CO-OCCURRENCE OF RAPE MYTH ACCEPTANCE AND INTOLERANT ATTITUDES IN A MILITARY SAMPLE

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Sexual trauma within the military is a widespread issue, and rape myth acceptance has been shown to contribute to its prevalence. Given that the military culture has been shown to lend itself to hypermasculinity and traditional gender role adherence, both of which facilitate aggression toward women, this effect warrants investigation within a military sample. The present study replicated and expanded upon Aosved and Long's (2006) study examining 85 veteran and active duty military members' responses on the Illinois Rape Myth Acceptance Scale, Attitudes Toward Women Scale (short form), Neosexism Scale, Male Role Norms Inventory (short form), Modern and Old Fashioned Racism Scale, Modern Homophobia Scale, a modified version of the Economic Belief Scale, Fraboni Scale of Ageism, Religious Intolerance Scale, and the Marlowe–Crowne Social Desirability Scale (short form). Findings provide support for the co-occurrence of rape myth acceptance with intolerant attitudes, including sexism, hypermasculine gender role ideology, racism, sexual prejudice, classism, ageism, and religious intolerance, both individually and collectively. These results provide insight into the functioning of intolerant attitudes within a military sample, and provide important insight for future research addressing the association between rape myth acceptance and rape proclivity and the perpetration of military sexual assault.

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

REVIEW OF LITERATURE

1.1 Introduction

Sexual violence in the military, or military sexual trauma, is a common problem in the United States military. Military sexual trauma (MST) is a term used to describe experiences of sexual assault, or repeated and threatening sexual harassment experienced by a service member during his or her time in the military (Military Sexual Trauma, 2014).

Federal law (Title 38 U.S. Code 1720D) defines MST as "psychological trauma, which in the judgment of a mental health professional employed by the Department (of Defense), resulted from a physical assault of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training." Sexual harassment is further defined as “repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character” (Counseling and Treatment for Sexual Trauma, 2011). This definition has been only slightly modified for use by the U.S. Department of Veterans Affairs (Military Sexual Trauma, 2014). In essence, MST includes any unwanted sexual activity, such as unwanted sexual touching or grabbing, threatening or offensive remarks of a sexual nature, or threatening and unwelcome sexual advances in which the individual was coerced (e.g., threats), physically forced, or unable to give consent (e.g., intoxicated; Military Sexual Trauma, 2014).

Unfortunately, the prevalence of MST is high. The National Center for PTSD estimates lifetime prevalence for MST among female veterans to be between 21.6% and 23.0% for women, and around 1.1% for male veterans (Hyun, Pavao, & Kimerling, 2009). Similarly, the Veterans Health Administration estimates about 25% of female veterans and 1% of male veterans have experienced MST (Military Sexual Trauma, 2014). Although the prevalence of MST is higher

among female service members, the clinical populations are nearly equal in size (48,106 women and 43,693 men, in 2008) because there are so many more male service members than female service members (Hyun, Pavao, & Kimerling, 2009).

Not only is MST frequent, but it is also associated with an exhaustive list of physical and mental health difficulties, to be discussed in more detail in the following section (Haskell et al., 2010; Kimerling, Gima, Smith, Street, & Frayne, 2007; Kimerling et al., 2010; Rowe, Gradus, Pineles, Batten, Davison, 2009). The prevalence and impact of MST also has cultural implications. Aosved and Long (2006) noted the possibility that "predominant cultural attitudes, at least in part, facilitate continued tolerance of aggression toward women, and thus the occurrence of sexual violence" (p. 481). This postulation resonates particularly well for the hypermasculine culture of the U.S. military, in which the underlying cultural attitude is that traditionally masculine traits are positive and traditionally female traits are negative. These predominant, hypermasculine cultural attitudes may contribute to negative attitudes toward women. Ultimately, these attitudes could lead to continued tolerance of aggression toward military women and the occurrence of sexual harassment and sexual assault within the military.

For example, Rosen, Knudsen, and Fancher (2003) found male-only units demonstrated higher hypermasculinity, and a unit's group hypermasculinity was associated with higher cohesion in male-only units. Among mixed-gender units, however, high hypermasculinity was not associated with group cohesion. Also, units higher in group hypermasculinity were a negative environment for female service members. This study demonstrates that the military's hypermasculine cultural attitudes can negatively impact military women (Rosen & Knudsen, 2003). Rosen, Kaminski, Parmley, Knudson, and Fancher (2003) also found that a culture of hypermasculinity, operationally defined as increased group disrespect, was significantly

associated intimate partner violence. However, as Lieutenant Colonel Charles Knight of the Australian Army notes, “hypermasculinity can undoubtedly be hostile to women, but is a long-established way to meet the profoundly unnatural psychological demands of close combat” (Knight, 2013, p. 58). In many respects, hypermasculinity is adaptive in a military operational environment, but it can also be damaging to women. Hypermasculinity is just one cultural attitude contributing to a culture of violence toward women. There are many other equally complex factors contributing to cultural attitudes toward women. As such, it is critical to examine the complexities underlying these cultural attitudes.

Aosved and Long (2006) set a precedent for examining the complexities of cultural attitudes. They investigated the relation of intolerant attitudes toward women to other oppressive belief systems in a civilian sample. They note that sexual violence occurs at high rates, and as such, it is important to investigate the attitudes and cultural norms that contribute to sexual violence. This line of research is supported by the ecological model, which argues an individual’s behavior is best understood within the context of the individual’s microsystem (e.g., family), exosystem (e.g., larger social system in which the family is embedded), and the macrosystem (e.g., culture and accompanying cultural norms; Aosved & Long, 2006; Bronfenbrenner, 1977, 1979).

As stated by Aosved and Long (2006), the ecological model has been used to understand the complexities at play in the occurrence of sexual assault, and several studies have used the ecological model to investigate sexual violence. For example, Banyard (2011) uses an ecological model to promote bystander interventions to prevent sexual violence. Campbell, Sefl, and Ahrens (2004) used an ecological model to predict patterns of risk behaviors (e.g., frequency of sexual activity, number of sexual partners, infrequency of condom use, and frequency of using

alcohol and/or drugs during sex) among adult rape survivors. Neville, Heppner, Oh, Spanierman, and Clark (2004) used an ecological model to investigate the influence of individual, exosystem, and macrosystem factors on the self-esteem of African-American and European-American college women who survived an attempted or completed sexual assault. Several other studies have also employed ecological models to better understand sexual violence (Grauerholz, 2000; Messman-Moore & Long, 2002; Nurius & Norris, 1996; White & Koss, 1993).

The ecological model provides a framework for investigating the role of cultural values in the occurrence of sexual assault (Aosved & Long, 2006). Using an ecological model, Aosved and Long (2006) investigated several cultural constructs (e.g., sexism, racism, homophobia, ageism, classism, and religious intolerance) in relation to rape myth acceptance. Rape myths are "attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male aggression toward women" (Lonsway & Fitzgerald, 1994, p. 134). Rape myths contribute to a "blame the victim" mentality. Several studies have demonstrated that rape myth acceptance is associated with perpetration of sexual violence (e.g., Bohner, Jarvis, Eyssel, Siebler, & 2005; Bohner, Siebler, & Schmelcher, 2006; Byers, 1988; Murphy, Coleman, & Haynes, 1986). Rape myths and rape myth acceptance will continue to be discussed at length in the sections that follow.

Aosved and Long's (2006) aim was to explore the collective and individual impacts of various cultural constructs on rape myth acceptance. Aosved and Long (2006) hypothesized that greater acceptance of rape myths would be associated with greater intolerance in the domains of sexism, racism, homophobia, ageism, classism, and religious intolerance. As predicted, results indicated each factor was associated with higher rape myth acceptance for both men and women. Because these constructs are highly correlated, Aosved and Long (2006) also investigated the

collective impact of these factors on rape myth acceptance. They found sexism, ageism, classism, and religious intolerance were each significant predictors of rape myth acceptance, whereas racism and homophobia were not.

Aosved and Long (2006) were the first to demonstrate the relation between rape myth acceptance and racism, homophobia, ageism, classism, and religious intolerance. Their findings have important implications with regard to oppression and rape myth acceptance. Rape myth acceptance is associated with perpetration of sexual violence and appears to be an important factor in understanding and preventing sexual violence. Interventions focused on openness, diversity, and acceptance, in general, may reduce rape myth acceptance. Similarly, interventions focused on reducing rape myth acceptance may have the "added benefit of reducing other intolerant belief systems" (Aosved & Long, 2006, p. 489).

Since Aosved and Long's (2006) study, rape myth acceptance and intolerant attitudes research has been partially replicated in various contexts, which will be discussed throughout the document. Additionally, researchers have expanded upon this line of research through various avenues. Whiles several, more dated, studies discussed below have demonstrated a significant association of high rape myth acceptance to rape proclivity (Abbey, McAuslan, & Ross, 1998; Koss & Dinero, 1988; Koss, Leonard, Beezley, & Oros, 1985; Malamuth, Sockloskie, Koss, & Tanaka, 1991; Murphy, Coleman, & Haynes, 1986), Aosved and Long (2006) expanded the field's understanding by demonstrating that the importance of a broad range of intolerant attitudes (i.e., racism, sexual prejudice, ageism, classism, and religious intolerance) as associated with rape myth acceptance and rape proclivity. However, there has been no research in this area within a military sample.

Given the incredibly high rate of sexual violence in the military, and that intolerant cultural attitudes have been found to contribute to rape myth acceptance in a civilian sample, it is important to investigate the role of intolerant cultural attitudes in rape myth acceptance in a military sample. The present study sought to replicate the findings of Aosved and Long's (2006) study in a military sample using an ecological framework to military culture. The pervasive issue of sexual violence in the military is discussed herein, followed by a discussion of rape myth acceptance and other intolerant cultural attitudes.

1.2 Military Sexual Trauma

1.2.1 Military Sexual Trauma (MST) Overview

As previously discussed, MST describes experiences of sexual assault, or repeated and threatening sexual harassment experienced by a service member during his or her time in the military (Military Sexual Trauma, 2014). Unfortunately, MST is a very common problem, and it has become a major issue within the Department of Defense. The prevalence of sexual trauma in the military is about 25% for female service members and about 1% for male service members (Military Sexual Trauma, 2014). Kimerling et al., (2010) found specific numbers while studying a cohort of 21,834 female and 142,769 male Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans who used Veteran's Health Administration (VHA) mental health or primary care services between October 1st, 2001 and September 30th, 2007. Of those who were screened for MST (80.5% of women and 75.8% of men), MST was reported by 15.1% of women and 0.7% of men.

However, because there are so many more men than women in the military, MST effects roughly equal numbers of men and women (e.g., 48,106 women and 43,693 men, in 2008; Hyun,

Pavao, & Kimerling, 2009). Hoyt, Rielage, and Williams (2011) reviewed 29 studies sampling military through the Department of Defense, Veterans' Health Administration, and military service academies to find that 1.1% of male service members report MST over the course of their military careers, with significant variability ranging from 0.03% to 12.4% of male service members.

Nonetheless, women are undoubtedly at higher risk for MST (Martin, Rosen, Durand, Knudsen, & Stretch, 2000). Street, Vogt, and Dura (2009) found that 52% of female service members serving in Iraq and Afghanistan in 2008 reported being subjected to offensive sexual behaviors, such as jokes and stories, 31% reported unwanted sexual attention, and 9% reported experiencing sexual coercion. On top of that, lesbian and bisexual women in the military are significantly more likely than heterosexual female veterans to have experienced both military and childhood sexual trauma (Mattocks et al., 2013). Overall, female veterans experience higher rates of MST and most of the literature discussing posttraumatic stress disorder (PTSD) in female veterans focuses on MST (Middleton & Craig, 2012).

1.2.2 Mental Health Implications of MST

1.2.2.1 Mental Health Diagnoses

MST is associated with a number of mental health concerns. In a study of 232 female veterans seeking treatment at an urban Veterans Administration (VA) hospital's outpatient mental health clinic, it was found that women who report MST experience more psychological distress, as compared to women who do not experience MST (Rowe, Gradus, Pineles, Batten, & Davison, 2009). In this sample, psychological distress was also associated with a number of problematic health behaviors, such as binge eating, self-starvation, and infrequent exercise.

Cater and Leach (2011) also noted a relation between MST, PTSD, and other mental health problems. PTSD is the most common psychological diagnosis associated with MST, however MST is also associated with increased depression, anxiety, eating disorders, bipolar disorder, personality disorders, issues related to substance use, suicidal ideation, and suicide attempts (Cater & Leach, 2011). Numerous studies support these observations.

Specifically, Veteran's Health Administration screening data from 2003 of 185,880 female and 4,139,888 male veteran outpatients was analyzed to assess the utility of screening veterans for MST (Kimerling, Gima, Smith, Street, & Frayne, 2007). In investigating this question, the researchers from VHA healthcare settings nationwide found that positive screens for MST were associated with two to three times greater odds of a mental health diagnosis, and this association was stronger for female veterans (e.g., the association between MST and PTSD was nearly three times stronger among female veterans than among male veterans). Additionally, it was found that positive screens for MST were associated with greater odds of "virtually all categories of mental health comorbidities," including PTSD and other anxiety disorders, alcohol disorders, bipolar, schizophrenia and psychosis, dissociative disorders, eating disorders, and depressive disorders (Kimerling, Gima, Smith, Street, & Frayne, 2007, p. 2160).

1.2.2.2 Psychological Distress

MST is associated with higher incidence across mental health diagnoses, as well as other indicators of psychological distress. Anger, for example, is a response typically associated with military trauma. While little research has examined anger in women who have experienced military-related trauma (Worthen, 2011), at least one study has found within a female sample a

similar relation between PTSD and anger, aggression, and hostility, as has been found in male samples (Butterfield, 2000).

Suicidal ideation, another indicator of psychological distress, also appears to be related to MST, particularly among veterans with MST-related PTSD (Surís, Link-Malcolm, & North, 2011). Specifically, suicidal ideation significantly correlates with both depressive symptom severity and posttraumatic symptom severity, and depressive symptoms are able to independently predict suicidal ideation. This finding is important because it provides some of the first predictors of suicidal ideation in female and male veterans who have PTSD in relation to sexual assault in the military (Surís, Link-Malcolm, & North, 2011).

Homelessness, which is not necessarily an indicator of psychological distress but often is, has also been linked to MST. Among homeless veterans who use Veteran Health Administration (VHA) medical care, 39.7% of female homeless veterans and 3.3% of male homeless veterans experienced MST (Pavao et al., 2013). Homeless veterans who experienced MST were at an increased risk for a wide range of mental health issues (e.g., depression, PTSD, other anxiety disorders, substance use disorders, bipolar disorders, personality disorders, suicide, and, among men only, schizophrenia and psychotic disorders), and were more likely to utilize VHA mental health care (Pavao et al., 2013). Increased mental health issues may put these individuals at further risk for homelessness.

1.2.2.3 Quality of Life

In addition to homelessness and general psychological distress, other quality of life concerns are also impacted by MST (Cater & Leach, 2011). MST often occurs within the context of the military work place. Perpetrators are often peers or supervisors who have the ability to

influence group opinion, evaluations, and promotions (Cater & Leach, 2011). As such, reporting MST could result in the victim being transferred or even losing their job, both of which are stressful life events. MST can impact family relationships by creating dissatisfaction or distress in the other partner and even secondary trauma (Dekel & Monson, 2010; Solomon et al., 1992). MST can also reduce the victim's stress tolerance (Strauser & Lustig, 2001).

1.2.2.4 MST as compared to Civilian Sexual Trauma

It is clear MST causes a great deal of psychological distress and is associated with a number of mental health disorders. Civilian sexual trauma is a prevalent problem as well, and as such, the psychological impact of MST, as compared to civilian or non-military sexual trauma, has also been researched. Himmelfarb, Yaeger, and Mintz (2006) assessed 196 female veterans for sexual trauma occurring before, during, and after their military service, and for current PTSD. They found MST was more prevalent than either pre-military or post-military civilian sexual trauma. Importantly, however, Himmelfarb, Yaeger, and Mintz (2006) found that MST was more strongly associated with development of PTSD than either pre-military or post-military trauma. In other words, women who experienced sexual trauma during their time in the military were at the highest risk for development of PTSD. Himmelfarb and colleagues (2006) postulated that high stress, accessibility to weapon, access to medical and mental health care, and military environmental factors (e.g., leadership climate) may be stronger risk factors for developing PTSD than pre-military civilian trauma.

1.2.2.5 Sexuality and Hypermasculinity

Rehabilitation psychologists are also interested in the implications for intimate relationships and sexuality among returning OIF/OEF/OND veterans. In addition to the mental health implications already discussed, people who have experienced MST may also have issues related to relational well-being, intimacy, and sexuality, including specific sexual issues such as aversion to body contact or sex (Hyun, Pavao, & Kimerling, 2009).

Cameron et al., (2011) note the impact of military culture on sexual expression and sexual health within the military. The military culture tends to value hypermasculinity and traditional gender roles, which tend to be accentuated during combat-oriented deployments. Hypermasculinity is valued such that stereotypical masculine qualities (e.g., tough and not weak) are seen as more desirable and adaptive qualities for war fighters (Weber, Rosen, & Weissbrod, 2000). Although there are undeniable benefits to having a hypermasculine military culture which values physical and mental toughness, there are also undeniable implications for female military members. Notably, sexual stressors (e.g., sexual harassment, sexual assault, and sexual identity challenges) are more common within male-dominated professions that have significant power differentials, such as the military (Street, Vogt, & Dutra, 2009). Thus, while adopting these cultural norms has clear benefits, there are also clear ramifications.

1.2.2.6 Readjustment

Readjusting to civilian life after serving in the military is a difficult task. Readjustment is even more difficult when one has experienced trauma, and in particular, sexual trauma, during their time in service. To investigate readjustment among military women, Katz, Bloor, Cojucar, and Draper (2007) assessed 18 female veterans of OEF/OIF who were seeking mental health

services at a Veteran's Affairs (VA) medical center. They found that ten of the women (56%) reported MST. All ten women reported sexual harassment, six women reported unwanted physical advances, and three women reported sexual assault or rape. The women who experienced MST had greater difficulty readjusting to civilian life, as compared to the women who did not experience MST. Interestingly, experiencing MST was significantly associated with readjustment, but being injured and witnessing others injured or killed were not. These findings suggest MST is a critical factor for predicting symptoms and difficulty with readjustment to civilian life, even more so than being injured or witnessing others injured or killed (Katz, Bloor, Cojucar, & Draper, 2007).

1.2.2.7 Coping

Similar to readjustment, coping with trauma is also a critical task for returning, traumatized veterans. Mattocks et al., (2012) conducted semi-structured interviews with 19 female veterans of the OEF/OIF/OND conflicts to investigate how female veterans with combat trauma and sexual trauma cope once they return from being deployed. During interviewing, women identified stressors from two main categories: post-deployment reintegration into civilian society and stressful military experiences, such as combat, sexual trauma, and being separated from their families. The women had varying abilities to address and manage these stressors, and used a variety of strategies in managing stress. Behavioral coping strategies included compulsive spending and shopping, and binging and purging food habits. Women were likely to engage in these behavioral coping strategies in isolation. Importantly, isolation was also identified as a common coping strategy following deployments (Goodman, Smyth, Borges, & Singer, 2009).

