Research Article

The Effect of Rape Myth Endorsement on Police Response to Sexual Assault Survivors

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Abstract

The current study used a purposive sample of 517 surveys administered to police officers at one of the five largest and most diverse U.S. cities to assess police adherence to rape myths, while considering demographic, occupational, and neurocognitive predictors. This study also examined rape myth endorsement and self-reported levels of preparedness in responding to sexual assault calls for service. Officer sex and impulsivity were significant predictors of rape myth endorsement. In addition, rape myth endorsement decreased preparedness, whereas prior specialized sexual assault training increased preparedness. Implications for policy, practice, and future research are discussed.

Keywords

police, sexual assault, rape myths, police preparedness, training, impulsivity

Introduction

Police officers possess significant and unfettered discretion in their decision-making in terms of suspect apprehension, investigative progress, and case-processing outcomes (Gottfredson & Gottfredson, 1988). Termed "the most important processing agents" (LaFree, 1981, p. 582), police officers operate as "gatekeepers" who select which sexual assault cases are deemed worthy of subsequent formal processing, investigation, and referral to prosecution (Kerstetter, 1990; LaFree, 1989). Most recently, police officers have received increased scrutiny for shortcomings in response to sexual

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assault cases (R. Campbell et al., 2014; R. Campbell & Fehler-Cabral, 2018; Lonsway & Archambault, 2012; Maddox et al., 2012; Wells, 2016). Scholarly attention given to police officer decision-making concerning sexual assault case processing is both relevant and timely (Alderden & Long, 2016; Alderden & Ullman, 2012; Kaiser et al., 2017; Morabito et al., 2019; O'Neal, 2017, 2019; O'Neal & Spohn, 2017; Spohn & Tellis, 2012, 2014, 2019; Tasca et al., 2013).

Decision-making surrounding sexual assault cases is often influenced by individual attitudes and cognitions (B. A. Campbell et al., 2015; Parratt & Pina, 2017; Sleath & Bull, 2017). The endorsement of rape myths, or "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217), among law enforcement personnel has contributed to case attrition and deleterious outcomes for sexual assault survivors (Goodman-Delahunty & Graham, 2011; O'Neal, 2019; Page, 2007, 2008, 2010; Rich & Seffrin, 2012). For example, though not systemic across agencies, evidence has illustrated how rape myth endorsement has contributed to secondary victimization (R. Campbell, 2008; Maddox et al., 2012; Monroe et al., 2005; Patterson, 2011), diminished perceptions of survivor credibility (Goodman-Delahunty & Graham, 2011; Maddox et al., 2012; O'Neal, 2019; Rich & Seffrin, 2012), and increased survivor blame (Hine & Murphy, 2019; Rich & Seffrin, 2012). Rape myth endorsement has prejudiced police report writing (Shaw et al., 2017), reduced the likelihood that officers will involve an advocate in the investigative process (Rich & Seffrin, 2013), or refer cases to prosecution (Venema, 2019), further exacerbating case attrition and revictimizing survivors.

The present study contributes to the expanding literature on sexual assault case processing by examining the extent and predictors of rape myth endorsement among a sizable, racially diverse, purposive U.S. sample. This research directly informs police response to sexual assault by assessing the manner in which self-reported levels of police officer preparedness in responding to sexual assault calls for service (CFS) are influenced by rape myth endorsement, while considering relevant demographic, occupational, and neurocognitive police-participant factors.

Rape Myths

Rape myths are culturally accepted but misguided beliefs surrounding what constitutes a "real rape," who are "real survivors," and who perpetrates sexual assault (Lonsway & Fitzgerald, 1994). Rape myth endorsement has created an environment, often termed a "rape supportive culture," that accepts and justifies sexual violence, particularly against women (Edwards et al., 2011). Common rape myths fall into three broad categories that include victim masochism ("women secretly desire rough sex"), victim precipitation ("women ask for it," "only certain types of women are raped"), and victim fabrication ("women lie about being raped," "women cry rape"; Burt, 1980; Edwards et al., 2011; Johnson et al., 1997; Koss et al., 1994).

Rape myth endorsement operates at both individual and institutional levels (Edwards et al., 2011; Suarez & Gadalla, 2010). For instance, individual endorsement of rape myths can surface when disclosure responses to survivors include accusations

for precipitating rape as a result of voluntarily sleeping at the perpetrator's residence, deeming it an "open invitation" for victimization (Ahrens et al., 2007, p. 267). Related, news media coverage of sexual assault that almost always features stranger-perpetrated assaults with gratuitous injury (Katz, 2006) has further institutionalized the misperception regarding what constitutes "real rape" and diminished the seriousness of acquaintance-perpetrated rape or rape that occurs without visible injury or the use of a weapon (Estrich, 1987). These institutional messages about "real rape" function as pervasive misinformation campaigns and have influenced both the general public and individuals in positions of decision-making authority. For example, officers in policing institutions have not been immune to messages that proliferate news and social media, entertainment, and gender role socialization (O'Neal, 2019).

