

Adolescent Femininity Ideology Predicts Rape Myth Acceptance in Male and Female First-Year Students at a South African University

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Declaration

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Abstract

My study investigated the relationship between adolescent femininity ideology and rape myth acceptance. Specifically, I investigated whether adolescent femininity ideology predicts rape myth acceptance in a sample of 382 male and female first-year university students between the ages of 18 and 22 in South Africa. Convenience sampling was used, and data was collected using an online survey. The survey contained questions on basic biographical information, the Adolescent Femininity Ideology Scale (AFIS), the Adolescent Femininity Ideology Scale for Boys (AFIS-B), and the updated version of the Illinois Rape Myth Acceptance Scale (IRMA-MV). Multiple regression analysis assessed whether adolescent femininity ideology could predict rape myth acceptance. The results indicate that adolescent femininity ideology is a predictor of rape myth acceptance in males, with scores on the AFIS-B predicting 33% of the variance of scores on the IRMA-MV ($p < .00$). The AFIS was not a significant predictor of scores on the IRMA-MV for females, indicating that femininity ideology does not predict rape myth acceptance in females. Females' and males' scores on the IRMA-MV differed significantly ($p < .00$). It is evident in the current sample that males are more likely than females to accept rape myths; however, the overall scores on the IRMA-MV were relatively low, indicating that in general there is a rejection of overt rape myths.

Keywords: rape myth acceptance, femininity, adolescent femininity ideology, objectification theory, gender-based violence

Opsomming

My studie het die verwantskap tussen adolessente feminiteitsideologie en die aanvaarding van verkrachtingsmite ondersoek. Daar is spesifiek ondersoek gedoen of adolessente feminiteitsideologie die aanvaarding van die verkrachtingsmite in 'n steekproef van 382 manlike en vroulike eerstejaar-universiteitstudeante tussen die ouderdomme van 18 en 22 jaar in Suid-Afrika voorspel. Gerieflikheidssteekproefneming is gebruik en data is met behulp van 'n aanlyn opname ingesamel. Die opname het vrae gehad oor basiese biografiese inligting, die Adolessente Feminiteitsideologieskaal (Adolescent Femininity Ideology Scale, AFIS), die Adolessente Feminiteitsideologieskaal vir Seuns (Adolescent Femininity Ideology Scale for Boys, AFIS-B), en die bygewerkte weergawe van die Illinois Verkrachtingsmite-aanvaardingskaal (Illinois Rape Myth Acceptance Scale, IRMA-MV) bevat. Meervoudige regressie het bepaal of adolessente feminiteitsideologie die aanvaarding van verkrachtingsmite kon voorspel. Die uitslae het daarop gedui dat adolessente feminiteitsideologie die aanvaarding van verkrachtingsmite by mans kon voorspel, met tellings op die AFIS-B wat 33% van die afwyking van tellings op die IRMA-MV ($p < .00$) voorspel het. Die AFIS was nie 'n beduidende voorspeller van tellings op die IRMA-MV vir vroue nie, wat daarop dui dat feminiteitsideologie nie die aanvaarding van verkrachtingsmite by vroue voorspel nie. Vroue en mans se tellings op die IRMA-MV het beduidend verskil ($p < .00$). Dit is in die huidige steekproef duidelik dat mans 'n groter waarskynlikheid toon om verkrachtingsmites te aanvaar, maar oorkoepelende tellings op die IRMA-MV was relatief laag. Dit dui daarop dat daar grootliks 'n verwerping van owerste verkrachtingsmites is.

Sleutelwoorde: aanvaarding van verkrachtingsmite, feminiteit, adolessente feminiteitsideologie, objektiveringsteorie, geslagsgebaseerde geweld.

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Chapter 1

Introduction and Motivation for Research

Rape is an ongoing, disastrous social problem that occurs in the daily lives of women worldwide and especially in South Africa. This problem instils fear in women and creates situations in which women may not feel safe leaving their house alone, often choosing to carry pepper spray, small pocket knives and other small weapons in their purses to protect themselves against potential attacks. South Africa has often been referred to as the ‘rape capital’ of the world due to the exponentially high rates of rape reported (Wilkinson, 2014).

In August 2019, Uyinene Mrwetyana, a 19-year-old student at the University of Cape Town, was brutally raped and murdered. This assault sparked an uprising in which women marched in the streets of South Africa in support of Uyinene and all other women who have been the victims of gender-based violence such as rape and murder (Nkanjeni, 2019). Hashtags such as #AmINext and #EnoughIsEnough depict the fears that women are experiencing on a daily basis, which are not unfounded based on the statistics available.

For the year 2019/2020, 42 289 rapes and 7 749 other forms of sexual assault were reported in South Africa (AfricaCheck, 2020). Between April and June 2021, 10 006 rapes were reported, which showed an increase of 72.4% when compared to the previous reporting period (South African Government, 2021). Interestingly, when compared to reported rapes prior to the lockdown, the number has increased by 2.8%, which indicates that the majority of the rapes that are being reported are not being committed by strangers, but by intimate partners and other acquaintances nearby. These results indicate that rape scripts and rape myths, while widely accepted, are perhaps inaccurate and do not cover the reality that women are being raped in their homes by partners and acquaintances, rather than when they go out to bars, for example. The statistics reported here may be vastly different from the actual number of rapes, as a large percentage of rapes go unreported. The underreporting of rape may be due to societal factors, such as not being believed, a fear of being blamed, a fear of the social stigma attached to being raped, and a fear of the conviction process that may follow (Steyn & Steyn, 2008). These fears highlight the importance of the stereotypes that surround rape, also known as rape myths or rape scripts.

Rape myths and rape scripts have been studied since the 1970s, and have been shown to enhance rape proclivity (Edwards et al., 2011). The current fear experienced by women could be perpetuated by rape myths, as they emphasise that factors such as wearing short

skirts and going out with friends for drinks at a bar are risk factors for rape (McMahon & Farmer, 2011). These examples show that a lot of the fear that surrounds rape is underlying victim blaming and shaming, which is experienced by many victims of rape (Vonderhaar & Carmody, 2015). This blaming often comes from authorities, such as police, parents or teachers, which may make women less likely to disclose rape or report incidents of rape (Weiss, 2010).

Rape myths are grounded in feminist theory that focuses on women and their stereotyped social roles (Lonsway & Fitzgerald, 1994). Rape myths emphasise that there is a sexist foundation to men and women's lives, namely femininity ideology. Femininity ideology determines how women should think, act and/or behave according to the societal and cultural norms surrounding them (Bearman et al., 2009; Tolman & Porche, 2000). These ideologies have been resisted by women, as they highlight the patriarchal power that has been established by these norms, often holding women to a lesser standard than that of men (Bartky, 1990). The sexist underpinnings of power differentials, otherwise known as patriarchy, have dictated the ways in which women should behave, think, speak and act, the work they can and cannot do, as well as how their bodies 'should' look (Impett et al., 2006).

As many of the rape myths centre on women going out drinking and being alone after a certain time, it is important to look at university students' behaviours. University students are generally of legal drinking age and begin to enjoy independence and freedom away from their parent's homes. Carr and Vandeusen (2004) observed that the acceptance of rape myths and rape proclivity is enhanced by alcohol abuse. Rape occurs on university campuses globally and is often not reported to the authorities (Finchilescu & Dugard, 2018). These low levels of reporting may be due to rape myths, a lack of trust in authorities, or fears of the consequences of reporting (Finchilescu & Dugard, 2018). In South Africa, Finchilescu and Dugard (2018) discovered from their survey that 171 incidents of rape were reported by students at the University of the Witwatersrand in Johannesburg. These figures show the rate at which gender-based violence occurs on university campuses. It is important to note that most of these assaults occurred after the consumption of alcohol or drugs. Furthermore, Steenkamp (2010) revealed that, from a sample of 1 679 students at Stellenbosch University, female victims indicated a higher prevalence rate of the possible contribution of alcohol in attempted or completed rape. University students thus offer a unique sample in that there often are high rates of alcohol and drug use, which have been linked to higher rates of rape myth acceptance.

1.1 Gaps in the current literature

The traditional norms that surround femininity ideology and rape myth acceptance are based on societal influence and stem from patriarchal norms that influence both factors. The relationship between rape myth acceptance and adolescent femininity ideology is yet to be studied. By exploring whether there is a relationship between adolescent femininity ideology and rape myth acceptance among university students in South Africa, this study's results will begin to close the gap in the current literature.

1.2 Purpose of this study

The main purpose of this study was to determine whether adolescent femininity ideology predicts rape myth acceptance among university students in South Africa. By expanding the current literature arising from research on rape and rape myths in South Africa, this study attempts to explore whether the beliefs that underlie femininity ideology also perpetuate the beliefs of rape myth acceptance. The prevalence of rape across South Africa highlights a need for awareness and attempts to reduce the occurrence of sexual aggression. The findings of this study may highlight areas in which the likelihood of sexual aggression could be reduced. It is necessary to understand the underlying ideologies and attitudes toward rape and other acts of gender-based violence.

Previous research has indicated that gender is an important factor in determining rape myth acceptance, with males consistently reporting higher rates of acceptance than females (Diedericks, 2003; McMahon, 2013). The focus of this study was to determine whether gender ideologies (specifically femininity ideology) influence the acceptance of rape myths among both male and female first-year students.

The knowledge produced by this study may be important in developing rape-prevention and education programmes that may combat factors related to rape. This study also seeks to increase the current knowledge and research in the field of femininity ideology and rape myth acceptance. By increasing knowledge, a greater understanding of femininity ideology and rape myth acceptance may decrease the stigmatisation that victims feel post-assault. Furthermore, a greater understanding of the factors that influence rape myth acceptance may create positive changes in how rape victims are perceived by various elements of society, from the familial level of the victim to the broader levels of society, such as schools and tertiary institutions, as well as government levels, such as the police and law. I hope that this study will enhance our understanding and recognition of the underlying

ideologies and norms that may enhance rape myth acceptance and rape proclivity. The enhanced understanding may further educate people and bring about change that could begin to prevent further sexual assaults from occurring. Factors that prevent rape, such as strategies to reduce violence against women, need to be the focus of prevention, rather than awareness, campaigns if there will ever be a reduction in the rates of rape (Shushan, 2014). These factors and strategies can only be developed if there is an understanding of the many ways in which rape occurs and the numerous factors contributing to rape.

1.3 Definition and clarification of key concepts

The following terms are central and pertinent to this study and therefore are defined.

1.3.1 Rape myth acceptance

Rape myths and rape scripts are false beliefs about rape. These ideas provide a foundation that is mutually reinforcing and enhances victim-blaming. Rape myths and rape scripts are the prejudicial, negative and stereotyped beliefs about what rape is, the types of people who are raped, and the events that surround rape (Hockett et al., 2016). Rape myths were originally defined by Burt (1980), and further expanded on by Lonsway and Fitzgerald (1994). This work created the current definition that is used in this study, namely that rape myths are the widespread, “prejudicial, stereotyped and false beliefs about rape, rape victims and rapists” that serve to deny and justify sexual aggression toward women (Burt, 1980, p. 217).

1.3.2 Proclivity for rape

Proclivity for rape is a concept that identifies the likelihood of a male raping a woman if presented with an opportunity to do so without being caught or experiencing any consequences that may follow the assault. This proclivity relies on self-report measures and is only able to identify a willingness to rape, not the intention to act of rape itself (Bohner et al., 2010).

1.3.3 Rape

In South Africa, a rapist (in the South African Criminal Law Sexual Offences Amendment Act of 2007) is defined as “any person (‘A’) who unlawfully and intentionally commits an act of sexual penetration with a complainant (‘B’), without the consent of B, ... is then guilty of the offence of rape” (Du Toit, 2017, p. 381). The current definition of rape focuses on consent, which also includes the masculinising and patriarchal values that deem

the rapist to be masculine, and the victim as feminine, regardless of their respective genders (Du Toit, 2017). To further elaborate on this definition, the World Health Organization (Krug et al., 2002, p.149-150) defines rape as including:

rape within marriage or dating relationships; rape by strangers; unwanted sexual advances or sexual harassment, including demanding sex in return for favours; sexual abuse of children; forced marriage or cohabitation, including the marriage of children; and violent acts against the sexual integrity of women, including female genital mutilation and virginity testing, and forced prostitution and trafficking of women for sexual exploitation.