Mattocks and colleagues stressed the importance of social support, ideally from fellow female veterans, for women returning home from war.

1.2.3 Physical Health Implications of MST

In addition to negative mental health impacts, MST has also been shown to have negative impacts on physical health. For example, MST has been reported to contribute to persistent health problems, such as chronic fatigue, pain, gastrointestinal problems, hypertension, and gynecological issues (Suris & Lind, 2008). In 2003, analysis of VHA administrative data for 185,880 female and 4,139,888 male veteran outpatients nationwide revealed that positive screens for MST was associated with a number of medical comorbidities, such as chronic pulmonary disease and liver disease (Kimerling, Gima, Smith, Street, & Frayne, 2007). For women only, weight conditions (e.g., obesity, weight loss, and hypothyroidism) were associated with MST. Among men, AIDS was significantly more common among men who reported MST (Kimerling, Gima, Smith, Street, & Frayne, 2007).

Furthermore, given high rates of both MST and physical injury among OEF/OIF/OND veterans, it is important to consider the impacts upon individuals who have experienced both sexual trauma and physical injury. For example, Hough and DeGirolamo (2007) found that additional challenges arise for individuals with both spinal cord injury/dysfunction and a history of MST. The psychological consequences of MST can put individuals at increased risk for learning ineffective coping strategies. Some individuals with both spinal cord injury/dysfunction and MST may not have the verbal and social skills necessary for advocating for themselves, making it more difficult for these individuals to advocate for their recovery needs. Given the large population of veterans returning with physical injury and sexual trauma, it is important to

consider this often overlooked comorbidity and the possibility that MST may prevent effective coping and healing from physical trauma. That is, the occurrence of MST may impede the rehabilitation effort for physical injury.

1.2.4 Stigma and Barriers to Care associated with MST

Although experiencing MST places an individual an increased risk for a number of mental health and quality of life implications, thus making it particularly important to seek mental health care, there are a number of barriers to care in place preventing individuals who have experienced MST from seeking care. In order to investigate this phenomenon, Burns, Grindlay, Holt, Manski, and Grossman (2014) explored 22 deployed military women's experiences with and perceptions of MST, reporting, and related services. The women identified several factors as contributing to MST, including deployment dynamics, military culture, and lack of consequences for perpetrators. The women attributed low reporting of MST to negative reactions and blame from peers and supervisors, concerns about confidentiality, and stigma. Interestingly, unit cohesion was identified as both a facilitator and barrier to reporting, in that there was a supportive environment, but there was also a pressure to not disrupt the supportive team-like environment.

In addition to investigating barriers to reporting, Burns and colleagues (2014) also investigated barriers to care. First, the availability and awareness of MST services during deployment varied. They also found that barriers to seeking care were similar to barriers to reporting. Barriers to seeking care included concerns about confidentiality and stigma. Overall, women in the military have several barriers preventing them from reporting MST and from seeking care, despite the critical need to do so (Burns, et al., 2014).

Research has also looked into overall organizational support, and its role in the care of MST. Hall, Sedlacek, Berenbach, and Dieckman (2007) examined the direct care "practice environment" of MST services for female veterans within the VA Northwest region. The "practice environment" within the nursing profession refers to the environment in which direct patient care is delivered by a health care professional (Aiken & Patrician, 2000 as cited in Hall, Sedlacek, Berenbach, & Dieckman, 2007). They found a negative linear relation between MST practice environment variables (e.g., ethical conflicts, burnout, vicarious trauma, and isolation) and perceived organizational support among providers. This suggests that local support is particularly important. Furthermore, Hall and colleagues (2007) concluded higher perceived organizational support benefits organizations, providers, and the patients. Whereas, with low levels of perceived organizational support, organizations, providers, and patients are all at a disadvantage.

Perceived organizational support and a number of other unit-level factors (e.g., confidentiality concerns and stigma) contribute to care seeking. However, there are also macro-level factors involved in the decision to seek care. In the process of conducting pre-production research for a documentary on mental health practices in the military, Haaken and Palmer (2012) noticed that the "analogy of military sexual assault and incest emerged as a recurring motif" (p. 325). The authors were concerned with whether this comparison is progressive or regressive from the perspective of female service members. Haaken and Palmer (2012) noted that although this argument is compelling, it hugely simplifies the issue. The analogy positions women as children and assumes that all sexual relations in the military and within one's unit are an assault. Many efforts to address MST "miss the mark," and may inevitably decrease the likelihood that women will seek treatment.

1.2.5 Treatment of Military Sexual Trauma

Finally, given increasing awareness of the issue of MST, there has also been an increase of knowledge with regard to treating MST. The Veteran's Health Administration's policy recently changed to require universal screening for sexual trauma. Kimerling, Street, Gima, and Smith (2008) were the first to evaluate this policy and whether sexual trauma screening was associated with increased utilization of mental health services. Kimerling and colleagues (2008) examined 2005 data from 540,381 male and 33,259 female veterans who had valid responses to screens for MST. They found that, compared to negative screens, positive screens were associated with significantly higher rates of post-screening mental health care. Overall, their findings suggest that screening for MST is significantly associated with increased rates of mental health treatment. By implementing more thorough screening for MST, more individuals who need MST-related mental health care can access it. This is particularly important considering the various barriers to care discussed above. Screening appears to be an important facilitator, and is often the first step, to care.

While examining demographic factors associated with seeking care for MST, Turchik, Pavao, Hyun, Mark, and Kimerling (2012) found that only 75.9% of the 4,458 OEF/OIF veterans they surveyed who reported MST received MST-related care. Gender was the most notable factor as far as predicting who will receive care and what type of care receive care. Male veterans used less care than female veterans. This reiterates the importance of screening for MST, particularly among men.

Regarding specific interventions, Middleton and Craig's (2012) literature review of 20 years' worth of research on PTSD among female veterans identified several effective treatments. They noted the best therapies for PTSD include cognitive-behavioral therapy, exposure therapy,

cognitive processing therapy, stress inoculation therapy, cognitive therapy, systematic desensitization, dialectical behavior therapy, acceptance and commitment therapy, and eye movement desensitization and reprocessing (Middleton & Craig, 2012). They note that, in terms of female veterans, cognitive-behavioral therapies, including prolonged exposure, appear to be the most researched. Rauch et al., (2009) reiterated prolonged exposure was effective in reducing symptoms of PTSD (related to both combat and sexual trauma) and depression in veterans, among a sample of ten veterans from a variety of conflicts (e.g., Vietnam, Iraq, and Afghanistan).

Treatments for complex trauma among veterans have also been investigated (Landes, Garovoy, & Burkman, 2013). Trauma rarely occurs in an isolated incident, particularly among veterans exposed to MST and combat-related traumas. Landes, Garovoy, and Burkman (2013) were able to identify several treatments useful in treating complex trauma: Dialectical Behavior Therapy, Safety Seeking, and Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy. All three treatments share a stage-based approach which first focuses on the present with skills training and psycho-education. Then, if necessary, treatment can follow with a past-focused treatment, such as exposure work.

To address the treatment of MST among men, Hoyt, Rielage and Williams (2012) propose a model for outpatient treatment of PTSD related to men's MST. Their model is based on Herman's trauma recovery model of safety, mourning, and reconnection, and integrates components from several different empirically based treatments (e.g., dialectical behavioral therapy, seeking safety, and cognitive processing therapy). The goal of the model is to increase trust and knowledge about PTSD and MST, and then increase distress tolerance and emotional regulation skills before continuing more trauma-focused work.

As discussed above, several factors contribute to MST, particularly rape myth acceptance. As such, rape myth acceptance will be reviewed.

1.3 Rape Myth Acceptance

1.3.1 Rape Myths

Rape myths are "attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male aggression toward women" (Lonsway & Fitzgerald, 1994, p. 134). This definition is limited in that it applies only to female victims. Aosved and Long (2006) offer another definition, defining rape myths as a "specific set of attitudes and beliefs that may contribute to ongoing sexual violence by shifting blame for sexual assault from perpetrators to victims" (p. 482). Acceptance of these false beliefs about rape and sexual violence undoubtedly contributes to the ongoing issue of perpetration of sexual violence and sexual assault.

Maxwell and Scott's (2014) review of feminist theories in the understanding of rape myth acceptance discusses that there are four main types of rape myths: (1) myths that blame the victim, perhaps for their dress or behavior, (2) myths that exonerate the perpetrator, such as tropes saying "boys will be boys" or gender roles which suggest a man's role is to pressure a resisting woman into having sex, (3) myths that imply only certain types of women are raped (e.g., "slutty" or "ugly" women cannot be raped), and finally (4) myths that suggest claims of rape are not to be believed (e.g., the victim is lying, the victim was jilted, or the victim was caught having an affair and "cried rape").

Johnson, Kuck, and Schander (1997) also discuss another type of rape myth that involves justifications for acquaintance rape. Some of the justification for acquaintance rape included:

rapists are almost always strangers; a man has the right to assume a woman wants to have sex with him if she allows or engages in any sort of sexual contact; if a woman has had previous sex with a man, she cannot claim she was raped if the same man has sex with her again; and finally if a man pays for everything on a date, a woman is obligated to have sex with him (Johnson, Kuck, and Schander, 1997). Rape myths, gender roles, and alcohol consumption have all been shown to affect the way in which individuals attribute levels of blame in the case of rape (Grubb & Turner, 2012). Alcohol, in particular, appears to be an important factor with regard to rape myths.

Abbey and Harnish (1995) examined college students' perceptions of gender, rape supportive attitudes, and alcohol consumption with regard to an individual's sexual intent, as determined by reading a vignette. They found that male participants, particularly the men high in rape myth acceptance, perceived women in the vignettes as behaving more sexually than did female participants. The alcohol consumption of the male and female vignette characters interacted, such that when both individuals were drinking they were perceived as the most sexual and their drinking was viewed as most appropriate (Abbey & Harnish, 1995). Aronowitz, Lambert, and Davidoff (2012) examined the antecedents for rape myth acceptance, and found that 41% of the 237 college students they surveyed believed that a woman who was raped while drunk was responsible.

1.3.2 Rape Myth Acceptance

A large body of research has demonstrated that many people from diverse backgrounds, both men and women, ascribe to rape myths. However, some people and some types of people are more likely than others to accept rape myths. The research reviewed in the following section explores the question of "who ascribes to rape myths?"

1.3.2.1 Gender

The biggest pattern that has emerged in the literature is that men ascribe to rape myths more than women. While it is by no means true that all men ascribe to all rape myths, the literature clearly demonstrates that men tend to be higher in rape myth acceptance (Aronowitz, Lambert, & Davidoff, 2012; Hammond, Berry, & Rodriguez, 2011; Newcombe, van den Eynde, Hafner, & Jolly, 2008).

Men report lower perceptions of empathy, ascribe less credibility toward the rape victim, and were more accepting of rape myths as compared to the women in one study (Jimenez & Abreau, 2003). In an earlier study, Hinck and Thomas (1999) found that, in general, college students disagreed with rape myths, however men and individuals who had attended a rape awareness workshop reported stronger disagreement with rape myths. These findings have been supported by other studies as well. Newcombe, van den Eynde, Hafner, and Jolly (2008) found no gender differences in decisions about victim or perpetrator blame, but they did find that men were significantly more likely to minimize the seriousness of the rape situation. Men are also more likely to accept male rape myths, or myths surrounding rape with a male victim (Struckman-Johnson & Struckman-Johnson, 1992).

The association between gender and rape myth acceptance appears to generalize beyond the United States. For example, in a 1996 study by Muir, Lonsway, and Payne male students from both the United States and Scotland reported higher rape myth acceptance than women. Overall, however, the American students reported more rape myth acceptance than the Scottish students (Muir, Lonsway, & Payne, 1996).

Furthermore, rape myth acceptance does not appear to differ between different types of adolescent male offenders (i.e., sexual vs. non-sexual male offenders). Epps, Haworth, and

Swaffer (1993) found no difference between the two samples of men in either attitudes toward women or rape myth acceptance. The findings of these studies suggest rape myth acceptance may be a general trait and, taken together, demonstrate a clear gender effect in rape myth acceptance.

While the literature discussed above indicates men ascribe to rape myths more than women, there are, of course, complexities. Some types of men, appear to ascribe to rape myths more so than others. For example, men who conform to specific masculine norms (e.g., having power over women, being a "playboy," disdaining gay men, being dominant, being violent, and taking risks) and men who use alcohol problematically tended to be more accepting of rape myths and to report more sexually aggressive behavior (Locke & Mahalik, 2005). Additionally, homosexual men are less likely than heterosexual mean to endorse rape myths as well as less likely to blame a sexual assault victim (Davies & McCartney, 2003). Overall, gay men made the most pro-victim judgments.

1.3.2.2 Attitudes toward Women

Taken together, the aforementioned research provides a solid case for the association between gender and rape myth acceptance. However, it may be that gender is not predictive of rape myth acceptance, rather attitudes toward women are predictive of rape myth acceptance and women are simply more likely to have positive attitudes toward women. For example, Cowan and Quinton (1997) found that rape myths were positively associated with male sexuality stereotypes, and negatively associated with positive attitudes toward feminism and self-identification as a feminist. Similarly, Burt (1980) found that the higher the sex role stereotyping, adversarial sexual beliefs, and acceptance of interpersonal violence, the greater the likelihood

that an individual would be accepting of rape myths. Also, younger and more educated people were less accepting of rape myths, and held attitudes which were less stereotypic, adversarial, and pro-violence (Burt, 1980). It is perhaps not surprising that rape myth acceptance is associated with gender role stereotypes and anti-feminist attitudes.

Sexist beliefs toward both men and women have been found to be predictive of rape myths (Chapleau, Oswald, & Russell, 2007). For example, both hostile sexism toward women and benevolent sexism toward men are positively correlated with rape myth acceptance. Benevolent sexism toward women demonstrated a more complicated effect, in that complementary gender differentiation (i.e., the belief that women have ladylike personality traits that are uncommon in men, such as purity) was positively associated with rape myth acceptance. On the other hand, protective paternalism (i.e., the attitude that men have societal power that is not accessible to women, thus men should provide for women) was negatively associated with rape myth acceptance (Chapleau, Oswald, & Russell, 2007). Furthermore, among women, higher maternalism toward men (i.e., the claim that women are superior to men in the domestic realm, while simultaneously justifying women's servitude to men; e.g., "women have to take care of their men, because they would not be able to take care of themselves alone") also corresponded with higher rape myth acceptance (Chapleau, Oswald, & Russell, 2007). Overall, the findings of this study suggest that sexist beliefs are an important factor in the endorsement of rape myths.

Other studies also support the claim that sexist beliefs and anti-feminine attitudes are an important factor in the acceptance of rape myths. Earnshaw, Pitpitpan, and Chaudoir (2011) found that female gender, higher attitudes towards feminism, lower rape myth acceptance, higher attributions of blame to society, and higher fear all emerged as predictors of a desire to engage in anti-rape collective action. Similarly, female gender, lower rape myth acceptance, higher

attributions of blame to the male perpetrator, and higher anger all emerged as predictors of reported likelihood of helping the rape victim. Women tended to endorse all of these factors (e.g., more positive attitudes toward feminism, lower rape myth acceptance, higher attribution of fault to society, higher anger, and higher fear) more so than did the male participants (Earnshaw, Pitpitpan, & Chaudoir, 2011).

1.3.2.3 Other correlates of Rape Myth Acceptance

Finally, in addition to gender and attitudes toward women, several other correlates of rape myth acceptance have been researched. Several of the studies discussed below reiterated that men tend to accept rape myths more than women (Grubb & Turner, 2012; Johnson, Kuck, & Schander, 1997; McMahon, 2010). However, several other correlates were also found. For example, Jimenez and Abreu (2003), discussed above, found that compared to Latin American women, European American women reported more positive attitudes toward rape victims. When the victim was portrayed as European American, the European American women reported more accurate perceptions of rape. Johnson, Kuck, and Schander (1997) also found racial differences, however they were small. A slightly larger percentage of African American respondents agreed with myths surrounding acquaintance rape. They also found that people with a conservative gender role ideology believe rape myths more than those with more liberal ideologies (Johnson, Kuck, & Schander, 1997). White, Strube, and Fisher (1998) found that African American feminist anti-rape activists rejected rape myths more than non-activists.

McMahon (2010) found several additional correlates beyond gender and race in a study of bystander attitudes and rape myth attitudes among 2,338 incoming college students. The results suggested a higher rate of rape myth acceptance among students pledging to fraternities

and sororities, athletes, students without previous rape education, and those who do not know anyone who has been sexually assaulted. Other correlates of rape myth acceptance include traditional gender roles, alcohol consumption prior to the assault, endorsement of casual sex, homophobia, attitudes related to success, power, and competitiveness, age, level of education, hostile childhood experiences, and wardrobe (e.g., provocatively or conservatively dressed; Bryant, Mealey, Herzog, & Rychwalski, 2001; Grubb & Turner, 2012; Kassing, Beesley, & Frey, 2005; Malamuth, Sockloskie, Koss, & Tanaka, 1991; Yost & Zurbriggen, 2006).

1.3.3 Rape Myth Acceptance and the Perpetration of Sexual Aggression and Sexual Assault

Both men and women from different backgrounds ascribe to rape myths. Endorsement of rape myths is, in fact, rather commonplace despite a wealth of research demonstrating that high rape myth acceptance is associated with the perpetration of sexual aggression and sexual assault (e.g., Bohner, Jarvis, Eyssel, Siebler, & 2005; Bohner, Siebler, & Schmelcher, 2006; Byers, 1988; Murphy, Coleman, & Haynes, 1986). Several of these studies will be discussed.

To begin, Greendlinger and Byrne (1987) examined predictors of hypothetical willingness to rape and self-reports of past sexual aggression among 114 college men. They found that likelihood to rape was correlated to rape myth acceptance, reports of coercive sexual fantasies, and aggressive tendencies. Similarly, a study by Bohner et al. (1998) found that belief in rape myths has a causal influence on men's proclivity to rape. Specifically, when the researchers temporarily heightened men's accessibility of their rape myth acceptance, there was an increase in correlation between rape myth acceptance and rape proclivity. A similar study found that self-reported rape myth acceptance and rape proclivity were positively correlated (Eyssel, Bohner, & Sibler, 2006). However, they also found that the level of others' rape myth

acceptance significantly affected their participants' self-reported rape proclivity, as well. Chapleau and Oswald (2010) studied how both the implicit and explicit association between power and sex contributed to rape myth acceptance and rape proclivity. They found that rape myth acceptance mediated the relation between rape proclivity and associations (both implicit and explicit) between power and sex, such that higher rape myth acceptance was associated with higher rape proclivity, a higher implicit power-sex association, and higher explicit power-sex beliefs (Chapleau & Oswald, 2010). All of these studies demonstrate a positive correlation between rape myth acceptance and sexual violence. Moreover, a study of three types of typically undetected sexually aggressive men (e.g., had assaulted female acquaintances) revealed that these men could be reliably discriminated via six different rape supportive attitudes (Koss, Leonard, Beezely, & Oros, 1985).

