

The Impact of Victim Alcohol Consumption and Perpetrator Use of Force on Perceptions in an Acquaintance Rape Vignette

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Research suggests that victims of incapacitated rape (when someone has sex with a person who is unable to consent to or resist sexual activity, usually because of intoxication) face higher levels of victim blame than do victims of forcible rape (Krahé, Temkin, & Bieneck, 2007). However, it is not clear whether blame is the result of victim alcohol consumption or the lack of force and resistance present during incapacitated rape; both of these factors have been shown to increase victim blame. The current vignette study crossed victim alcohol consumption and perpetrator use of force. We found main effects of both independent variables on judgments of victim responsibility, but no interaction, suggesting that the effects of alcohol and force are additive rather than interactive. These results indicate that victims of incapacitated rape may indeed face challenges upon disclosing their assaults.

Keywords: victim blame; sexual assault; incapacitated rape; perpetrator blame

In recent years, several sexual assault cases involving victims who were extremely intoxicated, often to the point of being passed out at the time of the sexual acts, have captured media attention. These incidents include crimes in Steubenville, Ohio (Macur & Schweber, 2012); Louisville, Kentucky (Riley & Wolfson, 2012); Torrington, Connecticut (Yee, 2013); and at Stanford University (Koren, 2016). Reactions on social media toward victims and perpetrators varied, but in all cases, there were vocal parties who defended the actions of perpetrators and criticized and blamed the victims.

Unfortunately, sexual violence and victim blame are not rare occurrences in society. Studies estimate that between 15% and 20% of women in the United States have been the victims of rape in their lifetime (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Tjaden & Thoennes, 1998); most of these rapes are not reported to law enforcement. Following a rape experience, most women receive a mixture of positive and negative social reactions (Ahrens & Aldana, 2012; Filipas & Ullman, 2001). Although positive reactions are more common, negative social reactions, such as victim blame, can impede a victim's coping and recovery (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Ullman, 1999). For example, Mason and colleagues found that women who received less support and more

blame were more likely to have negative consequences and were also more likely to be victims of sexual assault on one or more occasions in the future (Mason, Ullman, Long, Long, & Starzynski, 2009).

RAPE AMONG COLLEGE STUDENTS

Young women are frequently targets of sexual assaults. The Bureau of Justice Statistics has reported that rates of rape and sexual assault are highest among women aged 18–24 years (Sinozich & Langton, 2014). Because many women in this age group attend colleges or universities, a great deal of sexual victimization research has focused on college students (Armstrong, Hamilton, & Sweeney, 2006; Fisher, Cullen, & Turner, 2000; Franklin, 2010; Lisak, 2004; Sampson, 2003; Wenger & Bornstein, 2006). Kilpatrick et al. (2007) estimated that 11.5% of female college students in the United States have been victims of rape. In addition, half of the rapes experienced by the college women surveyed by Kilpatrick et al. were facilitated by drugs or alcohol. Other studies (Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010; Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004) have found that the vast majority of rapes among college students involved alcohol consumption. In most of these cases, alcohol was consumed voluntarily.

Lawyer et al. (2010) suggest that alcohol consumption may contribute to a greater likelihood of being a target of sexual assault. In addition, Parks, Romosz, Bradizza, and Hsieh (2008) suggest that young women who have a previous history of drinking alcohol may be more at risk for sexual assault than those who have no prior drinking history. However, young women who have no prior drinking history may still be at risk for sexual assault upon initiating drinking (perhaps soon after starting college), if perpetrators recognize and take advantage of these women's inexperience with alcohol consumption and its effects (Parks et al., 2008).

Victim alcohol consumption is of course not the cause of rape. Rape can only occur when a perpetrator chooses to take advantage of a vulnerable target. Groups who have been found to have high rates of sexual assault perpetration include male athletes and fraternity members (Armstrong et al., 2006; Humphrey, 2000; Sampson, 2003). Regardless of group membership, most perpetrators of rape are acquainted with their victims (Fisher et al., 2000; Koss, Dinero, Seibel, & Cox, 1988). The presence of athletes and fraternities, large numbers of young adults living in close proximity to one another, and high rates of alcohol consumption are all factors that increase the risk of sexual assault in college environments (Abbey, 2002; Armstrong et al., 2006; Fisher et al., 2000; Franklin, 2010; Lisak, 2004; Sampson, 2003).

