

Investigating Public Misperceptions of Sexual Assault Allegations

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Abstract

Public misperception of the rate of false sexual assault allegations (FSAA) negatively affects survivors in their healing process (Hakimi et al., 2018), and in court cases where this misperception can cause biases among jury members and cause further distress for survivors of sexual violence. This study was designed to evaluate public perceptions of false rape allegation rates and to compare those rates to estimated rates of false allegations of other crimes, as well as examine discrepancies between perceived and actual rates of FSAA. Additionally, this study was designed to identify unique factors that predict public estimates of FSAA. Utilizing Amazon's Mechanical Turk (MTurk) crowdsourcing data collection platform with an embedded Qualtrics link, U.S. citizens were invited to participate in an anonymous survey. This survey was inclusive of all genders, 18 years of age or older. Results demonstrated that respondents had a tendency to believe that sexual assault is one of the most common false reports given to police, estimating on average that 13.10% of sexual assault reports are false. Results also revealed that though sexual assault history did not alter FSAA estimates among males, female assault survivors estimated FSAA to be significantly lower relative to non-survivors. Findings also showed that the two subscales *She lied* and *It wasn't really rape* of the *Illinois Rape Myth Acceptance Scale* (IRMA; Lonsway, 1999) were predictive of perceived FSAA estimates. This study has the potential to inform sexual assault prevention, treatment, and education efforts.

Keywords: sexual assault, rape, false allegation, false sexual assault allegation

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The occurrence of a sexual assault is highly traumatic as survivors frequently suffer depression and post-traumatic stress disorder (PTSD), among other common long-term mental health consequences (Abrahams et al., 2013). Furthermore, when survivors choose to disclose to others about this event, they often face accusatory blame, disbelief, and stigmatization (Pegram, 2018). Hakimi and colleagues also note that when survivors of sexual assault choose to disclose the event, the amount of support they receive is greatly associated with their recovery. Results of this study demonstrated that negative responses to a sexual assault disclosure is directly associated to higher rates of distress, substance abuse, depression, and PTSD (2018). A pervasive belief that FSAA are exceptionally frequent may be a factor in persistent disbelief and stigmatization that someone has been assaulted, which ultimately may affect their ability to recover and reintegrate back into everyday life (Hakimi et al., 2018).

Lisak and colleagues performed a meta-analysis of seven locations around the world over a ten-year timespan, ultimately determining that FSAA occur approximately 2-10% of the time sexual assault allegations are reported (2010). Multiple studies have supported this figure, with FSAA rates consistently remaining within this range (Malouff & Ferguson, 2016; Spohn et al., 2014). Despite this, the general population consistently believes that these false allegations happen at significantly higher rates (Ferguson & Malouff, 2016), with some public estimates of the occurrence of FSAA being as high as 90% (Rumney, 2006). Among other aims, the intention of this study was to reassess the general public's perceived FSAA rate, and furthermore to investigate as to why perceptions of FSAA are typically much higher than their true prevalence rate.

Defining False Sexual Assault Allegations

In previous research of FSAA, there has been a discrepancy in the definition of what constitutes a FSAA. Oftentimes “unfounded sexual assault accusation” (De Zutter et al., 2017) is used interchangeably for false sexual assault allegation which can be quite misleading. This definition is deceptive because it means that the allegation is one where there is simply not enough evidence to take the case to court even though an assault may well have happened (De Zutter et al., 2017). It is inaccurate to equate a lack of strong evidence with a claim being demonstrably false; many assaults are characterized by a “he-said, she-said” situation, reinforced with little evidence due to no available witnesses and no forensic exams being conducted for varying reasons. Though it is impossible to prove beyond a reasonable doubt that the event did in fact occur, it—by the same standard—cannot be proven to *not* have occurred. Thus, it is misleading at best to label such scenarios as false allegations. Beyond these misleading and confounding definitions being utilized, sourcing for FSAA cases has also been wrought with inconsistencies and less-than-thorough investigation. For example, research performed by Eugene Kanin (1994) reported FSAA rates as high as 41% (Kanin, 1994) which is significantly higher than more recent research has shown. Though his definition of what constituted a FSAA was clear-cut being that a false rape allegation is “the intentional reporting of a forcible rape by an alleged victim when no rape had occurred” (Kanin, 1994), his examination of how police were defining, reporting, and investigating a rape allegation was virtually nonexistent and unquestioning. This lack of examination is especially concerning due to the widespread systematic reporting issues riddled throughout sexual assault and rape allegations cases (Rumney, 2004). Because of these competing definitions for FSAA, this area of research has been fraught with controversy and inconsistencies. For the sake of clarity in this study, the