Men who report higher rape proclivity also endorse several other attitudes that are damaging to women. For example, Osland, Fitch, and Willis (1996) assessed proclivities for rape and sexual force among 159 men, 34% of whom reported some proclivity. Men who endorsed proclivity to either rape or sexual force endorsed high rape myth acceptance as well as low rape empathy, as compared to men who reported no proclivities. They offered more justifications for the increasing use of violence against women, more gender stereotyped attitudes toward women, and were more accepting of interpersonal violence (Osland, Fitch, & Willis, 1996). Another example of this effect (i.e., those who are high in rape myth acceptance are also higher on other negative attitudes toward women) is a study that examined the effect of masculinity-related constructs on sexual aggression. Trumati, Tokar, and Fischer (1996) found that combinations of masculinity-related constructs (i.e., masculinity ideology, attitudes toward feminism, and homophobia) were able to predict self-reported acceptance or perpetration of sexual aggression.

Specifically, attitudes toward women and several dimensions of masculine ideology predicted several types of acquaintance rape supportive attitudes and beliefs, as well as self-reported history of sexual coercion (Trumati, Tokar, & Fischer, 1996).

Several studies have investigated whether this association can be more broadly applied. For example, the association between rape myth acceptance and sexual violence has been found in more subtle forms of sexual aggression, such as forced kissing, retribution following a betrayal, and misperceiving a woman's intentions which could lead to sexual assault. Specifically, Margolin, Miller, and Moran (1989) found an association between rape myth acceptance and more approving responses to violations of consent in kissing, regardless of whether these violations took place within the context of a first date, long-term dating, or marriage. Additionally, men higher in rape myth acceptance were more supportive of a man's right to violate a woman's consent in kissing (Margolin, Miller, & Moran, 1989). Rape myth acceptance was associated with getting even following a betrayal (sexual or non-sexual) by a romantic partner (male or female), for both men and women (Forbes, Jobe, White, Bloesch, & Adams-Curtis, 2005). Lastly, Abbey, McAuslan, and Ross (1998) found support for their model, which claimed the cumulative effects of a man's negative beliefs and experiences about dating, sexuality, and alcohol may increase the likelihood he will misperceive a woman's sexual intentions, and that this misperception leads to sexual assault.

The association between rape myth acceptance and rape proclivity does not appear to have been widely researched within a military sample. However, Foubert and Masin (2012) did find evidence that a one-hour rape prevention workshop reduced rape myth acceptance, likelihood of raping, and likelihood of committing sexual assault in a sample of 237 enlisted male U.S. Army soldiers, providing some evidence for the association in a military sample.

The aforementioned studies provide support for the association between rape myth acceptance and rape proclivity, as well as several other harmful attitudes toward women and other forms of sexual aggression. This effect has been consistently demonstrated across a wide body of research and has been expanded to include several forms of sexual aggression, besides rape. Researchers have even identified rape myth acceptance as a risk factor for the onset of perpetrating sexual aggression in dating, which is particularly noteworthy because inter-parental violence, prior victimization experiences, and parental monitoring knowledge were not predictive of sexual aggression while dating onset (Reyes & Foshee, 2013). Ultimately, high rape myth acceptance leads to increased acceptance and perpetration of sexual violence toward women. As such, understanding the mechanics of rape myths and their acceptance is a crucial topic of investigation if one hopes to reduce the perpetration of sexual violence.

1.3.4 Rape Myth Acceptance in Women and Victims of Sexual Assault

As previously discussed, men are not the only ones to ascribe to rape myths. Women, too, may be accepting of rape myths. Considering women are more often the victims of sexual assault, the impact of ascribing to rape myths often appears to function differently for women than it does for men (e.g., with regard to assessing risk). Viken and McFall (2010) evaluated the impact of various factors on women's risk judgments. They found that greater rape myth acceptance predicted lower sensitivity to risk. Other researchers found that women's risk assessment of a situation differed according to whether the women were under time pressure or not, suggesting the interaction between time and rape myth acceptance may impact women's judgments (Bohner, Danner, Siebler, & Samson, 2002).

After an assault has been perpetrated, rape myth acceptance predicts reporting, labeling, and attributions of blame. Egan and Wilson (2012) examined 36 rape victims' attitudes to rape and rape reporting. They found that victims who did not report their rape had higher rape myth acceptance and a higher internal locus of control as compared to the rape victims who did report their rape (Egan & Wilson, 2012). With regard to labeling sexual assaults, Kopper's (1996) study of 355 women and 779 men found that both men and women who are high in rape myth acceptance attributed significantly more blame to the victim and situation, less blame to the perpetrator, and were more likely to believe the assault could have been avoided.

Finally, with regard to attributions of blame, many women choose not to label their experiences as rape. Peterson and Muehlenhard (2004) examined whether a woman's level of rape myth acceptance influenced whether or not she chose to label her experience as rape, among 86 women whose experience met the legal definition of rape. For two rape myths, the study showed women were less likely to acknowledge that their experience was a rape if they believed a rape myth that corresponded to her experience. For example, if a woman endorsed a rape myth suggesting that it is not rape if the woman does not fight back, she is less likely to label her own experience as rape if she did not fight back (Peterson & Muehlenhard, 2004).

1.3.5 Reducing Rape Myth Acceptance

Rape myth acceptance is associated with rape proclivity and poorer coping among victims of sexual assault. The broad implications of rape myth acceptance have been clearly demonstrated by a wide body of research and inform directions for reducing rape myth acceptance. For example, several awareness and education-based interventions have been found to be effective. Flores and Hartlaub's (1998) meta-analysis on sexual assault interventions found

that human sexuality courses, workshops, video interventions, and other interventions are all effective strategies for reducing rape myth acceptance, although they may have only short-term benefits. Foubert and Marriott (1997) reiterated that an all-male sexual assault peer education program was effective in decreasing participant rape myth acceptance. Men who participated in the program also reported a decreased likelihood of being sexually coercive.

Several studies have examined the efficacy of bystander intervention programs. Stewart (2013) evaluated "the Men's Program," a sexual assault prevention program that targets college men, and found the program reduced rape myth acceptance, sexism, and gender-biased language use, while also increasing willingness to engage in collective action, feminist activism, and bystander efficacy. In another study involving 202 undergraduate students, a bystander education program was found to be effective in decreasing rape myth acceptance and denial of interpersonal violence, as well as increasing intention to intervene as a bystander and sense of responsibility to intervene (Amar, Sutherland, & Kesler, 2012).

Ultimately, this body of literature is built on the premise that it is important that men be educated about rape and made to feel personally responsible for the issue of rape and sexual assault. Supporting that premise, Cassel (2012) used a false feedback paradigm to present men with "sham" rape myth acceptance scores. Men who were presented with "high" rape myth acceptance scores had greater personal responsibility and concern for the issue. Cassel (2012) also suggests that, in order to incite change, men need to feel personally responsible for the issue of sexual assault. Similarly, Foubert (2000) found that an empathy-based rape-prevention intervention program was effective in reducing rape myth acceptance and the likelihood of committing rape in a sample of 145 fraternity men.

Importantly, not all rape prevention programs target men. A sexual assault risk reduction program for women that focused on learning the characteristics of male perpetrators and teaching bystander intervention techniques was found to significantly reduce rape myth acceptance and increase bystander efficacy and willingness to help among a sample of 279 college women.

Of particular interest for the proposed research, programs implemented in the military have also been found to be effective. The United States Navy's Sexual Assault Intervention Training program for men was found to be effective in increasing rape knowledge, reducing rape myth acceptance, and increasing empathy for rape victims in a sample of 1,505 male Navy personnel (Rau et al., 2010).

In conclusion, both men and women ascribe to rape myths, however men appear to be more accepting of them. Rape myth acceptance is pervasive, and associated with the perpetration of sexual violence. Both perpetrators of sexual violence and members of the general population ascribe to beliefs that tolerate, or even support, sexual violence.

1.4 Other Intolerant Attitudes

Although there is strong evidence for the importance of examining rape myth acceptance, only a small literature has expanded upon this line of research to examine the potential role of other forms of intolerance, such as racism, homophobia, classism, ageism, and religious intolerance, in predicting the occurrence of sexual assault. For example, Suarez and Gadalla's (2010) meta-analysis on rape myths found that rape myth acceptance correlated with several other intolerant attitudes including racism, heterosexism, classism, and ageism. Guindon, Green, and Hanna (2003) also discussed the interconnectedness of racism, sexism, and homophobia, proposing a sort of intolerant personality style. In still another study, Mulliken (2005) assessed

330 college students' attitudes and found that those with more traditional gender role beliefs, racist beliefs, and fundamentalist religious beliefs displayed more rape myth acceptance and more negative attitudes towards rape victims. That study, available only via an unpublished dissertation, also reported that belief in traditional gender roles and racism were significant predictors of rape myth acceptance and negative attitudes toward rape victims, even after controlling for the influences of race and sex (Mulliken, 2005). Many other similar studies are discussed in the sections that follow, however they primarily investigate one of these links and not several together.

Beyond empirical studies, there are also a couple theories that suggest various forms of intolerance are related. As early as 1954, Allport argued that "prejudice is basically a trait of personality" that can be generalized across domains (p. 73). Similarly, social dominance theory suggests a generalized prejudice factor accounting for different kinds of prejudice (Sibley & Duckitt, 2008). Sibley, Robertson, and Wilson (2006) also found support for the social dominance theory, reporting that social dominance and authoritarian attitudes were related to several domains of intergroup-related attitudes, including racism, sexism, homosexual prejudice, and ethnic and religious in group identification.

Despite longstanding theory available to guide the developing empirical literature, it appears that only Aosved and Long's (2006) research comprehensively studied six forms of intolerance together. Consistent with theory, they found evidence for the co-occurrence of rape myth acceptance and several other intolerant attitudes, including sexism, racism, homophobia, classism, ageism, and religious intolerance, pointing to the inter-relatedness of many intolerant attitudes.

Given the importance of rape myth acceptance as a contributor to sexual violence, the high rate of MST, and several theories with corresponding research findings supporting the interrelatedness of intolerant belief systems, it is important to consider the role of broadly intolerant attitudes with regard to rape myth acceptance within a military sample. The purpose of the study herein was to expand upon Aosved and Long's (2006) findings by replicating their consideration of six intolerant belief systems (i.e., sexism, racism, homophobia, classism, ageism, and religious intolerance) in relation to rape myth acceptance while also extending the consideration to a military sample to determine if findings generalize. Such work is especially important because Aosved and Long (2006) recruited from an undergraduate research participant pool and generalizability of their findings is therefore of significant concern.

1.4.1 Sexism

Sexism is characterized by "negative attitudes toward women, their social roles, and their traditional gender roles" (Aosved & Long, 2006, p. 482). Sexism has been studied at length for decades due to researchers' interest in women's continuing subjugated role in society. Albee and Perry (1998) review several implications of sexism, including the exploitation of women, rape as a tool of war, prostitution, sex trafficking, the global tendency for parents to prefer male offspring over female offspring, economic exploitation (e.g., paying women less for identical work), differing sex roles such that female sexual pleasure is seen as taboo or secondary to male sexual pleasure, unrealistic beauty and social standards, and even implications of sexism in psychology and academia. And sadly, these examples do not provide an exhaustive list of the denigrations women experience in society worldwide. One particularly poignant area of study is that of benevolent sexism, or the idea that women are pure, and should be protected and adored

(Glick & Fiske, 2012). Although the idea of benevolent sexism may seem oxymoronic to some, the concept demonstrates that the idealization of women is damaging (as is the degradation of women). While both men and women might agree that there is no harm in putting women on a pedestal, research demonstrates benevolent sexism is actually restrictive and contributes to hostile sexism (Glick & Fiske, 2012).

Sexism is a particularly important area of study within the military; several studies have demonstrated the pervasiveness of sexist attitudes and the denial of the continued existence of sexism within the military (Van Wijk, 2011; Young & Nauta, 2013). For example, when cadets at the US Air Force Academy completed measures of attitudes toward women, it was found that, overall, male cadets tended to hold sexist attitudes toward women with regard to their role in society, the military, the US Air Force Academy, and fitness testing (Do, Samuels, Adkins, Clinard, & Koveleskie, 2013). Furthermore, results found evidence for "pluralistic ignorance," such that cadets assumed that others agreed with their viewpoint, suggesting "a vocal minority" can perpetuate sexist attitudes toward women and prevent cultural progress (Do, Samuels, Adkins, Clinard, & Koveleskie, 2013). Given this lack of clarity, some researchers have had success investigating who endorses sexist attitudes. Among the Swedish Armed Forces, individuals who expressed positive attitudes toward women tended to be younger, more educated, higher in rank, less likely to endorse sexist ideologies, and had greater contact with women in the military (Ivarsson, Estrada, & Berggren, 2005).

Sexism within the military has also been found within a variety of contexts. For example, U.S. Air Force noncommissioned officers serving as basic military training instructors were asked about their attitudes toward women and authoritarian attitudes. Basic training instructors who endorsed pro-authoritarian attitudes also had stronger attitudes of hostile sexism and were

more likely to mistreat female trainees (Barron & Ogle, 2014). Gender and race have also been found to predict poor treatment at work, with women of color receiving the worst treatment (Cortina, Kabat-Farr, Leskinen, Huerta, & Magley, 2013). Ultimately, poor treatment was found to be predictive of intention to leave the military.

Sexism can have profound effects on those who experience it. Women in the Canadian Army reported that investigations and discharges of lesbians (i.e., enduring continual military surveillance, constant risk analyses, and hiding their identity) resulted in psychological, physical, and social health implications, such as high stress, physical exhaustion, depression, substance abuse, and social isolation (Poulin, Gouliquer, & Moore, 2009).

Additionally, several studies have demonstrated that sexism (i.e., negative stereotypical attitudes toward and beliefs about women) is associated with rape myth acceptance. For example, Lonsway and Fitzgerald (1994) found that rape myth acceptance is associated with adversarial sexual beliefs and attitudes toward women. In their 1995 study, the same researchers found support for Burt's (1980) findings that sexism, as measured by sex role stereotyping, adversarial sexual beliefs, and acceptance of interpersonal violence, was associated with rape myth acceptance. Lonsway and Fitzgerald (1995) found that hostility toward women partially accounted for the relation between Burt's (1980) measures of sexism and rape myth acceptance.

Research subsequently elaborated on these findings in a variety of samples, both student and non-student. Specifically, both hostile and benevolent sexism have been found to be associated with rape myth acceptance (Chapleau, Oswald, & Russell, 2007; Suchovicki, 2011). Furthermore, measures of sexism and rape myth acceptance were found to be associated with on another as well as with aggressive and sexually coercive behaviors (Forbes, Adams-Curtis, & White, 2004). Additionally, people who have a conservative gender role ideology tend to endorse

rape myths more than those with liberal gender role ideologies (Johnson, Kuck, & Schander, 1997).

These findings generalize to male rape myth acceptance as well. Male rape myth acceptance has been found to be associated to female rape myth acceptance, negative attitudes about gay men, gender role attitudes, and victim blame (Davies, Gilston, & Rogers, 2012). Trangsrud (2010) found that male participants who endorsed higher benevolent sexism toward men endorsed more victim blame. Additionally, measures of both hostile and benevolent sexism were predictive of both male and female rape myths.

Included in the study of sexism are gender role adherence and hypermasculinity, which frequently appear in research as correlates of several intolerant attitudes, namely sexism and homophobia. Extreme adherence to traditional gender roles (i.e., the masculine gender role) is associated with the perpetration of sexual assault. The masculine gender role encourages men to be dominant and aggressive, and suggests that women are inferior to men (e.g., weak; Murnen, Wright, & Kaluzny, 2002). This strict adherence to the male gender role lends itself to the belief that emotionality is weakness, leading to male depression often manifesting as anger, a more gender-appropriate emotion (Genuchi & Valdez, 2014). Furthermore, strict adherence to the male gender role has been linked to sexual aggression, likelihood to rape, and hostile attitudes toward women (Murnen, Wright, & Kaluzny, 2002).

Hypermasculinity or strict adherence to the male gender role is also associated with sexual prejudice. Men who adhered to the anti-femininity norm were more likely to demonstrate increased anger and physical aggression expressed through sexual prejudice, after viewing a video depicting an intimate relationship between two gay men (Parrott, 2009). Similar studies have also provided evidence for sexual prejudice as a mediator of the relations between

adherence to anti-femininity norms and aggression, as well as an association between religious fundamentalism and aggression toward gay and lesbian individuals (Parrott, Peterson, & Bakeman, 2011; Vincent, Parrott, & Peterson, 2011).

Evidence for the association between hypermasculinity and sexual violence has also been investigated within military samples. Hendrix (2007) found military members' hypermasculinity tends to increase after their basic military training course, however they tend to become less tolerant of intimate partner violence. Porter (1997) investigated the relation between hypermasculinity and attitudes toward homosexuality, finding that the more callous attitudes toward women were associated with callous attitudes toward gay individuals as well.

Finally, gender role adherence is also associated with rape myth acceptance. Notably, those with a conservative gender ideology are more likely to endorse rape myth acceptance than individuals with a more liberal gender role ideology (Johnson, Kuck, & Schander, 1997). Similarly, in another study individuals who accepted rape myths were more likely to endorse several attitudes related to the male gender role (i.e., anti-gay prejudice and success, power, and competition attitudes; Kassing, Beesley, & Frey, 2005). Collectively, these studies provide evidence that the military is a hypermasculine culture, which lends itself to endorsement of traditional gender roles, and possibly violence against women. Given these findings, there is enough evidence to suggest the importance of assessing hypermasculinity and gender role adherence when investigating attitudes toward women and rape myth acceptance.

1.4.2 Racism

Racism has been defined as "deeply and emotionally held stereotypes about racial or ethnic groups that persist in the face of social change and affect the behavior of the individuals

who hold the beliefs" (Aosved & Long, 2006, p. 482; Kowalewski, McIlwee, & Prunty, 1995). Racism has been associated with a number of negative consequences. A meta-analysis of 66 studies found a positive association between perceived racism and psychological distress (Pieterse, Todd, Neville, & Carter, 2012). Similarly, Schmitt, Branscombe, Postmes, and Garcia (2014) conducted two separate meta-analyses and found that perceived discrimination is associated with harmful effects on psychological well-being, particularly when the perceived discrimination is pervasive. Racism has also been associated with negative physical health consequences. A comprehensive and systematic review of literature, including 44 studies, found that perceived racial discrimination is associated with hypertensive status (Dolezsar, McGrath, Herzig, & Miller, 2014). Moderators that strengthened this association were the variables: male sex, race (Black), older age, and lower education.

Racism has long been a topic of interest in the military. In fact, the military was one of the first U.S. institutions to implement racial desegregation/integration. Immense progress has been made in race relations in the military, however there is room for improvement with regard to racial equality (Burk & Espinoza, 2012). For example, recruitment, enlistment, military justice, and health care practices have been researched. The Vietnam War, in particular, harbored a lot racist attitudes and racial discrimination within the military and resulted in a lot of race-related PTSD for African and Asian American veterans (Allen, 1986; Loo, 1994). Unfortunately, racial and ethnic discrimination during military service is significantly related to poorer physical health (Sohn & Harada, 2008).

