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Predictors of College Students' Likelihood to Report Hypothetical Rape: Rape Myth Acceptance, Perceived Barriers to Reporting, and Self-Efficacy

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Abstract

Rape myth acceptance (RMA), perceived barriers, and self-efficacy were examined as predictors of likelihood to report different types of rape to law enforcement among 409 undergraduates. Participants had lower likelihood to report incapacitated compared to physically forced rape. Men had lower reporting likelihood than women for rape perpetrated by the same and opposite sex, and were more likely to perceive several barriers. RMA and perceived barriers predicted a lower likelihood to report several types of rape. Among men, higher self-efficacy predicted increased reporting likelihood. Targeting RMA and decreasing perceived barriers is imperative to increase college students' likelihood to report rape to local and campus law enforcement.

Keywords

reporting rape; barriers; rape myth acceptance; self-efficacy; college students; incapacitated rape; sex differences; college policy

Rape is defined as anal, oral, or vaginal penetration without consent and is a serious public health problem (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). Perpetrators use different methods during a rape, such as making threats of harm, actually using physical force (i.e., physically forced rape), or engaging in sexual intercourse with someone who cannot consent because they voluntarily became intoxicated from the use of substances (i.e., incapacitated rape). Researchers consistently use these definitions of rape and have reported high rates among college students (Thompson & Kingree, 2010; Testa, Hoffmann, & Livingston, 2010; Yeater, Treat, Viken, & McFall, 2010). For example, 20% of college women reported a history of physically forced rape (Kilpatrick et al., 2007) and up to 25% indicated they have experienced an incapacitated rape (Lawyer et al., 2010;

McCauley, Ruggiero, Resnick, & Kilpatrick, 2010). Further, Turchik (2012) reported that 17.1% of college men endorsed experiencing rape perpetrated by the use of threats of harm, physical force, or incapacitation after age 16, with nearly half being victimized by a woman. Incapacitated rape is more commonly reported among college students than other forms of rape (Mellins et al., 2017). Rape is associated with several negative health outcomes among college students including posttraumatic stress symptoms, substance use, and sexually transmitted infections (STIs; Kaltman, Krupnick, Stockton, Hooper, & Green, 2005; Kilpatrick et al., 2007; Turchik, 2012; Walsh & Bruce, 2014). Due to the high rates of rape among college students and associated negative consequences, institutions of higher education have a responsibility to uphold policies and procedures related to preventing and responding to rape.

Institutions of Higher Education Ethical Responsibilities

There are important laws that guide institutions of higher education's policies and procedures related to preventing and responding to rape. Title IX is a federal law that prohibits sexual harassment and sexual violence in institutions of higher education and requires that campus officials take action to prevent and address violence that does occur in these settings (White House Task Force, 2017). Under this law it is required that at least one employee is the designated Title IX coordinator who is responsible for monitoring compliance with Title IX regulations. Title IX also specifies that certain responsible employees of the institution are required to report any incidents of sexual assault, that they learn has occurred to the Title IX coordinator or other designated campus official. Professional and pastoral counselors are not required to report rape that has been disclosed to them by students so students can seek confidentially support from these campus personnel. The Clery Act supplements Title IX and requires institutions of higher education to report information about crimes that occurred on or near campus to the Department of Education. Information from local law enforcement about rape that occurs on or near campus needs to be included in this report. Further, the Title IX coordinator or other designated campus official must provide information to students on options to report rape to campus police, local law enforcement, or both.

Despite this legislation, in 2012 41% of colleges had not investigated college rape on their campus for the past five years (Center for Disease Control and Prevention, 2012). Failure of institutions of higher education to include crime statistics that are consistent with legal definitions of rape, such as failing to include report rates of incapacitated rape, is also a concern in the reports that are made to the Department of Education (Gonzales, Schofield, & Schmitt, 2005). Further, despite the high rates of rape reported in research, the rates of rape disclosed to campus police or local law enforcement are extremely low. According to results from national studies 4.5% to 11.5% of college women who experienced a rape reported it to campus or local law enforcement (Fisher, Daigle, Cullen, & Turner, 2002; Wolitzky-Taylor et al., 2011). Rape that involved substances were only reported to law enforcement by 2.7% of women (Wolitzky-Taylor et al., 2011). Less is known about men's reporting rates, however in one study, 33% of male college students who had experienced unwanted sexual assault contact refrained from telling anyone about their assault (Banyard et al., 2007). Due to the high rates of rape yet low reporting rates on college campuses, institutions of higher

education have an ethical responsibility to implement policies and procedures that encourage rape victims to report to campus police or local law enforcement (Gonzales et al., 2005).