For the purposes of the present research, rape is limited to the aforementioned definition, which includes rape of a female victim by a male perpetrator.

1.3.4 Gender-based violence

Gender-based violence is any form of violence that includes, but is not limited to, “physical, sexual, and psychological abuse from intimate partners, sexual violence by nonpartners, sexual abuse of girls, and acts such as trafficking women for sex” (Dunkle et al., 2004, p. 230). This form of violence has been linked to the unequal status of women compared to men and has led to women being more likely to be the victims of violence. Gender-based violence also includes threats of any form of violent act, coercion or deprivation of freedom in either public or private life (United Nations General Assembly, 1993).

1.3.5 Intimate partner violence

The World Health Organization defines (WHO) intimate partner violence as “behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours” (WHO & London School of Hygiene and Tropical Medicine, 2010). Various factors increase the risk of intimate partner violence, such as low education rates, a history of child maltreatment, exposure to trauma, emotional abuse, attitudes condoning marital violence, alcohol use, traditional sex-role ideology and any career or life stressors (Stith et al., 2004; World Health Organization [WHO], 2017).

1.3.6 Femininity ideology

Femininity ideology is a “form of oppression of girls and women and a fundamental component of patriarchy” (Tolman & Porche, 2000, p. 366). Femininity ideology rests on the

way in which girls are socialised (Tolman & Porche, 2000). Adolescent femininity ideology refers to the ideas or beliefs that surround what it means to be a 'woman' and dictates what it means to be feminine (Schepers & Zway, 2012). These beliefs are based on traditional gender roles and beliefs that disproportionately and negatively affect women. Femininity ideology is a form of sexism and mandates how girls should speak, think and behave, what work they can and cannot do, and how to act and behave in ways that are deemed culturally acceptable (Tolman & Porche, 2000). The measure used to assess these beliefs in the current study is the Adolescent Femininity Ideology Scale (AFIS), which identifies the negative conventions associated with femininity ideology, namely objectified relationship with body and inauthentic self in relationships.

1.3.7 Objectified relationship with body

Having an objectified relationship with one's body can be defined as basing one's value solely on one's body. This view is based on self-objectification, which occurs through the internalisation of the 'male gaze' or 'third-person' perspective. Often, the self-objectification occurs through images portrayed in magazines, on television and on the internet as standards of beauty (Economou, 2012; Impett et al., 2010b). This relationship occurs when girls recognise that they are evaluated based on their bodies or body parts and is often directly linked to their experiences of self-worth (Impett et al., 2010b).

1.3.8 Inauthentic self in relationships

Being inauthentic in relationships has been defined as an incongruence between how a person thinks and feels, and what they say and how they act (Soller, 2015). The inauthenticity in relationships is based on the idea that girls realise early in relationships that they need to silence their thoughts, needs and desires if they are to behave as women (Impett et al., 2006). To avoid conflict and potentially hurting others, women tend to silence their needs and desires (also known as 'silencing the self'), and thus become inauthentic in their relationships (Wenzel & Lucas-Thompson, 2012).

1.4 Thesis layout

This chapter has provided an introduction to the present study and highlighted current gaps in the literature that need to be addressed. The purpose of this study is given, and key concepts are defined and clarified before a discussion of the layout of the thesis. The layout of the thesis following this introduction is as follows:

Chapter 2 will provide an overview of the current literature on adolescent femininity ideology and rape myth acceptance. The chapter explores these concepts separately and highlights various physical and mental health problems that may arise as a result of adhering to these attitudes and beliefs. Important research that has centred on adolescent femininity ideology and rape myth acceptance highlights the need for research such as this study to further conceptualise the ways in which rape myth acceptance is understood and perpetuated in society. The literature review provides a foundation for the rest of this study by informing the reader of the various contributing factors that may underlie rape myth acceptance and as will be shown, perhaps rape proclivity and ideas surrounding gender-based violence in South Africa.

Chapter 3 outlines the theoretical framework, namely objectification theory, which was used to understand and discuss the results of this study. This chapter explains current theories that have been used to understand rape myth acceptance, such as radical feminist theory and intersectional feminism. Furthermore, the chapter explains the shortfalls of these theories in understanding both adolescent femininity ideology and rape myth acceptance.

Chapter 4 explains this study's research question and the methodology utilised in the current study. The research aims and objectives of the study are discussed. Participant recruitment, as well as a description of the participants, is presented, before a discussion of the measurement instruments – the updated version of the Illinois Rape Myth Acceptance Scale, the Adolescent Femininity Ideology Scale, and the Adolescent Femininity Ideology Scale for Boys. A discussion of the procedures that underlie the study follow the measurement instruments, highlighting the ethical considerations that underscored the entire study and the statistical analysis that was done.

Chapter 5 presents the results of the current study, along with the analysis and interpretation of the data.

Chapter 6 provides an overview of the main results of the study and discusses these in relation to the current literature in the field. The limitations of the current study and recommendations for future research are presented.

Chapter 7 provides a summary of the study and concludes the research.

Chapter 2

Literature Review

In a climate of rape culture and of telling woman how they should behave, there has been considerable research that has investigated both adolescent femininity ideology and rape myth acceptance. To understand how women are constrained by society, a brief outline of how gender is constructed, both internationally and in South Africa, is provided. The construction of gender can be viewed as a scale, with hegemonic masculinity on the one side and femininity on the other. The literature on which the focus falls in this review of gender pertains specifically to femininity ideology, and in particular adolescent femininity ideology. Adolescent femininity ideology comprises two separate but linked concepts, namely objectified relationship with body, and authenticity in relationships. As there is an inherent ‘belief’ that women should act and behave in a certain way (Tolman et al., 2016), this leads to a discussion of the relevant literature on rape culture and rape myth acceptance (RMA). The discussion on RMA is centred on sexism, bystander attitudes, and social norms. These factors give rise to how RMA manifests in sexual assault and rape cases, and this issue is reviewed briefly. The mental health and physical consequences of RMA are discussed, before concluding by showing the link between adolescent femininity ideology and RMA and the importance of studying both concepts as a unified construct. It is important to mention that, due to the limited scope of this literature review, male rape and male sexual assault, male rape myths, and “corrective sex” practices are excluded. These topics are important and should be studied; however, they deserve focused attention rather than a brief paragraph in a literature review focused on femininity and female rape.

2.1 The social construction of gender

In early childhood, parents and family members begin to construct gender norms and stereotypes for the child. These gender norms and stereotypes often dictate how the child dresses, what toys are ‘acceptable’ for the child to play with, and which emotional states (such as aggressive outbursts or crying) are appropriate for the child to have (Mahalik et al., 2005). These constructs are taught early in childhood and are maintained throughout the course of adolescence and adulthood (Kilroe, 2009). Gender and sex are entirely different constructs. The difference is that gender is constructed through various narratives and discourses in society, while sex is a biological trait to which the gender is assigned (Shakya et al., 2019). Sex is the binary (male or female) term that is assigned to a new-born based on its

genitalia. The way in which people relate to their gender has implications throughout adolescence and adulthood. While gender role attitudes are taught in early childhood, they are solidified in early adolescence (from the ages of 10 to 14) (Yu et al., 2017).

Tolman et al. (2016) state that gender should be understood as a socially constructed system of ideologies about masculinity and femininity. Masculinity and femininity are two gender constructs that can be viewed on a straight line. On the one side, we have an ideology that dictates how boys and men should act or behave (Tolman et al., 2016), whilst on the other side, we have the ideology of how girls and women should behave or act. Femininity ideology will be reviewed in a later section.

Traditional forms of masculinity have been constructed and place men as the breadwinners and protectors of their female partners, whilst continuing to have and explore any sexual urges for women and to avoid any behaviours deemed 'feminine' (Tolman et al., 2016). Examples of feminine thoughts and actions are crying, being sexually attracted to men, or having strong emotional connections to men (Tolman et al., 2016). There has been a strong disregard for these feelings, however, as 'traditional' or 'hegemonic' views have started to evolve and become more accepting of these feelings and behaviours (Akotia & Anum, 2012; Tolman et al., 2016).

Gender ideologies are constructed through the narratives and practices of society. The narratives and practices that surround gender are most often transferred from dominant discourses in society down to a familial and then individual level (Kilroe, 2009). The dominant discourses may also enable people to create meaning in their lives and may influence how gender is moulded, as well as how gender norms and gender identity are inherited from society (Kilroe, 2009). Schepers and Zway (2012) further elaborate on the dominant discourses by stating that gender and sexuality are relational and are constructed through narratives of power and passivity. These narratives of power and passivity are thus constructed through views of patriarchy.

Boakye (2009) states that socialisation and the process of socialisation have been acknowledged as the primary settings for the creation and maintenance of patriarchal and gender-stereotypical beliefs. The dominant discourses that are entrenched in society are established through patriarchal systems and affect women and men differently (Brady et al., 2016). It should be noted that one woman's experiences cannot be equated with those of another (Le Maire et al., 2016). As culture, religion, education and experiences all affect

one's beliefs surrounding gender (Le Maire et al., 2016), it is important not to cluster peoples' experiences under an umbrella of patriarchal gender inequality. By focusing on how culture, race, class and gender affect the lives of women, and by clustering these experiences under gender inequality, the narratives of women are ignored and their voices silenced in various ways (Le Maire et al., 2016). The silencing of voices stems from patriarchal systems that have led to the oppression of women. One such example of a country where there are high rates of gender inequality caused from a system of patriarchy that affect women's lives is South Africa.

2.2 The social construction of gender in South Africa

South Africa has high rates of gender inequality that translate into problems of violence, such as gender-based violence, intimate partner violence and rape, to name a few. Segalo (2015) reasons that there is a form of intersectionality that has generated an oppressive and discriminatory system in the form of racism, sexism, and homophobia. The intersectionality that has occurred in South Africa has largely been a result of the oppressive system of apartheid, which was abolished in 1994.

During the time when political parties such as the African National Congress (ANC) were fighting to abolish the system of apartheid, there were unions such as the ANC Women's League that were fighting against gender-based violence and challenging patriarchal issues at a political level (Segalo, 2015). The fight against patriarchy has been emphasised by Akala and Divala (2016), who state that the fight against patriarchal ideologies of femininity has been occurring for decades. In an unequal society where males are at the centre of decision-making, women sought to bring about change and gender equality (Akala & Divala, 2016). The overthrow of the apartheid regime was also believed by many women to be the overthrow of patriarchy (Hassim, 1991). The patriarchal systems that oppress women meant that women were to be seen and not heard. Men were to be seen in the public sphere, while women were only to be seen in the private sphere (Hassim, 1991). Women were essentially silenced during apartheid due to various barriers in the political sphere that separated women from men (Hassim, 1991). However, it was not only during apartheid that women were silenced; even in today's political climate of patriarchy, women also are not heard or listened to in decision-making (Hirschauer, 2014). Bhana and Pillay (2018) state that women's ability to exercise their power and create different versions of femininity is limited by various resources, such as social, cultural, and material resources.

In line with the political constructs that have become entrenched in the communities and have established the social construction of gender, Moffett (2006) argues that the established patriarchal order in South Africa has been maintained through the use of rape and sexual assault. The patriarchal values are further found in South Africa in terms of femininity ideology, which has ensured male dominance throughout society (Akala & Divala, 2016). By placing males at the forefront of decision-making, sexist practices and beliefs are passed down to communities from the political level. The practice of passing down beliefs about gender from a male-dominant point of view enshrines a community in gender unequal relations. Gender inequality is further sustained through social establishments, such as religious and cultural systems within communities (Akala & Divala, 2016).