While not as comprehensive as Aosved and Long (2006), Mulliken (2005) also investigated the relation between racism and rape myth acceptance and found that college students with racist beliefs displayed more rape myth acceptance and more negative attitudes

towards rape victims. Mulliken (2005) also found that, when controlling for the influences of race and sex, racism was a significant predictor of rape myth acceptance and negative attitudes toward rape victims. These two studies appear to be the only two to have studied this relation directly, however a few studies have examined this relation using other means. For example, George and Martinez (2002) found that racial factors were involved in the process of victim blaming. Specifically, inter-racial rapes (as opposed to intra-racial rapes) were less likely to be judged as "definitely rape," and more likely more likely to be judged as having victims who were more culpable and less credible and perpetrators who were less culpable. Finally, research has also demonstrated that racism appears in rape trials (Landwehr et al., 2002).

While there are only a few studies linking rape myth acceptance and racism, there is a long line of research linking sexism and racism. Research has demonstrated that (1) sexism and racism are strongly and significantly related to one another, and (2) intersecting identities of gender and ethnicity is an important area of study (Reid & Comas-Diaz, 1990; Sidanius, 1993). Swim, Aikin, Hall, and Hunter (1995) drew parallels between the progression from old-fashioned racism to modern racism to the similar progression of sexism, stating the modern version of both racism and sexism is characterized by the denial of continued discrimination, antagonism toward demands for equity, and lack of support for policies designed to help those who are subjugated.

The association between sexism and racism appears to be complex. For example, research has found that racism and sexism are not universal features of American society, rather racism and sexism are selectively overrepresented within the largest and most powerful organizations, suggesting an interconnectedness of racism, sexism, power, and wealth (Kowalewski, McIlwee, & Prunty, 1995). In a Swiss study, Gianettoni and Roux (2010) found

that a higher level of sexism was attributed to "racialized others" (i.e., not European or North American) and Sanchez-Hucles and Davis (2010) discuss the difficulties faced by women and women of color in leadership roles. There is a robust body of research investigating the complexities underlying the relation between racism and sexism. Overall, individuals who report higher sexism also tend to report higher racism (Sidanius, 1993; Swim et al., 1995). Given this relation, and Aosved and Long's (2006) findings, which also support this association, exploration of this relation within a military sample appears warranted.

1.4.3 Sexual Prejudice

Aosved and Long (2006) included homophobia in their study of various forms of intolerance. Homophobia can be defined as fear or anxiety with regard to homosexual individuals (Aosved & Long, 2006; Smith, 1971). However, "fear" is not the most accurate descriptor of this effect. Furthermore, homophobia does not resemble other phobic disorders (Stevenson & Medler, 1995). As such, several other more appropriate definitions for homophobia have been proposed, including "negative reactions to, and stereotypes about, gay, lesbian, and bisexual individuals" (Aosved & Long, 2006, p. 482; Polimeni, Hardie, & Buzwell, 2000). However, given the seeming inappropriateness of the term homophobia, other terms for this construct have been introduced, including "sexual prejudice." Sexual prejudice can be defined as "negative attitudes toward an individual because of her or his sexual orientation" (Herek, 2000, p. 19). Given these modified definitions, the emerging terms "sexual prejudice" or "anti-gay prejudice" may be more appropriate labels for this construct (Stevenson & Medler, 1995). Although several studies still employ the term homophobia, including Aosved and Long (2006), the term sexual prejudice will be used for the present research.

Sexual prejudice, both experienced and internalized, is linked to mental and physical health consequences (Aguinaldo, 2008; Newcomb & Mustanski, 2010; Williamson, 2000). Internalized sexual prejudice, or self-stigma, can be conceptualized as negative attitudes toward oneself as a homosexual or bisexual (Herek, Gillis, Cogan, 2009). Internalized sexual prejudice impacts one's beliefs, affect, and behavior. And both experienced and internalized sexual prejudice are associated with health consequences such as self-injurious behaviors, suicide, substance use, eating disorders, lower sexual satisfaction, and HIV (i.e., internalized homophobia is associated with riskier sexual practices: self-stigmatizing men are less likely to be affiliated with the gay community and are less likely to have access to safe sex information and resources; Williamson, 2000). That LGBT individuals experience a higher incidence of mental health disorders should not be taken to mean LGBT individuals are inherently mentally unhealthy. Instead this prevalence can be understood in terms of "minority stress," or the effect in which the increased stigma and sexual prejudice experienced by LGBT individuals creates a stressful social environment that increases one's susceptibility to mental health issues (Meyer, 2003). With respect to the impact of sexual prejudice within a military sample, Burks (2011) noted that the military's past policy of "Don't Ask, Don't Tell" resulted in sexual stigma, sexual prejudice, victimization, an underreporting of sexual violence, and the reinforcement of conservative gender role beliefs.

There appears to be only one study, besides Aosved and Long (2006), which has investigated the link between rape myth acceptance and sexual prejudice. Davies, Gilston, and Rogers (2012) investigated the relations between both female and male rape myth acceptance and attitudes toward gay men, finding that sexual prejudice was associated with male rape myth acceptance. Similarly, gender role attitudes were associated with both male and female rape

myth acceptance. Aosved and Long (2006) also found evidence for the association between sexual prejudice and rape myth acceptance.

While only a couple of studies have linked sexual prejudice and rape myth acceptance, several studies have linked sexual prejudice and sexism (Capezza, 2007; Stevenson & Medler, 1995; Whitley, 2001). Specifically, sexual prejudice and sexism are both said to be rooted in a patriarchal social structure and strict belief in traditional gender roles (Capezza, 2007; Stevenson & Medler, 1995). To support this, Whitley (2001) found that strict adherence to traditional gender roles predicts sexual prejudice. Attitudes toward women and modern sexism were also predictors of sexual prejudice for men, but not for women. Similarly, Stevenson and Medler (1995) found that pro-feminist and less sexist attitudes toward women were associated with more tolerant attitudes toward gays and lesbians.

Links have also been drawn between sexism, sexual prejudice, religious identity, and religious identity, such that counselors who were more rigid in their religious identity tended to be more intolerant (Balkin, Schlosser, & Levitt, 2009). Finally, a particularly interesting study examined how sexual prejudice and sexism are approached in conversation between adolescent males, stating it is a "carefully managed project" requiring the young men to employ a range of positioning strategies (i.e., being politically incorrect, deciding when to respond or not respond, and appearing nonchalant or indifferent about homosexuality; Korobov, 2004). While this behavior may appear egalitarian and progressive on the surface, Korobov (2004) discusses this behavior is beneficial to young men because it could be seen as either complicit or resistant to masculine norms, suggesting that, in addition to many other repercussions, sexual prejudice creates a confusing environment for adolescents. In conclusion, given the relation between

sexual prejudice, sexism, and rape myth acceptance, an investigation of these relations within a military sample appears warranted.

1.4.4 Ageism

Ageism, a concept brought to light in large part by the work of Butler (1969, 1975, & 1978), can be defined as stereotyping, bias, and/or discrimination against individuals based upon their chronological age (Butler, 1969). Iversen, Larsen, and Solem (2009) note the field of research on ageism is characterized by many different definitions of the concept, making it difficult to compare test results. They review the current literature and propose a more modern and comprehensive definition of ageism: "negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of a perception of them as being 'old' or 'elderly'" (p. 4).

Martens, Goldenberg, and Greenberg (2005) propose that existential fear lies at the root of ageism; elderly people remind non-elderly people of their mortality and fallible bodies. Similarly, Nelson (2005) conceptualizes ageism as "prejudice against our feared future self," with manifestations such as patronizing language (e.g., "baby talk"), infantilization, and elder abuse (p. 207). North and Fiske (2012), on the other hand, propose that intergeneration tension, arising from younger generations' duty to accommodate the older population, may be the cause of ageism. Despite the underlying cause of ageism, the effects are undeniable. For example, ageism can prevent older adults from obtaining secure employment and from receiving optimal mental and physical health care (Anderson, Richardson, Fields, & Harootyan, 2013; Liu, Norman, & While, 2013; Meisner, 2012; Phelan, 2008; Robb, Chen, & Haley, 2002).

Ageism is not often included in research investigating the relations between different types of intolerant attitude structures. With the exception of Aosved and Long (2006), ageism has not been investigated in relation to rape myth acceptance and other intolerant belief systems. However, Aosved and Long (2006) found that increased ageism was associated with greater rape myth acceptance and other forms of intolerant beliefs. Ageism has also been reported within the health professions (Liu, Norman, & While, 2013; Meisner, 2012; Phelan, 2008; Robb, Chen, & Haley, 2002). Ageism will be included in the proposed study to examine its relation to other intolerant belief systems and rape myth acceptance.

1.4.5 Classism

Classism can be defined as "institutional and individual distancing (i.e., discrimination), stereotyping, and prejudice against poor people" (Aosved & Long, 2006, p. 482; Lott, 2002). Lott (2002) discusses that the dominant response to poor people by those who are economically well off is to distance themselves from the poor. This distancing occurs in the cognitive, institutional (e.g., with education, housing, health care, legal assistance, politics, and public policy), and interpersonal sense and includes distancing, exclusion, and devaluing. This, in effect, defines classism. Lott (2002) argues that classism maintains the status quo by keeping the poor powerless. In one of her most recent articles, Lott (2012) demonstrates that classism leads to diminished opportunities for low-income families, reinforcing the divisions of status and power between different economic groups. Another study by Lott and a colleague found that lower social class was associated with impressions of decreased appropriateness to date a family member or be the president of a small community organization, as well as a range of other negative impressions (Lott & Saxon, 2002).

As another intolerant belief system, Aosved and Long (2006) included the construct in their study of intolerance and rape myth acceptance. They found that classism was a significant predictor of rape myth acceptance. As such, it seems classism and its relation to rape myth acceptance merits investigation within a military sample.

1.4.6 Religious Intolerance

Religious intolerance can be described as "stereotypes, prejudice, and discrimination against particular religious groups or individual members of those religious groups" (Aosved & Long, 2006, p. 483; Godfrey, Richman & Withers, 2000; Richman, Kenton, Helfst, & Gaggar, 2004). Comparatively, there are not many empirical studies of religious intolerance, despite its similarities to the previously discussed forms of intolerance. In fact, before Aosved, Long, and Voller (2009) published The Intolerant Schema Measure (which included the nine item religious intolerance scale), there were no empirically supported measures of religious intolerance that took into account stereotypes about multiple religions. Before that, there was only one measure of intolerant attitudes including items about religion (Godfrey et al., 2000).

Despite this topic's comparative lack of research, a few relevant studies on the topic were located. One particularly relevant study, an unpublished dissertation, found that college students who endorsed fundamentalist religious beliefs were also more likely to display more rape myth acceptance and more negative attitudes towards rape victims (Mulliken, 2005). Another study on the topic investigated the probability a European American person would intervene upon observing an expression of some sort of intolerance (Richman, Kenton, Helfst, & Gaggar, 2004). Among other results, the researchers found that women were more likely than men to intervene when the prejudice was based on religious intolerance. While the study of religious intolerance is

not as advanced as the studies of other forms of intolerant beliefs, religious intolerance was demonstrated to be similar to other forms of intolerance in Aosved and Long (2006). As such, religious intolerance also merits investigation within a military sample.

1.4.7 Conclusion

As discussed is Aosved and Long (2006), given the theoretical similarities between these various forms of intolerance (e.g., sexism, racism, sexual prejudice, ageism, classism, and religious intolerance), an investigation of each of these factors in relation to rape myth acceptance is clearly warranted. Given the issue of MST, an investigation of these factors in relation to rape myth acceptance is especially needed within the context of the military. The proposed study will examine the collective and unique interrelations of these factors. Further, although there are male victims of military sexual assault, women are victims of MST at a much higher rate. As such, the impact of gender on these interrelations was also investigated.

1.5 Goals and Objectives of the Current Study

The purpose of the current study was to examine the co-occurrence of several theoretically similar intolerant attitudes within a military sample. Sexual trauma is a widespread issue within the military, and rape myth acceptance has been shown to contribute to sexual violence. Both MST and rape myth acceptance have been studied at great length, however the association between these two concepts and their interrelations to other theoretically similar intolerant attitudes has been studied far less frequently. In fact, there are no studies of the relation between rape myth acceptance and other intolerant attitude within a military sample.

It is particularly important to study these concepts and their interrelations within a military sample. The military culture has been shown to lend itself to hypermasculinity and adherence to traditional gender roles, both of which have been shown to facilitate aggression toward women. In light of the high rate of MST, the relation between rape myth acceptance and other theoretically similar intolerant attitudes (i.e., sexism, racism, sexual prejudice, ageism, classism, and religious intolerance) warranted further investigation.

1.6 Hypotheses

Based on a review of the literature, the following specific hypotheses for the inter-relations between rape myth acceptance and other intolerant attitudes (i.e., sexism, racism, sexual prejudice, ageism, classism, religious intolerance) were proposed:

Hypothesis 1: Rape myth acceptance would be positively correlated with intolerance in the areas of sexism, racism, sexual prejudice, ageism, classism, and religious intolerance. Among these variables, sexism was expected to most strongly correlate with rape myth acceptance.

Hypothesis 2: It was hypothesized that gender would moderate the relation between rape myth acceptance and sexism, such that men high in sexism would score the highest in rape myth acceptance as compared to the other groups (e.g., men who scored low in sexism, and women who scored either low or high in sexism), and women who scored lower on measures of sexism were expected to have the lowest rape myth acceptance, as compared to the other groups. Men who scored low on measures of sexism and women who scored high on measures of sexism were hypothesized to have moderate rape myth acceptance.

Hypothesis 3: Each intolerant belief (i.e., sexism, racism, sexual prejudice, ageism, classism, and religious intolerance) was expected to be associated with significant variance in rape myth acceptance.

CHAPTER 2

METHOD

2.1 Participants

A total of 85 United States (US) military veterans or current members of the US military (e.g., active duty, reservists, or members of the US National Guard) were recruited for participation in the study. All participants were 18 years or older, and were either a past or present member of the United States military. No branch of the military was excluded.

A power analysis was performed prior to the study to estimate the necessary sample size to detect the hypothesized effect sizes of 0.45 for the multiple regression analysis and 0.36 for the hierarchical regression analyses, as found in Aosved and Long (2006). For a multiple regression analysis with six predictors and an expected effect size of 0.10 to be produced with 80% power, a sample size of was 64 was indicated. For a hierarchical regression analysis with six predictors and an expected effect size of 0.10 to be produced with 80% power, a sample size of 64 was indicated.

Participants were 35 male and 50 female (58.8% female, N = 85) active duty military members or military veterans. Participants ranged in age from 21 to 73, with an average of 43.73 years (SD = 14.05). The majority of participants were white, non-Hispanic (82.4%); 7.1% were African American, 5.9% were Latin American, 1.2% were Asian American, and 1.2% were Pacific Islander. The majority of respondents were married (55.3%); 15.3% were in a relationship but not married, and 8.3% were single (never married or divorced). The majority of participants were heterosexual (91.8%); 7.1% of the sample identified as either homosexual or bisexual. With regard to education, 44.7% of the sample has a graduate degree, 31.8% of the sample has a Bachelor's degree, 18.8% of the sample completed some college, and 3.5% of the sample was high school graduates.

With regard to military demographics, 49.4% of the sample were current members of the US military and 45.9% of the sample were veterans of the US military. The majority of the sample were officers (57.7%); 2.4% were warrant officers, and 35.4% were enlisted personnel (28.3% of the overall sample obtained the pay grade of E6 and below; 7.1% of the overall sample obtained the paygrade of E7 and above). The majority of the sample served or was currently serving in the US Army (83.5%); 10.6% served in the Air Force, 3.5% served in the Navy, 1.2% served in the Marine Corps, and 1.2% served in the Coast Guard. The majority of the sample served in Active Duty (78.8%); 10.6% served in the Reserves. Years served in the military ranged from less than one year to 36 years, with an average of 13.76 years (SD = 9.03). The majority of the sample had previously deployed (72.9%); 27.1% of the sample had never deployed. Number of deployments ranged from no deployments to four or more deployments, with an average of 1.17 deployments (SD = 1.28). Locations of deployments included Iraq, Afghanistan, Kuwait, Vietnam, Korea, and Somalia (See Tables 1-3 for Demographics, Participant Description on Study Measures, and Participant Description on Study Measures by Demographic Characteristics).

2.2 Measures

2.2.1 Illinois Rape Myth Acceptance Scale

The Illinois Rape Myth Acceptance Scale (IRMA) is a 45-item Likert-type scale designed to assess an individual's endorsement of a complex set of cultural beliefs that support and perpetuate sexual violence (Payne, Lonsway, & Fitzgerald, 1999). The scale contains a general rape myth construct, and the seven subscales. The subscales of the IRMA tap in to the following rape myths: (1) She asked for it, (2) It wasn't really rape, (3) He didn't mean to, (4) She wanted

it, (5) She lied, (6) Rape is a trivial event, and (7) Rape is a deviant event. Example items include "A lot of women lead a man on and then they cry rape" and "Men from nice middle-class homes almost never rape." Responses to items are given on a 7-point Likert-type scale ranging from *1* (totally disagree) to *7* (totally agree).

The IRMA provides a mean score, and higher scores are indicative of greater rape myth acceptance. The overall internal consistency of the IRMA has been found to be 0.93, with subscale internal consistency ranging from $\alpha = 0.74$ to 0.84 (Payne, Lonsway, & Fitzgerald, 1999). Internal consistency for this scale was calculated for the present sample and was determined to be $\alpha = 0.91$; however, internal consistency for the TE (Rape is a Trivial Event) subscale was found to be $\alpha = .59$ (Table 4). Given low internal consistency, this subscale was omitted from analyses. Internal consistency for the IRMA with TE items omitted was determined to be $\alpha = .90$. The IRMA's construct validity has also been supported, as the measure has been shown to be related to empirically and theoretically related rape myth acceptance variables, such as gender-role stereotyping, adversarial sexual beliefs, adversarial heterosexual beliefs, hostility toward women, and acceptance of interpersonal violence, ranging from $r = .50$ to.74 (Payne, Lonsway, & Fitzgerald, 1999). Finally, the IRMA has demonstrated predictive validity through its positive association with men's actual rape proclivity and sexual aggression, as well as hostile sexism toward women (Chapleau, Oswald, & Russell, 2007; Stephens & George, 2009).

2.2.2 Attitudes Toward Women Scale

The Attitudes toward Women Scale (AWS) is 25-item Likert-type scale designed to assess people's beliefs about the rights, roles, and responsibilities of women (as opposed to men; Spence & Helmreich, 1972). The scale does not simply measure attitudes toward women, as the

title would suggest, rather it measures attitudes toward women's rights (Eagly and Mladinic, 1989; McHugh & Frieze, 1997). The original version of the AWS was 55-items, however the scale was later revised to the current 25-item version of the scale that will be used in the present study (Spence & Helmreich, 1972; Spence & Helmreich, 1978). The longer and shorter version of the AWS have similar and satisfactory psychometric properties (Spence & Helmreich, 1978). The AWS short form and the original version correlate almost perfectly (Loo & Logan, 1977; Smith & Bradley, 1980; Spence & Hahn, 1997). Although the AWS was constructed over 30 years ago, it continues to be the most widely used measure of gender role attitudes (Spence & Hahn, 1997). Despite its age and a trend of more egalitarian gender roles over time, the AWS appears to have maintained sufficient within-group variability for the scale to maintain its utility (Spence & Hahn, 1997).

