significantly correlated with RAs’ provision of emotional support: More strongly endorsing She wanted it, She lied, Rape is a trivial event, and Rape is a deviant event was associated with providing less emotional support. See Table 5 for all correlations.

Table 4 Hierarchical linear regression predicting likelihood to provide emotional support

Predictors	Step 1			Step 2		
	β	b	t	β	b	t
Gender	.13	.35	2.06*	.12	.35	2.01*
Feminist Beliefs	-.01	-.02	-.10	-.08	-.20	-.91
RMA	-.13	-.38	-2.11*	-.16	-.44	-1.88
Gender x RMA				-.00	-.01	-.02
Feminist Beliefs x RMA				.11	.41	1.27
Gender x Feminist Beliefs x RMA				.03	.28	.41
F		3.84**			2.19*	
df		3			6	
df_{error}		271			268	
R^2		.03			.03	
ΔR^2					.006	

Gender coded women = 1, men = 0. RMA = rape myth acceptance

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 5 Bivariate correlations for RMA subscales and RAs' provision of material and emotional supports

IRMA Subscales	Material support	Emotional support
She asked for it (items 1–4)	-.32***	-.11
It wasn't really rape (items 5–6)	-.19***	-.09
He didn't mean to (items 7–8)	-.08	-.10
She wanted it (items 9–10)	-.19***	-.15*
She lied (items 11–12)	-.34***	-.13*
Rape is a trivial event (items 13–14)	-.24***	-.13*
Rape is a deviant event (items 15–17)	-.31***	-.17**

IRMA = Illinois rape myth acceptance scale. Items 18–20 were unscored filler items

* $p < .05$. ** $p < .01$. *** $p < .001$

Discussion

Resident Assistants (RAs) play a vital role in college communities, including sexual assault response efforts. When students are in crisis, two of RAs' primary functions are to provide emotional and material supports. The current study offers insight into underlying belief systems that may contribute to RAs' provision of emotional and material supports to female sexual assault survivors after a disclosure. Specifically, our results suggest that rape myth acceptance (RMA) and feminist beliefs are associated with these responses.

Predictors of Material Support

We found that participants with stronger feminist beliefs had greater intentions to refer female survivors to the SAC. Feminist-identified college students have expressed the importance of supporting women who have experienced sexual assault and improving resources for survivors (Lewis et al. 2016). Thus, believing more strongly in gender equity may play an important role in the provision of material support by support providers. We also found that RAs with greater endorsement of rape myths had lower intentions to refer survivors to the sexual assault center (SAC)—an important resource for survivors. However, our interaction results suggest that this may be true only for men. We found that men's intentions to refer survivors to the SAC decreased as their acceptance of rape myths increased, but RMA did not affect women's referral intentions. Women with higher and lower RMA were similarly likely to provide material support.

Men are more likely to believe myths about sexual assault than women (Edwards et al. 2011), and this may be especially detrimental for survivors when men are in a support provider role. Common myths about rape include suggestions that the survivor is lying or was deserving of the assault because of how she acted or how she was

dressed (Burt 1980; Payne et al. 1999), and higher RMA is predictive of blaming the victim (Grubb and Turner 2012). Our exploratory analyses suggest that six types of myths may be particularly harmful: We found that participants who held negative or skeptical beliefs about rape victims (e.g., women “ask for it”; women “want it”; women lie about rape) and minimized rape (e.g., only assaults involving a weapon can be called “rape”; women exaggerate how much rape affects them; rape is uncommon) were less willing to refer survivors to the SAC. A recent study found that if a victim did not physically resist a sexual assault, college students believed that it would be less helpful to provide the survivor with information (e.g., about resources and options; Sit and Schuller 2018). We found that RAs' belief that men “don't mean to” rape was not significantly associated with likelihood to refer. This difference may be due to the fact that participants were asked how they would respond to the victim, not the perpetrator. Participants' beliefs about the perpetrator may affect how they would respond to a student accused of committing sexual assault. Future research is needed to further explore how different beliefs about rape predict the provision of support following disclosures.

Predictors of Emotional Support

Our results revealed that participants' gender and RMA were significant predictors of emotional support in response to a sexual assault disclosure scenario. Specifically, men and RAs with higher acceptance of rape myths offered less emotional support to survivors. In our exploratory analyses, myths that undermine victims (e.g., women “ask for it,” women “want it,” women lie) and minimize assaults (e.g., rape is trivial, rape is rare) were negatively correlated with emotional support. Research consistently finds that people who believe myths about sexual violence respond more negatively to

survivors (Cohn et al. 2009; Grubb and Turner 2012). Sit and Schuller (2018) found that college students with greater RMA report that they would be less likely to provide emotionally supportive responses to a sexual assault survivor (e.g., telling the victim she did nothing wrong; assuring the victim she could not have stopped the assault). Unlike our findings for material support, there was no interaction between gender and RMA in predicting the provision of emotional support. Thus, our results suggest that RAs who reject rape myths—regardless of gender—may be more emotionally supportive in response to a woman’s sexual assault disclosure.