Encouraging reporting of rape should be a priority of campuses and Universities because underreporting of rape interferes with the prosecution of perpetrators and protection of victims, which may increase risk of further victimization. Moreover, underreporting may limit the possibility for supportive responses, which are associated with fewer symptoms of traumatic stress (Orchowski & Gidycz, 2015; Walsh & Bruce, 2014). People who do not report rape may still access several resources with community-based services providers and campus resources free of charge including mental health treatment and STI testing. However, reporting rape may increase opportunity to gain access to information about resources and when victims do not report rape to law enforcement it is less likely that they will receive needed medical and mental health services (Ullman & Filipas, 2001; Du Mont, Miller, & Myhr, 2003). It is also important to acknowledge that people should not be blamed or stigmatized for choosing not to report rape. There are many potential barriers that people face when deciding to report rape to law enforcement. Accordingly, research is urgently needed to inform policies and procedures that can increase the feasibility, safety, and accessibility of reporting rape perpetrated against college men and women. Thus, the goal of the current research was to examine sex differences in likelihood to report various types of rape to campus or local law enforcement and identify barriers to reporting rape.

Potential Barriers to Reporting College Rape

In order to conceptualize barriers to reporting rape that occurs on or near college campuses, it is essential to understand factors that are often involved in rape. Compared to the general population, college women are less likely to report the perpetrator used verbal threats and report less serious physical injury during the rape (Kilpatrick et al., 2007). Incapacitated rape is more common than forced rape among college students with alcohol being the most common substance involved, and the majority of perpetrators are classmates, friends, or boyfriends (Kilpatrick et al., 2007). This is concerning because 59.4% of college students drink alcohol and 39% engage in binge drinking (Substance Abuse and Mental Health Services Administration, 2013). Further, sexual risk taking behaviors are common among college students (American College Health Association, 2013). For example, among half of college students who reported engaging in vaginal intercourse during the past 30 days, only 18% reported that they always wore condoms (American College Health Association, 2013). Both alcohol use and sexual risk taking predict sexual assault perpetration (Salazar et al., 2018; Zinzow & Thomopson, 2015) and victimization among college students (Franklin, 2010). Thus, common behaviors and situations for some college students are also risk factors for rape.

Despite the involvement of factors such as alcohol, acquaintances, and low physical force in many college rapes, people often have false beliefs about causes and consequences of rape. Rape myths are false beliefs that typically minimize the role of the perpetrator, blame the victim, and support stereotypes about the context in which rape occurs (Lonsway & Fitzgerald, 1994), and may be an important barrier to reporting rape due to the misconceptions that stem from these myths. Examples of rape myths include that it is the

person's fault if they are raped when intoxicated and that rape typically involves high degrees of injury (Aronowitz, Lambert, & Davidoff, 2012; Turchik & Edwards, 2012). A common rape myth among college students is the belief that "if a woman is raped while she is drunk, then she is partly responsible" (Aronowitz et al., 2012). Some rape myths are specific to men and women. For example, female rape myths include the belief that if a woman is dressed provocatively when she is raped, then it is her fault. Male rape myths include beliefs that men cannot be the victim of rape and that rape by another man leads to homosexuality (Anderson, 2007; Chapleau, Oswald, & Russell, 2008). Rape myth acceptance (RMA) is the extent to which people agree with misconceptions about rape (Lonsway & Fitzgerald, 1994). Men tend to have greater RMA than women potentially due to social norms that promote male sexual aggression (Aronowitz et al., 2012). It is theorized that, people with higher RMA have difficulty recognizing sexual assault, especially experiences that do not match their own beliefs about rape (Turchik & Edwards, 2012). In fact, among female victims, higher RMA is associated with decreased likelihood of acknowledge the event as rape (LeMaire, Oswald, & Russell, 2016; Newins, Wilson, & White, 2018; Peterson & Muehlenhard, 2004).

Extant research has examined college students' perceptions about rape by examining their reactions to hypothetical scenarios of rape. Research supports that college students are less likely to accurately label rape when contextual factors embedded within the scenarios differ from stereotypical perceptions about rape (e.g., rape occurs in dark alleys perpetrated by strangers with weapons) such as including the use of substances by the victim, perpetrators who are acquaintances rather than strangers, and the use of less physical force by the perpetrator (Deming, Covan, Swan, & Billings, 2013; Struckman-Johnson & Struckman-Johnson, 1995). Further, people have more negative views of rape victims in scenarios that include the use of alcohol and less physical force compared to scenarios that do not involve alcohol or greater physical force (Hockett, Saucier, & Badke, 2016). A recent meta-analysis of this research indicated that men tend to have more negative views of rape victims in hypothetical scenarios compared to women, especially in situations that involved a closer relationship between the perpetrator and victim (Hockett, Smith, Klausing, & Saucier, 2016). Interestingly, the difference in men and women's perceptions was smaller in scenarios that were more consistent with rape myths, such as situations that involved alcohol and less physical force. Taken together this body of research supports that rape myths (e.g., it is the person's fault if they are drinking) contribute to college students' likelihood to acknowledge sexual assault as rape and blame the victim (Morry & Winkler, 2001; Sleath & Bull, 2010). Thus, RMA may in turn create a barrier to reporting rape to law enforcement. In addition to RMA there are other specific perceived cognitive and emotional barriers to reporting rape.