definition of FSAA will be taken from Ferguson & Malouff (2016): a false allegation must involve consciousness of the untruth and evidence which states that the crime did not occur.

The Hypotheses

Public perceptions that FSAA are rampant imparts the question as to why people believe these false allegations are so high. Thus, the primary goal is to assess the inflated difference in public perception of false allegations of sexual assault compared to its actual rates. The current study also intends to investigate demographic factors and belief systems that may be unique predictors of inflated beliefs of FSAA rates (i.e., high rape myth acceptance, sexist beliefs, etc.). The hypotheses for the current study are as follows: (1) sexual assault allegations will be associated with the highest rate of publicly perceived false reports in comparison to other crimes, (2) with males reporting higher perceived rates of FSAA than females. Additionally, it is hypothesized that (3) survivors of sexual assault will have lower perceived rates of FSAA compared to non-survivors. Lastly, it is hypothesized that (4) previous knowledge and beliefs about sexual assault will predict estimates of FSAA beyond gender and assault history.

Method

Participants

Participants were recruited through Amazon Mechanical Turk (MTurk) with an embedded Qualtrics survey, which provided a sample of participants from across the United States. Participants were required to be at least 18 years of age, read and comprehend the English language, and have technology capable of participating in an online survey.

Demographic data collection showed that the age range for participants was from 20 years old to 77 years old, with the average age being 36 years old. The sexual orientation of these

participants was a majority heterosexual (75.8%; n=94), with the remaining participants self-identifying as queer (23.39%; n=29) and one person self-identifying as heteroflexible (n=1). The gender of participants was a majority male (64.52%; n=80) with females comprising the remaining participants (34.68%; n=43) with the exception of one self-identified transgender person (n=1). The race demographics showed that a majority of participants were white (62.90%, n=78), with the majority of the remaining participants being Black, Hispanic, or Asian. For demographics across sexual assault history, refer to table 1.0.

Table 1.0 Demographics Across Sexual Assault History

Characteristic		History of Sexual Assault *	No History of Sexual Assault
Age	40 and under	n=42 % total: 32.43%	n=36 % total: 22.51%
	41 - 56	n=15 % total: 12.30%	n=17 % total: 13.93%
	57 and older	n=2 % total: 1.64%	n=10 % total: 8.20%
Gender	Males	n=41 % total: 33.33%	n=42 % total: 34.15%
	Females	n=18 % total: 14.63%	n=22 % total: 17.89%
Sexual Orientation	Heterosexual	n=33 % total: 26.61%	n=61 % total: 49.19%
	Queer	n=27 % total: 21.77%	n=3 % total: 2.42%

Note: False Sexual Assault Allegation (FSAA)

Education Level	At least high school	n=5 % total: 4.24%	n=18 % total: 15.25%
	Bachelor's degree	n=33 % total: 27.97%	n=31 % total: 26.27%
	Master's degree and above	n=20 % total: 16.95%	n=11 % total: 9.32%
Race	White	n=29 % total: 23.39%	n=49 % total: 39.52%
	Non-White	n=31 % total: 25.00%	n=15 % total: 12.10%

*The above demographics are based on a broad definition of sexual assault.

Measures

Evaluation of False Allegation Perceptions

The first questionnaire presented 11 various crimes to participants and asked them to estimate the percentage of false allegations for each crime. The purpose of inquiring the perceived rates of false allegations of other crimes was to prevent hypothesis guessing by not focusing exclusively on sexual assault, and to provide comparative estimates for other types of crimes.

Demographics survey

Participants were then asked to answer demographic questions inquiring about age, ethnicity, gender, sexual orientation, level of education, and location of birth within the United

States. Each demographic question had an option to refrain from answering while still being able to continue the survey.