Responses to AWS items are given on a 4-point Likert-type scale ranging from *0* (strongly disagree) to *3* (strongly agree). The AWS provides a total score ranging from 0 to 45, with higher scores indicating more negative attitudes toward women. The 25-item AWS has demonstrated good internal consistency, with a Cronbach's alpha of 0.85 (Daugherty & Dambrot, 1986). Internal consistency for this scale was calculated for the present sample and was determined to be $\alpha = 0.83$. The 25-item AWS has also demonstrated satisfactory test-retest reliability, with a 3-week test-retest reliability of 0.82 for men and 0.86 for women (Daugherty & Drambrot, 1986). Furthermore, the construct validity of the AWS is supported by its association with many related variables, including attitudes toward rape victims, sex roles, mental health, and more (Bhanot & Senn, 2007; Galambos, Petersen, Richards, & Gitelson, 1985; Hillier & Foddy, 1993; Kranau, Green & Valencia-Weber, 1982; Kristiansen & Guilietti, 1990; Lee, Kim, & Lim, 2010; Patel & Johns, 2009; Pyant & Yanico, 1991; Rudolph, 1996). The AWS has also

been found to have good validity and reliability with Korean, Taiwanese, Chinese, Turkish, and Canadian samples (Chia, Allred, & Jerzak, 1997; Delevi & Bugay, 2013; Loo & Logan, 1977).

However, concerns have been raised about the AWS, including a possible ceiling effect and the possibility of being outdated (McHugh & Frieze, 1997). No evidence of a ceiling effect was found in the present sample (M = 64.27, SD = 6.94). Additionally, despite rapid social change in attitudes toward women raising concerns about an over-representation of egalitarian AWS scores, there still appears to be considerable variability in scores, particularly among men (McHugh, 1997; Spence & Hahn, 1997). As such, the AWS still appears to be the strongest instrument for measuring gender role attitudes and replicating Aosved and Long's (2006) study in a military sample.

2.2.3 Neo-Sexism Scale

The Neo-Sexism Scale is an 11-item, Likert-type scale designed to assess modern sexist attitudes, or the "conflict between negative attitudes toward women and egalitarian values" (Aosved & Long, 2006, p. 484; Campbell, Schellenberg, & Senn, 1997; Tougas, Brown, Beaton, & Joly, 1995). Sample items from the Neo-sexism Scale include "Women will make more progress by being patient and not pushing too hard for change" and "Due to social pressure, firms frequently have to hire underqualified women." Responses are given on a 7-point Likert-type scale ranging from *1* (totally disagree) to *7* (totally agree). The Neo-sexism Scale provides a mean score, and higher scores are indicative of greater sexism.

The internal consistency of the Neo-sexism Scale has been reported to be 0.81, with corrected item-total correlations were found to range from 0.10 to 0.76 (Campbell, Schellenberg, & Senn, 1997; Tougas, Brown, Beaton, & Joly, 1995). Internal consistency for this scale was

calculated for the present sample and was determined to be $\alpha = 0.72$. The scale was demonstrated to be unidimensional, as revealed by principal component analysis (Campbell, Schellenberg, & Senn, 1997). Finally, the Neo-Sexism Scale's construct validity has also been supported; the measure has been shown to correlate with several other measures of sexist attitudes, including the Modern Sexism Scale, the Attitudes Toward Feminism Scale, and the Women's Movement Scale (Campbell, Schellenberg, & Senn, 1997).

2.2.4 Male Role Norms Inventory—Short Form

The Male Role Norms Inventory—Short Form is a 21-item Likert-type scale designed to measure the norms of traditional masculinity ideology (Levant, Hall, & Rankin, 2013). The scale contains seven factors, each with three items: (1) Restrictive emotionality, (2) Self-reliance through mechanical skills, (3) Negativity toward sexual minorities, (4) Avoidance of femininity, (5) Importance of sex, (6) Dominance, and (7) Toughness. Example items include: "Men should be detached in emotionally charged situations" and "A man should always be ready for sex." Responses to items are given on a 7-point Likert-type scale ranging from *1* (strongly disagree) to *7* (strongly agree). The MRNI-SF provides a total score for each subscale, as well as an overall total score. Higher scores are indicative of greater endorsement of traditional masculinity ideology.

The overall internal consistency of the MRNI-SF has been reported to be 0.96, with subscale internal consistency ranging from 0.75 to 0.92 (Levant, Hall, & Rankin, 2013). Internal consistency for total score in the present sample and was determined to be satisfactory, $\alpha = 0.89$; however, the internal consistency for the Dominance (DO) and Toughness (T) subscales of the MRNI were low (DO $\alpha = .69$, T $\alpha = .63$; Table 5). DO scores were only slightly below the

conventional wisdom cutoff for acceptable alpha. Therefore, item-scale correlations were examined. No specific item was determined to be of poor quality. Therefore, the DO and T subscales were omitted from analyses. Internal consistency for the MRNI scale, omitting the DO and T subscales was determined to be satisfactory, $\alpha = .87$. The MRNI-SF's convergent validity has also been supported, as the measure displayed a significant correlation to the Male Role Attitudes Scale, another scale designed to assess traditional masculine ideology (Levant, Hall, & Rankin, 2013). Similarly, the MRNI-SF's discriminant validity has been supported. The MRNI-SF displayed a non-significant relation to the Masculinity Scale of the Personal Attributes Questionnaire, which measures masculine personality traits (not masculine gender role ideology; Levant, Hall, & Rankin, 2013). Finally, the MRNI-SF demonstrated concurrent validity by its significant correlations with several scales designed to assess related constructs (e.g., the Conformity to Masculine Norms Inventory, the Gender Role Conflict Scale, and the Normative Male Alexithymia Scale; Levant, Hall, & Rankin, 2013).

2.2.5 Modern and Old Fashioned Racism Scale

The Modern and Old Fashioned Racism Scale contains two 7-item Likert-type scales designed to assess modern and old fashioned racism (McConahay, 1986). The Modern Racism Scale was designed to assess "the expression in terms of abstract ideological symbols and symbolic behaviors of the feeling that Blacks are violating cherished values of equality or equality of opportunity (e.g., affirmative action laws or policies) and making illegitimate demands for changes in the racial status quo" (Ducote-Sabey, 1999, p. 20; McConahay, 1986). In short, the Modern Racism Scale measure aims to capture less blatant, post-civil right movement racial attitudes (McConahay, 1986). The Old Fashioned Racism Scale, on the other hand,

measures the overt expression of racism, or pre-1965 civil rights issues and racial attitudes, such as equal rights, negative stereotypes, and discrimination (McConahay, 1986).

Both of these scales measure racial attitudes toward African-American individuals. However, both the present study and the earlier study by Aosved and Long (2006), aimed to measure racial prejudice against any ethnic minority group, not just African-Americans. As such, the word "minority" has been used to replace the word "Black" in each item (Aosved & Long, 2006; Ducote-Sabey, 1999). Example items (with revised wording) from the Modern Racism Scale include: "Discrimination against minorities is no longer a problem in the United States" and "Minorities are getting too demanding in their push for equal rights." Example items (with revised wording) from the Old Fashioned Racism Scale include: "Minority people are generally not as smart as Whites" and "If a minority family with about the same income and education as I moved next door, I would mind it a great deal." Responses to items are given on a 5-point Likert-type scale ranging from *1* (strongly agree) to *5* (strongly disagree). The instrument provides a total score for each scale, ranging from 7 to 35 with higher scores indicating both higher modern and old fashioned racism.

The internal consistency of the Modern Racism Scale was 0.82, and the internal consistency of the Old Fashioned Racism Scale was found to range from 0.75 to 0.79, depending on the sample (McConahay, 1986). Aosved and Long (2006) calculated internal consistency for the scales using the revised wording and reported alpha coefficients of 0.80 for the Modern Racism scale and 0.70 for the Old Fashioned Racism Scale. Internal consistency was calculated in the present sample and found to be 0.87 for the Modern Racism Scale and 0.63 for the Old Fashioned Racism Scale. Internal consistency for the Old Fashioned Racism Scale was lower than the generally accepted threshold. Although, comparable scores have been found in similar

studies that used the revised wording (e.g., α = 0.63; Ducote-Sabey, 1999), the Old Fashioned Racism Scale was omitted from analyses due to poor internal consistency. Finally, the test-retest reliability for the instrument over a six-week period was found to range from 0.72 to 0.93.

2.2.6 Fraboni Scale of Ageism

The Fraboni Scale of Ageism (FSA) is a 29-item Likert-type scale designed to assess affective and cognitive ageism (Fraboni, Saltstone, & Hughes, 1990). Example items include "Many old people just live in the past," "Most old people should not be trusted to take care of infants," and "I don't like it when old people try to make conversation with me." Responses to items are given on a 4-point Likert-type scale ranging from *1* (strongly agree) to *4* (strongly disagree). The FSA then recodes responses on a 5-point Likert-type scale ranging from *1* (strongly agree) to *5* (strongly disagree), with unanswered responses coded as 3 (neutral; Fraboni, Saltstone, & Hughes, 1990). The FSA provides a total score ranging from 29 to 145, and higher scores are indicative of lower ageism.

The internal consistency of the FSA has previously been computed as Cronbach's alpha of 0.86 (Fraboni, Saltstone, & Hughes, 1990). Internal consistency for this scale was calculated for the present sample and was determined to be α = 0.89; however, internal consistency for the Discrimination (DIS) subscale of the FSA was determined to be unsatisfactory, DIS α = .62 (Table 7). As such, the DIS subscale was omitted from analyses. The internal consistency for the FSA with DIS items omitted was determined to be α = .86. The FSA's construct validity has also been supported, as the measure has been shown to be negatively and significantly related to measures of acceptance of others (.40, $p < .001$) and knowledge about elderly people (-.28, $p < .001$; Fraboni, Saltstone, & Hughes, 1990).

2.2.7 Modern Homophobia Scale

The Modern Homophobia Scale is a 46-item scale that measures attitudes toward lesbians and gay men (Raja & Stokes, 1998). This scale refers specifically to gay men and lesbians, as opposed to "homosexuals" as many other sexual prejudice scales have done in the past. The MHS was developed as an effort to update previous homophobia scales to reflect more modern, subtle forms of sexual prejudice. The MHS includes two subscales: attitudes toward lesbians (MHS-L) and attitudes toward gay men (MHS-G). Both subscales reflect the following factors: institutional homophobia, personal discomfort, and beliefs that homosexuality is deviant and changeable. Example items include "Lesbians are incapable of being good parents" and "Male homosexuality is a psychological disease." Responses to items are given on a 5-point Likert-type scale ranging from *1* (do not agree) to *5* (strongly agree).

The MHS provides a mean score for each subscale, and lower scores indicate higher homophobia, or sexual prejudice. The overall internal consistency of the MHS was good (α = 0.95), with subscale internal consistency ranging from $\alpha = 0.91$ to 0.95 for the MHS-L and MHS-G subscales, respectively (Raja & Stokes, 1998). Internal consistency for the MHS scale was calculated for the present sample and was determined to be $\alpha = 0.97$ overall and $\alpha = 0.95$ for the MHS-G and $\alpha = 0.93$ for the MHS-L. The construct validity of the MHS has been supported. For example, both subscales of the MHS have been shown to significantly correlate with Hudson and Ricketts' (1980) Index of Homophobia (Raja & Stokes, 1998).

2.2.8 Modified Economic Beliefs Scale

The Modified Economic Beliefs Scale is a modified version of the Economic Beliefs Scale (Stevenson & Medler, 1995), which was designed to measure classism, or attitudes toward

those who are economically disadvantaged. The modified version of the Economic Beliefs Scale was designed for use in Aosved and Long's (2006) study and added an additional seven items to the original 8-item scale. The original scale included items such as "People who don't make much money are generally unmotivated" and "Equal educational opportunities exist for all people in our society." Aosved and Long (2006) added items such as "Poor people are lazy," "Most poor people aren't very smart," and "Most poor people should not have children until they can afford to take care of them." Items are responded to on a 5-point Likert-type scale ranging from *1* (strongly agree) to *5* (strongly disagree). The Modified Economics Beliefs Scale provides a total score of item ratings ranging from 15 to 75, with lower scores indicating higher classism. The internal consistency of the original measure was found to be 0.77 (Stevenson & Medler, 1995) and it was found to be 0.85 for Aosved and Long's (2006) study. In the present sample, internal consistency for this scale was calculated and was determined to be $\alpha = 0.87$.

2.2.9 Religious Intolerance Scale

The Religious Intolerance Scale is a 9-item Likert-type scale designed to religious intolerance toward multiple religious groups (Aosved, Long, & Voller, 2009). The scale was originally designed for use in Aosved and Long's (2006) study because at the time there were no measures of religious intolerance that assessed attitudes toward multiple religious groups. Later, the RIS was further validated as part of the Intolerant Schema Measure (Aosved, Long, & Voller, 2009). Example items include "Christians are intolerant of people with other religious beliefs" and "Muslims are more treacherous than other groups of religious people." Responses to items are provided on a 5-point Likert-type scale, ranging from *1* (strongly agree) to *5* (strongly disagree). The RIS provides a total score by summing the nine item ratings. Scores range from 9

to 45, with lower scores indicating higher religious intolerance. The measure demonstrated good internal consistency, with an alpha of 0.79 (Aosved & Long, 2006; Aosved, Long, & Voller, 2009). Internal consistency for this scale was calculated for the present sample and was determined to be $\alpha = 0.76$.

2.2.10 Marlowe-Crowne Social Desirability Scale Short Form

The Marlowe-Crowne Social Desirability Scale (M-C SDS) Short Form is a 13-item True/False scale designed to measure socially desirable response tendencies. The scale measures an individual's desire to present him or herself in a favorable manner (Reynolds, 1982). The scale will be used in the present study to control for any impression management on the part of participants. Example items include "I never resent being asked to return a favor" and "There have been times when I was quite jealous of the good fortune of others." Responses to items are given in true or false format. The items are scored as socially desirable (0) or not socially desirable (1). The items are then summed for total score ranging from 0 (all socially desirable responses) to 13 (no socially desirable responses). Higher scores are indicative of lower social desirability efforts.

The internal consistency for the M-C SDS Short Form has been reported to be 0.76 (Reynolds, 1982). Internal consistency for this scale was calculated for the present sample and was determined to be $\alpha = 0.69$, falling just below the generally accepted threshold of $\alpha = 0.70$. However, comparable scores have been found in similar studies (e.g., $\alpha = 0.70$, Aosved & Long, 2006) The M-C SDS Short Form's construct validity has also been supported. Reynolds (1982) reported statistically significant correlations between the M-C SDS Short Form and the standard, longer version of the M-C SDS, as well as the Edward Social Desirability Scale.

2.2.11 Life Events Checklist for DSM-5

The Life Events Checklist for DSM-5 (LEC-5) is a version of the Life Events Checklist updated for the DSM-5 (Weathers, et al., 2013). The LEC-5 is a 17-item self-report measure designed to screen for exposure to 16 potentially traumatic events, with one additional item assessing for any other stressful or traumatic experiences not captured by the first 16 items (Weathers, et al., 2013). For each event, respondents indicate if the event "happened to me," if they "witnessed it," "learned about it," experienced the event as "part of my job," if they are "not sure" if they experienced the event, or finally the event "doesn't apply." Although psychometric data is not currently available for the LEC-5, minimal changes were made from the original version of the LEC. Specifically, the only changes made were wording changes (e.g., on item 15, "Sudden, unexpected death of someone close to you" was changed to "Sudden accidental death") and the addition of the response category "part of my job."

Available psychometric data about the LEC is associated with the original LEC; however, because minimal changes were made to the LEC for the LEC-5, few psychometric differences were expected. The LEC has been shown to be reasonably stable over a week and demonstrates convergent validity as it has been correlated with the Traumatic Life Events Questionnaire (TLEQ), a similar measure assessing exposure to traumatic events (r = -.55; Gray, Litz, Hsu, & Lombardo, 2004). The LEC has also been shown to be significantly correlated with several measures of psychopathology that are known to be associated with trauma exposure, including the PTSD Checklist – Military Version (PCL-M; r = -.43), the Clinician Administered PTSD Scale (CAPS; r = -.39), and the Mississippi scale (r = -.33; Gray, Litz, Hsu, & Lombardo, 2004). For the purpose of the present study, an additional item was added to specifically address military sexual trauma, by asking if the respondent experienced "military sexual trauma." There

were already two items addressing military-related combat traumas and sexual trauma which is not necessarily military-related, however the added item intended to parse out civilian and military sexual traumas.

2.3 Procedures

Participants were recruited to participate in the study via posts shared on veteran Facebook groups or via email through their unit commander. For the Facebook sample, a link to the study, along with a short description, was posted to several military veteran Facebook groups. The online post provided a description of the study that indicated the survey was anonymous to investigate the effect of intolerant attitudes within a military sample. Additionally, the Facebook post informed potential participants that the researcher planned to donate $5.00 to the Wounded Warrior Project or a similar non-profit veteran's organization for each survey completed. Members of the participating Facebook groups had the option to click on the link to initiate their participation in the study. The Facebook groups were either open or closed to non-veteran and non-military members. Non-military and non-veterans may have been able to access the study as members of Facebook groups that are open to non-military and non-veteran members. However, participants were required to indicate their military affiliation, and individuals who were not military veterans or members of the military were not included in data analyses for the study (n = 1).

For the active duty sample, several unit commanders from area military bases were contacted. If the commander approved participation, the commander forwarded an email containing a link to the study to his or her subordinates. In the active duty sample, each participant received an email from his or her unit commander with a link to the online study. In

both samples, participation was completely voluntary and there were no incentives provided for participation. The University of North Texas Institutional Review Board approved all procedures (Appendix A).

Upon clicking the online link, participants were directed to the research study which contained an informed consent notice (see Appendix A), the researcher's contact information, and the following instruments: Illinois Rape Myth Acceptance questionnaire, Attitudes Toward Women scale, Neo-sexism scale, Male Role Norms Inventory—Short Form, Modern and Old-Fashioned Racism scale, Fraboni Scale of Ageism, Modern Homophobia scale, Modified Economics Beliefs scale, Religious Intolerance scale, Marlowe-Crowne Social Desirability scale—Short Form, the Life Events Checklist for the DSM-5, validity questions, and a demographics questionnaire. The measures were administered in a fixed order. The survey's validity questions were intended to ensure basic attention during task completion. Throughout each measure included in the study, 1-3 items containing statements such as "select 'strongly disagree' for this option" were included to ensure adequate attention to items and responses, for a total of 13 validity items completed by each respondent. Participants who did not demonstrate adequate attention to items (e.g., answer more than one validity question incorrectly) were omitted from analyses.

In order to obtain a copy of the informed consent for their personal records, participants were informed that they could either print the screen or contact the researcher via the provided contact information. Participants electronically acknowledged the informed consent notice prior to participation. Originally, the demographics questionnaire was presented last in order to prevent confounding effects; however, the demographics section was later moved to the beginning of the survey to capture demographic information from participants who later dropped

out of the study. Participants completed the research study during their personal time. The study should have taken approximately 60 minutes to complete. Data was collected online by the researcher. Finally, for each valid and complete questionnaire, the researcher donated $5.00 to the Gary Sinise Foundation, for a total of $425. The Gary Sinise Foundation was selected for the donation, in part, because a participant requested the researcher consider donating the contribution to a smaller charity than the aforementioned Wounded Warrior Project (See Appendix E for donation receipt). The researcher then wrote a small note, including the donation receipt, to thank and debrief participants. The note was posted to all participating Facebook groups and sent to all commanders who forwarded the link to the study to their subordinates (see Appendix F).