Common cognitive and emotional barriers to reporting rape endorsed by women include shame, lack of acknowledgement that it was a serious crime, confidentiality issues, concerns about not being believed, and wanting to handle it alone (Thompson, Sitterle, Clay, & Kingree, 2007; Zinzow & Thompson, 2011). Women who have been raped also report concerns related to how they will be treated by criminal justice as barriers to reporting, such as concern that they would not have proof or would be treated badly (Cohn, Zinzow, Resnick, & Kilpatrick, 2013). These concerns are legitimate because survivors and victim

advocates have reported some accounts of law enforcement engaging in acts consistent with secondary victimization (Cambell et al., 2001; Long et al., 2017), which contributes to self-blame and traumatic stress symptoms (Cambell & Raja, 2005). Although researchers have examined barriers to reporting rape for women who are perpetrated by men, barriers for men have been vastly understudied (Sabina & Ho, 2014). It is important to investigate differences in barriers by gender because men are also at risk to be victimized and likely face unique barriers to reporting rape. For example, in one study, men were more likely than women to report that they would prefer to handle the experience by themselves than report it to law enforcement (Sable, Danis, Mauzy, & Gallager, 2006). Although research specifically investigating if certain barriers predict men's likelihood to report sexual assault, traditional masculine ideologies such as fear of being sensitive and belief that men should be tough negatively impacts men's likelihood to intervene in potentially sexually aggressive situations (Leone, Parrott, Swartout, & Teten Tharp, 2016). Similarly beliefs related to self-reliance and concerns regarding peer's perceptions predicted decreased engagement in mental health treatment among men with sexual assault histories (Zinzow et al., 2015). Thus, pressures to adhere to stereotypical heterosexual masculine identity may also make it difficult for men to acknowledge and report rape that is perpetrated by women (Turchik & Edwards, 2012). There is a need for continued research that evaluates sex differences in perceived barriers and the influence of barriers on reporting specific forms of rape (i.e. threatened, physically forced, and incapacitated).

Reporting a rape to law enforcement may require the person to recount the potentially traumatic experience, receive medical examinations, face their perpetrator, and endure questioning about their credibility (Marchetti, 2010). Overcoming these demands likely requires a high level of self-efficacy. Self-efficacy includes beliefs about one's ability to persist in a behavior and successfully influence a desired outcome (Bandura, 1977). Given the obstacles that rape victims must overcome in the reporting process, self-efficacy may also be an influential factor in decisions to report these experiences. This notion parallels theory and research supporting that a person's confidence in their ability to perform bystander behaviors increases the likelihood of intervening in sexually aggressive situations (Banyard, 2008). Similarly, people with high self-efficacy may be able to handle these obstacles in the difficult process of reporting rape. In contrast, people with low self-efficacy may be deterred by this process, and thus, less likely to report rape.

Current Study

Low reporting rates of rape is a serious problem that has not been adequately researched with samples of male and female college students. The current study explored sex differences in the likelihood to report hypothetical rape experiences and perceived barriers to reporting. Finally, RMA, perceived barriers, and self-efficacy were examined as predictors of likelihood to report rape perpetrated by the same and opposite sex. It was hypothesized that greater RMA and perceived barriers, and lower levels of self-efficacy would have a negative association with likelihood to report hypothetical rape perpetrated by the same and opposite sex to campus or local police. Moreover, given the high prevalence of alcohol consumption and risky sexual behaviors on campuses (American College Health Association, 2013; Substance Abuse and Mental Health Services Administration, 2013)

coupled with incapacitated rape being the most common type of rape (Kilpatrick et al., 2007), we hypothesized that alcohol use and risky sexual behavior would have a negative association with likelihood to report. Greater RMA, perceived barriers, alcohol use, risky sexual behavior and lower self-efficacy were expected to be associated with decreased likelihood to report rape for men in scenarios with male perpetrators (H1) and female perpetrators (H2), and for women in scenarios with male perpetrators (H3) and female perpetrators (H4). Rape myths specific to male college students and same-sex sexual assault are understudied (Russell & Hard, 2017; Turcik & Edwards, 2012). The current study adds to the literature by examining predictors of reporting likelihood for hypothetical incapacitated and forced rape among a sample of male and female colleges students with same and opposite sex partners.

Methods

Participants

The institution's internal review board approved the study. Participants were 409 undergraduate students from a rural Midwestern University, recruited through an online scheduling system. Participants were a convenience sample of undergraduate psychology students. Participants' ages ranged between 18 and 25 ($M = 19.53$, $SD = 1.38$). Nearly 75% were women (306 women, 103 men). Approximately 88% percent of the sample were White, 4% were Asian, 2% were Black/African-American, 2% were Native American/Alaska Native, and 4% were of other races. These demographic characteristics are consistent with the institution from which the sample was collected. Of the 409 participants who enrolled in the study, 395 (97%) completed all measures.