Illinois Rape Myth Acceptance Short Form

Participants were then asked to complete the *Illinois Rape Myth Acceptance Short Form* (IRMA; Payne, Lonsway, & Fitzgerald, 1999; McMahon & Farmer, 2011). This is a 22-item scale measured on a 5-point Likert scale with 1 indicating strongly agree and 5 indicating strongly disagree. Items are grouped into 4 subscales: *she asked for it* (6 items; e.g., When girls go to parties wearing slutty clothes, they are asking for trouble.), *he didn't mean to* (6 items; e.g., When guys rape, it is usually because of their strong desire for sex.), *it wasn't really rape* (5 items; e.g., if a girl doesn't physically fight back, you can't really say it was rape.), and *she lied* (5 items; e.g., Rape accusations are often used as a way of getting back at guys.). A higher score on the *Illinois Rape Myth Acceptance Scale* signifies higher acceptance of rape myths.

Modern and Old-Fashioned Sexism Scale

Participants then completed the *Modern and Old-Fashioned Sexism Scale* (MOFSS; Swim et al., 1995), which is a 13-item scale measured on a 5-point Likert scale with 1 indicating strongly agree and 5 indicating strongly disagree. This scale has 4 subscales including *old-fashioned sexism* (5 items; e.g., Women are generally not as smart as men.), *Modern Sexism: Denial of continuing discrimination* (5 items; e.g., Discrimination against women is no longer a problem in the United States.), *Modern Sexism: Antagonism toward women's demands* (2 items; e.g., It is easy to understand the anger of women's groups in America.), and *Modern Sexism: Resentment about special favors for women* (1 item; Over the past few years, the government and news media have been showing more concern about the treatment of women than is warranted by women's actual experiences.). Higher scores signify more acceptance of sexism.

Modified Sexual Experiences Scale

Participants completed the *Modified Sexual Experience Scale* (Petersen et al., 2010). This is a 12-item scale (one item was omitted from the original 13-item scale, ultimately creating the 12-item measure that was used in the survey). This is a dichotomous “yes” or “no” questionnaire. Example items include “Have you ever had a person misinterpret the level of sexual intimacy you desired?” and “Have you ever had sexual contact with a person when you didn’t want to because they used some degree of physical force (twisting your arm, holding you down, etc.)?” All items were also modified to be gender neutral (rather than the original portrayal of male perpetrators and female victims) to be inclusive of gender identity and sexual orientation.

Upon additional data analysis, a one-way ANOVA was performed in conjunction with t-tests to determine an interaction of a significant gender difference in terms of sexual assault history and perceived FSAA rates. This step of data analysis required a computation of different variable such as survivor status. Though the *Modified Sexual Experiences Scale (SES)* did in fact contain an item which inquired as to whether the participant had ever been raped or not, the nature of experiencing a sexual assault is handled differently for each individual. Some participants, though they had experienced a rape—as suggested by multiple “yes” responses to items 9-12 (narrow) or 6-12 (broad) on the SES—responded with “no” to the inquiry of survivorship status. Thus, it was proven necessary to code items 9-12 on the SES as a narrow definition of rape (involving coercion, threatening/using violence, incapacitation due to drugs) while items 6-12 on the SES were defined as a broad definition of rape (coercion, incapacitation

due to drugs, threatening/using violence) to achieve more accurate data. Please refer to *Figure 1* in the Appendix to view the specific items on the SES.

Interpretation of Sexual Assault Scenarios Measure

Participants completed the *Interpretation of Sexual Assault Scenarios* (ISAS; Shafer et al., 2018). This is a 16-item scale. Instructions stated: “If two people had sex (including oral, vaginal, and/or anal) under the following conditions, please indicate whether you believe it to be sexual assault or not”. This measure is a 5-point Likert scale ranging from 1, Absolutely IS NOT sexual assault, to 5, Absolutely IS sexual assault. There are two types of questions in this measure: simple sexual assault scenarios (11 items; e.g., “One partner pressured the other into having sex when they didn’t want to,” p. 1), and complex sexual assault scenarios (5 items). An example of a complex scenario is:

“Susan is at a party. While at the party, she is flirting with all the guys. At the end of the night, she agrees to go for a walk with one of the guys. They both consent to take off their clothes and make out. Susan has been leading him on this entire time, but right before penetration occurs, she tells him “no”. He ignores this and continues having sex anyway. She does not physically resist while he finishes. (p. 2)

Items were modified to be inclusive of gender and sexual orientation as appropriate.