Religious and cultural systems perpetuate gender inequality in several ways. Religious institutions such as churches hold traditional values based on a scripture. These scriptures outline moral behaviours that should be upheld by members of the religion and are passed down to their children and future generations. Heath and Sperry (2021) established that religiosity is positively correlated with both RMA and victim blame, indicating that religiosity is a substantial predictor of RMA. When people are reminded of their values it may increase empathy, and as such reduce victim-blaming by potentially increasing positive affect and more favourable judgements of the victim (Heath & Sperry, 2021). The religious values that are part of a larger cultural system can be passed down and, throughout generations, become more traditional values that become rooted in culture. Boakye (2009) found that participants were influenced by the traditional values and beliefs of the culture, rather than the specific religion to which they belong. This finding is supported by Palm (2018), who found that religious beliefs legitimated gender constructs that indirectly support gender-based violence in a South African sample. As can be seen, gender inequality, as well as rape myths, can be perpetuated by religious and cultural beliefs and practices.

Cultural and religious systems are not the only establishments that maintain gender inequality, but so do universities and higher education in South Africa. As GBV is a prominent problem in South Africa, changes need to be made beyond the political level and in spaces such as universities and other learning institutions (Akala & Divala, 2016). The male gaze that influences a variety of factors in women's lives also has implications for where they feel comfortable on university campuses. Signs of dominance and patriarchy, such as the male gaze and other sexual gestures, often mean that women are socialised to be uncomfortable in places such as campus bars. Ngabaza et al. (2018) found that students

reported that places such as the campus bar, which was identified as hyper-masculinised, were occupied mainly by men and, through the male gaze and sexual gestures from these patrons, women felt uncomfortable sitting in these places. The lack of perceived access to these spaces created a lack of sense of belonging in South Africa (Ngabaza et al., 2018).

Fraternity and sorority membership has been shown to establish normative expectations of behaviour and shape attitudes in men and women (Allison & Risman, 2013; Hayes et al., 2016). Universities can enable 'sexual freedom' and expressions of sexuality on the one hand and, on the other, perpetuate gender inequality, violence and fear (Bhana & Pillay, 2018). Expressions of sexuality and 'sexual freedom' should be a part of every woman's daily life; however, this has not been the case due to the patriarchal ways in which women have been silenced and told how to behave, act, and think. The silencing and objectification of women through the male gaze has been linked to gender inequitable beliefs and ideologies of how women should or should not behave and has important implications for the daily lives of women.

2.3 Adolescent femininity ideology

Femininity ideology is a form of sexist beliefs and practices and is stated by Tolman and Porche (2000, p. 366) to be a "form of oppression of girls and women and a fundamental component of patriarchy". Femininity ideology is the belief that women should act and behave in certain ways that are deemed 'feminine' and culturally acceptable (Tolman & Porche, 2000). Femininity constructs can be viewed as the ways in which girls are socialised and are the basis of the development of a girl's body image and sense of self-esteem (Tolman & Porche, 2000). The socialisation process that occurs dictates how girls should think, speak, and behave, and extends to the type of work they may or may not do (Bearman et al., 2009). These beliefs are viewed as blatant or hostile sexism and have been modified slightly to more subtle forms.

Tolman and Porche (2000) studied femininity ideology in adolescent girls and developed the Adolescent Femininity Ideology Scale (AFIS). Adolescent femininity focuses on two components, namely 'silencing the self' and an 'objectified relationship with body' (Tolman & Porche, 2000). These components will be looked at separately, as each has implications for how girls think, act, and behave.

2.3.1 Inauthentic self in relationships

The definition of inauthenticity is that there is incongruence between what an individual says and how they act, and their thoughts and feelings (Soller, 2015). Mental health problems such as depression and low self-esteem are potential harms that may occur from inauthenticity in the development of adolescents (Wenzel & Lucas-Thompson, 2012).

The inauthenticity of a girl's thoughts and how she behaves around others, such as her parents, friends, and her significant other (known as relational authenticity), has been the focus of most studies on inauthenticity (Wenzel & Lucas-Thompson, 2012). The influence of the adolescent or woman's social and cultural surroundings has been seen in relationship inauthenticity, as it is a socialised process (Soller, 2015). Parents' gender ideology may contribute to inauthenticity, as individuals may feel pressurised to act in ways they deem fit for their parents' beliefs, even if these actions do not align with their own thoughts (Wenzel & Lucas-Thompson, 2012). The relationship that appears to matter the most for girls is the relationship with her parents, especially when there is an open discussion of thought and feelings (Theran, 2011). Family and peers are able to influence relationship inauthenticity via cultural reinforcement processes (Soller, 2015), such as those mentioned above in the construction of gender.

Inauthenticity has been shown to have numerous negative mental health outcomes, such as depression and low self-esteem (Theran, 2011), and negative physical outcomes, such as unwanted pregnancy, sexually transmitted infections or diseases, and HIV/AIDS. At a public university in the United States, the role of authenticity in relationships and condom usage in women was studied by Impett et al. (2010a). The results of this study indicate that women who had higher levels of authenticity in their relationship were more likely to express their feelings about pregnancy and their desires about condom usage. In South Africa, a country where HIV and unplanned pregnancy are at unprecedented highs, lower rates of condom usage due to inauthenticity in relationships will have severe implications (Iyun et al., 2018; Statistics South Africa, 2018). The socialisation of girls and women is thus extremely important; if they are socialised to express their desires and voice their opinions, higher rates of condom usage are possible, which would then lower the rates of STIs, STDs, HIV, and unplanned pregnancy (Impett et al., 2006). The power dynamics of patriarchal societies in which most women live could be changed if adolescents are socialised to be more authentic overall, not solely in their relationships.

Lower levels of depressive symptomology and greater levels of self-esteem have been linked to authenticity in relationships (Wenzel & Lucas-Thompson, 2012). To be authentic in a relationship, women need to be comfortable enough and feel empowered enough to be able to be who they ‘really’ are and say what they feel (Impett et al., 2010b). An example of this would be a woman being authentic in her relationship by communicating her feelings and beliefs to her partner about not wanting to have children but rather wanting to pursue a career.

When women are inauthentic in relationships and silence their needs and desires according to societal constructs of femininity, they may begin to listen to the ways society deems they should look and thus internalise and embody societal objectification (Impett et al., 2006).

2.3.2 Objectified relationship with body

The societal objectification of women has led to women having an objectified relationship with their bodies. When girls realise that they are valued for their bodies or body parts only, they begin to form an objectified relationship with their bodies (Hirschman et al., 2006; Lindberg et al., 2006). Current beauty standards as shown in magazines, on television, on the internet, and on social media sites such as TikTok and Instagram all can enhance the objectification of adolescent girls and women (Economou, 2012; Impett et al., 2010b). Often, the images that are presented are based upon the idealised type of woman, which is thin, highly sexualised, and white (Biefeld et al., 2021). As Biefeld et al. (2021) show, the sexualisation of women (by use of sexualised clothing) is not as salient as body size on stereotypes of women. Sexualised images are related to higher rates of sexualised gender stereotypes in women (Biefeld et al., 2021). If women are endorsing sexualised gender stereotypes more than men, they may be more susceptible to accepting the negative physical and mental health implications that may arise. As will be shown, these media sources have important implications for women in terms of physical and mental health outcomes.

Media sources such as the internet, television and magazines have been shown to alter perceptions of women as sexual objects in both men and women (Fox et al., 2013, 2015). Fox et al. (2015) discovered that the sexualisation of avatars would increase women’s experiences of self-objectification and dehumanisation in comparison to women who had no exposure to these. These findings are supported by Karsay et al. (2018), who showed that video games and/or online media led to stronger self-objectification effects when compared to watching

television. Media sources are viewed as external sources of objectification to which women are subjected.

External experiences of objectification by others may become internalised and cause girls to begin to self-objectify themselves (Bearman et al., 2009). Adolescent girls between the ages of 14 and 16 were reported to have higher levels of body shame and body surveillance than did adolescent boys. Body dissatisfaction is linked to an objectified relationship with the body, which incorporates both body shame and body surveillance. Body dissatisfaction may cause problems such as eating disorders, excessive dieting, depression, and low self-esteem (Knauss et al., 2008; Tiggemann & Slater, 2015). Jones and Griffiths (2014) observed in a systematic review that self-objectification is linked to depression in men and women, such that there is an increase in depression when there is an increase in self-objectification, hence the constructs co-vary. One of the causes of body dissatisfaction has been linked to the sexual objectification of women (Bearman et al., 2009; Knauss et al., 2008).

2.4 Adolescent femininity ideology and health-related consequences

The structure of femininity ideology, in particular the objectified relationship with body, poses problems for females, especially adolescent females who are learning to navigate their sexual selves. One of the major problems that arise from femininity ideology is depression.

2.4.1 Depression

Depression has many causes and women are more susceptible to depression than men. One of the contributing factors to women's depression is the acceptance of patriarchal norms that are put in place by men in society (Shakya et al., 2019). These norms, as established under the section on femininity, create an objectified relationship with one's body, as well as inauthentic selves in relationships, both of which can contribute negatively to a young woman's mental health. As explained earlier, the internalisation of the body ideal from the media and society places pressure on the satisfaction adolescent girls and women experience with their bodies, leading to a state of higher objectified body consciousness (Knauss et al., 2008).

In a study conducted by Tiggemann and Slater (2015) with young adolescents, it was found that self-objectification was significantly correlated with body shame and depressive

symptoms. While this study was conducted with a sample of girls with an average age of 11.6 years, the effects may still be seen later in adolescence and into adulthood. These findings are similar to those reported in the longitudinal study conducted by Impett et al. (2010b), which found that internalising an observer's perspective on the body led to depressive symptoms. It is worth mentioning that a girl who is experiencing depressive symptomology and has a negative self-evaluation may internalise sexualising messages more, thus leading to a bidirectional relationship (Impett et al., 2010b).

Inauthenticity in relationships and not being able to feel like one's true self, as well as silencing thoughts within that relationship, can have significant effects on the levels of depression felt by adolescent girls. As relationships are important for growth and development, any form of inauthenticity in these relationships may lead to depression and self-esteem issues (Theran, 2011). Wenzel and Lucas-Thompson (2012) focus on dispositional authenticity, which is being one's true self within and beyond the confines of relationships and found that higher rates of dispositional authenticity were linked to lower depressive symptomology. While relationships are important for growth and development, it appears that dispositional authenticity affects all areas of well-being from depression to issues with self-esteem.

Having an objectified relationship with one's body and being inauthentic in all areas of life, including relationships with peers and parents, is linked to an increase in depressive symptoms, particularly in adolescent girls and women. As these factors are influenced by culture and society, there is an inherent need for reform in the way women are viewed and treated. Szymanski (2020) found that there was a direct effect of sexual objectification on depression. Sexual objectification is indirectly related to depression through self-blame. Self-blame therefore is a negative issue that arises with sexual objectification and habitual body monitoring (Szymanski, 2020). If women are blaming themselves for sexual objectification and are constantly monitoring their bodies according to the perceived notion of the 'ideal' body type, they are more likely to be depressed and suffer from eating disorders (Saunders et al., 2020; Szymanski, 2020)

2.4.2 Eating disorders

Eating disorders are often caused by dissatisfaction with one's body and by self-esteem problems (Saunders et al., 2020). Muehlenkamp and Saris-Baglama (2002) established a relationship between self-objectification and disordered eating, especially

restrictive eating. Social media has been linked to body dissatisfaction among adolescents and adults and through higher objectified body consciousness (where there is an increased focus on one's body, whether it be size, shape, food intake, etc.), it was established that this body objectification can cause negative consequences, one of them being eating disorders and body dissatisfaction (Knauss et al., 2008). However, in a more recent study by Saunders et al. (2020), in which the use of social media was analysed, in particular, selfies in the recovery process of 15 women by using both helpful (humanising) and hurtful (objectifying) selfies, it was discovered that objectified content in photographs were detrimental to recovery of eating disorders while more humanising features were seen as promoting health among participants. While social media can cause harm in terms of objectifying women and causing women to strive for a 'perfect' body, it can also be used as a tool to help women recover from various eating disorders and as will be seen in the next section, from self-esteem problems.