Only 5%–12% of rapes among college women were reported to law enforcement, and victims of drug- or alcohol-facilitated rape were less likely than victims of forcible rape to report (Fisher et al., 2000; Kilpatrick et al., 2007). Incidents involving alcohol are less likely to be reported than those not involving alcohol (Kilpatrick et al., 2007). Victims who had been drinking may be reluctant to come forward because they may be worried about their claims not being taken seriously by authorities or about being stigmatized by peers (Littleton, Grills-Taquechel, & Axsom, 2009; Sampson, 2003). Sampson (2003) and Lisak (2004) suggest that colleges and universities often do not do enough to adequately prevent sexual violence or to protect victims. This may be because college officials are simply unaware of the full extent of the issue because of low reporting rates by victims. However, Sampson and Lisak also suggested that this

lack of consideration could stem from a fear of colleges facing negative publicity and ramifications, which can result in attempts to conceal the issue of sexual assaults on campuses (Yung, 2015).

INCAPACITATED RAPE

Incapacitated rape can be described as a form of sexual assault in which the victim is intoxicated by the use of drugs or alcohol to the extent that he or she is unable to consent to or resist sexual activity (Kilpatrick et al., 2007; Testa, Livingston, Vanzile-Tamsen, & Frone, 2003). Kilpatrick et al. (2007) estimate that around 3 million women in the United States have been victims of incapacitated rape at some point in their lives. Although studies using general population samples tend to find that forcible rape is more prevalent than incapacitated rape (Brown, Testa, & Messman-Moore, 2009; Kilpatrick et al., 2007), incapacitated rape seems to be especially prevalent among college women (Lawyer et al., 2010; Littleton et al., 2009).

Victims of incapacitated rape often face significantly high levels of blame (Littleton et al., 2009). Victims of incapacitated rape may be blamed because the experience is inconsistent with many people's myths and scripts about what rape is (Ryan, 2011). Not only do victims of incapacitated rape often face blame from other people, but they also often face a significant level of self-blame (Brown et al., 2009; Littleton et al., 2009). Consequentially, experiencing incapacitated rape can lead to a greater level of stigmatization, a decreased chance of the victim reporting or even classifying the sexual assault as such, and fewer resources and aid being available to the victim (Littleton et al., 2009). It also may also lead to a greater chance of alcohol abuse (Kaysen, Neighbors, Martell, Fossos, & Larimer, 2006; McCauley, Ruggiero, Resnick, Conoscenti, & Kilpatrick, 2009). Kilpatrick et al. (2007) suggest that victims of incapacitated rape may experience more mental health problems than do victims of forcible rape.

There are at least two factors that may account for the high levels of victim blame in incidents of incapacitated rape: the fact that the victim was intoxicated and the fact that the perpetrator likely used very little force and the victim offered little physical resistance. Both victim alcohol consumption and the degree of force and/or resistance present in a rape have been shown to influence victim blame on their own (Krahé et al., 2007; Shotland & Goodstein, 1983; Sims, Noel, & Maisto, 2007). Research on both of these factors will be reviewed before speculating how these factors might work together to impact victim blame in situations of incapacitated rape.

ALCOHOL CONSUMPTION AND VICTIM BLAME

Not only does alcohol consumption contribute to a greater likelihood of being a target of sexual assault, additional research has found that victims who voluntarily consumed alcohol prior to rape are blamed more than those who did not consume alcohol (Grubb & Turner, 2012; Klippenstine, Schuller, & Wall, 2007; Schuller & Wall, 1998; Scronce & Corcoran, 1995; Sims et al., 2007; Stormo, Lang, & Stritzke, 1997; Wenger & Bornstein, 2006). Laws in most states acknowledge that one cannot consent to sexual activity if incapacitated by drugs or alcohol and define such incidents as rape (Carbon, 2012; Tracy, Fromson, Long, & Whitman, 2013). Furthermore, legal statutes prevent perpetrators from

using intoxication as a defense against sexual assault charges (Cole, 2006; Lisak, 2004). Despite legal reasoning, many people see assaults involving alcohol as ambiguous and may attribute blame or responsibility to a victim who was drinking or a view a victim's intoxication as justification for the perpetrator (Cole, 2006; Grubb & Turner, 2012; Lisak, 2004; Littleton et al., 2009; Schuller & Wall, 1998).