Measures

History of Rape and Reporting.—Experiences of forced and incapacitated rape during college were assessed with six items adapted from the Sexual Experiences Survey (SES; Koss et al., 1985). Participants indicated if the six types rape occurred since beginning college. Participants who endorsed a history of rape were also asked if they reported the event to campus police or other law enforcement. The SES is a validated measure of sexual assault history (Koss et al., 2007). Koss & Gidycz (1985) reported internal consistency of .74 and test-retest reliability over a one week period of .93. In addition, a high correlation with self-report answers and interview responses were found ($r = .73$, $p < .001$).

Reporting likelihood.—Participants rated the likelihood that they would report hypothetical experiences of rape during college that involved sexual intercourse (i.e., vaginal, anal, or oral sex) to campus police or local law enforcement. These sexual assault experiences were adapted from the Sexual Experiences Survey (Koss et al., 2008). Participants made six total ratings on a 6-point scale, ranging from 1 = *extremely unlikely* to 6 = *extremely likely*. Ratings were made in response to hypothetical situations of incapacitated rape, rape by use of threat of harm, and rape by use of physical force by either a male or female perpetrator. Instructions indicated that they were to assume the hypothetical scenarios happened in college and with someone that they knew. An example item is, "If a male you knew had sexual intercourse with you by taking advantage of you when you were

too drunk or too out of it to stop what was happening, how likely would you be to report this experience to local or campus police?” Total scores on this measure ranged from 6 to 36, with higher scores reflecting a greater likelihood to report the rape experiences ($M = 27.78$; $SD = 6.82$). This measure demonstrated good internal consistency ($\alpha = 0.88$)

Barriers to Reporting.—Barriers to reporting were assessed using the measure developed by the National Violence Against Women Survey (Tjaden & Thoennes, 2000) and more recently by Zinzow and Thompson (2011). Participants were asked to rate the frequency and extent to which 12 barriers would stop, delay, or discourage reporting rape to the campus police or other law enforcement on a 4-point scale ranging from 1 = *not at all* to 4 = *a lot*. Example of items include “I think that I would’t be believed” and “I would feel shame or embarrassment.” Total scores were used in analyses, with higher scores reflecting greater perceived barriers to reporting experiences of rape ($M = 25.82$; $SD = 7.79$). The scale demonstrated good internal consistency ($\alpha = 0.87$).

Acceptance of male rape myths.—Acceptance of male rape myths was assessed using a 10-item (e.g., “It is impossible for a man to be raped” and “Most men who are raped by a woman are somewhat to blame for not escaping or fighting off the woman”) measure developed by Struckman-Johnson and Struckman-Johnson (1995). Participants answered on a 6-point scale ranging from *strongly disagree* to *strongly agree*. Although the developers of this measure did not report psychometric properties, a recent study found that this scale is highly correlated to the Illinois Rape Myth Acceptance Scale ($r = .58$; Chapleau et al., 2008). Total scores were used for analyses ($M = 30.33$; $SD = 6.22$). Higher scores reflect greater acceptance of male rape myths. The male rape myth measure demonstrated adequate internal consistency ($\alpha = 0.74$).

Acceptance of female rape myths.—The modified Illinois Rape Myth Acceptance Scale (IRMA; Payne, Lonsway, & Fitzgerald, 1999) was used to measure female rape myths with 22-items (e.g., “If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand” and “Rape accusations are often used as a way of getting back at men”). Previous studies have found the construct validity to be acceptable and high internal consistency ($\alpha = 0.87$). Participants answered on a 5-point scale ranging from *strongly disagree* to *strongly agree*. Total scores were used, with higher scores reflecting greater acceptance of female rape myths ($M = 49.46$; $SD = 15.23$). The modified IRMA evidenced good internal consistency ($\alpha = 0.91$) in the current study.

Self-efficacy.—The 8-item New General Self-Efficacy Scale (NGSES) was used to measure participants’ general self-efficacy (Chien, Gully, & Eden, 2004). Responses were provided on a 5-point scale ranging from *strongly disagree* to *strongly agree* (e.g., “When facing difficult tasks, I am certain that I will accomplish them” and “I will be able to successfully overcome many challenges”). Total scores were used in analyses, with higher scores indicated greater general self-efficacy ($M = 33.53$; $SD = 5.31$). Research indicates that the NGSES evidences good internal reliability ($\alpha = 0.82 - 0.86$) and test-retest reliability ($r = 0.62 - 0.66$) (Chien et al., 2004; Fisher, Davis, Yarber, & Davis, 2010). The NGSES demonstrated strong internal consistency ($\alpha = 0.95$) in the current sample.