2.4.3 Self-esteem problems

One of the major problems of body objectification is that of lowered self-esteem. Lowered self-esteem has been reported as a negative consequence for women who experience dissatisfaction with their bodies (Strelan & Hargreaves, 2005). With body awareness being linked to the internalisation of media ideals, the role social media plays in the 21st century needs to be looked at.

Social media has taken various forms, most of which encourages users to post photos of themselves (mainly using selfies). Selfies and the like may lead to negative effects on individuals' body image, which may, in turn, lead to self-esteem problems (Veldhuis et al., 2018). With approximately 86% of individuals aged 18 to 29 using social media, the link between posting pictures of oneself and the effects this can have on body image is very important to study (Veldhuis et al., 2018). Gillen (2015) established that there were positive correlations between positive body image and higher self-esteem, fewer depressive symptoms, and fewer unhealthy dieting behaviours, among other factors, in women and men. Similar results were found by Pop (2016), who focused on self-esteem and objective variables (BMI) and subjective variables (body image) in college women. She found that there was a significant correlation between body image dissatisfaction and low self-esteem, while self-esteem was negatively correlated with BMI and there was no statistical significance. Thøgersen-Ntoumani et al. (2011) established that self-esteem acts as a buffer against the negative effects of self-objectification with heightened appearance evaluation in active female university students. Thus, if self-esteem is correlated with body image, it is

increasingly important to look at how technology influences the body image of adolescents and adults.

As the use of technology increases, so do studies on the effects that this technology may have on people's mental health. Often, the use of social media leads to an objectified view of women. This can be either objectifying others or themselves by seeing women with the 'ideal body' as portrayed through platforms such as Instagram. As Knauss et al. (2008) discovered, the internalisation of the 'media ideal' predicts body dissatisfaction in adolescent girls. Many women tend to self-sexualise after use of or exposure to media (Ward et al., 2018). The link between media and self-sexualisation and self-objectification has been shown to have other negative implications, such as the acceptance of rape myths.

One of the components that may lead to the acceptance of rape myths and, inevitably, rape is the objectification of adolescent girls and women (Vance et al., 2015). The importance of physical appearance and sexual functions is due to the internalisation of sexual objectification or a 'third person' perspective of their body (Davidson et al., 2015). Rape myths are often supported based on a woman's outward appearance. The sexualisation and objectification of women based on their outward appearance, specifically what they wear, may be enough to blame women for their rape if they are wearing revealing clothing (Burt, 1980). In a study conducted by Bernard et al. (2015), it was found that sexual objectification did not increase victim blaming; however, participants who were in a sexually objectified condition were less likely to blame the rapist in the case of stranger rape. There is a power struggle between men and women that is indicated by the sexual objectification of women, as well as sexist attitudes leading men to oppress women (Impett et al., 2010b; Knauss et al., 2008).

Greater levels of RMA and higher levels of self-objectification were experienced by women who played avatars in virtual environments (Fox et al., 2015). Victim blaming/victim shaming has been linked to greater levels of RMA in women and may have negative implications, as women may be more attuned to victim blaming (Buddie & Miller, 2001). Video game consumption has been linked to RMA via interpersonal aggression and hostile sexism (Fox & Potocki, 2015). Ferguson and Colwell (2020) furthered the research about whether sexualisation in games has an influence on sexist attitudes and reduced empathy. Their results show that sexualised videogames were not correlated with sexist attitudes or empathy after controlling for trait aggression. The authors suggest that there is a

possibility that sexualised videogames may lead to players reflecting on issues related to sexualisation and be more inclined to reject sexism in real life (Ferguson & Colwell, 2020). Beck and Rose (2021) found a decrease in RMA over time when exposed to sexual objectification and violence against women in videogames, further emphasising the view that, while previous research has been linked to higher levels of RMA, current research no longer supports these ideas. Research needs to focus on other ways in which RMA is affected. RMA has been linked to rape culture and victim blaming that arises as a result of this culture.

2.5 Rape culture

Victim blaming stems from the acceptance of rape myths and rape scripts and has resulted in rape culture. When rape and sexual assault are normalised and thus excused, it can be defined as rape culture (Marshall University Women's Center, 2019). Rape culture and 'lad' culture have been used synonymously in research, as they both depict a culture of sexual pursuit and physical and sexual harassment and violence against women at university (Phipps et al., 2018). Rape myths are biased toward women, and blaming the victim after the rape may perpetuate rape culture (Aronowitz et al., 2012). The understanding of rape has been influenced by studies on rape myths and RMA, which have been researched since the 1970s (Edwards et al., 2011).

The culture of victim-blaming that stems from rape myths may prevent the charges of rape against the accused being laid, as the victim will find herself in a state of self-doubt when attempting to report the rape (Orth et al., 2020). Rape culture in South Africa highlights how patriarchal systems are upheld, as well as the ways in which women are seen as nothing more than the object of men's desire (Mashabela & Kheswa, 2020). Rates of reported rape appear very low at universities across South Africa (Gordon & Collins, 2013; Mashabela & Kheswa, 2020). However, this may be due to how victims are 'heard' by the institution based on the policies surrounding sexual assault and violence (Gordon & Collins, 2013).

Protests such as #Endrapeculture have highlighted how institutions in South Africa have failed to address their policies surrounding sexual assault that may perpetuate rape culture within the institution (Orth et al., 2020). These protests have sparked public interest in the various ways in which sexual assault and rape may be swept under the rug (Orth et al., 2020).

Social and cultural norms create a scope through which one can view daily life and have been shown to affect rape culture (Aronowitz et al., 2012; Bohner et al., 2006; Deming et al., 2013). Universities can be viewed as microcosms of broader society and may provide spaces for cultural and social norms that may differ from what people have grown up with at home (Finchilescu & Dugard, 2018). Social and cultural norms dictate the acceptable rules that limit and/or guide behaviour (Bohner et al., 2006). These norms assert that men should be outspoken, dominant, assertive, and the breadwinner (Akotia & Anum, 2012). In contrast, women are expected to be maternal, nurturing, quiet, and submissive (Akotia & Anum, 2012; Mahalik et al., 2005). These underlying beliefs may influence both RMA and femininity ideology. If a girl is expected to behave in certain ways, it is a form of inherent sexism – as proposed by feminist theory (Bearman et al., 2009). Brady et al. (2016) reveal that 52% of studies focused on femininity ideology found alcohol use to be linked to the acceptance of femininity ideology or norms surrounding femininity. The submissive trait of femininity was the predictor of high levels of alcohol use, and restrictive behaviours such as bulimia (Brady et al., 2016). Alcohol use, sexist attitudes and femininity ideology may be related to RMA on college campuses, and perhaps even to rape proclivity.

2.6 Rape myth acceptance

RMA, rape proclivity, rape and sexual assault are highly prevalent on university and college campuses and they can thus be a prime breeding ground for these atrocities (Hockett et al., 2016). Women's unfettered use of these spaces is restricted, as these 'safe' spaces are often grounded in patriarchal and social norms (Aronowitz et al., 2012). The way in which these campuses further the patriarchal systems subscribing to common rape myths is by stating that women should have a 'buddy system', which affects the ways women behave and are supposed to adhere to these norms (Aronowitz et al., 2012). Sexist beliefs in society may be underscored by RMA as an ideology, and this is detrimental as it may perpetuate rape (Merken & James, 2019). Yapp and Quayle (2018) conducted a systematic review which found that the perpetration of sexual violence by males on females may be perpetuated by RMA. Studies in South Africa may not replicate the same findings, as these studies were conducted exclusively in the USA.

2.7 Social norms

Social norms affect the ways in which people in society view themselves and others. These are sets of beliefs and values that influence and guide behaviour. Religion is one of the

norms that affect how people relate to daily life, and how people relate to gender and sexuality (Palm, 2018). Boakye (2009) found that religion was the least significant factor contributing to RMA. Palm's qualitative study contrasts with these findings and describes the effect that religion can have on campus rape culture and how religion structures the hierarchical gender roles in relationships. The gender roles described show that girls need to be 'protected;' in order to do so, however, they need to have boyfriends. This idea is known as protective paternalism and is emphasised in religious communities (Angelone et al., 2018). Prina and Schatz-Stevens (2019) found that religion was the main contributor to sexism in their Italian sample; however, in their United States sample, both religion and education were found to affect RMA. Similarly, in Nigeria, religious and cultural values were found to affect the responses to the RMA scale, with women having lower mean scores than men (Fakunmoju et al., 2021).

Women's perceived submissiveness as dictated by social and cultural norms surrounding RMA may teach women to take responsibility for their own assault (Deming et al., 2013). As Fakunmoju et al. (2020) found in Nigeria, women are supposed to remain 'pure'; in this purity they balance the effects of men's sexual indiscretion. The women are seen as the moral police of sexual behaviours of other women, while men's sexual indiscretions or behaviours are looked over or even ignored (Fakunmoju et al., 2020). Women generally rely on other women as support systems; however, when problems such as rape are discussed, discourses surrounding the event may become cloudy. New norms and beliefs are created from each member's experience when women disclose their personal experiences to their friends or social circle (Deming et al., 2013). These new norms and beliefs affect the disclosure of assault, as it influences the beliefs of the women and the script becomes confusing on whether the assault can be classified as rape or merely a situation that got 'out of hand' (Deming et al., 2013). The confusion and uncertainty surrounding this discourse create problems in women's views of themselves and whether they would report their assault to the police (Aronowitz et al., 2012; Deming et al., 2013). Often, women will abide by the social norms that surround them, which means that it is possible that they will take responsibility for their assault and will not report their case to the police. The social norms that surround women create an environment in which men are negated of almost all of the responsibility on the assault of women based on RMA.

Acquaintance rape is another situation in which RMA affects how women are treated when they disclose their assault. The main idea behind acquaintance rape is that it cannot be

deemed rape, as rape can only happen with a violent stranger (Aronowitz et al., 2012). Acquaintance rape highlights rape scripts that are present in society, which may not be covered by RMA scales, since these scales focus more on stranger rape. The acceptance of rape myths may further victim blame, as acquaintance rape may not fit the current ideas of an ‘actual’ rape (Gravelin et al., 2019).

2.8 The evolution of RMA

Women have always been viewed as ‘less’ than men, never having equal standing in terms of gender equality at home or, as time went on, in the workplace (Matthews et al., 2018). Rape myths have been present for many decades now, as they exonerate the perpetrator and, in a country where a patriarchal hierarchy is present and most perpetrators of rape being male, rape myths justify the status quo (Matthews et al., 2018).

Overt and highly visible rape myths are often denied in surveys and other measures but, as Zidenberg et al. (2021) revealed in their research, these ideas are still present in subtle forms that may present themselves when people speak. When rape myths are presented in a blatant form, such as those in various scales, they may be easier to deny, even if there are more subtle forms of those rape myths that are believed (Zidenberg et al., 2021). Due to the shifting and evolving nature of social norms and practices, rape myths evolved from something that was highly accepted in communities, especially in males, into something more subtle yet still widely accepted. As more and more women fight for equality across all aspects of their life, attitudes and beliefs such as RMA begin to change into more subtle forms that are able to go unnoticed and often are left unchecked (Zidenberg et al., 2021). It thus can be postulated that the justification and perpetuation of rape myths have evolved and shifted into more subtle forms, as can be seen with sexist attitudes.