Although there is a general trend for drinking victims to receive more blame than nondrinking victims, there are qualifications to this effect. It seems that different levels of intoxication, and whether the victim, perpetrator, or both engaged in alcohol consumption, are factors in the distribution of blame when it comes to the intersection of alcohol consumption and sexual assault (Abbey, Clinton, McAuslan, Zawacki, & Buck, 2002; Klippenstine et al., 2007; Norris & Cubbins, 1992; Schuller & Wall, 1998; Scronce & Corcoran, 1995; Stormo et al., 1997). For example, Stormo et al. (1997) found that when the amount of alcohol consumed by the victim was greater than that consumed by the perpetrator, the perpetrator was given somewhat higher levels of blame than the victim, and higher levels of blame than if he were drinking the same amount as, or more than, the victim. On the other hand, Wild, Graham, and Rehm (1998) found that perpetrators received less blame in sexual assault vignettes when the victim was portrayed as intoxicated, and this did not depend on the level of drinking of the perpetrator.

PERPETRATOR USE OF FORCE, VICTIM RESISTANCE, AND BLAME

Many people perceive sexual assault to be perpetrated violently, by strangers (Sampson, 2003). However, according to Bureau of Justice Statistics reports, fewer than 12% of perpetrators had a weapon during the sexual assault and more than 78% of victims knew their attacker (Sinozich & Langton, 2014). This suggests that despite some public misconception, not all rapes are forcible, violent, and perpetrated by strangers. Also, violent rapes perpetrated by strangers are given more attention, even though they are less likely to occur (Lisak, 2004; Sampson, 2003). Violence in rapes is rare; yet, people expect rapes to be violent. This can explain why victims are blamed more when little force is used (Warner & Hewitt, 1993).

It has been found that victims of perpetrators who use little or no force are blamed more than those of perpetrators who do use force and that the perpetrators who use force are blamed more than the perpetrators who use little or no form of force (Krahé et al., 2007; Shotland & Goodstein, 1983; Warner & Hewitt, 1993). Shotland and Goodstein (1983) also suggest that the victim blame may increase depending on how soon the victim shows resistance during the incident. Perpetrator force and victim resistance are often inversely related, and Warner and Hewitt (1993) suggest that responsibility attributions regarding perpetrator force could be tied to the degree of resistance from the victim. According to Warner and Hewitt, many people assume that lack of resistance from the victim could imply that she is consenting to sexual activity.

The involvement of alcohol in sexual assault may make the situation even more ambiguous, especially when looking at victim resistance and perpetrator use of force. According to Armstrong et al. (2006), this may be due either to the fact that the perpetrator is able to use less force or that the victim is less able to resist when alcohol is involved. However, it is not certain which is the leading factor or if the two factors can even be separated (Wenger & Bornstein, 2006).

THE PRESENT STUDY

In addition to studies that examined the effects of victim alcohol consumption and perpetrator use of force independently, a small number of studies have examined victim blame in situations of incapacitated rape. Krahé et al. (2007) compared incapacitated rape to forcible rape and found more blame in the story involving incapacitated rape, but because they compared a condition in which the victim drank and did not resist with one in which the victim did not drink and did resist, it is hard to say which of those factors was more influential. Sims et al. (2007) crossed victim alcohol consumption and victim resistance and only found effects for alcohol. However, their manipulation of resistance was fairly subtle and did not mention anything about the perpetrator's use of force. Furthermore, their manipulation of victim alcohol consumption did not imply that she had been incapacitated at the time of the assault. Little research has explored these factors, and questions still remain.

In this study, we examined the impact of victim alcohol consumption and perpetrator use of force on perceptions of the victim and perpetrator in a hypothetical vignette. This study crossed victim use of alcohol and perpetrator use of force in an experimental design to investigate the independent and interactive effects of these two factors. The condition in which the victim consumed alcohol and the perpetrator did not use force described an incapacitated rape. Because the force and alcohol variables were crossed, we could investigate several possibilities. If victim blame in incapacitated rape situations is the result of negative perceptions of drinking victims, we would expect a main effect for victim alcohol consumption. If blame in incapacitated rape situations is because of the lack of force and resistance present in such situations, we would expect a main effect of perpetrator force. However, it is also possible that victim alcohol consumption and perpetrator force combine in either an additive or interactive fashion. Two main effects but no interaction would mean that both victim alcohol consumption and perpetrator force are responsible for increased levels of victim blame. An interaction effect would suggest that there is something unique about the presence of victim alcohol consumption in the absence of perpetrator force that influences levels of blame. Based on previous research, we expected to support an additive model but explored the possibility of an interactive model.