Sexual risk taking.—The Sexual Risk Survey (SRS; Turchik & Garske, 2009) was used to measure sexual risk taking with 23-items. Examples of items are “How many times have you had sex with someone you don’t know well or just met?” and “How many times have you had an unexpected and unanticipated sexual experience? Participants indicated the frequency of engaging in different sexual behaviors over the past 6 months. The scoring was completed through recoding based off a large-scale multi-university standardization (Turchik, Walsh, & Marcus, 2014). Total scores were used for analyses ($M = 16.90$; $SD = 15.34$). Higher scores indicated greater sexual risk taking. The SRS evidenced strong internal reliability ($\alpha = 0.93$) in the current study. Research indicates a test-retest reliability of $r = 0.88$ for the SRS (Turchik & Garske, 2009).

Alcohol use.—Alcohol use was measured with the Modified Daily Drinking Questionnaire (DDQ-M; Dimeff, Baer, Kivlahan, Marlatt, 1999). The DDQ-M is a seven-day grid in which participants report the typical number of alcoholic drinks consumed for each day of the week over the past three months. Responses for typical number of drinks consumed each day ranged from 0 to 18. Scores for the seven days were summed to create a composite score representative of their typical weekly alcohol use over the past three months. Higher scores reflected greater alcohol use ($M = 8.61$; $SD = 9.97$). The DDQ-M has been shown to be a valid measure of alcohol consumption with samples of college students (Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001; Larimer et al., 2001)

Statistical Analyses

The current study aimed to examine the associations between rape myth acceptance, perceived barriers to reporting, sexual risk taking, alcohol use, and victimization history in predicting participants’ likelihood to report hypothetical rape scenarios. Additionally, we aimed examine sex differences in likelihood to report, as well as barriers to report. To address these questions, we first conducted two-sample t-tests to compare means between men and women on likelihood to report and perceived barriers to reporting. Next, a series of multiple regressions were conducted to test predictors of likelihood to report rape.

Results

Descriptive Statistics and Bivariate Correlations

Approximately 16% ($n = 68$; 51 women; 17 men) of participants reported a history of rape. Eighty-five percent ($n = 58$) of these individuals indicated that the experience was an incapacitated rape. Of those who reported experiencing a rape, only three participants indicated they reported it to campus police or local enforcement. Among the entire sample, likelihood to report hypothetical rape was negatively associated with female rape myth acceptance, male rape myth acceptance, self-efficacy, perceived barriers to reporting, sexual risk taking, alcohol use, and history of victimization. Additionally, history of rape was significantly associated with greater perceived barriers to reporting and sexual risk taking. See Table 1 for bivariate correlations.

Sex Differences in Likelihood to Report Rape

A series of independent samples *t*-test were conducted to test sex differences in reporting likelihood across three hypothetical types of rape by a male or female perpetrator. Across the different types of experiences, the likelihood to report rape perpetrated by a man did not significantly differ between sexes. However, men reported a greater likelihood to report experiences of incapacitated rape perpetrated by another man. Women indicated a significantly greater likelihood to report rape perpetrated by women for each of the three hypothetical experiences. See Table 2 for sex differences in likelihood to report rape.

Sex Differences in Barriers to Reporting Sexual Assault

Independent samples *t*-tests were conducted across barriers to compare responses for men and women. For both sexes, the issues of “I wouldn’t want anyone to know” and “I would feel shame or embarrassment” were perceived to be the greatest barriers to reporting rape. Men and women differed significantly on three perceived barriers. Women were significantly more likely to report fear of the perpetrator as a barrier. Men were significantly more likely to report “I would handle it myself” and “I wouldn’t want the relationship to end” as barriers. However, “I wouldn’t want the relationship to end” was the least endorsed barrier. Total scores on the barrier measure did not differ between men and women. See Table 3 for sex differences in perceived barriers to reporting rape.

Regression Analyses for Reporting Likelihood

Four regression analyses were conducted to test predictors of reporting likelihood for rape committed by same and opposite sex perpetrators (Table 4). Four regressions were conducted testing rape myth acceptance, barriers to reporting, self-efficacy, sexual risk taking, alcohol consumption, and prior victimization as predictors of: H1) men’s likelihood to report male perpetrator H2) men’s likelihood to report female perpetrator H3) women’s likelihood to report male perpetrator and H4) women’s likelihood to report female perpetrator. Assumptions were tested using Stata 14 (StataCorp, 2015) and all assumptions were met.

Among male participants, higher self-efficacy and alcohol consumption was associated with greater likelihood to report in the scenario of a male perpetrator (H1). Greater RMA, self-efficacy, and sexual risk taking were associated with a decreased likelihood for male participants to report a rape perpetrated by a female (H2).