CHAPTER 3

RESULTS

3.1 Data Cleaning

Prior to analyses, all variables were entered into SPSS, labeled, recoded into numerical values, and examined for missing values, extreme values, and general integrity of the data set. Sixty cases were removed for having insufficient data (i.e., too much missing data) to merit inclusion. An additional eight cases were omitted from analysis for answering more than two validity questions incorrectly. Next, using the outlier labeling rule (g = 2.2, Hoaglin & Iglewicz, 1987; Hoaglin, Iglewicz, & Tukey, 1986), the data was examined for outliers on socially desirable responding, as assessed by the Marlowe-Crowne Social Desirability Scale Short Form C. No participants were identified as univariate outliers for socially desirable responding, and no additional cases were excluded from analyses. A total of 85 participants remained for analysis. The missing data from the remaining participants was examined using Little's MCAR test, chi-square = 7085.99 (df = 21510, p = 1.00), indicating that data was missing completely at random. Missing values were addressed using an expectation maximization approach, regarded as a "best practice" approach for missing data management in psychology (Schlomer, Bauman, & Card, 2010).

Next, all variables were examined for skew, kurtosis, and reliability. Skewness was examined using a cutoff of 3.29 (Tabachnick & Fidell, 2013) and was found within acceptable levels for all variables except for the Neo-Sexism Scale (z = -5.82), and for both the Lesbian (z = -4.09) and Gay (z = 3.47) subscales of the Modern Homophobia Scale. Validity items were also positively skewed (z = -4.81); however, this is unsurprising given that all non-valid responders were removed from analyses prior to examining the variable for skewness. Given that these data

are not measuring phenomenon that are normally distributed, skewness is to be expected. For example, responses to items on the Neo-Sexism scale were given in an "agree or disagree" format, which appears to have lent itself to skewed, bimodal response patterns. Therefore, data transformation does not appear to be necessary. Furthermore, kurtosis was examined using a cutoff of 7 (Curran, West, & Finch, 1996), and was found to be well within acceptable levels for all variables. Homoscedasticity was checked using scatterplots and was also found to be satisfactory, as well. As such, the data did not require transformation.

One-way, between-groups ANOVA tests were conducted to assess for group differences between active duty military personnel and military veterans. Active duty military personnel did not significantly differ from military veterans in terms of rape myth acceptance, attitudes toward women, neo-sexism, male role norms, modern racism scale, ageism, sexual prejudice, economic beliefs, religious intolerance, Marlowe-Crowne Social Desirability, or the potentially traumatic life events. As such, all participants were grouped together for hypothesis testing analyses.

3.2 Descriptive Analyses

Means and standard deviations were calculated for participants' rape myth acceptance as measured by the Illinois Rape Myth Acceptance questionnaire, attitudes toward the rights and roles of women in contemporary society as measured by the Attitudes Toward Women scale, modern sexist attitudes as measured by the Neo-sexism scale, norms of traditional masculinity ideology as measured by the Male Role Norms Inventory—Short Form, modern expressions of racism as measured by Modern Racism scale, affective and cognitive ageism as measured by the Fraboni Scale of Ageism, attitudes toward lesbians and gay men as measured by the Modern Homophobia scale, classism as measured by the Modified Economics Beliefs scale, religious

intolerance toward multiple religious groups as measured by the Religious Intolerance scale, socially desirable response tendencies as measured by the Marlowe-Crowne Social Desirability scale—Short Form, and exposure to potentially traumatic events as measured by the Life Events Checklist for the DSM-5 (Table 2).

Intercorrelations were calculated for all measures containing subscales. Intercorrelations among all IRMA subscales were significantly intercorrelated (Table 4). Intercorrelations among 18 of the 21 MRNI factor correlations were significantly correlated (Table 5). The Modern and Old-Fashioned Racism subscales were significantly intercorrelated ($r = .56$, $p < .01$), the Modern Homophobia Subscales were significantly intercorrelated ($r = .92$, $p < .01$; Table 6, and the FSA subscales were significantly intercorrelated (Table 7).

3.3 Preliminary Analyses

Prior to hypothesis testing, one-way analysis of variance (ANOVA) tests were conducted to replicate Aosved and Long's (2006) report of gender differences on measures of intolerant attitudes (e.g., in their study, men were found to have higher rape myth acceptance, sexism, racism, sexual prejudice, ageism, classism, and religious intolerance). In the current military sample, men were found to significantly differ from women, such that men exhibited higher intolerance on sexist attitudes toward women [F (1, 83) = 26.69, $p < .001$, $\eta 2 = .24$], neo-sexism [F (1, 83) = 7.35, $p = .01$, $\eta 2 = .08$], endorsement of male role norms [F (1, 83) = 21.56, $p < .001$, $\eta 2 = .21$], sexual prejudice toward lesbians [F (1, 83) = 6.24, $p = .01$, $\eta 2 = .07$], and sexual prejudice toward gay men [F (1, 83) = 16.47, $p < .001$, $\eta 2 = .17$]. Gender differences were approaching significance on rape myth acceptance [F (1, 83) = 3.73, $p = .06$, $\eta 2 = .04$] and economic beliefs [F (1, 83) = 3.62, $p = .06$, $\eta 2 = .04$]. Men did not significantly differ from

women with regard to modern racism [F (1, 83) = 1.79, p = .18, η2 = .02], ageism [F (1, 83) = 1.02, p = .32, η2 = .01], or religious intolerance [F (1, 83) = 1.51, p = .22, η^2 = .02].

Next, inter-correlations between sexism, racism, sexual prejudice, ageism, classism, religious intolerance, and exposure to potentially traumatic events were calculated using simple Pearson's correlation coefficient. Intolerant belief systems were strongly correlated with one another; almost all correlations were significant (see Table 8). Exposure to potentially traumatic events was not significantly correlated to rape myth acceptance or to the majority of the intolerant belief systems; however, exposure to potentially traumatic events was correlated with total scores on the Modified Economic Beliefs Scale (Table 8).

Finally, to explore possible associations between the criterion variable of rape myth acceptance, predictor variables of intolerant belief systems, demographic variables (including whether one experienced MST), and socially desirable responding, ANOVA (for categorical variables) and simple correlations (for continuous variables) were conducted. Findings indicated there were some possible interrelations between some predictor variables and demographic variables. Specifically, significant associations were found between neo-sexism and race [F (4, 78) = 2.58, p = .04, η^2 = .12], rape myth acceptance and relationship status [F (4, 62) = 2.97, p = .03, η^2 = .16], rape myth acceptance and education [F (3, 80) = 3.22, p = .03, η^2 = .11], sexist attitudes toward women and education [F (3, 80) = 5.12, p = .01, η^2 = .16], neo-sexism and education [F (3, 80) = 3.90, p = .01, η^2 = .13], religious intolerance and education [F (3, 80) = 4.31, p = .01, η^2 = .14], and traditional male gender role ideology and deployments [F (1, 83) = 4.92, p = .03, η^2 = .06]. Additionally, military sexual trauma was analyzed as a single item, and a significant relation was found between neo-sexism and military sexual trauma [F (5, 79) = 2.83, p = .02, η2 =]. Although the relations were statistically significant, the actual correlations were

fairly small (consistent with Aosved & Long, 2006), suggesting they may not be particularly meaningful. Nevertheless, analyses were conducted both including and excluding demographic variables as covariates. In the majority of cases, results were not different, and thus only analyses without covariates are reported. All discrepant findings are reported below.

3.4 Inferential Hypothesis Testing

3.4.1 Hypothesis 1: Rape myth acceptance will be positively correlated with intolerance in the areas of sexism, racism, sexual prejudice, ageism, classism, and religious intolerance. Among these variables, sexism is expected to most strongly correlate with rape myth acceptance.

For hypothesis 1, it was hypothesized that rape myth acceptance would be positively correlated with each intolerant attitude, with rape myth acceptance and sexism correlating most strongly. Simple correlations between the Illinois Rape Myth Acceptance Scale and each intolerant attitude construct were therefore conducted. Results of simple correlations supported the hypothesis that rape myth acceptance would be positively correlated with intolerance in the areas of sexism, racism, sexual prejudice, ageism, classism, and religious intolerance (Table 8). However, the hypothesis that rape myth acceptance would correlate most strongly with sexism out of all predictor variables was unsupported. Nonetheless, rape myth acceptance (high scores indicate high acceptance) and sexism (high scores indicate less sexism) were strongly and significantly correlated (r = -.38, p < .01).

To control for possible covariates of demographic variables, a one-way analysis of covariance (ANCOVA) was conducted for each interrelation between the previously identified predictor variables and demographic variables (i.e., neo-sexism and race, rape myth acceptance and relationship status, rape myth acceptance and education, sexist attitudes toward women and

education, neo-sexism and education, religious intolerance and education, and traditional male gender role ideology and deployments). Education emerged as a possible covariate of the relation between IRMA and MEB [F (1, 20) = 1.55, p = .04, η^2 = .83], raising concerns about the association between rape myth acceptance and economic beliefs. None of the other demographic variables emerged as significant covariates between the relationship between rape myth acceptance and associated predictor variables.

To determine if education mediates the relation between economic beliefs and rape myth acceptance, a mediation analysis was conducted (Baron and Kenny, 1986). Economic beliefs significantly predicted rape myth acceptance, B = -1.15, t(83) = -5.17, p < .001. However, neither regression of economic beliefs scores onto education nor regression of education onto rape myth acceptance were found to be significant. Further, a Sobel test was conducted and indicated there was no significant mediation (z = -.49, p = .62). In short, education does not mediate the relationship between economic beliefs and rape myth acceptance in this sample.

3.4.2 Hypothesis 2: It is hypothesized that gender will moderate the relation between rape myth acceptance and sexism, such that men who are high in sexism will score the highest in rape myth acceptance as compared to the other groups (e.g., men who score low in sexism, and women who score either low or high in sexism), and women who score lower on measures of sexism are expected to have the lowest rape myth acceptance, as compared to the other groups. Men who score low on measures of sexism and women who score high on measures of sexism are hypothesized to have moderate rape myth acceptance.

For hypothesis 2, it was hypothesized that gender would moderate the relation between rape myth acceptance and sexism. This hypothesis was tested using a hierarchical regression

analysis. First, variables were standardized in order to avoid multicollinearity. Interaction terms were created for each of the six predictor variables (e.g., sexism—including attitudes toward women, male role norms, and neo-sexism, racism, sexual prejudice, ageism, classism, and religious intolerance) and the moderating variable of gender. A two-stage hierarchical regression analysis was performed using the standardized predictor variables. Standardized sexism, racism, sexual prejudice, ageism, classism, and religious intolerance were entered at stage one. Gender was entered at stage two. The hierarchical multiple regression revealed that at stage one, the predictor variables (i.e., sexism, racism, sexual prejudice, ageism, classism, and religious intolerance) contributed significantly to the regression model [F (8, 76) = 6.72, p <.001, R^2 = .41], and accounted for 35.3% of the variance in rape myth acceptance. Entering gender at stage two reduced the model's ability to explain variance in rape myth acceptance to 34.5%, though this change in R^2 was not statistically significant [F (1, 75) = .08, p = .78, R^2 = .42].

Next, the hierarchical regression analysis was performed with the interaction terms in a separate block. Again, a hierarchical regression analysis was performed, this time using the interaction variables in block three. Standardized sexism (AWS, MRNI, and NSS), racism, sexual prejudice, ageism, classism, and religious intolerance were entered at stage one. Gender was entered at stage two. The interaction terms of sexism and gender, racism and gender, sexual prejudice and gender, ageism and gender, classism and gender, and religious intolerance and gender were entered at stage three. The hierarchical multiple regression revealed that at stage one, the predictor variables (i.e., sexism, racism, sexual prejudice, ageism, classism, and religious intolerance) contributed significantly to the regression model [F (8, 76) = 6.72, p <.001, R^2 = .41], and accounted for 35.3% of the variance in rape myth acceptance. Entering gender at stage two reduced the model's ability to explain variance in rape myth acceptance to 34.5%,

though this change in R^2 was not statistically significant [F (1, 75) = .08, p = .78, R^2 = .42]. Finally, introducing the interaction terms (i.e., sexism and gender, racism and gender, sexual prejudice and gender, ageism and gender, classism and gender, and religious intolerance and gender) at stage three reduced the model's ability to explain variance in rape myth acceptance to 31.8%, but this change in R^2 was not significant [F (8, 67) = .64, p = .75, R^2 = .46]. Thus, no evidence of moderating effects was found (see Table 9).

Although no moderating effect of gender was found in the relation between rape myth acceptance and sexism, it is possible this relation functions differently according to gender. As such, simple correlations between the rape myth acceptance scale and sexism were conducted, separating cases by gender. Among women, rape myth acceptance (high scores indicate high acceptance) and sexism, as measured by the Attitudes Toward Women scale, (high scores indicate less sexism) were significantly correlated (r = -.37, p < .01). However, among men, rape myth acceptance and sexism, as measured by the Attitudes Toward Women scale, were not significantly correlated. Conversely, the relation between rape myth acceptance and modern sexism, as measured by the Neo-Sexism scale, did not appear to differ by gender.

3.4.3 Hypothesis 3: Each intolerant belief (i.e., sexism, racism, sexual prejudice, ageism, classism, and religious intolerance) will be associated with significant variance to rape myth acceptance.

For hypothesis 3, it was hypothesized that each intolerant belief would uniquely predict a portion of the variance in rape myth acceptance. To test this hypothesis, a factor score was created to represent sexism in order to control for multicollinearity. Specifically, a principal components factor analysis with varimax rotation requiring a one-factor solution was conducted

to create a sexism score based on the combination of individuals' Neo-sexism total scores and Attitudes toward Women total scores and a sexual prejudice score based on individuals' Modern Homophobia Gay and Lesbian scores.

Next, a multiple regression analysis was conducted in order to account for the amount of variance in rape myth acceptance explained by each intolerant attitude (See Table 10). The regression model was statistically significant [F (7, 77) = 7.48, $p < .001$]. Intolerant attitudes, together, predicted about 35.1% of the variance in rape myth acceptance (*Adjusted* $R^2 = .35$). Interestingly, Modified Economic Beliefs was the strongest predictor of rape myth acceptance ($\beta = -.28$, $p = .01$). Ageism was the next strongest predictor, and the only other statistically significant predictor ($\beta = -.24$, $p = .03$). Sexism was the next strongest predictor, but was not statistically significant. Prior to running the regression analyses, each model was checked for regression assumptions (i.e., homoscedasticity of errors, linear relations between the IV and DV, normality of residuals, and collinearity) and no violation of assumptions were identified.

CHAPTER 4

DISCUSSION

4.1 Discussion of Results

The purpose of the present study was to examine the co-occurrence of rape myth acceptance and several intolerant attitudes (i.e., sexism, racism, sexual prejudice, hypermasculine gender role ideology, ageism, classism, and religious intolerance) in a military sample, expanding upon and replicating the findings from Aosved and Long's (2006) study. The findings of the present study largely replicated the findings of Aosved and Long's (2006) study despite substantial differences in sample composition. Notably, as hypothesized, greater rape myth acceptance was associated with greater intolerance in the domains sexism, racism, sexual prejudice, ageism, classism, and religious intolerance.

Not only is the present study the first to demonstrate these relations in a military sample, it is among the first studies to demonstrate many of these relations in any sample. For example, the relation between rape myth acceptance and sexual prejudice has previously only been investigated by two studies (Aosved & Long, 2006; Davies, Gilston, & Rogers, 2012). Additionally, although the relation between rape myth acceptance and racism has been demonstrated in two university samples, the present study is the first to find support for this relation in a non-university sample (Aosved & Long, 2006; Mulliken, 2005). Similarly, the present study provided support for classism as an important construct in the study of intolerant belief structures, as well as classism's relation to rape myth acceptance (Aosved & Long, 2006; Lott, 2002). The present study's correspondence to previous literature provides support for the validity of the present findings. Additionally, the findings of the present study provide support for a generalized prejudice factor accounting for different kinds of prejudice, consistent with Sibley and Duckitt's (2008) social dominance theory.

Furthermore, intolerant belief systems were examined and found to strongly correlate with one another, providing support for studying these constructs together as part of an overarching intolerant belief system within a military sample. For example, the present research supports previous findings that hypermasculinity, or strict adherence to traditional gender roles, is associated to sexual prejudice (Porter, 1997; Stevenson & Medler, 1995; Whitely, 2001). Furthermore, the relation between racism and sexism in the present military sample appears to provide support to Kowalewski, McIlwee, and Prunty's (1995) conceptualization of the interconnectedness between racism, sexism, and power. Yet, similar to findings from Aosved and Long's (2006) study, the constructs were not perfectly correlated, suggesting they are still unique constructs.

However, in contrast to the findings of Aosved and Long (2006), sexism was not the intolerant attitude most strongly associated to rape myth acceptance, although sexism was still associated with significant variance to rape myth acceptance. This is perhaps due to the sample composition (i.e., 58.8% female) of the present study, which may cause the role of sexism in this relation to function differently. Although intolerant attitudes are associated with significant variance to rape myth acceptance, sexism does not emerge as the strongest predictor of rape myth acceptance in a military sample comprised of predominantly women. It may also reflect true differences between Aosved and Long's (2006) sample of university students (50.7% female) and the present study's military sample (58.8% female). For example, the role of sexism in predicting rape myth acceptance could be deemphasized as men and women work together in a stressful military environment.

Although education emerged as a possible covariate of the relation between rape myth acceptance and economic beliefs, education was not found to mediate the relation between

economic beliefs and rape myth acceptance in the present sample. Nevertheless, this data suggests education may be an important factor to consider in the relation between various forms of intolerance and rape myth acceptance. Interestingly, education emerged as a predictor of femininity for both males and females on Scale 5 (Masculinity-Femininity) of the MMPI-2 and MMPI-A (Martin & Finn, 2010), providing contextual evidence that education may play an important role in the relation between gender and other demographic variables, intolerant attitudes, and rape myth acceptance, which has been shown to vary by gender.

While it could be expected that one's endorsement of rape myth acceptance and intolerant attitudes could be significantly impacted by experiencing military sexual trauma, MST was not found to be significantly associated to rape myth acceptance. Similarly, MST was not significantly associated with the majority of intolerant attitudes. There was, however, a significant, although small, relation between neo-sexism and military sexual trauma. Given the small size of the relation, it may not be particularly meaningful. However, it may also be possible that neo-sexism, or more subtle, modern sexist attitudes may function differently among individuals who have experienced military sexual trauma.