In this study, the perpetrator's alcohol consumption was left ambiguous in all vignettes to avoid the complications associated with varying this detail (e.g., Klippenstine et al., 2007; Norris & Cubbins, 1992; Stormo et al., 1997). In addition to victim blame, we also measured positive perceptions of the victim and perpetrator blame; however, we made similar predictions for all dependent variables. Although differences may vary by degree, and may depend on the circumstances of the situation, many studies have shown differences between men and women in perceptions of victims and perpetrators; generally, it has been found that women tend to blame the victim less, and the perpetrator more than do men (Brown & Testa, 2008; Klippenstine et al., 2007; Stormo et al., 1997; Wenger & Bornstein, 2006). Thus, in this study, participant gender was included as a factor.

We thus made the following hypotheses. Judgments of victim responsibility would be higher in the conditions in which the victim drank alcohol than in the conditions in which she remained sober (Hypothesis 1a); victim responsibility would be lower in the conditions in which the perpetrator used force than in the conditions in which he did not use force (Hypothesis 1b); and men would report higher levels of victim responsibility than would women (Hypothesis 1c). We expected perpetrator responsibility judgments to be lower in the conditions in which the victim drank alcohol than in the conditions in which she remained

sober (Hypothesis 2a); perpetrator responsibility would be higher in the conditions in which the perpetrator used force than in the conditions in which he did not (Hypothesis 2b); and women would report higher perpetrator responsibility than would men (Hypothesis 2c). Finally, we predicted that positive victim perceptions would be lower in the conditions in which the victim drank alcohol than in the conditions in which she remained sober (Hypothesis 3a); positive victim perceptions would be higher in the conditions in which the perpetrator used force than in the conditions in which he did not (Hypothesis 3b); and women would report more positive victim perceptions than would men (Hypothesis 3c).

METHOD

Participants

One hundred and twenty-three students (101 women and 22 men; M age = 19.5 years) from the Psychology Department subject pool at a medium-sized public university in the southern part of the United States participated in this study. Participants were offered bonus points for participating in the study. Sixty percent ($n = 74$) of the participants identified as White, 31% ($n = 38$) identified as Black, and the remaining participants identified as Asian/Asian American (3.3%), Middle Eastern (.8%), or multiracial/multiethnic (4.9%). More than half (55.3%) of the participants were in their first year of college; 19.5% were sophomores, 13.8% were juniors, and 11.4% were in their senior year or above.

Procedure

The study took place in a classroom setting, and participants were given the option of sitting wherever they wished to sit in the classroom. Participants were given a consent form to read and sign and then received a folder containing study materials to read through. After reading through the study materials, participants were presented with questions that assessed perceptions of the victim and the perpetrator. Participants were then given a debriefing form that explained the purpose of the study and offered the lead researcher's contact information in case a participant wanted to find out the results of the study upon completion of data collection.

Materials

Study materials included a personal information form that included questions about gender, age, race or ethnicity, and current year in school and a distracter vignette and questions that was included to disguise the focus of the study on perceptions of rape. Participants then read one of four vignettes that presented them with either an Alcohol and Force condition (victim consumed alcohol and perpetrator used force), an Alcohol and No Force condition (victim consumed alcohol and perpetrator did not use force), a No Alcohol and Force condition (victim did not consume alcohol and perpetrator used force), and a No Alcohol and No Force condition (victim did not consume alcohol, and perpetrator did not use force). Next was a series of questions assessing perceptions of the victim and the perpetrator in the vignette.

The target vignette described a young woman named Jessica who attended a party with friends. The Alcohol conditions described Jessica as looking forward to drinking because she had just finished taking some medication and had not been able to drink for a while,