Law Enforcement and Rape Myths

The endorsement of rape myths among law enforcement has gained renewed attention among scholars, advocates, and policy makers. Although this program of research has a lengthy history in both criminal justice and victimology (e.g., Barrett & Hamilton-Giachritsis, 2013; Brown & King, 1998; R. Campbell & Johnson, 1997; Feild, 1978; Feldman-Summers & Palmer, 1980; Gottesman, 1977; Hine & Murphy, 2019; LeDoux & Hazelwood, 1985; Lee et al., 2012; Lonsway et al., 2001; Murphy & Hine, 2019; O'Neal, 2019; Page, 2007, 2010; Shaw et al., 2017; Sleath & Bull, 2012, 2015; Venema, 2018, 2019; Wentz & Archbold, 2012), a recent focus on the effects of trauma-informed and survivor-centered criminal justice response to sexual assault has revitalized interest in policing in terms of best practices for suspect apprehension, case processing, survivor cooperation, and well-being (see, for example, U.S. Department of Justice, 2015, for authoritative guidance). One instructive antecedent to case attrition may be rape myth endorsement. Within the broader context, when police officers adhere to rape myths, they may disbelieve or discredit survivors who then experience secondary victimization and, as a result, may discontinue participation in the police investigation (Kaiser et al., 2017). Officers with increased rape myth endorsement may dispose of sexual assault cases due to what the responding officer or investigator identifies as credibility issues focused on survivors who do not meet the standard of an ideal or "righteous victim" (O'Neal, 2019). Studies, however, have noted that rape myth endorsement among law enforcement has been conditioned by demographic and occupational characteristics, such as officer sex, educational attainment, and job experience (e.g., Sleath & Bull, 2017).

Page (2007), for instance, examined rape myth endorsement among 891 police personnel from 11 police and sheriff's departments located in two southeastern states. Findings demonstrated moderately low endorsement of rape myths; officers overwhelmingly agreed, "any woman can get raped" (93%) and "any man can get raped" (66%; Page, 2007, p. 28). Results indicated that women officers and officers with increased education reported significantly lower rape myth endorsement compared with their counterparts. Officers with less experience and limited exposure to rape cases reported significantly increased rape myth endorsement (Page, 2007). More

recently, Rich and Seffrin (2012) assessed rape myth endorsement among 429 police personnel from agencies in the northeastern United States. Police reported moderate levels of rape myth endorsement (Rich & Seffrin, 2012). Women officers, those with more years of experience, higher rank, and those commissioned at larger agencies reported lower rape myth endorsement compared with their counterparts (Rich & Seffrin, 2012).

To date, one study using police participants has examined attitudinal predictors of rape myth endorsement to supplement demographic and occupational correlates. Murphy and Hine (2019) employed a sample of 912 police officers from the United Kingdom to examine the effect of hostility toward women, ambivalent sexism, and the relation between power and sex on rape myth endorsement. Consistent with existing research, men reported higher rape myth endorsement compared with women and officers with prior specialized training reported lower endorsement compared with their counterparts (Murphy & Hine, 2019). In addition, hostility toward women, ambivalent sexism, and the relation between power and sex predicted levels of rape myth endorsement and accounted for a considerable proportion of the variance (Murphy & Hine, 2019). These findings demonstrate the significant role that adverse attitudes toward women play in determining adherence to rape myths (Suarez & Gadalla, 2010). Though this study is an important starting point, the cross-national sample limits generalizability to the U.S. context. Furthermore, examination of additional neurocognitive predictors, such as impulsivity, is appropriate as research has established a relation between police impulsivity and adverse consequences, including the misunderstanding of how trauma operates in survivors of gender violence (Franklin et al., 2020), police officer misconduct (Donner & Jennings, 2014), and unwillingness to report police misbehavior (Donner et al., 2018).

Impulsivity and Rape Myths

Termed "low self-control" in criminal justice and criminology (e.g., Franklin, 2011; Gottfredson & Hirschi, 1990; Schreck, 1999), impulsivity has long been of interest in psychology and the behavioral sciences. This neurocognitive construct has been discussed as symptomatic in behavioral and conduct disorders (Wright & Beaver, 2005), and Gottfredson and Hirschi (1990) have suggested its stable role in predicting behaviors that coincide with crime and deviance (see, for example, Pratt & Cullen, 2000). Scholars have also demonstrated its relation to victimization (Franklin, 2011; Pratt et al., 2014). In their original theory formulation, Gottfredson and Hirschi (1990) posited that self-control (of which impulsivity is a part) is observable in each person. They and others have argued that individuals with low levels of self-control would exhibit limited foresight and planning, little regard for consequences, increased self-centeredness, and limited empathy (e.g., Schreck, 1999). In addition, individuals with self-control deficits would anger easily, possess a strong preference for physical over mental tasks, exhibit limited frustration tolerance, lack diligence, and engage in risky behaviors (Franklin, Bouffard, & Pratt, 2012). This literature is expansive and evidence has supported a robust relation between low self-control and crime,

victimization, and similarly gratifying behaviors (Pratt & Cullen, 2000; Pratt et al., 2014). Although instructive, scholars have generally focused their efforts in assessing self-control among offenders, victims, and the general population. Currently, few studies have examined the role of low self-control and impulsivity on other attitude constructs. Franklin et al. (2012), for example, demonstrated the substantively important role of low self-control in predicting rape myth endorsement in a general population sample, and Menaker and Franklin (2018) found significant relations between self-control deficits and prostitution myth endorsement among college students. Finally, using police participants in a trend analysis, Franklin et al. (2020) examined the role of impulsivity as a self-control construct and its correlation with misperceptions of trauma among law enforcement personnel. Results demonstrated that increased impulsivity produced increased misperceptions surrounding the manifestation of trauma among crime survivors. Given the importance of rape mythology on police decisions in case processing and the notable relation between impulsivity and maladaptive attitudes, continued investigation among police impulsivity and rape mythology is warranted, particularly as this literature has identified significant correlations with low self-control and police misconduct (Donner et al., 2018; Donner & Jennings, 2014).