Contrary to our expectations, feminist belief was not a significant predictor of emotional support, either as a main effect or interaction with RMA. These findings differ from RAs’ provision of material support, which begs the question: Why might feminist beliefs predict material but not emotional support? One factor might be that providing emotional support is a more routine component of RAs’ day-to-day job than specific resource referrals. RAs are expected to provide emotional support for a wide range of issues (e.g., having problems with roommates, struggling in courses, experiencing mental or physical illness; Blimling 2003). RAs, regardless of feminist beliefs, may know that a student who comes to them with a problem should be given some type of emotional support. Referring survivors to the SAC, on the other hand, requires the RA to recognize and acknowledge that the situation calls for this specific resource. Students with stronger feminist attitudes may be more likely to recognize a survivor-centered resource as important for survivors. Additional research is needed to understand the nuanced relationships between feminist belief systems and responses to sexual violence.

Practice Implications

Following U.S. federal and institutional policy, RAs are frequently designated as “Responsible Employees,” a mandatory reporting role under Title IX, a U.S. federal civil rights law (Letarte 2014; Lhamon 2014). OCR guidance illustrates the weighty role that Responsible Employees play in response to sexual assault disclosures: Responsible Employees are expected to report all sexual assaults to the university and to support survivors (e.g., provide information about resources). There are detailed expectations for institutions’ Responsible Employee training, which must teach these employees (a) their duty to inform survivors about their mandatory reporting role, ideally before the survivor discloses; (b) what and to whom they must report; (c) their duty to explain

survivors’ reporting options; (d) their duty to explain options for confidentiality (e.g., confidential resources); and (e) trauma-informed responses (e.g., using nonjudgmental language; Lhamon 2014). Although some research finds that RAs are increasingly trained on sexual assault (Bowman and Bowman 1995; Koch 2012), our results suggest that RAs may not respond to disclosures in consistently positive (and expected) ways. Thus, there is a need for systematic, empirical evaluations of the content, consistency, and efficacy of training for RAs (and other Responsible Employees). Does training adhere to established expectations and prepare RAs to respond to sexual assault disclosures with appropriate information and compassion? Our finding suggest that additional research is needed to understand how support providers perceive their role as Responsible Employees, and how this may affect their responses to disclosures. Policies requiring employees to report a student’s disclosure of sexual assault to the university, even if the student does not want to report, may have negative effects for both employees and students (Holland et al. 2018).

Moreover, our findings demonstrate the potential utility in considering RAs’ identities and belief systems within training. RAs who were more accepting of rape myths were less likely to provide emotional support and refer survivors to the SAC. These findings suggest that it may be helpful for trainings to highlight the inaccuracies in common myths about sexual violence. Training that consistently and emphatically communicates that survivors are never at fault for their assaults, regardless of their behaviors or characteristics, for example, could help to increase RAs’ referrals to sexual assault resources and emotionally supportive behaviors. Discussing research that documents the low occurrence of “false reports” may also help counter beliefs that women often lie about rape. Our findings further suggest that it may be beneficial for trainers to assess RAs’ acceptance of rape myths as well as feminist beliefs before training because this information may help them understand which participants may be most resistant to such messages. Responsible Employees could exacerbate survivors’ distress and trauma if their training does not adequately address harmful beliefs such as rape myths. For example, an RA who asks questions that express doubt or victim-blame, based in their beliefs about rape myths, could increase the survivor’s distress and trauma (Campbell 2008; Orchowski et al. 2013).

Limitations and Future Directions

As with all research, the present study does not come without limitations. First, these results are based on

cross-sectional and correlational data, which restricted our ability to make causal conclusions about the relationships between variables. Further research, both experimental and longitudinal, is needed to test whether feminist attitudes and acceptance of rape myths cause RAs to provide more or less material and emotional supports in response to sexual assault disclosures. This work should also expand beyond the hypothetical situations examined in the current study and examine how RAs respond when actual students disclose. The current study focused on the most prevalent form of campus sexual assault—perpetrated by men against women—but research building on this work should expand upon this focus to include men's and same-sex sexual assault experiences. There may be myths unique to these assault situations (e.g., men cannot be assaulted, a woman cannot be assaulted by another woman) that affect how formal support providers respond to disclosures. It would also be important to consider how other sociocultural characteristics of victims and perpetrators (e.g., race, class) relate to formal support providers' provision of material and emotional supports. Our model, though significant, explained a small amount of variance in these outcomes, so additional work is needed to identify other factors that contribute to support intentions and behaviors.