and the No Alcohol conditions described Jessica as unable to drink at the party because of medication she was taking. At the party, Jessica meets a young man named Kevin and flirts with him a little. In the Alcohol conditions, Jessica begins to feel the effects of the alcohol she had been drinking as the night wears on, and in the No Alcohol conditions, Jessica simply begins to get tired and sits down on a couch. Kevin sits next to her and asks her to go lie down with him in the other room. Jessica playfully tells him “No.” Kevin leans in closer and forcefully kisses Jessica and tries to fondle her breast. Jessica says “Get away from me, I said no!” and she leaves to find a room where she can rest by herself. In the Alcohol conditions, Jessica drunkenly stumbles to a nearby empty bedroom and falls asleep. In the No Force condition, Kevin comes into the room after a few minutes and sees that Jessica is asleep. He crawls into bed next to her, pushes up her skirt and pulls down her underwear. Jessica stirs and mumbles, “Don’t,” but is too weak to do anything. Kevin proceeds to have sex with Jessica. In the No Alcohol/No Force condition, Jessica lies down on the bed to rest and closes her eyes, but when Kevin comes in and lies down beside her, she is too stunned to do or say anything other than mumble “Don’t.” In the Force conditions, Kevin pushes up Jessica’s skirt and pulls down her underpants. Jessica opens her eyes and tries to sit up and says “Don’t,” but Kevin clamps his hand over her mouth and pushes her down onto the bed. Jessica tries to struggle, but he overpowers her and proceeds to have sex with her.

After reading through the vignette presented to them, participants were presented with questions that assessed perceptions of the victim and the perpetrator. These items were written for this study but based on questions used in previous research (Brown & Testa, 2008). Participants responded to each item on a 1–9 scale with higher numbers indicating endorsement of the item in question. The first two questions asked participants to estimate how intoxicated Jessica and Kevin were. The question about Jessica’s intoxication was intended as a manipulation check. The question about Kevin’s intoxication was meant to explore whether assumptions about his drinking would parallel assumptions about her drinking. An additional nine questions assessed the main dependent variables. There were three victim blame questions ($\alpha = .94$; $M = 3.41$; $SD = 2.28$). An example of a question that addressed victim blame was “To what extent do you think Jessica is responsible for what happened to her?” There were two positive perceptions of the victim questions ($\alpha = .68$; $M = 6.76$; $SD = 1.67$). An example of a question that addressed positive perceptions of the victim was “To what extent do you believe that Jessica is a good person?” There were also three perpetrator blame questions ($\alpha = .72$; $M = 8.50$; $SD = .77$). Questions assessing perpetrator blame included “To what extent do you believe that Kevin committed a crime against Jessica?” Composite scores for victim blame, positive victim perceptions, and perpetrator blame were computed by averaging component items.

RESULTS

Results were analyzed using 2 (Victim Alcohol Condition: Drinking vs. Sober) \times 2 (Perpetrator Use of Force: Present vs. Absent) \times 2 (Participant Gender: Male vs. Female) analyses of variance (ANOVAs). First, we investigated main effects and interaction effects on responses to the question regarding Jessica’s intoxication. As expected, there was a main effect for victim alcohol condition, $F(1, 115) = 297.99$, $p < .001$; however, there was also an alcohol by force interaction effect, $F(1, 115) = 4.09$, $p < .045$. The victim was perceived to be not at all intoxicated in the no alcohol conditions,

regardless of the perpetrator's use of force ($M = 1.39$, $SD = .92$ in the force condition; $M = 1.20$, $SD = .66$ in the no force condition); she was seen as significantly more intoxicated in the alcohol conditions but as more intoxicated when the perpetrator used no force ($M = 7.45$, $SD = 1.29$) than when he used force ($M = 6.55$, $SD = 1.96$). Given that she was described as responsive and struggling in the force condition and basically unresponsive in the no force condition, this difference in perceived intoxication level makes sense. Next, we looked for main effects and interaction effects on responses to the question regarding Kevin's intoxication. In this case, there was only a main effect for alcohol condition, $F(1, 115) = 15.27$, $p < .001$; Kevin was seen as somewhat less intoxicated ($M = 6.16$, $SD = 1.86$) in the conditions in which Jessica was presented as intoxicated than in the conditions in which she was presented as sober ($M = 7.49$, $SD = 1.34$).

Next, our hypotheses were tested by running three additional $2 \times 2 \times 2$ ANOVAs analyzing main effects and interaction effects on the dependent variables of victim responsibility, perpetrator responsibility, and positive victim perceptions. To control for inflated family-wise error resulting from testing three dependent variables, a Bonferroni correction was used; an adjusted α of .017 (.05/3) was used as the criterion for statistical significance.