Rape Myths and Decision-Making

In addition to influencing officer decision-making, the gravity of rape myth endorsement among law enforcement personnel translates to survivor decision-making, specifically the decision to cooperate with formal case processing. Endorsement of rape myths among first responders may facilitate negative responses to sexual assault survivors who present to police after having been victimized. Personnel may respond with skepticism, disbelief, and insensitivity, thus questioning survivor credibility and engaging in secondary victimization (Page, 2010; Rich & Seffrin, 2012). When survivors are met with callous responses, stigma, or doubt, they may refuse to participate or cooperate with police in an investigation that is revictimizing and retraumatizing (Hansen et al., 2018; Kaiser et al., 2017; Maddox et al., 2012).

In terms of police decision-making, rape myth endorsement has negatively biased perceptions of survivors and increased culpability attributions (Rich & Seffrin, 2012; Sleath & Bull, 2012). These perceptions may directly inhibit the police investigative process. Venema (2019), for example, assessed the effect of rape myth endorsement on police decision-making in sexual assault cases among 174 police officers from a midsized, northeastern U.S. agency. Participants were presented with a randomized sexual assault vignette that manipulated perpetrator type and survivor intoxication. Rape myth endorsement predicted decreased legitimacy and credibility afforded to survivors, regardless of case characteristics—attributions that would retraumatize survivors and inhibit cooperation with police. Rape myth endorsement also produced decreased intentions for formal case processing, such as investigative outcomes or suspect arrest, regardless of case characteristics, further exacerbating case attrition.

Law Enforcement and Specialized Training

Efforts to improve police response to survivors have included augmenting existing programming with specialized sexual assault training. An exhaustive review of literature concerning the utility of specialized sexual assault training on police response to survivors produced five studies with inconsistent findings (e.g., Darwinkel et al., 2013; Goodman-Delahunty & Graham, 2011; Lonsway et al., 2001; Sleath & Bull, 2012; Smith et al., 2016).

Lonsway et al. (2001) examined the effects of training in the most methodologically robust design, using a pre- and postevaluation, and reported no significant differences in rape myth endorsement following training. Results from the study did indicate positive behavioral change, such that training completers demonstrated improved performance on simulated sexual assault survivor interviews (Lonsway et al., 2001). More recent studies have reiterated positive outcomes among police samples following exposure to specialized sexual assault training, including decreased rape myth endorsement (Smith et al., 2016) and diminished culpability attributions (Darwinkel et al., 2013). These findings are juxtaposed with studies that demonstrate no significant differences in blame (Sleath & Bull, 2012) or credibility attributions (Goodman-Delahunty & Graham, 2011) among trained and untrained officers. Taken together, inconsistencies within the sexual assault training literature suggest that much remains unanswered regarding the role of prior specialized sexual assault training and its effect, if any, on rape myth endorsement among officers and police response to sexual assault.

Purpose of the Present Study

Research Question 1 (RQ1): Among police participants, what is the extent of rape myth endorsement?

Research Question 2 (RQ2): What police-participant factors predict rape myth endorsement?

Research Question 3 (RQ3): How does rape myth endorsement affect police-participant preparedness in responding to sexual assault CFS?

Method

Participants and Materials

Data employed for the current study were collected from police participants commissioned in a sizable law enforcement agency in one of the five largest and most diverse U.S. cities. Data were collected in August 2016 as part of a larger, federally funded grant project on police response to sexual and family violence.[1] A purposive sample of roll call times at all 14 metropolitan agency substations was selected prior to survey administration. This was based on the anticipated number of officers who would be present at each location, taking scheduled leave into consideration, to maximize participation. Survey administration took place in all 14 metropolitan substations

during 55 roll call meetings. Reminder announcements were made through email by police lieutenants from the Special Victims' Division prior to the scheduled survey administration date to facilitate participation. Roll call times were held from 6:00 a.m.-7:00 a.m., 2:00-3:00 p.m., and from 10:00-11:00 p.m. On the prearranged date, researchers administered paper-and-pencil surveys to police personnel who were present for roll call after reading an institutional review board (IRB)-approved description of the study highlighting the voluntary and anonymous nature of participation. The survey was described as "Police Attitudes about Crime and Victimization" and included sections on officer demographics, experience responding to victims, attitudes toward victims, and familiarity with available resources for victims. Items were presented in set order and completion took approximately 25 min. In total, 633 surveys were returned for a 91.2% response rate. After accounting for missing data on pertinent variables included in this analysis, 517 surveys were retained. Missing data comprised less than 20% of the sample. Little's Missing Completely at Random (MCAR) test (Graham, 2009) confirmed that data used for the present study were missing at random (Little's MCAR $\chi^2 = 99.81$, $df = 87$, $p = .16$), affirming that the use of list-wise deletion would not produce biased estimates. Analyses were conducted using a sample of 517 surveys with complete data retained for bivariate and multivariate analyses and path modeling.