Next, the impact of gender on the strength of the associations between intolerant attitudes and rape myth acceptance was examined. Military men were found to significantly differ from military women in the current sample, such that men exhibited higher intolerance on sexist attitudes toward women, neo-sexism, endorsement of male role norms, sexual prejudice toward lesbians, and sexual prejudice toward gay men. However, the hypothesis that gender would moderate the relation between rape myth and sexism was unsupported, suggesting intolerant attitudes predict rape myth acceptance similarly for both military men and women. These findings replicate Aosved and Long's (2006) findings; however, the present study also examined

gender as an independent predictor of the relation between rape myth acceptance and sexism, which was found to function differently for men and women. Specifically, the association between rape myth acceptance and sexism was significant for women, but not for men. In other words, women with more negative attitudes toward the rights and roles of women in contemporary society were more likely to endorse rape myths, whereas this association was not significant among men. At face value, this finding is surprising. However, rape myth acceptance may function differently for men than it does for women, as women are more often the victims of sexual assault (Viken & McFall, 2010; Bohner, Danner, Siebler, & Samson, 2002). Another possibility which has not yet been studied, may be that women, and particularly military women, who express intolerant attitudes toward their own gender may do so with more conviction, as sexist attitudes towards one's own gender is rather counterintuitive. Men, and particularly military men, on the other hand, may be socialized toward sexist views but may not personally hold strong sexist beliefs. Thus they may not endorse sexist attitudes or rape myths as strongly, perhaps weakening the association between the two constructs. This possibility warrants further investigation. Regardless of the theory underlying this relation, the present findings suggest gender influences the relation between rape myth acceptance and sexism, even if gender does not function as a mediator.

Finally, results indicated that each intolerant belief system was associated with significant variance in rape myth acceptance, such that each intolerant belief system, both uniquely and within the context of other intolerant attitudes, predicted a portion of the variance in rape myth acceptance. Together, intolerant attitudes predicted 35.1% of the variance in rape myth acceptance. Interestingly, economic beliefs was the strongest predictor of rape myth acceptance. Ageism was the next strongest predictor, and the only other statistically significant predictor.

Sexism was the next strongest predictor, but was not statistically significant. It is surprising that sexism did not enter the model. The correlation of sexism with economic beliefs as well as ageism may account for this finding. It is likely that the effects of sexism are somewhat masked by the effects of economic beliefs and ageism. Another possible explanation for this finding is that the intolerant attitudes of economic beliefs and ageism are particularly prevalent in the military, causing them to emerge as the strongest predictors. For example, given the uniform pay scale for military members, individuals with economic difficulties may be viewed as having a personal flaw contributing to economic difficulties. As another example, the military's relative youth, as compared to the general population, and the overrepresentation of younger individuals within the military may contribute to attitudes of ageism, which in turn emerges as a stronger predictor in the model.

It is also important to note, however, that prediction is made difficult with the present research question. It is difficult to identify which intolerant attitudes precede, or predict, another. Specifically, it is difficult to identify if rape myth acceptance predicts sexism, for example, or if sexism predicts rape myth acceptance. Or if racism predicts sexual prejudice or vice versa, as another example. Ultimately, regardless of which intolerant attitude leads to the other, there is evidence for the co-occurrence of intolerant attitudes in the present sample. Furthermore, despite the origins of the intolerant beliefs systems (i.e., if rape myth acceptance leads to intolerant attitudes or vice versa), rape myth acceptance is associated with a number of negative factors, including increased rape proclivity.

Overall, the findings of the present study were similar to the findings of Aosved and Long's (2006) study. The present study was able to expand their primary conclusions to a military sample. However, it is important to note important sample differences between the

present study and Aosved and Long's (2006) study. Most notably, the current sample is primarily women (58.8% women), whereas Aosved and Long's (2006) sample more evenly represented both genders (50.7% female). Aosved and Long (2006) also recruited from a university research participant pool made up of primarily students in Psychology and/or Marketing classes, whereas the present study recruited from a larger sample of military service members and veterans. As a result, the present sample is older, more educated, and more often married as compared to Aosved and Long's (2006) sample. The two samples were similar in terms of race and sexual orientation. Despite sample differences, primary findings were still replicated, which speaks to the generalizability of these findings.

As previously discussed, Bronfenbrenner's ecological model argues an individual's behavior is best understood within the context of the individual's microsystem (e.g., family), exosystem (e.g., larger social system in which the family is embedded), and macrosystem (e.g., culture and accompanying cultural norms; Aosved & Long, 2006; Bronfenbrenner, 1977, 1979). That is to say, in order to understand an individual's behavior, microsystem, exosystem, and macrosystem must also be considered. Consistent with the ecological model and Aosved and Long's (2006) findings, the results of the present study provide evidence for the interrelations between rape myth acceptance and intolerant attitudes at the individual level and across individuals at the military cultural level.

In that regard, the results of the present study are particularly important, in that the present study provides support for these interrelations with the military subculture. Aosved and Long (2006) note that the co-occurrence of these factors could be conceptualized as "contemporary beliefs about masculinity at the cultural level that have been internalized by individuals." That is to say, cultural ideas about masculinity (i.e., to be masculine is to be young,

heterosexual, and part of the majority group) may be directly related to rape myth acceptance among individuals who internalized the aforementioned cultural messages about masculinity as intolerant beliefs (Aosved & Long, 2006). These comments are particularly noteworthy when considered within the context of military culture.

As noted in the introduction, military culture lends itself to hypermasculine gender role ideology, it is particularly important to understand the role of masculinity in intolerant belief systems. Aosved and Long (2006) note that the idea that masculinity, at the cultural level, requires power could be expressed as a number of intolerant beliefs at the individual level. In military culture, masculinity appears to be associated with power, but also perhaps with strength, effectiveness, and even worth. Hypermasculinity at a cultural level is adaptive to the military mission (Knight, 2013; Weber, Rosen, & Weissbrod, 2000). As such, individuals within the military culture may be particularly susceptible to associating masculinity with that which is positive, and subsequently viewing that which is perceived as contrary to masculinity as negative. However, the present research, supported by the ecological model, suggests that challenging these beliefs at the individual level, may affect intolerant beliefs at the level of the microsystem, the exosystem, and the macrosystem. It is possible that challenging the intolerant belief systems of individuals within the military could also challenge a cultural understanding of masculinity within the military that includes intolerant attitudes.

As stated in Aosved and Long (2006), the ecological model has also been used to understand the complexities of sexual assault, and a number of studies previously discussed used the ecological model to investigate sexual violence (Banyard, 2011; Campbell, Sefl, & Ahrens, 2004; Grauerholz, 2000; Messman-Moore & Long, 2002; Neville, Heppner, Oh, Spanierman, & Clark, 2004; Nurius & Norris, 1996; White & Koss, 1993). The prevention of sexual violence

provides an important rationale for studying rape myth acceptance, as the construct has been linked to rape proclivity and the perpetration of sexual assault (Abbey, McAuslan, & Ross, 1998; Koss & Dinero, 1988; Koss, Leonard, Beezley, & Oros, 1985; Malamuth, Sockloskie, Koss, & Tanaka, 1991; Murphy, Coleman, & Haynes, 1986). Understanding rape myth acceptance within a military sample may offer valuable insight into rape proclivities within the military, and ultimately insight into the prevention of military sexual assault. Furthermore, in civilian samples, rape myth acceptance has been linked to reporting, labeling, and attributions of blame for sexual assault (Egan & Wilson, 2012; Kopper, 1996; Peterson & Muehlenhard, 2004). Understanding the function of rape myth acceptance in a military sample might offer valuable insight into reporting, labeling, and attributions of blame of military sexual assault. For example, victims of military sexual assault who are high in rape myth acceptance might be more likely to blame themselves inappropriately, be less likely to label their experience as rape, and also be less likely to report the sexual assault.

Furthermore, the present findings augment the considerations for sexual violence prevention programs brought forth by Aosved and Long (2006), and provide additional considerations for intervention programs within the military. The present findings support Aosved and Long's (2006) comment that intervention programs focused on diversity and tolerance may help reduce rape myth acceptance, and conversely, intervention programs targeting rape myth acceptance may reduce endorsement of intolerant beliefs. The present research suggests that intervention programs utilized within the military may be additionally effective by including hypermasculinity among the intolerant attitudes associated with rape myth acceptance. By de-linking the association between masculinity, intolerant attitudes, and rape

myth acceptance, a more tolerant military culture can be pursued without compromising the components of masculinity contributing to an effective warfighting force.

4.2 Strengths and Limitations

The greatest limitation of the present study was the sample size, particularly for men, and sample composition. The present sample (N = 85) was older, more predominantly female, more predominantly officers, and more highly educated than the military population as a whole. As a result, the representativeness of the study sample is limited. As the study was rather lengthy and completely optional for all participants, study completion was likely influenced by level of investment in the study topic. For example, women are likely more invested in the topic of military sexual trauma and rape myth acceptance. Older and more educated military members, as well as officers are likely more invested in macro-level and military policy issues. Given the current sample's demographic make-up (i.e., predominantly older, highly educated, female, and officer), it likely should have been more difficult to demonstrate the relation between rape myth acceptance and intolerant attitudes. Furthermore, the characteristics of the study sample likely should have weakened the ability of the present study to replicate Aosved and Long's (2006) findings. The fact that this relation was still significant may speak to the strength of this association. While a more representative sample may have been able to provide more confident conclusions with regard to the relations, the present study was adequately powered to capture the hypothesized effects and no demographic variables were identified as covariates.

There are also several important strengths of the present study. Notably, the present study is the first to demonstrate the association of rape myth acceptance with sexism, racism, sexual prejudice, ageism, classism, and religious intolerance in a military sample. The present sample

also included the construct of hypermasculinity among intolerant attitude constructs, of particular importance when examining military attitudes.

Additionally, the present study screened for, and excluded, cases suggestive of invalid or random response patterns. Failing to screen for and exclude invalid responses in online self-report questionnaire-based surveys can threaten the validity of study results and reduce a study's power to detect significant relations (Credé, 2010; Oppenheimer, Meyvis, & Davidenko, 2009; Osborne & Blanchard, 2010). The present study was careful to omit all potentially invalid respondents.

Another major strength of the present study was the use of many standardized, reliable, and valid measures to examine the study constructs. While using fewer and shorter measures may have helped with completion rates, the present study aimed to carefully replicate Aosved and Long's (2006) study within a military sample, in hopes of later demonstrating the association between rape myth acceptance and rape proclivity within a military sample. The present research was careful to not assume these relations would generalize across samples. While the shorter Intolerant Schema Measure (ISM) was strongly considered for use in the present study, it was ultimately not selected for use in the present study (Aosved, Long, & Voller, 2009). The ISM is a 54-item measure of intolerance, reflecting the six constructs of racism, sexism, sexual prejudice, classism, ageism, and religious intolerance (Aosved, Long, & Voller, 2009). While the ISM is shorter and has satisfactory psychometric properties, the measure presupposes the interrelatedness of each intolerant belief system, which the present study aimed to examine in a military sample, paying careful attention to not assume the presence of this relation in a military sample. However, now that the present study has demonstrated the interrelatedness of each

intolerant belief system within a military sample, the ISM appears to be a good fit for future research along this line of research.

4.3 Directions for Future Research

The present research offers important implications for studying the association between rape myth acceptance, intolerant belief systems, and the perpetration of military sexual trauma in a military sample. Notably, future researchers may want to examine how intolerant beliefs and rape myth acceptance together may relate to rape proclivity and the perpetration of military sexual assault. Additionally, these findings may be helpful in planning interventions used in military sexual assault prevention programs. Also, given research finding that racism influences rape trials, the present findings provide important implications for the potential of intolerant belief systems to affect military-specific disciplinary actions (Landwehr, et al., 2002). As such, specific study of this possibility is encouraged.

Including additional intolerant belief systems (e.g., discrimination based on ability or body size) may additionally strengthen future research. Size, in particular, may be an important contributor to a model of broadly intolerant attitudes within a military sample in light of strong organizational standards with regard to physical fitness. Lastly, as put forth by Aosved and Long (2006), future research could investigate mechanisms underlying the shared variance among intolerant beliefs, exploring differences in personality or cognitive style.

4.4 Conclusions

In summary, results from the present study support Aosved and Long's (2006) findings that high rape myth acceptance was associated with significant variance to the intolerant attitudes

of sexism, racism, sexual prejudice, classism, ageism, and religious intolerance. The present study also demonstrated the co-occurrence of rape myth acceptance and hypermasculine gender role ideology. Contrary to hypotheses, sexism was not the strongest predictor of rape myth acceptance and gender did not moderate the relation between rape myth acceptance and sexism. Finally, intolerant attitudes, together, predicted significant variance in rape myth acceptance, with economic beliefs and ageism emerging as the strongest predictors of rape myth acceptance. These results provide insight into the functioning of intolerant attitudes within a military sample, and provide important insight for future research addressing the association between rape myth acceptance and rape proclivity and the perpetration of military sexual assault.

Table 1

Demographics

Variable	Overall Sample (N = 85)
Age, M (SD)	43.73 (14.05)
Gender, % (n)	
Male	41.2 (35)
Female	58.8 (50)
Race, % (n)	
White, non-Hispanic	82.4 (70)
African American	7.1 (6)
Latin American	5.9 (5)
Asian American	1.2 (1)
Pacific Islander	1.2 (1)
Sexual Orientation, % (n)	
Heterosexual	91.8 (78)
Homosexual	2.4 (2)
Bisexual	4.7 (4)
Relationship Status, % (n)	
Single (Never Married)	2.4 (2)
Single (Divorced, Not Remarried)	5.9 (5)
In a Relationship (Not married/living together)	7.1 (6)
Living Together	8.2 (7)
Married	55.3 (47)
Education Level, % (n)	
High school graduate	3.5 (3)
Some college	18.8 (16)
Bachelor's degree	31.8 (27)
Graduate degree	44.7 (38)
Veteran Status, % (n)	
Current member of the US military	49.4 (42)
Veteran of the US military	45.9 (39)
Branch, % (n)	
Army	83.5 (71)
Air Force	10.6 (9)
Marine Corps	1.2 (1)
Navy	3.5 (3)
Coast Guard	1.2 (1)
Context of Service, % (n)	
Active Duty	78.8 (67)
Reserves	10.6 (9)
Years in the Military, M (SD)	13.73 (9.03)
Deployed, % (n)	
Yes	72.9 (62)
No	27.1 (23)
Number of Deployments, M (SD)	1.71 (1.28)

Table 2

Participant Description

Variable	Overall Sample (N = 85)
Illinois Rape Myth Acceptance Scale Scores, M (SD)	99.93 (22.01)
She asked for it	17.38 (7.38)
It wasn't really rape	6.34 (1.83)
He didn't mean to	11.84 (5.41)
She wanted it	9.81 (4.74)
She lied	15.33 (5.75)
Rape is a deviant event	11.05 (3.78)
Attitudes Toward Women Scale Scores, M (SD)	64.27 (6.94)
Neo-Sexism Scale Scores, M (SD)	1.83 (0.18)
Male Role Norms Inventory Scale Scores, M (SD)	42.77 (13.62)
Restrictive Emotionality	6.44 (3.00)
Self-Reliance through Mechanical Skills	13.24 (4.48)
Negativity toward Sexual Minorities	6.91 (4.17)
Avoidance of Femininity	8.14 (3.97)
Importance of Sex	8.06 (3.67)
Modern Racism Scaled Score, M (SD)	15.08 (5.60)
Fraboni Scale of Ageism Scaled Scores, M (SD)	62.08 (6.28)
Antilocution	31.44 (3.94)
Avoidance	30.63 (2.97)
Modern Homophobia Scaled Scores, M (SD)	4.19 (0.63)
Attitudes toward Gay Men	4.26 (0.66)
Attitudes toward Lesbians	4.12 (0.63)
Modified Economic Beliefs Scaled Score, M (SD)	47.10 (9.45)
Religious Intolerance Scaled Scores, M (SD)	34.02 (5.21)
Life Events Checklist Scaled Scores, M (SD)	49.91 (17.23)

Table 3

Demographic Characteristics of Study Participants by Standardized Predictor Variable

Variable, *M (SD)*	IRMA	AWS	NSS	MRNI	MRS	FSA	MHS	MEB	RIS	LEC
Gender										
Male	.25	-.59	-.34	.54	.17	-.13	-.40	-.24	-.16	52.66
	(.85)	(.97)	(1.12)	(.85)	(.93)	(.87)	(1.07)	(.96)	(.96)	(17.22)
Female	-.17	.41	.24	-.38	-.12	.09	.28	.17	.11	47.98
	(1.07)	(.80)	(.84)	(.93)	(1.04)	(1.08)	(.85)	(1.00)	(1.02)	(17.14)
Race										
White, non-	-.05	.05	-.05	-.06	.04	<.01	-.02	.02	.05	50.57
Hispanic	(1.01)	(1.00)	(1.02)	(1.06)	(.95)	(.97)	(1.06)	(1.03)	(.99)	(16.94)
African American	.12	-.57	.52	.31	-.76	-.19	-.08	.04	-.93	52
	(1.03)	(.95)	(.51)	(.68)	(1.42)	(1.48)	(.76)	(.95)	(1.19)	(18.67)
Latin American	.38	.22	.44	.06	-.41	.69	.64	-.01	.53	46.20
	(.84)	(.81)	(.51)	(.57)	(.78)	(.97)	(.45)	(.98)	(.71)	(13.65)
Asian American	1.18	-2.20	-2.64	.90	1.41	-.97	-.75	-.86	.19	5
	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Pacific Islander	-1.09	.39	-.07	.31	.16	-.49	-.71	.31	.38	58.00
	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Sexual Orientation										
Heterosexual	-.02	-.03	-.04	.01	.02	.06	-.05	<.01	.04	50.04
	(1.01)	(1.00)	(1.02)	(1.02)	(1.00)	(.96)	(1.02)	(.98)	(.99)	(16.07)
Homosexual	-.07	1.33	.95	-.72	-1.09	.23	1.06	1.36	-1.00	77.00
	(.75)	(.10)	(.00)	(.31)	(.25)	(.33)	(.07)	(.60)	(.14)	(.00)
Bisexual	.12	.39	.18	<.01	.43	-.56	.47	-.64	<.01	41.00
	(1.02)	(.50)	(.89)	(.81)	(.69)	(.92)	(.37)	(1.20)	(.47)	(28.46)
Relationship Status										
Never Married	1.65	.11	.44	-.42	-.01	-1.13	.61	-1.54	.19	37.00
	(.12)	(.20)	(.73)	(.00)	(.25)	(1.13)	(.22)	(1.27)	(.27)	(9.90)