Among female participants, RMA, barriers to reporting, sexual risk taking, and alcohol use were significantly associated with a decreased likelihood to report male perpetrators (H3). Barriers to reporting and sexual risk taking were associated with decreased likelihood to report female perpetrators (H4).

Discussion

The primary aim of the current study was to examine likelihood to report hypothetical rape to law enforcement and assess predictors of likelihood to report the experiences among male and female college students. In this sample, the researchers asked the subsample of people

who had a past history of rape if they reported it to campus police or other forms of law enforcement. Of the 68 participants who reported a history of rape, only 4.4% of indicated that they reported the event to law enforcement. The entire sample was also asked to indicate likelihood to report hypothetical forms of rape. Compared to the hypothetical questions about physically coerced forms of rape, incapacitated rapes were the least likely for participants to indicate they would report to law enforcement. This is an alarming result because incapacitated rape is the most commonly reported type of sexual assault experienced among college students (Kilpatrick et al., 2007; Mellins et al., 2017). For instance, in the current sample, the majority of those who experienced rape (85%) indicated it was an incapacitated rape. These findings suggest that college students may be less likely to acknowledge incapacitated rape as an illegal activity and be more likely to put responsibility on the victim rather than the perpetrator. Further, although state legislature requires institutions of higher education to respond to rape that occurs on or near campus, results support that actual policy and procedures on college campuses are not sufficiently assisting college students report rape to law enforcement, particularly when it involves incapacitation. Federal laws may need to be expanded to include requirements for institutions of higher education to coordinate with law enforcement to adequately facilitate reporting and have consistent definitions of rape. It is also essential that college students be informed that incapacitated rape is an illegal activity that is reportable to law enforcement. Moreover, since rates of reporting amount college students are low it is essential to increase awareness of mental and medical health services available regardless of a person's decision to report rape to law enforcement.

Regarding sex differences in reporting likelihood, men indicated a lower likelihood than women to report all forms of rape regardless of the perpetrators' sex. This result is very concerning because of the growing evidence that men are also assaulted at high rates, and often times by female perpetrators (Turchik, 2012). Both men and women had the highest endorsement of barriers related to shame, embarrassment, and not wanting others to know about the assault. Since the majority of campus personnel are obligated under Title IX to report rape when they learn about, institutions of higher education may consider creating more pathways for students to gain supportive resources while encouraging reporting, but also maintaining confidentiality. Men were significantly more likely than women to endorse the barrier "I would handle it myself." Additionally, men were more likely to indicate that they would not want the relationship to end, and less likely to rate fear of the perpetrator as a barrier. Current results provide support that sex roles, such as men's self-reliance impact men's reporting likelihood. Future research is needed to evaluate if college intervention programs (e.g., bystander intervention programs) decrease men's perceived barriers to reporting related to sex roles and thus increase willingness to disclose unwanted sexual activity. In addition because much of the research on rape has been conducted with women, legislature that guides policy on campuses may need to be adjusted to account for the unique considerations of male victims.

The current study also examined predictors of the perceived likelihood to report hypothetical rape. As expected, several variables predicted the likelihood to report rape perpetrated by someone of the opposite sex. For both sexes, greater sexual risk taking, RMA, and perceived barriers significantly predicted a lower likelihood to report rape perpetrated by someone of

the opposite sex. Among men, lower self-efficacy and greater alcohol consumption predicted a decreased likelihood to report rape perpetrated by the same sex. For women, greater perceived barriers and engagement in risky sex predicted a decreased likelihood to report rape perpetrated by the same sex. There are several potential explanations for the significant associations between alcohol consumption, risky sex, RMA, perceived barriers and the outcome variables.

Alcohol use and sexual risk taking may decrease one's likelihood to report rape because college students who engage in these behaviors may attribute rape as being their fault or fear being blamed because of engagement in risk behaviors. Engagement in these behaviors may also normalize risky sex, to the point that sex occurring when individuals are too incapacitated to consent is not interpreted as an illegal act. Results indicated that many college students hold rape myths, and that these may interfere with their ability and likelihood to report rape. Rape myths may lead to decreased reporting rates due to increased difficulty in recognizing the unacceptability of sexual assault and the criminal actions of the perpetrator. Additionally, perceived barriers to reporting rape, including those related to shame, confidentiality, and fear, deterred both men and women from indicating that they would hypothetically report these experiences. These barriers are likely maintained by a culture of college campuses that promotes promiscuous behavior, the tendency of society to blame the victim, and the difficulty involved in reporting rape. However, some individuals, such as those high in self-efficacy, may be able to overcome these obstacles and difficulties. Results indicated that self-efficacy is a particularly important factor for men in reporting rape. Perceived self-efficacy is theorized to assist people overcome traumatic events by enabling them to exert control within their environment (Benight & Bandura, 2004). Thus, enhancing men's general self-efficacy may be a pathway to encourage proactive responses to rape including reporting to law enforcement. Because women tend to have lower self-efficacy than men (D'Lima, Winsler, & Kitsantas, 2014), women may benefit more from interventions that enhance specific forms of self-efficacy. For example, bystander self-efficacy increases bystander behaviors among women (Hahn, Morris, & Jacobs, 2016; McMahon et al., 2015). Future researchers should further these findings by examining if training men and women in both general and more specific forms of self-efficacy promote rape disclosure.