Table 1 presents the demographic characteristics of the police participants. The majority of participants were men and the sample was racially/ethnically diverse such that 38.1% identified as White, 23.4% identified as African American, 26.9% as Latino/a, 8.5% as Asian American/Pacific Islander, .02% as Native American/Alaskan Native, and 2.9% as "other." Furthermore, the majority of participants reported a 4-year degree (40.6%), followed by "some college" (27.7%), graduate school (12.2%), and a high school education (7.5%). Participants averaged 11.62 years of service in law enforcement and the majority (57.4%) reported having responded to between one and five sexual assault CFS in the 12 months prior to survey administration.

Design and Procedure

The current study was concerned with two primary outcome variables of interest: rape myth endorsement and preparedness in responding to CFS.

Rape Myth Endorsement was captured using Payne et al.'s (1999) 20-item Illinois Rape Myth Acceptance–Short Form (IRMA-SF), which has been validated with excellent reliability ($\alpha = .832$). Items were captured on a 6-point, Likert-type scale from 0 (*strongly disagree*) to 5 (*strongly agree*) and included statements such as "Many women desire to be raped" and "It is usually only women who dress suggestively that are raped." Items were summed to create a scale from 0-100 where increased values represented increased rape myth endorsement.

Preparedness in Responding to Sexual Assault CFS was measured using two researcher-created items that asked, "How prepared do you feel to respond effectively to CFS for sexual assaults involving strangers?" and "How prepared do you feel to respond effectively to CFS for sexual assaults involving intimate partners?" Responses

Table 1. Demographic Characteristics of Participants.

Variables	*n*	%	*M* (*SD*)	Range
Officer sex	517			
Male	458	88.6		
Female	59	11.3		
Race/ethnicity				
White	197	38.1		
African American	121	23.4		
Latino/a	139	26.9		
Asian/Pacific Islander	44	8.5		
Native American/Alaska Native	1	0.2		
Other	15	2.9		
Educational attainment				
High school	39	7.5		
Some college	143	27.7		
Two-year degree	62	12		
Four-year degree	210	40.6		
Graduate school	63	12.2		
Years of service	—	—	11.62 (9.77)	0.33–40.50
Number of sexual assault calls in previous 12 months				
None	153	24.3		
1–5	357	56.7		
6–10	75	3.8		
11–20	24	3.3		
21 or more	21	3.0		

were captured on a 6-point, Likert-type scale from 0 (*very unprepared*) to 5 (*very prepared*). The two items were subjected to exploratory factor analysis (EFA), which produced one factor with an eigenvalue greater than 1 that accounted for 93.45% of the variance. Factor loadings were both .967. The two items were summed and titled *preparedness in responding to sexual assault CFS*. Responses ranged from 0-10 where higher numbers represented increased preparedness. Internal consistency reliability was excellent ($\alpha = .926$).

Independent variables. Prior Specialized Sexual Assault Training was captured using six binary items that reflected various types of specialized sexual assault training. Items asked participants to indicate participation in training (no = 0, yes = 1) that included having received "any specialized training" (a) "on the investigation of sexual assault" (no = 49.3%, yes = 50.7%), (b) "on victim sensitivity" (no = 29.6%, yes = 70.4%), (c) "on the trauma of victimization" (no = 44.5%, yes = 55.5%), (d) "on crime victims' reactions and behaviors in dealing with their victimization" (no = 45.5%, yes = 54.5%), (e) "in identifying drug-facilitated sexual assault" (no = 78.3%, yes = 21.7%), and (f) "in identifying the role of alcohol and/or intoxication in sexual assaults"

(no = 68.1%, yes = 31.9%). The six items were subjected to EFA, which produced one factor with an eigenvalue greater than 1 that accounted for 60.61% of the variance. Factor loadings ranged from .656-.843. The six items were summed to create an index from 0-6, where higher numbers represented increased participation in specialized sexual assault training. Internal consistency reliability was excellent ($\alpha = .870$).

Participant impulsivity was captured using the four-item impulsivity subscale of Grasmick et al.'s (1993) widely used low self-control measure. Four items were measured on a 6-point, Likert-type scale from 0 (*strongly disagree*) to 5 (*strongly agree*) and included the items, "I act on the spur of the moment without stopping to think," "I do things that bring me pleasure here and now, even at the cost of some future goal," "I devote time and effort to preparing for the future," and "I base my decisions on what will benefit me in the short run rather than the long run." The four items were subjected to EFA, which produced one factor comprising three items with an eigenvalue more than 1, accounting for 47.28% of the variance.[2] Factor loadings on three items ranged from .480-.798. Items were reverse coded and were summed to create an impulsivity index from 0-15; increased values represented increased impulsivity. Internal consistency reliability was adequate ($\alpha = .655$).

Control variables. Officer sex was a binary variable (*men* = 0, *women* = 1). Race/ethnicity was a categorical variable (*White* = 0, *African American* = 1, *Latino/a* = 2, *Asian American/Pacific Islander* = 3, *Native American/Alaskan Native* = 4, and *Other* = 5) and was recoded into four dummy variables: "White," "Latino/a," "African American," and "Other," with "White" as the reference category.[3] Educational attainment was an ordinal variable (*high school* = 0, *some college* = 1, *2-year degree* = 2, *4-year degree* = 3, and *graduate school* = 4). Years of service was a continuous variable ($M = 11.62$, $SD = 9.77$). Number of sexual assault calls in the previous 12 months asked participants to indicate "How many sexual assault calls have you responded to in the last 12 months?" Responses were captured on an ordinal scale (*none* = 0, *1–5* = 1, *6–10* = 2, *11–20* = 3, *21 or more* = 4].