Table 3
Continued

Divorced	.08	-.04	-.38	.32	.31	<.01	.64	-.30	-.23	50.00
	(.58)	(.97)	(1.07)	(.62)	(1.20)	(.54)	(.58)	(.62)	(.42)	(28.01)
In a Relationship	-.84	.66	.10	-1.07	-.37	.15	.53	.39	.80	46.00
	(.55)	(.36)	(.70)	(.60)	(.51)	(.94)	(.40)	(.71)	(.44)	(9.01)
Living Together	-.27	.31	-.07	-.16	-.11	-.02	.15	-.28	-.72	46.71
	(.89)	(1.13)	(1.15)	(1.63)	(.66)	(.66)	(1.24)	(1.19)	(.71)	(21.54)
Married	.18	-.27	-.07	.19	.16	.04	-.26	-.10	-.02	50.57
	(1.06)	(1.06)	(1.11)	(.98)	(1.09)	(1.04)	(1.09)	(.92)	(1.16)	(16.10)
Education Level										
HS graduate	1.48	-1.72	-1.44	.93	1.21	-.58	-1.15	-.49	-.91	64.33
	(.55)	(.44)	(1.94)	(.55)	(.52)	(.68)	(1.54)	(.66)	(.42)	(2.08)
Some college	-.03	-.40	.02	.29	.04	-.13	-.14	.17	-.30	59.38
	(.77)	(1.14)	(.88)	(.61)	(.93)	(.79)	(1.13)	(.88)	(.84)	(19.25)
Bachelor's degree	.16	.22	-.24	-.16	.05	-.16	.19	-.15	-.27	47.41
	(.99)	(.93)	(1.14)	(1.31)	(.99)	(1.10)	(.91)	(1.08)	(1.05)	(17.17)
Graduate degree	-.22	.14	.28	-.11	-.11	.21	.02	.11	.39	46.45
	(1.04)	(.87)	(.74)	(.85)	(1.02)	(1.02)	(.95)	(.99)	(.93)	(15.61)
Veteran Status										
Currently serving	-.05	.13	.02	-.11	.02	.03	.10	-.18	.08	49.31
	(1.05)	(.92)	(.92)	(1.12)	(1.04)	(1.08)	(.95)	(1.01)	(1.12)	(14.44)
Veteran	.06	-.19	-.07	.08	.05	-.04	-.13	.15	-.12	50.26
	(1.00)	(1.10)	(1.11)	(.90)	(.97)	(.95)	(1.07)	(.94)	(.89)	(20.60)
Branch										
Army	-.08	-.08	-.01	-.02	.03	.09	-.05	-.03	-.02	49.00
	(.97)	(1.02)	(.95)	(1.02)	(1.00)	(1.01)	(.97)	(.96)	(1.07)	(16.13)
Air Force	.40	.46	.21	-.16	-.31	-.52	.40	-.14	-.05	57.11
	(1.20)	(.74)	(.78)	(.98)	(.99)	(1.00)	(.79)	(1.37)	(.32)	(17.57)
Marine Corps	-.41	.39	.95	.09	.34	<.01	.77	1.15	1.15	80.00
	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Table 3
Continued

Navy	.85	-.04	-1.10	.82	.70	-.22	-.59	.17	.06	41.33
	(1.05)	(1.14)	(2.24)	(.77)	(.78)	(.51)	(2.01)	(.70)	(.87)	(36.02)
Coast Guard	-.31	1.26	.95	.46	-1.44	-.81	1.15	1.58	.76	45.00
	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Context of Service										
Active Duty	-.06	-.11	<.01	<.01	.05	.04	-.11	-.07	-.08	49.00
	(.99)	(1.03)	(.93)	(1.04)	(1.02)	(.99)	(.97)	(.94)	(1.06)	(16.31)
Reserves	.40	.46	.21	-.16	-.31	-.52	.40	-.14	-.05	57.11
	(1.20)	(.74)	(.78)	(.98)	(.99)	(1.00)	(.79)	(1.37)	(.32)	(17.57)
Deployed										
Yes	-.04	-.10	-.07	.14	-.03	-.01	-.08	<.001	-.11	50.48
	(.93)	(1.04)	(1.01)	(1.01)	(.95)	(1.01)	(.96)	(.96)	(1.02)	(18.29)
No	.11	.26	.19	-.39	.08	.02	.21	.01	.29	48.35
	(1.17)	(.85)	(.95)	(.89)	(1.15)	(.99)	(1.09)	(1.13)	(.90)	(14.26)

Note. IRMA = Illinois Rape Myth Acceptance Scale. AWS = Attitudes toward Women Scale. MRNI =Male Role Norms Inventory. NSS = Neo-Sexism Scale. MRS = Modern Racism Scale. FSA = Fraboni Scale of Ageism. MHS = Modern Homophobia Scale. MEB = Modified Economics Beliefs Scale. RIS = Religious Intolerance Scale. LEC = Life Events Checklist.

[a]Life Events Checklist (LEC) scores were not standardized.

Table 4

Intercorrelations among IRMA subscales

	SA	NR	MT	WI	LI	TE	DE
SA	*(.83)*						
NR	.71	*(.73)*					
MT	.45	.33	*(.78)*				
WI	.46	.55	.41	*(.87)*			
LI	.65	.58	.35	.58	*(.85)*		
TE	.69	.69	.33	.60	.69	*(.59)*	
DE	.63	.65	.38	.44	.43	.64	*(.81)*

Note. All correlations are significant at the $p < .01$ level. Diagonal values are alpha internal consistency values for respective variables. SA = She asked for it. NR = It wasn't really rape. MT = He didn't mean to. WI = She wanted it. LI = She lied. TE = Rape is a trivial event. DE = Rape is a deviant event.

Table 5

Intercorrelations among MRNI subscales

	RE	SR	NT	AF	IS	DO	T
RE	*(.75)*						
SR	.37**	*(.87)*					
NT	.25*	.10	*(.73)*				
AF	.47**	.51**	.30**	*(.79)*			
IS	.32**	.57**	.20	.64**	*(.82)*		
DO	.38**	.22*	.42**	.37**	.35**	*(.69)*	
T	.48**	.51**	.20	.51**	.36**	.29**	*(.63)*

Note. **. Correlation is significant at the $p < .01$ level. *. Correlation is significant at the $p < .05$ level. Diagonal values are alpha internal consistency values for respective variables. RE = Restrictive emotionality. SR = Self-reliance through Mechanical Skills. NT = Negativity toward Sexual Minorities. AF = Avoidance of Femininity. IS = Importance of Sex. DO = Dominance. T = Toughness.

Table 6

Intercorrelations among Modern and Old-Fashioned Racism subscales and MHS subscales.

	MR	OR	MH-L	MH-G
MR	*(.88)*			
OR	.56	*(.63)*		
MH-L	--	--	*(.93)*	
MH-G	--	--	.92	*(.95)*

Note. All correlations are significant at the $p < .01$ level. Diagonal values are alpha internal consistency values for respective variables. MR = Modern Racism. OR = Old-fashioned Racism. MH-L = Modern Homophobia toward Lesbians. MH-G = Modern Homophobia toward Gay Men.

Table 7

Intercorrelations among FSA subscales.

	ANT	DIS	AV
ANT	*(.83)*		
DIS	.68	*(.62)*	
AV	.65	.69	*(.72)*

Note. All correlations are significant at the $p < .01$ level. Diagonal values are alpha internal consistency values for respective variables. ANT = Antilocution. DIS = Discrimination. AV = Avoidance.

Table 8

Intercorrelations among study variables.

	IRMA	AWS[a]	MRNI	NSS	MRS	FSA[a]	MHSG[a]	MHSL[a]	MEB[a]	RIS[a]	LEC	FS	FH
IRMA	(.90)	-.38**	.40**	-.40**	.34**	-.46**	-.34**	-.33**	-.50**	-.42**	-.06	-.45**	-.34**
AWS[a]		(.83)	-.55**	.49**	-.45**	.40**	.60**	.56**	.44**	.34**	.01	.86**	.59**
MRNI			(.87)	-.37**	.44**	-.34**	-.58**	-.53**	-.47**	-.40**	-.01	-.53**	-.56**
NSS				(.72)	-.45**	.24*	.40**	.39**	.37**	.21	.02	.86**	.40**
MRS					(.87)	-.16	-.59**	-.62**	-.57**	-.33**	-.06	-.52**	-.62**
FSA[a]						(.86)	.19	.23**	.29**	.49**	-.03	.34**	.21
MHSG[a]							(.95)	.92**	.49**	.31**	-.08	.58**	.98**
MHSL[a]								(.93)	.47**	.32**	-.07	.55**	.98**
MEB[a]									(.87)	.32**	.27*	.47**	.49**
RIS[a]										(.76)	-.05	.32**	.32**
LEC											--	.02	-.08
FS												--	.58**
FH													--

Table 8

Continued

Note. **. Correlation is significant at the $p < .01$ level. *. Correlation is significant at the $p < .05$ level. Diagonal values are alpha internal consistency values for respective variables. IRMA = Illinois Rape Myth Acceptance Scale mean score. AWS = Attitudes toward Women Scale total score. MRNI =Male Role Norms Inventory total score. NSS = Neo-Sexism Scale mean score. MRS = Modern Racism Scale total score. ORS = Old-Fashioned Racism total score. FSA = Fraboni Scale of Ageism total score. MHSG = Attitudes toward Gay Men mean score from the Modern Homophobia Scale. MHSL = Attitudes toward Lesbians mean score from the Modern Homophobia Scale. MEB = Modified Economics Beliefs Scale total score. RIS = Religious Intolerance Scale total score. LES = Life Events Checklist. FS = Sexism Factor Score. FH = Homophobia Factor Score.

[a]Higher scores on the AWS, FSA, MHSG, MHSL, MEB, and RIS indicate lower levels of the belief measured.

Table 9

Summary of Hierarchical Regression Analysis for Variables Predicting Rape Myth Acceptance (N = 85)

	Model 1			Model 2			Model 3		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*B*	*B*	*SE B*	*β*
AWS	.01	.12	.01	.02	.13	.02	-.02	.43	-.02
NSS	-.20	.11	-.20	-.19	.11	-.19	-.38	.41	-.38
MRNI	.07	.12	.07	.06	.12	.06	-.02	.51	-.02
MRS	-.02	.13	-.02	-.01	.13	-.01	.08	.49	.08
FSA	-.24	.11	-.24*	-.25	.11	-.25*	.10	.50	.10
MHS	-.01	.13	-.01	-.01	.13	-.01	-.10	.44	-.10
MEB	-.28	.12	-.28*	-.28	.12	-.28*	.64	.48	.64
RIS	-.15	.11	-.15	-.15	.11	-.15	-.34	.48	-.34
Gender				-.06	.22	-.03	1.32	2.80	.65
AWS x Gender							.02	.28	.03
NSS x Gender							.09	.25	.14
MRNI x Gender							.08	.29	.12
MRS x Gender							-.02	.05	-.19

Table 9

Continued

FSA x Gender			-.02	.05	-.61
MHS x Gender			.08	.29	.12
MEB x Gender			-.58	.29	-.96*
RIS x Gender			.07	.27	.11
R^2	.41	.42		.46	
F for change in R^2	6.72**	.08		.64	

Note: **. Correlation is significant at the $p < .01$ level. *. Correlation is significant at the $p < .05$ level. AWS = Attitudes toward Women Scale total score. MRNI =Male Role Norms Inventory total score. NSS = Neo-Sexism Scale mean score. MRS = Modern Racism Scale total score. FSA = Fraboni Scale of Ageism total score. MHS = Modern Homophobia mean score. MEB = Modified Economics Beliefs Scale total score. RIS = Religious Intolerance Scale total score.

Table 10

Summary of Multiple Regression Analysis for Variables Predicting Rape Myth Acceptance (N = 85)

Variable	*B*	*SE*	*β*
Sexism	-3.99	2.62	-.18
Racism	<.01	.49	<.01
Hypermasculinity	.08	.19	.05
Sexual Prejudice	.46	.281	.02
Ageism	-.83	.37	-.24
Economic Beliefs	-.66	.27	-.28
Religious Intolerance	-.61	.45	-.14
R^2		.41**	
F		7.48	

Note: **. Correlation is significant at the $p < .01$ level. *. Correlation is significant at the $p < .05$ level.

APPENDIX A

INFORMED CONSENT NOTICE

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: Co-Occurrence of Rape Myth Acceptance and Other Intolerant Attitudes in a Military Sample

Student Investigator: Pamela Holtz, M.S., 2LT USA, University of North Texas (UNT) Department of Psychology. **Supervising Investigator**: Jennifer Callahan, Ph.D. ABPP, University of North Texas (UNT) Department of Psychology.

Purpose of the Study: You are being asked to participate in a research study investigating the co-occurrence of rape myth acceptance attitudes and other intolerant attitudes of military members and veterans. You will be asked about a number of sensitive topics, including sexual assault and potentially traumatic events.

Study Procedures: You will be asked to complete an online questionnaire which will take about 90 minutes of your time.

Foreseeable Risks: You may experience feelings of discomfort with some of the questions asked. You may stop answering questions at any time without penalty or loss of benefits or rights. Additionally, if you feel you need to speak with someone, the following information is provided to assist you.

- Military/Veterans Crisis Line: 1-800-273-8255
- Vet2Vet Crisis Hotline Center: 1-877-VET2VET or 1-877-838-2838
- Military One Source (not a crisis hotline): 1-800-342-9647

Benefits to the Subjects or Others: This study is not expected to be of any direct benefit to you; however we hope the project will benefit the US military by helping clarify the effect of intolerant attitudes. This knowledge may better enable US military to address issues of intolerance, particularly intolerance in the form of sexual trauma.

Compensation for Participants: None. However, for each valid questionnaire completed, the researcher will donate $5.00 to a non-profit organization which serves veterans and the military community (e.g., Wounded Warrior Project).

Procedures for Maintaining Confidentiality of Research Records: Your name or any other personally identifiable information will not be asked for at any point of the study. Following your completion of the online questionnaire, your responses will be securely delivered electronically to the researcher. At no point will your responses be reviewed by other members

of the US military. Confidentiality will be maintained to the degree possible given the technology and practices used by the online survey company. Your participation in this online survey involves risks to confidentiality similar to a person's everyday use of the internet.

Questions about the Study: If you have any questions about the study, you may contact Pamela Holtz, M.S., 2LT USA at email address pamelaholtz@my.unt.edu; or Jennifer Callahan, Ph.D., ABPP at email address jennifer.callahan@unt.edu.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-4643 with any questions regarding the rights of research subjects.

Research Participants' Rights:

Your participation in the survey confirms that you have read all of the above and that you agree to all of the following:

- The study has been explained to you and all of your questions have been adequately answered. You have been informed of the possible benefits and the potential risks of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You understand you may print a copy of this form for your records.

APPENDIX B

POST TO ONLINE VETERAN COMMUNITIES

Please consider completing this questionnaire to help a US Army officer with their doctoral dissertation. For each survey completed, $5.00 will be donated to the Wounded Warrior Project or another non-profit benefiting the US military. The study may help the US military address intolerant attitudes, and in particular the intolerant attitudes which contribute to sexual trauma. (IRB approved through the appropriate channels for this method of data collection).

https://www.surveymonkey.com/r/holtz-dissertation

APPENDIX C

FORM LETTER TO US MILITARY ACTIVE DUTY COMMANDERS

Dear Sir or Ma'am:

My name is 2LT Pamela Holtz, M.S. I graduated from Loyola University Chicago and commissioned out of Chicago Army ROTC in May 2012. I branched active duty into the Medical Service Corps with an education delay to complete a doctorate in Clinical Psychology at the University of North Texas. I am studying military mental health in preparation for my eventual career as an active duty US Army clinical psychologist.

I am currently working on my doctoral dissertation, which investigates the co-occurrence of rape myth acceptance and other intolerant attitudes in a military sample. We hope the project will benefit the US military by helping clarify the effect of intolerant attitudes within the military, which may better enable the US military to address intolerant attitudes, and in particular the intolerant attitudes which contribute to sexual trauma.

I am writing you because I am hoping you will disseminate an online link to the research study to the personnel in your command. Their participation in the study is completely voluntary and confidential. They will be given an online questionnaire asking about their attitudes on a variety of topics (e.g., rape myth acceptance, sexism, racism, sexual prejudice, classism, ageism, and religious intolerance). The questionnaire should take about 60 minutes to complete. For each individual who completes the questionnaire, $5.00 will be donated to a non-profit organization which benefits military members or veterans (e.g., Wounded Warrior Project).

This research study has been approved by the Institutional Review Board at the University of North Texas. My supervising investigator is Jennifer Callahan, Ph.D., ABPP University of North Texas (UNT) Department of Psychology.

If you have any questions regarding this research study, I can be contacted at email address: pamelaholtz@my.unt.edu or telephone: (317) 385-9654.

If you do not have any questions regarding this research study, the survey is ready to be distributed. There is a document attached that contains a letter about the study which can be forwarded to personnel if desired.

https://www.surveymonkey.com/r/holtz-dissertation

Thank you for your involvement in this research project!

Respectfully,
Pamela Holtz
2LT, USA Medical Service Corps
Clinical Psychology Doctoral Student
University of North Texas

APPENDIX D

FORM LETTER TO US MILITARY ACTIVE DUTY PERSONNEL

Active duty military member:

My name is 2LT Pamela Holtz, M.S. I am an officer in the US Army Medical Service Corps, studying to complete a doctorate in clinical psychology.

I am writing to request that you complete on online questionnaire to assist with my doctoral dissertation. The questionnaire should take you about 60 minutes to complete, and is completely confidential. For each individual who completes the questionnaire, $5.00 will be donated to a non-profit organization which benefits military members or veterans (e.g., Wounded Warrior Project).

By completing this questionnaire, you will be assisting with a project we hope will benefit the US military by helping clarify the effect of intolerant attitudes within the military. This knowledge may better enable the US military to address intolerant attitudes, and in particular the intolerant attitudes which contribute to sexual trauma.

If you wish to assist with this research project, the online questionnaire can be accessed at the link below.

https://www.surveymonkey.com/r/holtz-dissertation

Thank you for your involvement in this research project!

Respectfully,
Pamela Holtz, M.S.
2LT, USA Medical Service Corps
Clinical Psychology Doctoral Student
University of North Texas

APPENDIX E

DONATION RECEIPT

Thank you for supporting the Gary Sinise Foundation

Dear Pamela

Thank you for your donation to the Gary Sinise Foundation. Your kind generosity and belief in our mission is essential to sustaining our efforts.

The Gary Sinise Foundation continues to grow because the needs of our defenders have never been greater. We are committed to seeking out the gaps in support they encounter and showing our gratitude wherever possible.

As citizens, it's our duty to ensure our defenders get the resources they need before, during and after the battle. With help from donors like you, we'll expand our outreach and establish new programs to benefit America's wounded heroes, active duty service members, veterans, first responders and their families.

Be sure to check on our progress all year long by visiting our website or following us on Facebook, Instagram and Twitter.

Again, on behalf of Gary and the team, thank you for your generosity. We appreciate your trust. Together we'll improve the lives of thousands of our nation's heroes and their families.

*No goods or services were provided in exchange for your donation

-Gary Sinise Foundation

Order Confirmation

Purchasing Information

Billed To:
Pamela Holtz
[redacted]

Shipped To:
Pamela Holtz
[redacted]

Payment Method:

Payment Type: [redacted]
Approval: [redacted]
Transaction ID: [redacted]

Order Summary

Order #: [redacted]
Delivery Method: N/A - N/A
Order Items:

ITEMS	Qty	Price
Make a Donation	1	$425.00

Subtotal: $425.00
Discount: $0.00
Tax: $0.00
Shipping: $0.00
Total: $425.00

Special Instructions:

If you have questions about the status of your order please contact us.

Thank you,
Gary Sinise Foundation

APPENDIX F

ONLINE DEBRIEF TO STUDY PARTICIPANTS

Thank you to all military veterans and service members who participated in the doctoral dissertation entitled “Co-Occurrence of Rape Myth Acceptance and Intolerant Attitudes in a Military Sample.” A total of 85 individuals completed the survey, and a total of $425 was donated to Gary Sinise Foundation (see attached receipt). In short, the results of the study indicate that endorsement of rape myths was associated with intolerant attitudes more broadly (e.g., sexism, racism, sexual prejudice, classism, ageism, and religious intolerance). Although this effect was seen in both genders, the relation between rape myth acceptance and intolerant attitudes was stronger among men.

Please contact the researcher, 2LT Pamela Holtz, M.S., if you have any questions about the study. Thank you for your participation!

2LT Pamela Holtz, M.S.
Pamela.Holtz@my.unt.edu

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