2.9 RMA and sexism

RMA rests on sexist attitudes. The idea of sexist attitudes has evolved since the commencement of rape myths. It has moved from hostile and benevolent sexism to ambivalent sexism that is not as apparent (McMahon & Farmer, 2011). Based on the increasing knowledge people have about the beliefs surrounding how women and men should behave, rape myths began to evolve and thus there was a need to create an updated measure to assess rape myths (McMahon & Farmer, 2011). Ambivalent and subtle sexism is the unequal, unobservable treatment of women that can be regarded as normal behaviour; it is not

direct, blatant, or intended attitudes and behaviours toward women (McMahon & Farmer, 2011). The more sexist attitudes and behaviours persist via hidden or subtle sexism, the more likely there will be greater RMA, victim blaming, and reduced rapist blaming and sentencing (Chapleau et al., 2007; McMahon & Farmer, 2011).

Hostile and benevolent sexism has been directly linked to RMA (Aronowitz et al., 2012; Buddie & Miller, 2001; Burt, 1980; Carr & Vandeuken, 2004; Chapleau et al., 2007; Deming et al., 2013; Grubb & Turner, 2012; Hockett et al., 2009; Yapp & Quayle, 2018). The effects of benevolent sexism (specifically sexist attitudes such as power disparity, heterosexual relations, and gender differentiation) have been positively linked with RMA (Chapleau et al., 2007). Similarly, Gravelin et al., (2019) state that there is a positive relationship between victim blame and benevolent sexism, but only when the ‘victims’ violated the victim and gender stereotypes.

Angelone et al. (2021) found an indirect effect of gender on RMA through protective paternalism. Protective paternalism, as stated by Angelone et al. (2021, p. 758) is “the belief that men enjoy a societal power unattainable to women and, therefore, should provide for and protect women”. Protective paternalism is a sexist attitude that identifies the woman to be at fault for her rape or sexual assault, as she negated the protection offered to her by men (Angelone et al., 2021). Thus, based on this sexist attitude, once again the blame falls to the victim rather than the perpetrator, as she could have ‘avoided’ the situation had she been under the protection of a man.

One of the key sexist attitudes that may underscore RMA in women and men is that of token resistance. Token resistance is the idea that women say no to sex with men to appear ‘decent.’ It is through this resistance that men start asking for sex with a woman more than once, thinking that she will eventually say yes to his advances (Foubert et al., 2019). Token resistance and complementary gender differentiation can be viewed through the same lens. Complementary gender differentiation is when men are admired for their stereotypical abilities and is thus why they are in power (Angelone et al., 2021). Complementary gender differentiation may support the view that it is acceptable or desirable for a man to be forceful or aggressive with a woman (Angelone et al., 2021). Based on the sexist underpinnings of token resistance and complementary gender differentiation, the belief that women should admire men for their strength, as well as say no to sex to appear ‘decent,’ will lead to higher rates of RMA (Angelone et al., 2021; Foubert et al., 2019). These beliefs lead to victim-

blaming, as women did not adhere to their designated role and are thus at fault for their assault (Angelone et al., 2021). These beliefs may also influence the attitudes of onlookers to potential rape or sexual assault and prevent bystander intervention.

2.10 Bystander attitudes and intervention

When rape occurs, there is often someone who may have seen the events that unfolded prior to the rape but did not intervene; this is known as a bystander. Often at play in rape situations is the bystander effect, which is when one person decides not to help based on the idea that there are other people who will help (Leone et al., 2020).

McMahon (2010) researched the effect of bystander attitudes and bystander intervention. Her findings validate others', where males reported higher rates of RMA than females (Aronowitz et al., 2012; Burt, 1980; Chapleau et al., 2007; Deming et al., 2013). She found people who were more likely to intervene as a bystander were females, people who had received rape education, and those who knew someone who had been assaulted. This is in contrast with those who accept rape myths (McMahon, 2010). Interestingly, when people know of someone who has been sexually assaulted or have themselves been assaulted, it can increase empathy; however, this does not mean that they will be able to correctly identify situations of assault (Rojas-Ashe et al., 2019). The lack of clarity in the situation may prevent bystander intervention. Rojas-Ashe et al. (2019), in contrast to McMahon's (2010) finding that knowing someone who has been sexually assaulted increases intervention, found that participants with higher levels of willingness to help had been the recipient of a disclosure and being a sexual assault survivor. However, traumatic incidents such as rape may affect the bystanders should they choose to intervene.

In a study conducted by Witte et al. (2017), there was an increased risk of experiencing symptoms of vicarious trauma among college students. Witte et al. (2017) established that, when individuals become involved in high-risk situations, they may experience symptoms of vicarious trauma such as depression and other traumatic symptoms. Many of the participants in the aforementioned study felt positive feelings when intervening, and negative feelings when they chose not to intervene (Witte et al., 2017). These positive feelings arising from intervention could be a result of empathy, as participants would be concerned about the other's welfare (Leone et al., 2020). When RMA was low among men, they experienced more pros associated with emotional empathy (Leone et al., 2020). While

intervention can lead to positive feelings, bystanders need to be aware of the vicarious trauma, such as depressive and PTSD symptoms, that may result from intervention.

Bystander intervention programmes are often targeted at men, especially at the college level. The targeting of men appears as a form of resocialisation, as men are often seen as the perpetrators of rape or, at the very least, the ones who are able to prevent perpetrations that do occur, and are most likely to have a higher acceptance of rape myths (Kaya et al., 2020).

Bystander interventions are aimed at teaching participants about sexism and sexist behaviours and providing them with the skills necessary to intervene effectively in such situations (Stewart, 2014). One such intervention is the Men's Project, which has shown decreases in men's sexism, RMA, and gender-biased language (Stewart, 2014). Reid and Dundes (2017) established that students are willing to be bystanders; however, the means that methods are used are most likely going to be indirect. Direct confrontation, which is often presented as a means of intervention, is unlikely to be successful and will not often be utilised as a means of intervention. Furthermore, greater barriers to bystander intervention are perceived by those who have a personal history of victimisation (Kistler et al., 2021). Participants in the study by Kristler et al. (2021) were also less likely to identify risky situations or situations in which they would need to intervene if there was a history of previous sexual victimisation. What this means is that the reality may look vastly different to the 'ideal' situation in which a person potentially would intervene. Intervention is based primarily on one being very aware of one's surroundings and seeing potential problems before they occur. This is not always the case, especially when focusing on sexual assault and rape on college campuses. In these instances, students often will be consuming alcohol, which is known to decrease reaction time and allows one to misinterpret cues and potential threats (Lorenz & Ullman, 2016). The misinterpretation of cues and potential threats can be viewed as a potential barrier to bystander intervention. If the focus is moved from looking to others for possible intervention to looking inward, then a form of intervention worth noting is that of resistance training.

Resistance training teaches women self-defence in order to protect themselves from the threat of rape (Ullman, 2020). One of the main criticisms of this type of intervention is that it puts the responsibility on the victim to protect herself from assault (Ullman, 2020). This criticism can be viewed through the updated IRMA, particularly subscale 3, namely 'It

wasn't really rape'. The updated version of the IRMA highlights that "if a girl doesn't physically resist sex ... it can't be considered rape" (McMahon & Farmer, 2011, p.77). If the onus is on the women to protect themselves against perceived threats to themselves and others, there is a chance of recreating new and deeper-lying rape myths within society. While resistance training does emphasise that the woman protect herself from attempted rape, it does highlight social location and gender inequality (Ullman, 2020). Resistance training is offered as another form of rape prevention, as bystander intervention has been argued to have limitations in reducing assaults (Ullman, 2020). One of the main benefits that stem from resistance training is that, even if a woman is unsuccessful in preventing her rape but has resisted the rape, she has reported feeling better about the incident (Ullman, 2020). Women who have engaged in physical and verbal resistance are assigned less blame than those who engaged in verbal resistance only (Zidenberg et al., 2021). The results from the study by Zidenberg et al. (2021) indicate that there has been a shift in the expression of rape myths, as participants were able to recognise and disagree with overt rape myths, yet subtle rape myths were still present. The presence of subtle rape myths can be seen in that participants consistently stated that the victim held responsibility for the assault and that, if the victim did not physically resist the attacker or was not physically injured, it could not be seen as rape (Zidenberg et al., 2021). Thus, it is worth noting that rape myths may have evolved into more subtle forms that continue to blame the victim for the assault. Resistance training can serve a similar purpose as bystander intervention in that it may be able to reduce the rate of rape and sexual assault.

2.11 The effects of RMA on disclosure of rape and sexual assault

RMA has been identified as a potential barrier to the disclosure and reporting of incidents of rape. Due to the perceived threat of being blamed for their assault, or the fear of secondary victimisation, victims are less likely to disclose or report their rape. In the context of disclosing incidents of rape to friends and family, victims are often worried that they will be judged as responsible for their assault, or that they will not be believed. Grandgenett et al. (2020) established that higher RMA was linked to less emotionally supportive responses. Prior sexual victimisation may help people respond to the disclosure of experiences of sexual victimisation by friends or family (Grandgenett et al., 2020). Prior sexual victimisation can cause more emotionally supportive responses, because these people may be responding in a way they wish that others had responded to them when they disclosed their rape or sexual assault (Grandgenett et al., 2020).

When rape myths are internalised, as indicated by the results of Iles et al. (2021), women become more stigmatising than men when receiving a rape disclosure, with several stigmatising circumstances that highlight rape myths and further perpetuate rape culture. Social distance was predicted as an outcome between survivors and recipients of disclosure in the sample, which further isolates survivors (Iles et al., 2021). The disclosure of rape is largely based on the perceived reactions of the victim's social group. If the victim perceives that their disclosure is going to be met with negativity or blame, they may not be as willing to disclose their victimisation (Wilson et al., 2021). The perceived negativity is just one of the many barriers that victims face after the assault. Avoidant coping mechanisms and self-blame are often linked to negative social reactions and, if the victim's friends and family react negatively, the victim is much less likely to report the case to the authorities. Often, the more 'typical' the survivor is in terms of how they respond to their victimisation, the more likely they are to be believed that they were assaulted (Wilson et al., 2021). Thus, if the emotions of the victim are what is deemed 'appropriate', they are more likely to receive positive responses from family and friends, which means that there is an underlying rape culture that expects women to behave and react in certain ways that are still what society deems suitable (Iles et al., 2021; Wilson et al., 2021). The rape culture that is seen in victim disclosure to friends and family can also be seen in the reactions of police officers, often leading to secondary victimisation.

2.12 RMA in sexual assault and police cases

Rape is one of the most underreported crimes worldwide. One of the major problems surrounding the reporting of rape is RMA in others, including police officers. RMA affects victims in several ways. Besides victim-blaming, RMA in victims often creates a situation of *unacknowledged rape*, which is when a woman does not identify a sexual assault that would legally qualify as rape as an experience of rape or sexual assault (Peterson & Muehlenhard, 2004). Unacknowledged rape can be due to women using non-victimising language, such as "it was a miscommunication" (Wilson et al., 2021, p. 338). The experience of shame post-assault is another reason women would be reluctant to report the rape to the police. Often, women experience feelings of self-blame, being stripped of their dignity, as well as humiliation (Weiss, 2010). Due to RMA, these victims may already be blaming themselves for the assault and may fear stigmatisation and negative perceptions by others, including police officers (Steyn & Steyn, 2008; Weiss, 2010).

The negative perceptions and stigmatisation of police officers are clear when victims report their assault to the police. Often the acceptance of rape myths affects police officers' views of the victims, causing them to re-victimise the victim, also known as secondary victimisation (Steyn & Steyn, 2008; Weiss, 2010). These perceptions by police officers often are among other factors that decrease the likelihood of reporting rape. There may be fears of not being believed, or being blamed for the attack, or the social stigma attached to the assault, as well as a fear of the conviction process, which are among the reasons why rape remains underreported (Steyn & Steyn, 2008). Other barriers to reporting are a fear of retaliation by the perpetrator, a lack of physical access to the police, as well as a fear of further trauma (Du Plessis et al., 2009). As victim-blaming is based on RMA, if a victim has any fear that they could potentially be blamed for the assault, they may forfeit the disclosure of the rape altogether (Peterson & Muehlenhard, 2004).