Analytic Strategy

This analysis proceeded in three stages. First, a zero-order correlation matrix, means, and standard deviations, were reported for the dependent, independent, and control variables. Next, a multivariate ordinary least squares (OLS) regression model was estimated to predict rape myth endorsement among police participants.[4] Semi-partial correlation coefficients were reported to estimate the unique variance accounted for by each significant variable on rape myth endorsement. Finally, path modeling in AMOS 22.0 assessed the relation between officer sex, impulsivity, rape myth endorsement, and prior specialized training on preparedness in responding to sexual assault CFS in a multivariate context, controlling for years as a police officer and number of sexual assault CFS responded to in the previous 12 months. The magnitude and direction of significant path coefficients are interpreted in light of model fit indices for the proposed path model.[5]

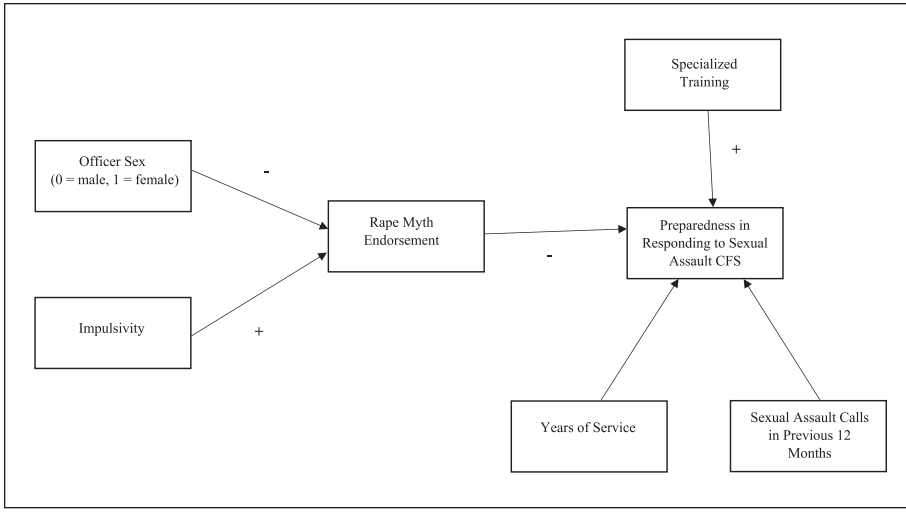

Figure 1. Hypothesized path model.

Hypothesized Path Model

Figure 1 presents the proposed path model. Hypotheses formulated predict that path analyses will support the model presented in Figure 1:

Hypothesis 1: Officer sex will directly predict decreased rape myth endorsement.
Hypothesis 2: Impulsivity will directly predict increased rape myth endorsement.
Hypothesis 3: Rape myth endorsement will predict decreased preparedness in responding to sexual assault CFS.
Hypothesis 4: Prior specialized sexual assault training will directly predict increased preparedness in responding to sexual assault CFS.

Results

Zero-Order Correlation Matrix, Means, and Standard Deviations of Study Variables

Table 2 presents the results of the bivariate correlation matrix, means, and standard deviations for the study variables. First, there was a moderate positive, significant relation between impulsivity and rape myth endorsement, $r_s(515) = .36$, $p = .000$. Impulsivity was negative and significantly related to preparedness in responding to sexual assault CFS, $r_s(515) = -.18$, $p = .000$, although this relation was weak. Additional significant positive, but relatively weak relations emerged between years of service and preparedness in responding to sexual assault CFS, $r_s(515) = .20$, $p = .000$; between number of sexual assault calls in the previous 12 months and preparedness in

Table 2. Summary of Correlations, Means, and Standard Deviations for Study Variables.

Measure	1	2	3	4	5	6	7	8
1. Officer sex	—							
2. Educational attainment	.15**	—						
3. Years of service	−.13**	−.06	—					
4. Sexual assault CFS	.02	−.00	−.33**	—				
5. Specialized training	.07	.19**	−.12**	.12**	—			
6. Impulsivity	.00	−.01	−.10*	.02	.01	—		
7. Rape myth endorsement	−.13**	.02	−.09*	.06	.02	.36**	—	
8. Preparedness in responding to CFS	−.00	.05	.20**	.10*	.19**	−.18**	−.15**	—
M			11.62		2.85	3.63	21.45	8.03
SD			9.77		2.21	3.01	10.91	1.91

Note. For all scales, higher scores are indicative of more extreme responding in the direction of the constructed assessment. CFS = calls for service.
*Correlation is significant at the $p < .05$ level (two-tailed). **Correlation is significant at the $p < .01$ level (two-tailed).

responding to sexual assault CFS, $r_s(515) = .10$, $p = .019$; and between prior specialized sexual assault training and preparedness in responding to sexual assault CFS, $r_s(515) = .19$, $p = .000$. There was a weak significant, negative relation between officer sex (*male* = 0, *women* = 1) and rape myth endorsement, $r_s(515) = -.13$, $p = .005$. In addition, a weak significant, negative relation between years of service and rape myth endorsement emerged, $r_s(515) = -.09$, $p = .044$. Finally, there was a weak significant, negative relation between rape myth endorsement and preparedness in responding to sexual assault CFS, $r_s(515) = .15$, $p = .001$.