Limitations

The most significant limitation is that respondents were asked to indicate the likelihood they would report hypothetical rape. Due to the hypothetical nature of the study, it is not possible to claim that respondents would have the same reactions after a completed rape. There is overwhelming evidence that rape is grossly under reported (Fisher et al., 2002; Wolitzky-Taylor et al., 2011). Therefore, although this hypothetical research is not ideal, it is a unique opportunity to understand college students' perceived barriers to reporting rape prior to experiencing such an event and hypothetical questions are used in other research (e.g., Deming et al., 2013; Hockett et al., 2016). An additional limitation is that this study is correlational. Therefore, it is not possible to make causal inferences about the predictors' association with likelihood to report rape. Generalizability is limited in that the sample consisted of primarily White female students from a Midwestern university. Finally, several

predictors were significant but none reached the level of statistical significance for every regression analysis. Although this suggests that there are other relevant variables there were not included in this study, it also highlights that unique factors impact reporting likelihood depending on the sex of the victim and perpetrator, and the tactics used by the perpetrator. Future research should consider additional factors that may relate to reporting specific types of rape such as sexual orientation, being a member of a Greek organization, pre-existing knowledge about rape, and belief in the ability for law enforcement to assist a person who reports rape.

Conclusions

Result from the current study encourage consideration of the current provisions proposed under the *Campus Accountability and Safety Act* which would require stricter ethical responsibilities regarding procedures aimed at increasing reporting rates of rape among students. For example, it would require confidential advisors for victims and increased fines for universities that fail to investigate reported rapes. Further provisions include regulations on the distribution of information on reporting options for students and requirements for campus officials to attend trainings about responding to reports of rape. Institutions of higher education are required by the U.S. federal law to provide college students with education and resources to students that create a community in which factors that contribute to rape are minimized. Unfortunately, the majority of prevention programs aimed at decreasing sexual violence implemented on college campuses have been developed without theoretical support and conducted without empirical evaluations (Morrison, Hardison, Mathew, & O'Neil, 2004). Results from the current study could be used to inform efforts on college campuses to create interventions that increase reporting rates of rape.

Interventions on college campuses that decrease alcohol use and sexual risk taking behavior, debunk male and female rape myths, and build self-efficacy may increase the rates of reporting sexual assault. In addition, interventions should be tailored to meet the unique needs of each sex. A focus on decreasing alcohol use and risky sex is important. However, it is also imperative that campuses create an environment where survivors who engage in these behaviors feel safe and supported in reporting rape. Finally, prevention efforts need to educate college students on the definition of consenting to sexual activity, particularly in regards to the unacceptability of engaging in sexual activity with someone who is incapacitated.

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Table 1

Correlation of Key Variables: Males, Females, and Total Sample

Measure	1	2	3	4	5	6	7	8
1. Likelihood to Report	-	-.23*	-.23*	-.35***	-.06	.12	.35***	-.20*
2. Perceived Barriers	-.46*** (-.39***)		.39***	.18	.06	.00	.15	.12
3. Female Rape Myth	-.24*** (-.26***)	.18** (.24***)		.54***	-.05	.12	-.03	.15
4. Male Rape Myth	-.13* (-.21***)	.07 (.10*)	.29*** (.38***)		-.15	-.04	-.22*	.16
5. Sexual Risk Taking	-.35*** (-.28***)	.24*** (.19***)	.14* (.10*)	-.04 (-.06)		.49***	-.07	.12
6. Alcohol Use	-.25*** (-.16**)	.11 (.08)	.09 (.15**)	-.00 (.02)	.40*** (.45***)		.08	.04
7. Self Efficacy	.14* (.19***)	-.07 (-.02)	-.10 (-.07)	-.15** (-.16**)	.02 (-.00)	-.02 (.01)		-.04
8. Victimization	-.31*** (-.28***)	.37*** (.30***)	.10 (.11*)	-.07 (-.00)	.39*** (.32***)	.15* (.09)	-.10 (-.08)	-

Note. Alcohol Use = Self-report of drink consumed during a typical week over the past 3 months. Victimization = History of incapacitated rape, rape by use of threat or coercion, or forced rape (0 = no history of victimization; 1 = history of victimization). Correlations for females in the sample are on the bottom half of matrix; Correlation for males on top half of matrix; Full sample correlations in parentheses.

* $p < .05$,

§ $p < .01$,

‡ $p < .001$.

Table 2

Differences in reporting sexual assault likelihood by sex.