2.13 Mental health-related consequences

The mental health consequences that are discussed below regarding RMA have been studied mainly in the survivors of assault. There is an underlying fear of victim-blaming and stigma attached to rape, and survivors often tend to self-blame. The guilt that survivors feel after the assault may cause negative consequences such as PTSD, depression, and anxiety. These consequences highlight very important areas that need to be examined in the literature so that they can be transferred into the therapeutic space in order to help survivors manage these emotions through a better understanding of what they may be experiencing (Holland et al., 2020).

2.13.1 Depression

It has been well documented that depression may occur as a result of rape (Henderson, 2019; Wilson et al., 2018; Yapp & Quayle, 2018). RMA (especially in terms of victim-blaming and other negative responses) may exacerbate negative outcomes such as depression, anxiety, and self-blame, amongst others (Pinciotti & Orcutt, 2020). These outcomes can negatively affect the mental health of the survivors. Whether the survivor acknowledges their assault or not has implications for whether they will experience symptoms of depression, hopelessness, and posttraumatic stress, amongst others (Wilson et al., 2018). Survivors who acknowledged their rape predicted higher rates of depression, most notably on the 'she wanted it' subscale of the Illinois Rape Myth Acceptance Scale short form (IRMA) (Wilson et al., 2018). Similarly, when women blame their assault on other

circumstances, or normalise the experience, they may mitigate the feelings of hopelessness and depression, such as what was found in a sample of female college students (Henderson, 2019). Depression is merely one of the negative outcomes that may stem from RMA. As mentioned above, anxiety and self-blame are other well-established negative outcomes that occur due to RMA and rape culture.

2.13.2 Anxiety

Anxiety is well established as a consequence of rape (Brewer & Thomas, 2019; Wilson et al., 2018). RMA has been found to serve as a buffer for women when presented with issues of sexual violence (Ryan, 2011). It appears that the buffer is a protective factor for women (Hockett et al., 2016). These findings could be due to the idea of just world beliefs, whereby – in a just world – sexual assault, amongst other things, only occurs to people who ‘deserve’ it. Just world beliefs are a way of distancing oneself from the negative events that may occur in the real world (Russell & Hand, 2017). As such, in a ‘just world’, rape would not occur to a woman who perceives herself as ‘good’ or ‘well behaved’ (Vonderhaar & Carmody, 2015). Central to RMA is victim blaming, and women who blame themselves report more anxiety and hostility and a greater disruption in their basic beliefs about the world (Steyn & Steyn, 2008). Wilson et al. (2018) found that, when women endorse statements that trivialise rape and minimise the incident, they experience lower levels of negative psychosocial outcomes such as anxiety and depression. With gender-based violence being such a precedented issue, women have begun to construct their lives around the anticipation or threat of that violence. For example, in Gordon and Collins's (2013) qualitative study, they found that anxiety and fear surrounding gender-based violence are central to South African females’ identity and, based on this fear and anxiety, women have established ‘rules’ to protect themselves. This is a prime example of how many women in South Africa have constructed their lives based on fear about what may occur to them.

2.14 Physical health consequences

2.14.1 Rape proclivity

Rape proclivity can be defined as an individual’s inclination to or endorsement of the likelihood of committing sexual violence, provided they would not be caught or prosecuted (Le Maire et al., 2016; O’Connor, 2020). It has been well established in the literature that the acceptance of rape myths leads to higher rates of rape proclivity (Bohner et al., 2005; O’Connor, 2020). Bohner et al. (2005) found that RMA was positively correlated with rape

proclivity, especially when the RMA scale was presented first. Sexually coercive men were also found to have an influence on the positive correlation between RMA and rape proclivity. The relationship between RMA and rape proclivity was supported in the longitudinal study conducted by O'Connor (2020). One of the findings of this longitudinal study was that of causality between RMA and rape proclivity, as well as rape proclivity and RMA (O'Connor, 2020). These results not only support the findings of the research by Bohner et al. (2005), but also further expands on them, as there is an established predictive relationship over time regarding RMA and rape proclivity. Prior to the research conducted by O'Connor, the relationship between RMA and rape proclivity was viewed as unidirectional (Eyssel et al., 2006).

Rape proclivity has also been found to be influenced by peers (Eyssel et al., 2006). When presented with information about other men's RMA, men's self-reported rape proclivity differed according to low vs. high levels of RMA (Eyssel et al., 2006). This finding could be a result of the establishment of social norms that influence the groups' behaviour, even if it is for the brief period in which they are participating in the study. Information about other men's RMA may serve as a judgmental anchor, especially the hypothesis-testing phase in which anchor-consistent ideas or beliefs are activated and it is established that the anchor value may be similar to their own (Eyssel et al., 2006). Bohner et al. (2010) extended this research to focus on the reference group (whether it was the in-group or the out-group). The results of the latter study replicated those of Eyssel et al. (2006) and established that perceived RMA of others affects one's rape proclivity by temporarily increasing or decreasing one's own RMA (Bohner et al., 2010). One must be aware that rape proclivity may not necessarily translate into actual rape or sexual violence, as attitudes are not always predictive of behaviour (Shushan, 2014; Yapp & Quayle, 2018).

A more common way in which rape proclivity is enhanced is by using various substances. Substance abuse has been shown to negatively affect rape proclivity, as well as RMA (Grubb & Turner, 2012; Jewkes et al., 2011a; Stith et al., 2004). The effects of alcohol and other substances can produce a situation in which the details of the attack become unclear and ambiguous (Hahn et al., 2020). The ambiguity of the event may lead to higher levels of RMA and rape proclivity in that the likelihood of the perpetrator 'getting caught' and the victim being believed becomes very low, leading to more sexual risk-taking behaviours (Hahn et al., 2020). However, Angelone et al. (2007) state that, when substances are involved, participants perceive the assault as rape and the perpetrator as responsible,

regardless of whether the substance was ingested voluntarily. In South Africa, Jewkes et al. (2011b) established that men who raped consumed more alcohol and used drugs such as marijuana. It is easy to confer that substance use links to the enhancement of rape proclivity based on the likelihood of prosecution being limited due to the uncertainty of the details of the event, and RMA, which has been shown to have a causal relationship to rape proclivity (O'Connor, 2020). Accordingly, Grubb and Turner (2012) state that abusing substances such as marijuana, alcohol, and psychotropic drugs has disastrous effects on rape proclivity in males, as well as on sexual violence and intimate partner violence (IPV).

2.14.2 Gender-based violence

Gender-based violence (GBV) occurs due to the unequal status of women in relation to men in society (Lange & Young, 2019). Women are less valued in terms of social, legal and economic position and are generally taken advantage of and manipulated and are more likely to be the victims of gender-based violence. Gender-based violence is influenced by various risk factors.

Attitudes toward women are one of the main factors that influence violence against women. There could be clusters of attitudes that affect attitudes that influence violence against women (Flood & Pease, 2009). These factors can be clustered into gender and culture. The acceptance of sexual and gender norms, as well as socio-economic factors, race, and ethnicity, influence attitudes towards women (Flood & Pease, 2009). Witnessing and experiencing violence, along with age and development, are amongst other influencing factors (Flood & Pease, 2009). These factors influence the ways in which people agree to or accept rape myths and scripts.

Substance abuse, negative gender-based attitudes, and the consumption of pornography are risk factors for male sexual violence on campuses (Carr & Vandusen, 2004). Pornographic media portray women in a completely objectified and sexualised manner. The themes that occur within this type of media may cause a man who engages in the viewing of pornography to rape proclivity and pro-rape attitudes (Carr & Vandusen, 2004).

Various theories have been used to understand the relationship between pornography and RMA, or rape proclivity. Social learning is one such theory. Social learning theory argues that the stimuli surrounding people is the way in which they learn about the world (Allen et al., 1995). In terms of this theory, pornography objectifies women, and it is this

objectification that is internalised and may lead to RMA. Social learning theory contrasts with the aggression approaches, which argue it is the violence in pornography, rather than the erotica (which is non-violent), that leads to RMA (Allen et al., 1995). The blurred lines of violent behaviour, consensual and non-consensual sex in pornography can perpetuate RMA due to sexual stimulation and thus gratification of the viewer (Allen et al., 1995). Ferguson and Hartley (2009) support the view of social learning theory offered by Allen et al. (1995), as well as feminist theory and evolutionary theory; however, they argue that sexual aggression may be alleviated through pornography, thus decreasing rape.

In contrast to social learning theory, Kendall (2006) states that rape may be sexual in nature and not merely an expression of power. Pornography may be a complement not only to rape, but to the other forms of sexual release such as consensual sex or masturbation. Furthermore, the findings surrounding attitudes toward rape in a laboratory may not represent typical experiences (Kendall, 2006). This may be due to participants not engaging in the actions or behaviours that would typically coincide with pornographic viewing (Kendall, 2006). In research conducted by De Heer et al. (2021), it was found that higher rates of pornography viewing and alcohol consumption by women led to five times increased odds of sexual victimisation when compared to women who did not consume pornography and with reports of little to no alcohol consumption. This indicates that pornography and alcohol consumption can be linked to higher rates of sexual victimisation in women (De Heer et al., 2021). The objectification of women occurring in pornography, rather than the release of sexual tension, is supported by the feminist theory that is focused on in this research. While there may be a sexual release that accompanies pornographic viewing, it does not explain why there may be a greater acceptance of rape myths following the viewing of these videos.

In a sample of female university students in South Africa, Gordon and Collins (2013) established that women are subjected to a waiting game in which, if they have not yet been a victim of gender-based violence, they anticipate the possibility of 'something' happening to them. Finchilescu and Dugard (2018) found that women tended to reject rape myths more when they had been subjected to gender-based violence. These studies show that women have a fear of GBV, and of something happening to them. The higher rates of rejection of rape myths after GBV may be linked to the increased sensitivity toward other potential victims, and a deeper understanding of the many ways in which GBV may occur.

2.14.3 Intimate partner violence

Intimate partner violence (IPV) accounts for at least one-third of all GBV and targets more women than men (Lange & Young, 2019). One of the forms of IPV is sexual violence, which is perpetrated much more by intimate partners than by other people (Lundgren & Amin, 2015). The influence of various characteristics of the individual and the environment, rather than psychological dysfunction or patriarchal beliefs, is the factor that maintains IPV, according to Stith et al. (2004). Dutton's (1995, as cited in Stith et al., 2004) nested ecological theory on partner violence is utilised by Stith et al. as a framework to distinguish the major risk factors for IPV. Emotional abuse, alcohol use, career and life stressors, attitudes condoning marital violence, and traditional sex-role ideology are some of the major risk factors for IPV (Stith et al., 2004). Jennings et al. (2017) further established risks such as personality traits, anger problems, exposure to violence, and depression.

Focusing on a feminist framework, the patriarchal domination of women, leading to control over women by men, occurs in intimate relationships. As Dunkle et al. (2004) established in qualitative research, women believed there was a pattern of male control in intimate relationships that differed from that of rape and sexual violence by other men. When control in a relationship is expected of masculine men, violence may be used to ascertain this control (De Vries et al., 2014). Femininity would thus embrace compliance and the tolerance of harmful and violent behaviour (De Vries et al., 2014). Physical and sexual assaults are more likely to be repeated when there is financial and/or emotional abuse (Dunkle et al., 2004). It is stated that women's agency within relationships is often constrained by the structural dimensions of their lives, such as patriarchy and age hierarchy, and socio-economic factors, such as poverty, thus supporting multifactor frameworks and not purely ecological theory (Jewkes & Morrell, 2012).

Forced sex has been found to be a problem in South Africa. Considering this, physical coercion and rape could possibly be described as separate concepts altogether (Wood et al., 2007). The main difference highlighted was that of rape only occurring when there is no prior sexual relationship between the man and woman (Wood et al., 2007). Wood et al. (2007) further established that, within a relationship, participants often felt that sex was an obligation and that a woman's consent to a sexual relationship was her allowing sexual access.