Procedure

Participants accessed the survey through Amazon Mechanical Turk (MTurk), which then redirected them with an embedded Qualtrics link. This provided both inherent anonymity and convenience. The survey reached 125 participants; one survey of which was disregarded due to multiple failures on attention checks. After providing informed consent, participants were asked to fill in demographic questions. Next, participants were instructed to fill in perceived false

allegation rates for 11 different crimes (i.e., grand theft auto, drug possession, theft) including sexual assault. Participants then completed the *Illinois Rape Myth Acceptance Short Scale* (Lonsway, 1999), the *Modern and Old-Fashioned Sexism Scale* (Swim et al., 1995), the *Modified Sexual Experiences Scale* (Peterson et al., 2010), and the *Interpretation of Sexual Assault Scenarios* (Shafer et al., 2018). These measures were used to evaluate participants' beliefs about gender and sexual assault. They were also used to investigate if there are associations in belief systems that effect perceived FSAA rates. Lastly, participants were given a debriefing form that provided information on how to contact the researchers, as well as resources to contact in the case of extreme distress due to the survey. After completion of the survey, participants received \$4 (USD) for their time. All procedures were approved by the University of Wyoming institutional review board (IRB).

Data Analysis

For the primary analysis, a one-way ANOVA was conducted on hypothesis 1 which assessed for differences between the reported false allegations rates of the various crimes (e.g., grand theft auto, vandalism, sexual assault, etc.). Following this, *t*-tests were conducted across the reported false allegation estimates for all crime, with the exception of sexual assault, and compared to the reported FSAA percentages. Additionally, *t*-tests were used to assess for gender differences and differences across sexual assault history among perceived rates of FSAA following a one-way ANOVA with these three variables to assess for main effects and interaction effects. Finally, a linear regression was conducted to determine if any of the sexual assault knowledge and belief measures (e.g., IRMA, MOFSS, Modified SES, and the *Interpretation of Sexual Experiences Scale*) were predictive of FSAA. Aggregated scores for all

measures were calculated, with scores being totaled for the subscales of the IRMA scale and the MOFSS.