Multivariate OLS Regression Model Predicting Rape Myth Endorsement

Table 3 presents the results of the multivariate OLS regression model predicting rape myth endorsement, while independent and control variables were entered simultaneously. The 20-item rape myth endorsement index was regressed on prior specialized sexual assault training, police impulsivity, and demographic and occupational controls. The regression equation was significant, $R^2 = .21$, $F(9, 507) = 15.18$, $p < .001$, and explained 21% of the variance in rape myth endorsement. In terms of demographic characteristics, officer sex (*men* = 0, *women* = 1) was a significant, negative predictor of rape myth endorsement, $b = -0.12$, $t = -2.95$, $p = .003$, such that women reported decreased endorsement of rape myths compared with men. "Other" race/ethnicity ($N = 0$, $Y = 1$) was a significant, positive predictor of rape myth endorsement, $b = 0.14$, $t = 3.27$, $p = .001$, suggesting that officers who identified as "Other" race/ethnicity reported increased endorsement of rape myths compared with White officers. Finally, impulsivity was a significant, positive predictor of rape myth endorsement, $b = 0.40$, $t = 10.01$, $p = .000$,

Table 3. Multivariate Ordinary Least Squares Regression Model Predicting Rape Myth Endorsement.

Variables	*b*	β	*t*-ratio
Officer sex	−4.09	−0.12	−2.95**
Black	0.25	0.01	0.22
Latino/a	2.03	0.08	1.84
Other	4.75	0.14	3.27**
Educational attainment	0.55	0.06	1.46
Years of service	−0.03	−0.03	−0.68
Sexual assault CFS	0.66	0.05	1.33
Specialized sexual assault training	−0.19	−0.04	−0.95
Impulsivity	1.44	0.40	10.01*
Constant	14.50		8.81*
Model *R*		.46*	
R^2		.21*	
F		15.18*	

Note. CFS = calls for service.
*$p < .05$. **$p < .01$.

suggesting that increased impulsivity predicted increased endorsement of rape myths. To further clarify these relations, semi-partial correlations were calculated and indicated that officer sex accounted for 1% of the variance in rape myth endorsement. Approximately, 15.5% of the variance in rape myth endorsement was accounted for by impulsivity and 2% of the variance in rape myth endorsement was accounted for by "Other" race/ethnicity.

Hypothesized Path Model Testing

Path modeling was used to position variables in a multistage context. Path analysis calculates regression coefficients for each specified path while considering previous path coefficients in a single analysis and produces model fit indices that allow for confidence when interpreting the direction and magnitude of significant path coefficients (Kline, 2005). The hypothesized path model presented in Figure 1 was tested using AMOS 22.0. The hypothesized model was recursive and properly overidentified. Assessment of model fit relies upon multiple fit indices, and while no single value should be used independently to do so, standards exist for interpreting the range of values appropriate for accepting or rejecting a model (see Gau, 2010). Model testing produced a good fit to the data, $\chi^2(14) = 29.23$, $p = .010$, although fit statistics demonstrated strong model fit when compared with the independent model (comparative fit index [CFI] = 0.924, Tucker–Lewis index [TLI] = 0.886, root mean square error of approximation [RMSEA] = 0.046, and adjusted goodness-of-fit index [AGFI] = 0.968; Hu & Bentler, 1999).[6] Standardized regression coefficients for the hypothesized model are presented in Figure 2.

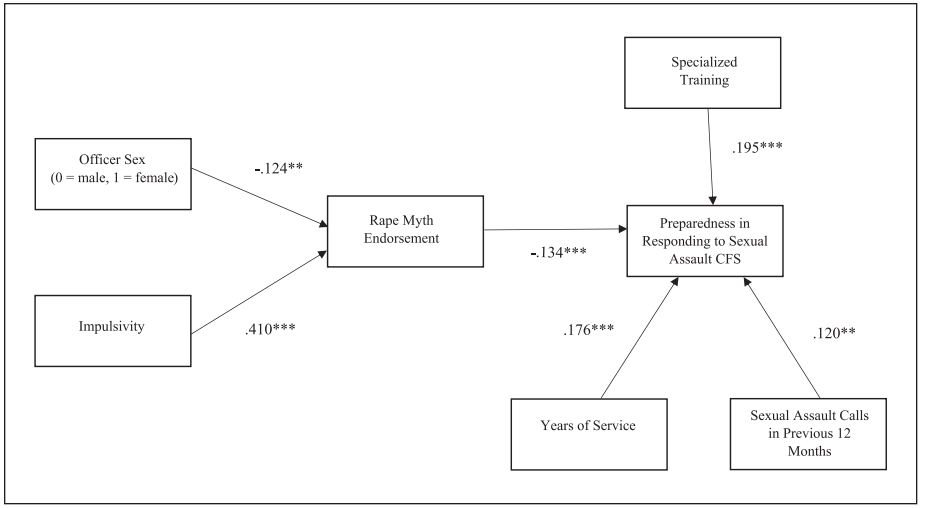

Figure 2. Full path model.
Note. $\chi^2 = 29.23$, $p < .010$, CFI = 0.924, TLI = 0.886, RMSEA = .046, AGFI = 0.968.
CFI = comparative fit index; TLI = Tucker–Lewis index; RMSEA = root mean square error of approximation; AGFI = adjusted goodness-of-fit index.
*$p < .05$. **$p < .01$. ***$p < .001$.