For the model testing victim responsibility, there was a significant main effect for victim alcohol condition, $F(1, 115) = 8.847$, $p = .004$, partial $\eta^2 = .071$, such that the victim was seen as more responsible in the conditions in which she consumed alcohol ($M = 4.145$, $SD = 2.367$) than in the conditions in which she remained sober ($M = 2.656$, $SD = 1.927$). There was also a significant main effect for perpetrator use of force, $F(1, 115) = 9.382$, $p = .003$, partial $\eta^2 = .075$, such that the victim was seen as less responsible when the perpetrator used force ($M = 3.011$, $SD = 2.135$) than when he did not ($M = 3.809$, $SD = 2.364$). There was also a significant main effect for participant gender, $F(1, 115) = 6.504$, $p = .012$, partial $\eta^2 = .054$, such that men attributed more responsibility to the victim ($M = 4.167$, $SD = 2.479$) than did women ($M = 3.241$, $SD = 2.210$). Thus, all parts of Hypothesis 1 were supported. No interaction effects were significant.

For the model testing perpetrator responsibility, there was a significant main effect for perpetrator use of force, $F(1, 115) = 13.152$, $p < .001$, partial $\eta^2 = .103$; the perpetrator was seen as more responsible when he used force ($M = 8.694$, $SD = 0.506$) than when he did not ($M = 8.295$, $SD = 0.937$). No other main effects or interactions reached significance. Thus, Hypothesis 2b was supported, but Hypotheses 2a and 2c were not supported.

For the model testing positive victim perceptions, there was a significant main effect for participant gender, $F(1, 115) = 6.059$, $p = .015$, partial $\eta^2 = .050$; women expressed more positive perceptions of the victim ($M = 6.936$, $SD = 1.667$) than did men ($M = 5.977$, $SD = 1.460$). No other main effects or interactions approached significance. Thus, Hypothesis 3c was supported, but not Hypotheses 3a or 3b.

DISCUSSION

All hypothesized main effects were observed for the victim responsibility variable (Hypothesis 1): The victim was seen as more responsible when she drank alcohol than when she remained sober, she was seen as more responsible when the perpetrator did not use force than when he did, and men held the victim more responsible than did women. This is consistent with literature arguing that both individual differences and situational factors can impact judgments of victim responsibility (Grubb & Turner, 2012; Pollard, 1992). In particular, this research is consistent with studies showing men attribute more

responsibility to victims than do women (e.g., Brown & Testa, 2008; Klippenstine et al., 2007) and that sexual assault situations involving victim intoxication and low perpetrator force are associated with higher attributions of victim responsibility (e.g., Krahé et al., 2007; Shotland & Goodstein, 1983; Sims et al., 2007; Stormo et al., 1997). The absence of a victim alcohol use by perpetrator use of force interaction effect supports an additive model: Both the victim's consumption of alcohol and the perpetrator's lack of force are important determinants of negative victim perceptions in cases of incapacitated rape. One notable difference between this study and previous research was that we found an effect for perpetrator use of force on victim responsibility, unlike Sims and colleagues (2007), who did not. The difference might have been because of a stronger manipulation of perpetrator force/victim resistance in this study.

Contrary to predictions (Hypotheses 2a and 3a) and prior research (Stormo et al., 1997; Wenger & Bornstein, 2006; Wild et al., 1998), victim alcohol use did not affect judgments of perpetrator responsibility or positive victim perceptions. Although the victim's drinking behavior elevated perceptions of her responsibility, it did not diminish the perpetrator's culpability, which was quite high in all conditions. It is possible that if perpetrator alcohol use had been manipulated, a drinking perpetrator might have been seen as less responsible than a sober one (Grubb & Turner, 2012). Interestingly, although no mention was made of any alcohol consumption on the part of the perpetrator, he was assumed to be moderately intoxicated, but he was seen as more intoxicated in the conditions in which the victim remained sober. This may have been the result of a contrast effect whereby her impairment in the alcohol conditions made him seem less intoxicated.

Pollard (1992) reviewed research indicating that situational effects on judgments of rape victims are often stronger for men than for women. Although no interaction effects involving gender reached adjusted levels of significance, Perpetrator Force \times Participant Gender interaction effects reached conventional levels of significance in the models testing victim blame ($p = .05$) and perpetrator blame ($p = .036$). In both cases, the simple effect of perpetrator force was significant for men, but not for women. These results should be treated only as suggestive, given that these effects failed to reach Bonferroni-corrected levels of significance and are based on a very small sample of men (discussed more in the following text). In general, women showed more positive victim perceptions than did men, a finding consistent with research showing that women show more empathy toward rape victims than do men (Osman, 2011).