Results

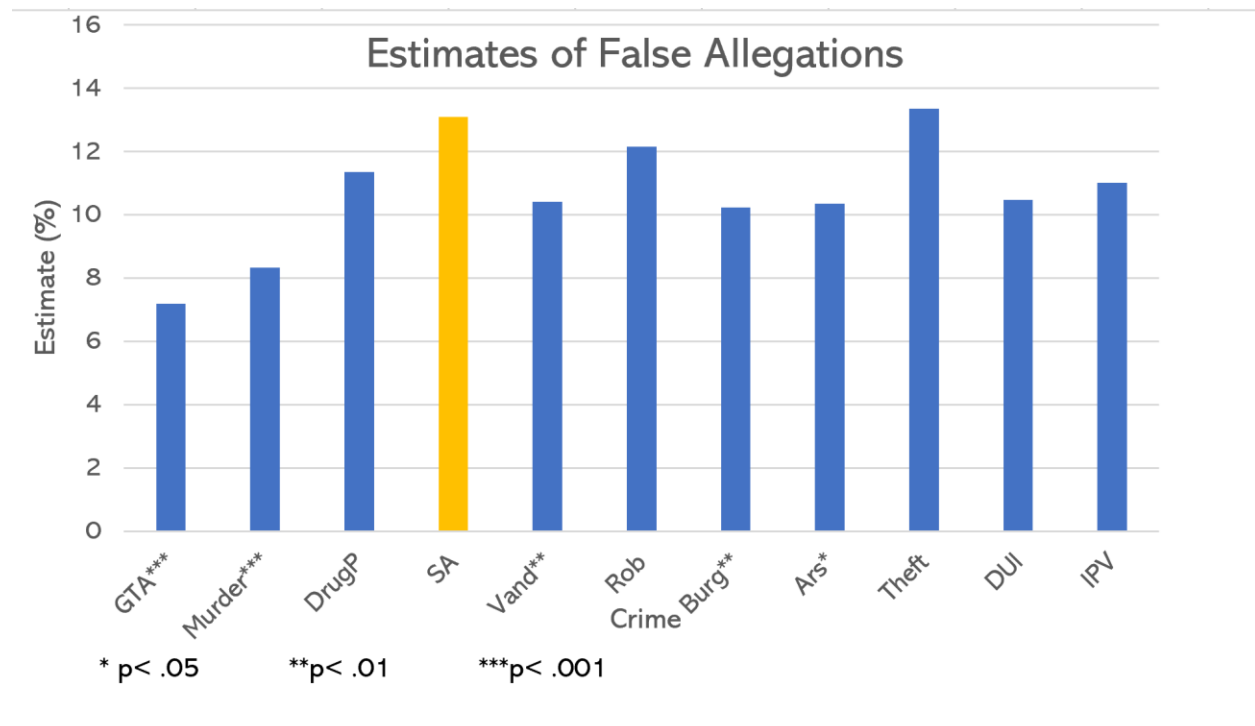
Due to the nature of the participant pool, several of the demographic variables were either grouped or dichotomized. The ages provided by participants ranged from 20 years old to 77 years old and therefore were reorganized to reflect that of their age group. The three age groups created were ages 40 and under, ages 41-56, and ages 57 and above. Education was similarly grouped such that three groups were used for analysis: those who obtained a high school degree but no college degree, those who obtained a bachelor's degree, and those who obtained their master's or further. Race and sexual orientation were dichotomized to reflect white and non-white, and heterosexual and queer participants, respectively.

Furthermore, two sexual assault variables were created to reflect both a broad and narrow definition. Sexual assault broad was created by summing items 6 through 12 on the Sexual Experiences Scale (Petersen et al., 2010) as these items were representative of attempted and completed assault, including both penetrative and nonpenetrative assault using some form of verbal or physical threat. Sexual assault narrow was the product of summing items 9 through 12 on the same survey as these items reflected some level of violence and/or forceful penetration. Refer to *Figure 1* in the Appendix to view items associated with broad and narrow definitions of sexual assault.

Hypothesis 1 which investigated perceived rates of false allegations of varying crimes was tested with a one-way repeated measures ANOVA which was significant ($F(10, 1250) = 5.81, p < .001$). Post-hoc t-tests revealed that FSAA (13.10%) was coequal with theft (13.20%) as the highest percentage of false reporting. Independent samples t-tests further showed that

FSAA were significantly higher than grand theft auto ($p < .001$), murder ($p < .001$), vandalism ($p < .01$), burglary ($p < .01$), arson ($p < .01$), driving under the influence (DUI; $p < .05$), and intimate partner violence (IPV; $p < .05$). For a visual representation, please refer to *Figure 2*.

Figure 2: Estimates of False Allegations of Varying Crimes



Hypotheses 2 and 3 were tested with a 2 (gender) x 2 (sexual assault status) factorial ANOVA. There was not a significant effect of gender ($F(1, 121) = 0.00, ns$). There was a significant effect of sexual assault history ($F(1, 121) = 4.01, p < .05$). This was qualified by a marginally significant interaction, however ($F(1, 121) = 3.31, p = .07$). Post-hoc pairwise comparisons revealed no difference in FSAA rates as a function of assault status for male participants (mean difference = $.56, p > .5$). There was however a significant difference in FSAA rates among female participants as a function of sexual assault history with female

Note: False Sexual Assault Allegation (FSAA)

survivors estimating much lower rates of FSAA as compared to female non-survivors (mean difference = 11.93, $p < .05$). This interaction is depicted in *Figure 3*.