Several path coefficients emerged as both significant and substantively relevant. Hypothesis 1 was supported as officer sex (*male* = 0, *women* = 1) predicted decreased rape myth endorsement, $b = -.124$, $p < .01$, such that women reported lower levels of rape myth endorsement compared with men. In addition, Hypothesis 2 was supported where impulsivity predicted increased rape myth endorsement, $b = .410$, $p < .001$, such that increased impulsivity produced increased rape myth endorsement. Findings from the path model reiterate the results presented in the multivariate OLS regression model. In addition, rape myth endorsement predicted decreased levels of preparedness in responding to sexual assault CFS, $b = -.134$, $p < .001$, supporting Hypothesis 3. Furthermore, prior specialized sexual assault training predicted increased levels of preparedness in responding to sexual assault CFS, $b = .195$, $p < .001$, supporting Hypothesis 4. Finally, control variables were significant and substantively meaningful in that years of service, $b = .176$, $p < .001$, and the number of sexual assault calls in the previous 12 months, $b = .120$, $p < .01$, predicted increased levels of preparedness in responding to sexual assault CFS.

Discussion

Police response to sexual assault remains a significant concern as research has documented areas for improvement (see R. Campbell & Fehler-Cabral, 2018; O'Neal, 2019; Spohn & Tellis, 2012). According to the results presented above, these shortcomings are, in part, the result of attitudes that manifest in the form of rape myth

endorsement among police officers (Parratt & Pina, 2017; Sleath & Bull, 2017). The present study employed a purposive sample of 517 paper-and-pencil police-participant surveys administered to commissioned officers at one of the five largest and most diverse U.S. cities to examine demographic, occupational, and neurocognitive predictors of rape myth endorsement. In addition, this study contributed uniquely to the broader program of research by considering the manner in which rape myth endorsement influenced preparedness in responding to sexual assault CFS. Several findings are worthy of additional discussion.

First, results presented here demonstrate levels of rape myth endorsement among police personnel below the scale midpoint (RQ1). This finding reiterates previous studies examining rape myth endorsement among other police officer samples (Mennicke et al., 2014; Page, 2007, 2008; Sleath & Bull, 2012). Despite the positive nature of this finding, however, research has noted that *any* endorsement of rape mythology is problematic for survivors who formally report, given the unique position of police personnel who make decisions about how to formally proceed with a case (Sleath & Bull, 2012; Spohn & Tellis, 2012, 2014). This has meaningful repercussions for survivors who are disbelieved and blamed and subsequently suffer deleterious physical and mental health consequences. These experiences of secondary victimization can inhibit cooperation with police and participation in the formal criminal justice process (Patterson, 2011). From a policy standpoint, police agencies may benefit from educational programming that focuses on dismantling rape myths as existing studies have demonstrated promising results (Darwinkel et al., 2013; Smith et al., 2016). Future research should continue to assess rape myth endorsement among police with a focus on supplementing quantitative findings with qualitative assessments such as face-to-face interviews with open-ended questions, focus groups, or through the use of case notes as rape myths may exist in more covert behaviors (Shaw et al., 2017). In addition, it would be interesting to consider the tenure of law enforcement when assessing rape myth endorsement through these methods.

Second, the present study was concerned with identifying participant factors that predicted rape myth endorsement (RQ2). Findings demonstrated the significant role of officer sex in endorsing rape mythology, where men reported increased rape myth acceptance compared with women. This finding has been robust in past research, both among general population samples (Anderson et al., 1997; Suarez & Gadalla, 2010) and among police personnel (Feild, 1978; Murphy & Hine, 2019; Page, 2007, 2008; Rich & Seffrin, 2012). Broadly speaking, women police practitioners have reported decreased rape myth endorsement, improved responses to rape survivors, increased involvement in sexual assault–focused training, and increased enthusiasm in working with advocates as compared with their male counterparts (Rich & Seffrin, 2014). Given the salience of sex as a predictor of rape myth endorsement, law enforcement agencies would benefit from structuring sexual assault training in ways that facilitate interactive, small group, single-sex discussions concerning attitudes surrounding gender-based violence. Katz's (2006) Mentors in Violence Prevention (MPV) has reported success in creating safe learning environments where participants can candidly deconstruct rape mythology and other gender violence misconceptions without judgment

from colleagues and vice versa. These types of learning environments are conducive to dialogue and have been implemented in other masculine institutions, including branches of the U.S. military, college athletic teams, and university fraternity organizations. Using this approach, Katz (1995, 2006) reported improved knowledge and attitudes as it pertained to violence against women.

Results from the multivariate OLS regression model also identified impulsivity as the strongest predictor of rape myth endorsement. Impulsivity and the broader construct of self-control has consistently predicted crime and analogous behaviors (e.g., Franklin, Bouffard, & Pratt, 2012; Pratt & Cullen, 2000) and increased victimization risk (Franklin, 2011; Franklin, et al., 2012; Pratt et al., 2014). Thus, the present finding is not surprising, given the nature of impulsivity as characteristic of immediate gratification, concrete thinking, and delayed consideration of consequences. This finding, however, is among the first in a developing body of literature that has linked impulsivity with attitudinal outcomes, including prostitution myth endorsement (Menaker & Franklin, 2018), rape mythology in general population samples (Franklin et al., 2012), and trauma misperceptions among law enforcement personnel (Franklin et al., 2020). It would be fruitful to examine the important role that impulsivity may have among police personnel as it pertains to attitudes and decision-making related to formal justice intervention concerning gender violence survivors.