		Women (<i>n</i> = 295)		Men (<i>n</i> = 103)		<i>t</i>	<i>df</i>	<i>p</i> -value
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
<i>Male Perpetrator:</i>								
1.	Incapacitated Rape	3.90	0.09	4.15	0.16	1.40	396	.16
2.	Rape Using Threat or Coercion	4.95	0.07	4.88	0.14	-0.45	396	.65
3.	Forced Rape	5.17	0.07	5.09	0.14	-0.54	396	.59
<i>Female Perpetrator:</i>								
1.	Incapacitated Rape	4.26	0.09	3.12	0.17	-6.26	396	.000
2.	Rape Using Threat or Coercion	4.95	0.08	4.11	0.15	-5.37	396	.000
3.	Forced Rape	5.13	0.07	4.51	0.15	-3.99	396	.000

Table 3

Differences in barriers to reporting sexual assault by sex

	Women (<i>n</i> = 294)		Men (<i>n</i> = 103)		<i>t</i>	<i>df</i>	<i>p</i> -value
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
1. I think that I wouldn't be believed.	2.00	0.05	2.03	0.09	0.24	395	.81
2. I think that the incident would be viewed as my fault.	2.12	0.06	2.04	0.09	-0.70	395	.48
3. I don't think police could do anything.	2.03	0.06	2.07	0.10	0.32	395	.75
4. I would be scared of the offender.	2.49	0.06	1.90	0.09	-4.92	395	.000
5. I think that it was not serious enough, not a crime.	1.97	0.06	2.02	0.10	0.44	395	.66
6. I would feel shame or embarrassment.	2.66	0.06	2.76	0.10	0.84	395	.40
7. I wouldn't want anyone to know.	2.75	0.06	2.79	0.10	0.29	395	.77
8. I wouldn't want involvement with police or courts.	2.37	0.06	2.30	0.10	-0.53	395	.60
9. I wouldn't want someone I knew to be arrested, jailed, deported, stressed out.	2.03	0.06	2.05	0.10	0.12	395	.91
10. I would handle it myself.	1.89	0.06	2.33	0.10	3.88	395	.000
11. I wouldn't want the relationship to end.	1.45	0.05	1.65	0.08	2.20	395	.028
12. I would report it to someone else.	2.09	0.06	2.03	0.09	-0.52	395	.61
Average Across Barriers	2.15	0.04	2.16	0.06	0.13	395	.90

Table 4

Regression Analyses for Likelihood of Reporting Sexual Assault

Variable	Coef.	SE	B	p	R ²
<i>1. Men Reporting Male Perpetrators (n = 100)</i>					.25
Male Rape Myth Acceptance	−0.60	0.42	−0.14	.157	
Barriers to Reporting	−0.08	0.05	−0.16	.095	
Self-Efficacy	0.23	0.07	0.32	.001	
Sexual Risk Taking	−0.01	0.03	−0.05	.664	
Alcohol Consumption	0.45	0.20	0.24	.025	
Victimization	−1.06	0.95	−0.10	.267	
<i>2. Men Reporting Female Perpetrators (n = 100)</i>					.27
Male Rape Myth Acceptance	−1.33	0.45	−0.28	.004	
Barriers to Reporting	−0.10	0.05	−0.18	.053	
Self-Efficacy	0.17	0.07	0.22	.019	
Sexual Risk Taking	−0.06	0.03	−0.23	.033	
Alcohol Consumption	0.37	0.21	0.18	.080	
Victimization	−0.84	1.01	−0.08	.407	
<i>3. Women Reporting Male Perpetrators (n = 292)</i>					.33
Female Rape Myth Acceptance	−0.03	0.01	−0.13	.007	
Barriers to Reporting	−0.15	0.02	−0.35	.000	
Self-Efficacy	0.06	0.03	0.09	.071	
Sexual Risk Taking	−0.04	0.01	−0.18	.003	
Alcohol Consumption	−0.24	0.11	−0.12	.028	
Victimization	−0.63	0.49	−0.07	.199	
<i>4. Women Reporting Female Perpetrators (n = 292)</i>					.24
Female Rape Myth Acceptance	−0.02	0.01	−0.10	.072	
Barriers to Reporting	−0.15	0.03	−0.32	.000	
Self-Efficacy	0.07	0.04	0.10	.068	
Sexual Risk Taking	−0.04	0.02	−0.16	.009	
Alcohol Consumption	−0.17	0.13	−0.08	.174	
Victimization	−0.55	0.56	−0.06	.322	

Note. Regression 1: $F(6, 93) = 5.12, p < .000$; Regression 2: $F(6, 93) = 5.59, p < .000$; Regression 3: $F(6, 285) = 23.06, p < .000$; Regression 4: $F(6, 285) = 15.36, p < .000$. Victimization = History of incapacitated rape, rape by use of threat or coercion, or forced rape (0 = no history of victimization; 1 = history of victimization).