Estimated Marginal Means of Instructions: Please indicate the percentage that you believe false allegations of each crime occurs in the United States. For instance, if you estimate that 8% of mugging allegations are false, enter the number 8 in the field next to mugging. Please refr

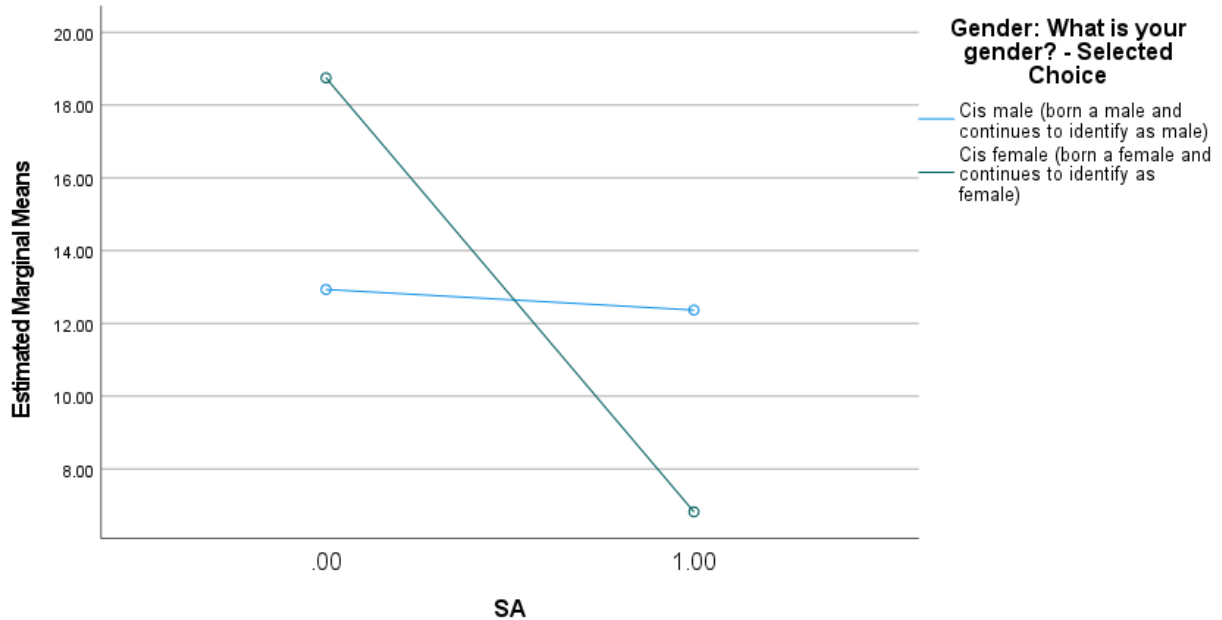


Figure 3: Interaction of Gender and Sexual Assault History on FSAA Estimates. A one-way ANOVA demonstrated that gender was important in the interaction of sexual assault history and perceived FSAA rates; females who had a sexual assault history reported significantly lower perceived FSAA rates than nonsurvivors. Conversely, males sexual assault history did not influence male-perceived FSAA rates.

Hypothesis 4 stated that previous knowledge and beliefs about sexual assault will predict estimates of FSAA. Two subscales of the IRMA (Payne, Lonsway, & Fitzgerald, 1999; McMahon & Farmer, 2011) *It wasn't really rape* ($p < .05$) and *She lied* ($p < .05$) were predictive measures of perceived FSAA rates.

Discussion

As predicted, FSAA estimates (13.10%) were significantly higher than estimated rates of false allegations for most other crimes, being coequal only to theft (13.20%). Further heightened estimates of FSAA were significantly predicted by adherence to misconceptions about sexual assault (i.e., rape myths). Though overall, males did not report significantly higher perceived

FSAA rates than females, being a female sexual assault survivor was predictive of lower perceived FSAA rates.