It is encouraging that the perpetrator was seen as more responsible than the victim across all conditions in this experiment. This suggests that people do recognize that when a man has sex with a woman against her will, he is the one primarily to blame, regardless of the behaviors of the woman. However, there was great variability across conditions in judgments of the woman's responsibility. Ignoring the variable of participant gender, victim responsibility means ranged from 2.19 in the condition in which the victim did not drink and the perpetrator used force to 4.46 in the condition in which the victim drank and the perpetrator did not use force. Ratings were made on 1–9 response scales; a mean of 4.46 is nearly at the midpoint of the scale, suggesting a meaningful amount of blame may be directed toward victims of incapacitated rape. (When considering the responses of men and women separately, men gave a very high average responsibility rating of 6.92 in the incapacitated rape condition; however, there were only four men in this cell of the design, a limitation that will be discussed in the following text.) When a woman is held even partially responsible for her own victimization, others may make comments that are perceived by the victim as hurtful and that are detrimental to her recovery (Campbell et al., 2001).

This study should be evaluated in light of some limitations. First, the proportion of men in the sample was very small, with only four men represented in two cells of the design (both conditions in which the perpetrator did not use force). This means that all results involving participant gender should be interpreted cautiously, until such results can be replicated with a larger sample. However, the fact that the observed main effects for gender (lower negative and higher positive judgments of the victim among women than among men) were consistent with those obtained in other studies (e.g., Brown & Testa, 2008; Pollard, 1992) implies that the results obtained in this study were not spurious.

Another limitation of this study involves researcher-derived measures of dependent variables. Although the questions included in this study were based on those used in previous research, they were modified and have not been validated. However, it is common for researchers studying perceptions of sexual violence to create their own measures (e.g., Brown & Testa, 2008; Schuller & Wall, 1998; Sims et al., 2007) because items must usually refer to the specific characters and story presented in the vignette. Internal reliability was high only for the subset of items measuring victim blame. It was adequate for the measure of perpetrator blame, but somewhat low for the measure of positive victim perceptions. Future research should refine these constructs and develop more reliable and valid measures.

Relatedly, the use of written vignettes to elicit judgments does not perfectly correspond to how people make judgments and behave toward actual rape victims. The level of detail provided in a vignette may be more or less than what observers obtain through disclosures from friends or family members, or through media reports. However, one benefit to using third-person written vignettes is that there is less room for interpretation of details than there is in a first-person account. For instance, when it is stated multiple times in a story that the female character expressed disinterest in engaging in sexual activity with the male character, there is perhaps less room to dispute that fact than when a victim states that she did not want to have sex with a perpetrator. The fact that victim alcohol use and lack of perpetrator force increased judgments of victim responsibility despite story details indicating lack of consent suggests that these details may be even more impactful when observers have reason to doubt the credibility or motivations of a victim.

A final possible limitation of this study is the focus on college students. Although college students are a relevant population, it might be more important for future research to target the attitudes and experiences of younger populations. Recent research has shown that 18% of incoming college women experienced incapacitated rape before starting college (Carey, Durney, Shepardson, & Carey, 2015); these women with prior incapacitated rape experience were at higher risk for similar experiences during their first year of college. Most of the incapacitated rape incidents that captured the attention of the media, mentioned in the opening paragraph, featured adolescents rather than college students. It could be important to understand differences and similarities in attributions of responsibility toward high school-age and college-age victims of incapacitated rape, particularly the extent to which these reactions may contribute to risk for future sexual assault.

Despite study limitations, this study has important implications for work with victims of sexual violence, particularly victims of incapacitated rape. This research supports the notion that these victims may face a particularly difficult road to receiving justice and support. Future research using jury simulation procedures might help determine whether the increased attributions of responsibility directed toward an incapacitated rape victim in the current student would extend to a lower likelihood of guilty verdicts in a mock trial. However, the reality is that very few college rapes involving alcohol use are ever reported to

police (Fisher et al., 2000; Kilpatrick et al., 2007), implying that exploring the legal implications of this research might be a moot point until more general perceptions of incapacitated rape victims can be improved. Research and social action might instead focus on highlighting the legitimacy of incapacitated rape as an interpersonal crime for which victims should not be blamed or stigmatized. Such efforts might improve interpersonal reactions toward victims of incapacitated rape, which would have a positive impact on individual victims, and could lead to cultural change which might reduce the incidence of incapacitated rape.

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