2.14.4 Marital rape

Rape within a marriage, otherwise known as marital rape, occurs across various contexts and continents. The way in which the law describes and handles marital rape differs among countries. In this section, marital rape is discussed in the South African context.

South Africa has a complex history. From the Apartheid era onward, rape within marriage was something that was neglected, if not ignored completely (Hirschauer, 2014). It is a common law stance in South Africa that a man cannot rape his wife in a customary marriage (Mwambene & Kruuse, 2018; Yebisi & Balogun, 2017). Due to the way current laws are transcribed, there are no clear-cut, delineated borders around what constitutes rape within the private setting of the marriage (Yebisi & Balogun, 2017). *Continuing consent or marital rape exemption* is a common belief that consent to marriage equates consent to sex within that marriage, as was discovered by Mwambene and Kruuse (2018) in at least two communities in the Eastern Cape. They further state that this belief could be the influence of cultural beliefs, patriarchal ideology, or an amalgamation of both (Mwambene & Kruuse, 2018). *Labolo/Labola*, which is the 'price' paid to the bride's family for her hand in marriage (Shushan, 2014), and *Ukuthwala*, which is the practice of 'bride capture or abduction' in which the bride is taken from her family, often with the use of force (Wood et al., 2007), are common cultural practices and have previously been used in the defence of a man raping his wife in South Africa (Mwambene & Kruuse, 2018; Yebisi & Balogun, 2017). These defences are recognised among differing cultural practices, they are objectionable under law, but they have reduced sentencing in these cases of rape in a way similar to that of RMA (Mwambene & Kruuse, 2018). Shannon et al. (2012) state that, if marital rape is not criminalised and women remain subordinate in society due to laws, men are at increased odds of male sexual aggression and rape and are also likely to engage in unprotected sex and have multiple sexual partners, leading to a higher risk of HIV.

2.15 Link between AFIS and RMA

By concentrating on the ways in which women are not treated as equals, but as unequal, subordinate members of society, a link can be drawn between adolescent femininity ideology and RMA. When women are treated as subordinate and this idea is maintained – not only by society but also by their partners – they may become inauthentic with themselves and within their relationships (Impett et al., 2006). This inauthenticity may enhance and/or predict RMA. The other focus area of the AFIS is an objectified relationship with body. When a

woman's importance is directly linked to her self-worth and external image, problems arise in how she treats herself and others, as well as whether she engages in victim-blaming or shaming when women do not adhere to this idea or stray from the norm (Impett et al., 2006).

The rape myth acceptance scales that are widely used highlight features surrounding traditional gender norms, such as what women should and should not wear, as well as typically dangerous situations (such as drinking alone in a bar) that women should avoid (Hayes et al., 2016). When taken in context, women are sexualised and objectified to such a point that their appearance alone may be enough to accept and support rape myths. It has been established that people are less likely to blame the rapist in stranger rape if they are placed in a sexually objectified condition (Bernard et al., 2015). This is an example of how being sexually objectified may cause the woman to be seen as 'asking for it,' which would increase the chances of her being blamed for her own assault. This is extremely problematic if it is transferred into a real-life situation. The inherently sexist underpinnings of AFIS can be linked to RMA and may have a predictive quality in RMA among university students.

2.16 Chapter summary

This chapter explored the literature surrounding adolescent femininity ideology and rape myth acceptance. By focusing on the ways in which gender is socially constructed worldwide, and in South Africa, it was shown that there is an underlying patriarchal ideology that has influenced the ways in which gender has been constructed, with women often having a lesser value in society than men. This then led to a discussion on adolescent femininity ideology and the two subscales within, namely inauthentic self in relationships and objectified relationship with body. These subscales were explored and led to the literature surrounding the problems that may arise from these ideas or beliefs. The inherently sexist underpinnings of these scales paved the way for a discussion of rape culture, social norms, and RMA. RMA was focused on by looking at the social norms that underpin the acceptance of rape myths, how RMA is formed through sexist attitudes, often through patriarchal 'norms' that have been established, and how these norms affect whether a woman is blamed for her own assault. Bystander attitudes and other interventions such as resistance training were explored, as these are strongly linked to RMA and the more subtle rape myths that fall within this acceptance. As there is a subtle acceptance of rape myths by many people, victims who disclose their assault are often subjected to scrutiny and questions, which may offset any chance that they report the case to the police. Many fears have been identified that may

prevent victims from reporting their case to the police, and these are inherently based on a fear of not being believed or being blamed for their own rape. RMA has been linked to many negative mental health outcomes, such as posttraumatic stress disorder (PTSD), depression, and anxiety. The literature on the most prevalent mental health outcomes (depression and anxiety) was explored, before looking at the physical effects RMA can have. RMA has been linked to rape proclivity, gender-based violence, intimate partner violence and marital rape. As was shown, these are disastrous outcomes that could be caused by RMA, particularly in men. Gender-based violence is highly prevalent in South Africa, and its causes need to be established so that proper prevention measures can be put in place. The root causes of gender-based violence need to be established, which is why this research has focused on adolescent femininity ideology and rape myth acceptance. Both rest on sexist attitudes that can propel the negative attitudes surrounding rape and gender-based violence, especially in South Africa. Adolescent femininity ideology may be identified as having a predictive relationship with RMA. If this is the case, prevention can be taken to the level of high school students, which is when inherently sexist ideas begin to take hold. There is a clear gap in the literature, as adolescent femininity ideology has not been studied as a predictor of RMA in university students.

Chapter 3

Theoretical Framework

A theory can be defined as a principle or set of principles that explain findings about a topic and allow one to create and test new hypotheses (Field, 2018). As such, theory is important as it provides a justification for research that is conducted. Theory also provides a framework within which social phenomena can be understood and the results of research can be interpreted (Bryman, 2016, p. 17).

Many theories have emerged within the literature surrounding femininity ideology and RMA. Popular theories are feminist theory, objectification theory and, in the context of qualitative research, grounded theory (see Calogero, 2012; Deming et al., 2013; Fredrickson & Roberts, 1997; Kaya et al., 2020; Mardorossian, 2002; Maxwell & Scott, 2014; Mercurio & Landry, 2008).

Femininity ideology and RMA are two separate concepts, although they share commonalities. The literature surrounding RMA focuses mainly on feminist theory, taking various stances from radical to intersectional feminism (Harnois, 2014; Maxwell & Scott, 2014; Thornton Dill & Kohlman, 2014).

Radical feminist theory focuses on patriarchal society, which is supportive of rape and has a hatred toward women (Maxwell & Scott, 2014). This view highlights the importance of male domination. Gender identities are established and, along with these, so are the stereotyped roles and behaviours (Maxwell & Scott, 2014). The radical feminist viewpoint may have accounted for RMA early on, but as society has changed and developed, more ambiguous ideas surrounding what it means to be a woman have emerged, leading to benevolent sexism or sexist ideologies. No longer is sex-role stereotyping the sole reason that RMA is accepted, and so, through the need for a theory that accounts for other causes of RMA, radical feminist theory can be excluded.

Another theory that was considered as a framework for this study is that of *intersectional feminism*, which takes into account various types of discrimination and exclusion based on race, gender, age, handicap, or any combination of these factors (Harnois, 2014). Within this theory is the idea of interlocking systems of oppression, and as such gender inequality is linked to other systems of inequality and discrimination, such as racial inequality (Harnois, 2014). Intersectionality focuses on power dynamics and class struggles

in that gender can be linked to race and ethnicity, which could produce a solid framework in the South African context based on its mix of various cultures, ethnicities, and ideas of patriarchy. However, it does not fully account for a link between femininity ideology and RMA (Thornton Dill & Kohlman, 2014). From intersectionality it can be argued that a portion of one's identity cannot be separated from the rest and, as such, individuals can no longer be separated from the group (Thornton Dill & Kohlman, 2014). In terms of focusing on RMA in this study, which focuses on male-on-female violence, there was a need for a framework with a female-centred approach.

Feminist research has traditionally relied on qualitative methodology to address questions that affect women's lives and to promote social change (Biber, 2013). While qualitative methods have been invaluable in addressing some of these social issues, survey research which tends to have an underlying positivist paradigm, has a place in feminist research (Biber, 2013). Quantitative methods have been criticised by feminist scholars, however, objectivity in research could lead to data that is more representative of women's experiences as there is little influence from researchers on the research process (Biber, 2013). Hughes and Cohen, (2010) state that quantitative analysis may show evidence of the change or reproduction of gendered inequalities over time and space. It is thus important to acknowledge that while feminist research has traditionally utilised a qualitative methodology in its goal of social change, quantitative methods such as survey research have been, and should continue to be utilised in feminist research as these methods may strive toward the same goal (Biber, 2013). Furthermore, survey research can introduce topics of social justice issues such as sexism, racism, classism, among others to identify and bring about social change (Biber, 2013). The surveys utilised in this study have the potential to highlight issues of RMA and the patriarchal ways in which women are perceived and bring awareness to these issues and potentially address these issues to prevent victim blaming and the oppression of women. The quantitative methods utilised in this study reflect the goals of feminist research and work toward them.

Femininity ideology and RMA are inherently sexist attitudes and principles that influence daily life. This study focuses on patriarchal ways female victims of rape are perceived by both men and women. Objectification theory was proposed as a theoretical framework, as it highlights the patriarchal structure of daily life. However, the different accounts of sexual aggression that can lead men into sexual coercion and rape are not considered by radical feminist theory (Maxwell & Scott, 2014). Due to the various linked

systems, intersectional feminist theory does not focus on women and the problems women face in terms of gender inequality and sexist ideologies, and as such would not account for both femininity ideology and RMA.

Objectification theory was thus decided on as the theoretical framework through which the results of this study were analysed and interpreted. Based on the inherent premise that both RMA and femininity ideology are constructed around the female body and the sexual objectification of women, this leads to other problems, such as personal mental health issues on the one hand, and RMA and rape proclivity on the other.

3.1 Objectification theory

Objectification theory was proposed by Fredrickson and Roberts (1997) as a theory that explains the consequences of the surveillance of and preoccupation with the female body. The theory focuses on the way in which many individuals internalise an outsider's view of their own body (self-objectification) and become preoccupied with how their body is viewed by others, rather than how their body feels (Thøgersen-Ntoumani et al., 2011). Numerous consequences of self-objectification have been discussed in the literature (Calogero, 2012; Grabe et al., 2007; Mercurio & Landry, 2008; Muehlenkamp & Saris-Baglama, 2002; Tiggemann & Slater, 2015; Tiggemann & Williams, 2012).

Objectification theory states that a woman's value is based on her body or body parts that can be used or valued by others (Fredrickson & Roberts, 1997). Objectification theory highlights the importance of the lived experiences and mental health risks of females who are sexually objectified (Fredrickson & Roberts, 1997). As such, objectification theory as a framework looks at the psychological experiences that are uniquely female. It formulates a life course analysis of mental health risks in some women, organising existing data regarding women's lives (Fredrickson & Roberts, 1997). The objectification of women's bodies is viewed as a practice that maintains patriarchal systems and oppresses women (Fredrickson & Roberts, 1997).

As women face criticisms and judgements of their appearance on a daily basis by society, they self-objectify, which can lead to body shame and self-consciousness and cause them to wish they were hiding or invisible (Mercurio & Landry, 2008). Women who self-objectify often also objectify other women, leading to a vicious cycle of valuing one another based on appearances and harshly judging women who do not fit society's criteria (Strelan & Hargreaves, 2005). Women often are sexually objectified in interpersonal encounters, as well

as in the media (Calogero, 2012). Calogero further emphasises that women's bodies are emphasised in the media in terms of their body parts. More specifically, when they are the target of a non-reciprocated male gaze, the problem is eroticised and turned into a norm that is not only seen in the media, but in daily life as well. The social construction of society that enables sexual objectification also enables a host of other oppressions, such as employment discrimination and the trivialisation of women's work and accomplishments, as well as sexual violence (Fredrickson & Roberts, 1997).