Historically, the general public has consistently believed that FSAA are rampant (Ferguson & Malouff, 2016), which, as mentioned, can create a toxic healing environment for survivors of sexual violence (Hakimi et al., 2018). Furthermore, previous literature has yet to compare perceived false allegation rates for sexual assault to perceived false allegation rates for other varying crimes. Hypothesis 1 was largely supported and demonstrated that sexual assault is one of the most commonly perceived false reports disclosed to authorities. Though false report estimations for sexual assault were coequal with estimations of false reports for theft, a majority of the other crimes presented were reported at significantly lower perception rates (i.e., theft auto, murder, vandalism, burglary, and arson). Thus, this hypothesis was largely supported in that participants' estimates of false sexual assault reports was significantly higher than estimates of false allegations of other crimes. In fact, participants' estimates of FSAA rates (13.10%) were more than twice as high as literature's established rate of 5.9% (Malouff & Ferguson., 2016).

It was deemed appropriate to infer for Hypothesis 2 that men would report significantly higher perceived FSAA rates than females. Interestingly, there was no statistical evidence in this study to prove this true; men and women reported similar perceived rates of FSAA. Perhaps this result is due to the smaller sample size, or perhaps previous research about men's disbelieving and unsympathetic nature is now outdated due to increased social awareness of the issue of sexual violence brought about by public figures, the *#metoo* movement, and decreasing societal stigma surrounding the disclosure of a sexual assault.

Similarly, it was hypothesized that survivors of sexual assault would have lower perceived rates of FSAA compared to non-survivors. It was conjectured that survivors of sexual

assault would sympathize, identify with, and believe fellow survivors significantly more than non-survivors. This is possibly because survivors of sexual assault understand the process of disclosing their assault, and thus the all-too-frequent experience of being faced with incredulity and disbelief. Following suit of hypothesis 2, participants who answered yes to a sexual assault history reported lower average perceived rates of FSAA at an average of 10.65%, whereas those who reported no sexual assault history had a perceived FSAA average of 15.93%. These were not quite statistically significant at a p-value of 0.055. This disparity was, however, trending, and thus suggests that the research is heading in the appropriate and predicted direction.

Speculation as to why overall, sexual assault survivors did not statistically significantly report lower perceived rates of FSAA leaves an opportunity for more extensive research in the future. Perhaps the results could have been influenced by the idea that though some people have likely been a victim of sexual assault, they are less likely to identify themselves as a survivor of sexual assault (Greenberg & Ruback, 1985). Thus, the inclination to be disbelieving of sexual assault survivors, despite having possibly endured a sexual assault of their own, may come from self-protecting tendencies and just-world belief systems that they believe will keep them safe. Ultimately, further research is needed to fully comprehend the implications of this result.

However, upon exploratory analyses, it was shown that when hypotheses 2 and 3 were cojoined, results were different. Men's sexual assault history had no influence on their perceived FSAA rates. Conversely, women who had a sexual assault history were more statistically more likely to provide lower perceived FSAA rates than women who had no sexual assault history. The definition of a sexual assault history in this case was defined as narrow, i.e., answering "yes" to questions 9-12 on the *Modified Sexual Experiences Scale* (SES; Petersen et al., 2010). Please refer to *Figure 1* in the Appendix to view the specific items on the SES.

Initial results for hypothesis 4 showed no association with past knowledge and beliefs and perceived rates of FSAA. However, exploratory analyses showed that two subscales of the *Illinois Rape Myth Acceptance Scale* (IRMA; Lonsway, 1999) were predictive of perceived rates of FSAA. These two subscales were *It wasn't really rape* ($p < .05$) and *She lied* ($p < .05$). Though the other measures employed in this study were not predictive of perceived FSAA rates, the significance of these two subscales indicates that individuals who believe that women are especially prone to lie about sexual assault and misperceive that a “real rape” would require a weapon or result in serious injury are more likely to have inflated beliefs of FSAA rates.

Limitations and Future Implications

The study relied on self-report survey measures which may not fully capture beliefs and perceptions about sexual assault. This design was cross-sectional in nature; although beliefs appear to be associated with estimates of FSAA, causality cannot be inferred. The current sample—though available to MTurk participants nationally—may not be fully representative of the population at large. In terms of future possible research, it would likely be beneficial to expand the sample size of participants substantially, ensuring that target samples are equal and consistent across the nation to improve generalizability. Furthermore, upon retrospection, a possible case of unintentional priming may have taken place on the survey, which may have prompted participants to report lower perceived false report rates than actually perceived. Recognition that this unintentional priming may have hindered results has opened an opportunity to change this possible error for future research on this topic.