Finally, Research Question 3 was concerned with police preparedness in responding to sexual assault CFS, while considering officer sex, rape myth endorsement, impulsivity, and prior specialized sexual assault training. Results from the multivariate OLS regression analysis and the path model presented above have identified the substantively meaningful effect of rape myth endorsement on decreased levels of preparedness in responding to sexual assault CFS. This finding is particularly interesting, given the low mean score on rape myth endorsement among this officer sample, affirming the compelling negative effects of rape mythology on police responses to sexual assault CFS. This finding emphasizes that even low levels of rape myth endorsement can translate to adverse responses for sexual assault survivors. It is noteworthy that findings from the path analysis demonstrated the potential utility of prior specialized sexual assault training as a significant predictor of increased levels of preparedness in responding to sexual assault CFS. This finding lends support to some of the existing literature that specialized training has improved police responses to sexual assault survivors (Ask, 2010; Darwinkel et al., 2013; Franklin et al., 2020; Sleath & Bull, 2012; Smith et al., 2016).

Although instructive, findings from the current study are not without limitations. First, data comprise responses from a purposive sample of police personnel commissioned in a large, metropolitan agency located in one of the five largest and most diverse U.S. cities. Results should be interpreted accordingly. Future research should continue to assess rape myth endorsement and officer preparedness among police personnel employed by smaller, more homogeneous agencies and those located in rural and suburban jurisdictions. Moreover, the present body of literature on rape myth endorsement has generally focused on how these adverse attitudes affect female survivors of sexual assault. It would be interesting to consider the role of

rape myths and police response to male survivors of sexual assault. In addition, it is worth mentioning that police responses from this study may be biased by social desirability (Singleton & Straits, 2010), particularly the construct of preparedness in responding to sexual assault CFS, given that officers may not want to report being underprepared to perform their duties. In addition, police officers may hesitate to report undesirable beliefs, particularly if they are covert in nature and/or are pertaining to the behavior of sexual assault survivors. Given this, rape myth endorsement reported among police participants is a conservative estimate of rape mythology in this sample. Finally, this study examined police perceptions of preparedness in responding to sexual assault CFS and not actual responses. There is a large body of psychological and criminological literature that has identified the degree to which behavioral intentions to act predict actual behavior (Fishbein & Ajzen, 1975; Kim & Hunter, 1993); thus, posing these types of questions can be reliable mechanisms for predicting participant behavior. Nevertheless, results should be interpreted with some caution.

Despite these limitations, findings from the present study provide implications for both policy and practice. Existing research has noted shortcomings in police responses to sexual assault (R. Campbell et al., 2014; Lonsway & Archambault, 2012; Maddox et al., 2012; Spohn & Tellis, 2012, 2014), particularly as a result of rape myth endorsement (Goodman-Delahunty & Graham, 2011; Mennicke et al., 2014; O'Neal, 2019; Page, 2007, 2008, 2010; Rich & Seffrin, 2012, 2014; Shaw et al., 2017; Venema, 2019). The present study was the first of its kind not only to examine demographic, occupational, and neurocognitive predictors of rape myth endorsement among police participants, but also to consider the influence of rape myths, along with other factors, on preparedness in responding to sexual assault CFS. The aforementioned results, however, demonstrate that when police adhere to misconceptions surrounding "appropriate" rape survivor behaviors, officers feel significantly less prepared to appropriately respond to these CFS. Findings from the current study call for change across law enforcement agencies and highlight the consequential role that rape myth endorsement has on advancing officer preparedness in responding to sexual assault incidents.

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Notes

1. Data were collected prior to the beginning of the 2016-2017 training cycle.
2. The item "I devote time and effort to preparing for the future" was removed from the final impulsivity index.
3. For analytic purposes, officers who identified as Asian American/Pacific Islander, Native American/Alaskan Native, and Other were collapsed into the dummy variable "Other."
4. Variables were entered simultaneously to estimate a standard regression equation, rather than sequentially, as the present study was conducted to determine the direction and magnitude of relations between the independent and control variables on the dependent variable and was less concerned with a change in the variance explained as predictor and control variables were entered sequentially (Tabachnick & Fidell, 2007).
5. Prior to estimating the statistical models, SPSS, Version 22.0, was used to screen the data for skewness and kurtosis. Estimates fell within the acceptable range and did not exceed the recommended cutoff values of 3.0 and 8.0, respectively (Kline, 2005). Multicollinearity diagnostics were also evaluated. Tolerance values ranged from .765-.984 and variance inflation factors (VIFs) ranged from 1.01-1.31, indicating that multicollinearity was not a problem (Belsey et al., 1980; Tabachnick & Fidell, 2007).
6. A good fitting model will typically yield a comparative fit index (CFI) of .95 or higher, a Tucker–Lewis index (TLI) of .95 or higher, a root mean square error of approximation (RMSEA) of .06 or less, and an adjusted goodness-of-fit index (AGFI) of .90 or higher (Hu & Bentler, 1999; Kline, 2005). Although the chi-square goodness-of-fit test was a poor fit, structural equation modeling (SEM) experts have noted that it should not be given much weight, particularly in the light of large samples and strong fit statistics (Gau, 2010).

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