Second, the current study examined two possible supportive responses. Research is needed to examine how individual factors, like feminist beliefs and RMA, predict other important forms of social support, such as making a referral to the counseling center and providing information about where to obtain medical care. In addition, future research is needed to examine RAs' negative responses to sexual assault disclosures. Negative reactions from support providers tend to have more consistently harmful effects on survivors' psychological well-being compared to positive reactions (Orchowski and Gidycz 2015; Peter-Hagene and Ullman 2014; Ullman 1999). What are the most common negative reactions RAs have to sexual assault disclosures? What are the unique harms of these reactions? How do sexual assault survivors interpret and experience RAs' responses? Although the current study was focused on two specific responses (i.e., referral to the campus SAC, types of emotional support), it could be useful for future research to utilize standardized measures of support providers' responses to disclosures (e.g., the Social Reactions Questionnaire, Ullman 2000).

Third, these results may not generalize to all universities in the United States or in other countries. Sexual assault policies and RA training will differ across U.S. institutions, so the responses of RAs on other university campuses may look different depending upon that university's policies and training practices. However, this also speaks to the need for more empirical evaluation of

RA training and ways that these programs translate into RAs' treatment of sexual assault survivors. If training is inconsistent across institutions, survivors at some campuses may be receiving better/worse treatment simply because of their school choice—all survivors should be treated with care and compassion. Additionally, not all schools have an on-campus SAC, which will have implications for RAs' responses to disclosures across campuses. That said, it is likely that feminist beliefs and RMA would be related to RAs' likelihood to refer survivors to off-campus SACs or other supports (e.g., counseling services). Future research is needed to test these possibilities.

Conclusion

The current study enhances our understanding of undergraduate resident assistants' provision of support for female students who experience sexual assault. RAs' stronger acceptance of rape myths and weaker adoption of feminist beliefs predicted lower intentions to refer survivors to the campus SAC. RMA was particularly important for men's provision of this material support. Moreover, RAs who more strongly endorsed myths about rape were less likely to provide emotional support. RAs can be a critical source of support for college students, and these undergraduate students are increasingly expected to handle students' disclosures of sexual assault under U.S. federal and institutional policy (Letarte 2014). If universities want to ensure that survivors receive the best possible care from formal support providers on campus, our findings suggest the need for training that considers RAs' beliefs and identities and combats problematic beliefs about sexual violence.

Acknowledgements The present research was made possible by funding from CEW Riecker Graduate Student Research Grant, IRWG Graduate Student Research Award, Rackham Graduate Student Research Grant, Psychology Department Dissertation Grant, and Women's Studies Research Funds Grant. An earlier version of this article was the second author's honors thesis submitted in partial fulfillment of the requirements for the degree of Bachelor of Arts in psychology from the University of Michigan.

Compliance with Ethical Standards

Disclosure of Potential Conflicts of Interest We have no conflicts of interest to report.

Research Involving Human Participants and/or Animals We obtained approval from the University of Michigan institutional review board to conduct this research with human participants. All procedures adhere to ethical guidelines.

Informed Consent Informed consent was obtained from all participants.

Appendix

Sexual Assault Scenarios

1. Alice gets so drunk at a party that her friend Nick has to help her get home. Alice passed out when they got to her room and Nick had sex with her.
2. John attacks Noel in the parking lot next to the library at 10 pm. She screams “No,” but he holds her down, pulls off her pants, and has sex with her.
3. Tasha is sleeping in her dorm room. Her roommate’s boyfriend Steve starts fondling her breasts. Steve stops when Tasha wakes up and yells.
4. Luke and Dana have been dating for a few months. One night, Luke wants to have anal sex but Dana does not want to. He threatens to end the relationship if they don’t. They have anal sex.
5. Tina agrees to let Paul give her oral sex. After a few minutes, Paul pulls off his pants and inserts his penis in her vagina. Tina did not want to have intercourse, and tells him to stop. Paul does not stop.
6. Helena is having sex with Adam in his room, and his friend Tim walks in. Adam tells him to “go for it.” Helena does not want to have sex with Tim too. Before she can say anything, Tim starts having sex with her.

Contact the first author for the policy definitions of “sexual misconduct” and “consent” that were used when creating the scenarios

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