This study has the potential to help clinicians, particularly those who study and treat victims of sexual assault, to support victims in their healing process whether it includes reporting to law enforcement or not. Understanding that widespread misbelief, misinformation, and

misperceptions can lead to an extremely difficult recovery for those who have been victimized can provide a unique point of view and possibly a new treatment plan for those who receive mental treatment for this particular trauma.

Furthermore, it is believed that research on this topic may have implications for possible bias in jury members and judges in trials involving sexual assault allegations. Jurors who are predisposed to believe that FSAA are rampant can negatively impact the plaintiff in both the outcomes of the trial and in psychological health and healing. With broader acknowledgment of the general public's belief of rampant FSAA, this study has the potential to acknowledge and decrease risk of this bias in these specific court cases.

Appendix

Fig 1.0 The Modified Sexual Experiences Scale (Petersen et al., 2010). Sexual assault broad was created by summing items 6 through 12 on the Sexual Experiences Scale. Sexual assault narrow was the product of summing items 9 through 12.



doi: <http://dx.doi.org/10.1037/t62102-000>

13-item Modified Sexual Experiences Survey MSES

Items

1. Have you ever engaged in sex play (fondling, kissing, or petting but not oral, anal, or vaginal intercourse) with someone who initially did not agree to by using continual arguments and pressure to convince her?
2. Have you ever engaged in sex play (fondling, kissing, or petting but not oral, anal, or vaginal intercourse) with a woman who initially did not agree to by using your position of authority (boss, teacher, camp counselor, supervisor) to make her?
3. Have you ever engaged in sex play (fondling, kissing, or petting but not oral, anal, or vaginal intercourse) with a woman who didn't agree to by threatening or using some degree of physical force (twisting her arm, holding her down, etc.) to make her?
4. Have you ever engaged in sex play (fondling, kissing, or petting but not oral, anal, or vaginal intercourse) with a woman who didn't agree to because she was too intoxicated from alcohol or drugs to say no?
5. Have you ever engaged in oral sex with a woman who initially didn't agree to by using continual arguments and pressure to convince her?
6. Have you ever engaged in oral sex with a woman who initially didn't agree to by using your position of authority (boss, teacher, camp counselor, supervisor) to make her?
7. Have you ever engaged in oral sex with a woman who didn't agree to because she was too intoxicated from alcohol or drugs to say no?
8. Have you ever engaged in oral sex with a woman who didn't agree to by threatening or using some degree of physical force (twisting her arm, holding her down, etc.) to make her?
9. Have you ever engaged in sexual intercourse (penile-vaginal or penile-anal penetration) with a woman who initially didn't agree to by using continual arguments and pressure to convince her?
10. Have you ever engaged in sexual intercourse (penile-vaginal or penile-anal penetration) with a woman who initially didn't agree to by using your position of authority (boss, teacher, camp counselor, supervisor) to make her?
11. Have you ever attempted to engage in sexual intercourse (penile-vaginal or penile-anal penetration) with a woman who didn't agree to by threatening or using some degree of physical force (twisting her arm, holding her down, etc.), but intercourse did not occur?
12. Have you ever engaged in sexual intercourse (penile-vaginal or penile-anal penetration) with a woman who didn't agree to because she was too intoxicated from alcohol or drugs to say no?
13. Have you ever engaged in sexual intercourse (penile-vaginal or penile-anal penetration) with a woman who didn't agree to by threatening or using some degree of physical force (twisting her arm, holding her down, etc.) to make her?

Note. This measure uses a yes/no response format. Items are arranged in a hierarchy from least to most severe or socially unacceptable. For each sexual aggression item that participants endorse, they are asked to indicate how many times they have engaged in that behavior while wearing and not wearing a condom. The Modified Sexual Experiences Survey (MSES; Peterson, Janssen, & Heiman, 2010) is based on the Sexual Experiences Survey (SES; Koss, Gidycz, & Wisniewski, 1987; Koss & Oros, 1982).

PsycTESTS™ is a database of the American Psychological Association

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