Fox et al. (2015) used objectification theory to explain the effects of sexualised avatars on RMA. Their results support the notion that objectification theory has detrimental carry-over effects from interacting with virtual representations. Furthermore, they found that higher levels of self-objectification predicted RMA and the objectification of other women. One of the many negative effects of objectification is that it may lead to violence. As Davidson and Gervais (2015) explain, objectification is often a precursor to violence based upon the objectification of the person, leading to dehumanisation.

The way in which girls and women are sexualised is part of a bigger problem of sexist ideologies that perpetuate and maintain the culture-wide gender status quo. The way in which rape is perpetuated at South African universities highlights the sexual objectification of women. Objectification theory as a framework positions women in a context of oppression caused by their sociocultural environment (Bartky, 1990). Stereotyping, sexual objectification, and cultural domination may all cause and exacerbate the oppression of women (Bartky, 1990). Stereotyping, according to Bartky (1990), is oppressive, as those who have the stereotyped beliefs may not understand or respect the other person's needs, or their authenticity of choice in self or self-actualisation. The oppressive nature of stereotyping women has laid a foundation of beliefs about women's dispositions and how they should behave. Cultural domination follows stereotyping of women in that language, literature, and institutions are all inherently sexist and, through the identification of sameness within a culture (i.e., the differentiation of those who are like me against those who are not), women may accept the subordination and oppression that comes from the culture in order to maintain their cultural identity and feelings of similarity (Bartky, 1990). The oppression of women in a patriarchal society such as South Africa is due to these three factors, which underpin femininity ideology and RMA. The emphasis on the social 'shaping' of women and the views of what it means to be a 'woman' are influenced by society.

South Africa is a society filled with diversity and, as such, there needs to be a lens that accounts for the several ways in which women are shaped and influenced by the various cultures in society. Objectification theory was chosen as the framework for this study based on three main factors. The first factor is that it accounts for the sexist ideologies that underscore both RMA and femininity ideology. The second factor is that there are many ways in which girls and women are objectified, and through this objectification are treated as unequal and 'lesser' than their male counterparts. Third, the objectification of women as seen by the 'male gaze' has implications for how they are treated. The way in which women are treated as bodies for male appreciation and causes them to be blamed for their own victimisation is something that is not purely a South African issue, but it can be seen across contexts within South Africa – from universities to police reports (Diedericks, 2003; Dunseith, 2009; Orth et al., 2020; Shaw et al., 2017; Steyn & Steyn, 2008).

Chapter 4

Methods

4.1 Introduction

The aim of the present study was to determine whether adolescent femininity ideology predicts rape myth acceptance in first-year students at a university in South Africa. This aim was achieved through convenience sampling and quantitative analysis following the sampling and data collection procedures.

In this chapter, the basic methodological standards and practices of convenience sampling are discussed. The research strategy and design, participants, measurement instruments, procedures, ethical considerations, and statistical analyses of the study are also discussed.

4.2 Convenience sampling: Basic methodological standards and practices

Convenience sampling is a type of non-probability sampling that is based on the accessibility of participants. In a convenience sample, participants are selected from a pool of individuals who are readily available to the researcher (Bryman, 2016). Convenience sampling does not allow for generalisability to the entire population; however, it does provide valuable data and insight into future research in the field (Bryman, 2016).

4.3 Research strategy and design

A research strategy is the general orientation to conducting research. In the present study, a quantitative research strategy was implemented. Emphasis was placed on the reliability of the measures in a South African population, as well as the collection of data and testing of specific hypotheses. By utilising a quantitative methodology, the current research was able to formulate a prediction of rape myth acceptance based on the available concrete numerical data obtained from students. As mentioned in the theoretical framework, the quantitative methodology used in this study reflect the views of women and bring attention to the overarching goal of social change within a feminist framework.

The research design is the framework for data collection and analysis (Bryman, 2016). The design explains the steps that are taken to test hypotheses and, in turn, answer the research question. The present study utilised a deductive approach, as it allows for a link to be drawn between objectification theory and the data that was collected (Bryman, 2016).

As the aim of this study was to determine the relationship of one variable with another, the reliability of the scales in the sample was determined via a pilot study, which will be discussed later in this thesis. Following the pilot study, surveys were sent out and data was collected for the main study. The surveys utilised quantitative methods which have been shown to be reliable in the context of feminist research strategies (Biber, 2013). The strengths in utilising this design are that it allows for a reduction in potential researcher biases and strives toward objectivity which may, highlight the potential issues of femininity ideology predicting RMA in the sample.

4.4 Participants

4.4.1 Introduction

University students provide a prime sample for research. Due to their location relative to the investigator, they are often utilised as a convenience sample. University students are also in a distinct time of their lives and may provide insight that are different from those of high school students and working adult populations.

4.4.2 Recruitment

All first-year students at the university were invited to take part in the study. The study took place entirely online and there was no direct physical contact between the researcher and the participants. Participants were sent an email that explained the nature of the study to them. Within this email there was a link to the site where the surveys were available. Before participants could complete the survey, demographic questions were answered and, through these criteria being met, the participants could then answer the relevant survey questions. Based on the surveys being designed in the United States, they were sent out in English only because of complications that could have arisen from translating them. Through translation, certain nuances in language may have been lost and the scales may not have been as reliable.

4.4.3 Description of participants

Participants were selected from the first-year students at the university (N = 382). The inclusion criteria for this study were that participants had to be enrolled in their first year of study and be 18 to 22 years old. The inclusion criteria were based on the focus being late adolescence (Kinghorn et al., 2018). Only first-year students were selected, as most were within this age range. Based on the inclusion criteria, participants were of legal age to give

consent. Both male and female students were recruited to be part of the experiment. The exclusion criteria were anyone aged 23 and older, and not currently studying at the university.

4.5 Measurement instruments

To determine the reliability and relevance of scales developed in the United States in a South African sample, a pilot study that consisted of 40 responses was conducted. The sample for this study was selected randomly. The scales below were sent out via online questionnaires. Online questionnaires ensure that the scales are easily accessible to the participants and due to the ease of accessibility, ensured that there was a high response rate. Online questionnaires are also a cost-effective way of collecting data.

The measurement instruments used in this study were the updated version of the Illinois Rape Myth Acceptance Scale (IRMA), the Adolescent Femininity Ideology Scale (AFIS), and the Adolescent Femininity Ideology Scale for Boys (AFIS-B). Based on the gender of the participant, the relevant AFIS scale was distributed.

4.5.1 Illinois Rape Myth Acceptance Scale – Updated version

Payne et al. (1999) developed the Illinois Rape Myth Acceptance Scale (IRMA). As rape myths are inherently sexist, a feminist theoretical framework underscored the construct validity and clarity of items. McMahon and Farmer (2011) updated the IRMA to capture more subtle rape myths focused on victim-blaming and updated language. The updated version of the IRMA enhanced the clarity and conciseness of the items from the original IRMA (Payne et al., 1999). The updated version of the IRMA allows for greater internal consistency and validity of the findings, which was necessary for the purpose of this research. The updated IRMA (McMahon & Farmer, 2011) is a 22-item self-report measure consisting of four subscales: *she asked for it*, *he didn't mean to*, *it wasn't really rape*, and *she lied*. The subscales are measured via five-point Likert-type items with anchors ranging from 1 (strongly agree) to 5 (strongly disagree). Examples of items in this scale include “if a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand,” and “if a girl doesn't say ‘no’ she can't claim rape.” There was strong internal reliability for the scale ($\alpha = .87$) (McMahon & Farmer, 2011). In the thesis of Shushan (2014), the Illinois Rape Myth Acceptance Scale – Short Version was used. The short version of the IRMA has 20 of the 45 original items, with three negatively worded items (Shushan, 2014). The participants in Shushan's (2014) study were undergraduate male students at the University of the Witwatersrand in South Africa. According to Shushan (2014), the overall

Cronbach's alpha was 0.85 and the scale thus is reliable in a South African university student population. Based on these results, the updated version of the IRMA would be reliable in the population for the present study. The IRMA and IRMA-SF were developed in 1999 and may not be as reliable as the updated version, which was developed in 2011 (McMahon & Farmer, 2011).

4.5.2 Adolescent Femininity Ideology Scale

The AFIS scale (Tolman & Porche, 2000) is a 20-item self-report measure. The scale comprises two subscales: *Inauthentic self in relationships (ISR)* and *objectified relationship with body (ORB)*. These subscales have six-point Likert-type items that range from 1 (strongly disagree) to 6 (strongly agree). The ISR subscale includes items such as "I express my opinions only if I can think of a nice way of doing it" and "I wish I could say what I feel more often than I do" (Tolman & Porche, 2000). The ORB subscale consists of items such as "I often wish my body were different" and "I think that a girl has to be thin to feel beautiful" (Tolman & Porche, 2000). There are six items in this scale that have reversed scoring. Three reversed-scored items are from the ISR and three from the ORB. The ISR and ORB subscales showed strong reliability among a first-year college population in the USA, generating an alpha of .81 for both subscales (Tolman & Porche, 2000). In a study conducted by Kafaar *et al.* (2012), the AFIS was utilised in a sample of 1 451 female students (aged 18 to 23) at Stellenbosch University. The Cronbach's alpha of the ISR subscale was 0.689, while the ORB had a Cronbach's alpha of 0.811. Thus, the measure is reliable in a South African sample. This scale was used for the female participants in this study.

4.5.3 Adolescent Femininity Ideology Scale – Boys

The AFIS-B (Tolman *et al.*, 2016) is a single-factor 15-item version of the AFIS that was developed specifically for use with males. This measure consists of a four-point scale ranging from 1 (disagree a lot) to 4 (agree a lot). Examples of items in this measure are "I like it when girls play hard to get" and "a good girlfriend puts her boyfriend's needs ahead of her own needs." There are three items that are reverse scored in this scale. Adequate internal consistency was found across the sample of 106 boys ($\alpha = .74$) (Tolman *et al.*, 2016). The sample was selected randomly from schools in America and was racially and ethnically diverse. The AFIS-B has been shown to be reliable in a South African university sample. In a sample of 1 085 South African university students aged 18 to 24, the AFIS-B produced a Cronbach's alpha of .71 (Jacobs, 2018).

4.6 Procedures

4.6.1 Permissions from relevant authorities

Permission and clearance for this study were obtained from the Psychology Department and the Research Ethics Committee (REC) of the University. A full research proposal was submitted to both the Department and the REC and once cleared by both, the study was given e number 15499 (see Appendix F). Basic ethical principles and guidelines were set for the study, and these were adhered to throughout.

4.6.2 Informed consent

Informed consent was gained through an online form at the beginning of the questionnaire. In this form, the study, method, and risks were described to the participants. For participants to take part in the study they had to have acknowledged that they understood all the information provided to them and agreed to participate in the study. It was only after both boxes had been selected and the form submitted that the participants would have been able to access the questionnaire.

4.6.3 Data collection

Data collection for this study took place in March 2021. A pilot study was conducted to establish the reliability of the measures used. Reliability analyses were conducted through SPSS. Following the reliability analysis, questionnaires were sent out to the entire first-year student population at the university. The same scales (IRMA updated version, AFIS, and AFIS-B) were sent out to the sample. A priori sample size and power analysis were conducted to ensure that the results would be internally valid and generalisable to the first-year student population at the university. Once a minimum of 359 participants had responded, data collection ceased, and data analysis began.

4.7 Ethical considerations

Ethical clearance to conduct the study was obtained from the Research Ethics Committee (REC) of the university. Participation in this study was completely voluntary and participants were informed of this. Participants were sent a consent form that had to be completed prior to the study. This was done to ensure that the participants were aware that they could withdraw from the collection phase of the study at any time. Strict confidentiality remained in place throughout the study and no identifying information was present after collection of data.

As this study is of a highly sensitive nature and may negatively affect the participants, contact details were included for a nearby clinic as well as the Centre for Student Counselling and Development at the university should they experience any distress.

4.8 Statistical analysis

Statistical analysis of the data collected was done using SPSS. In the data analysis, descriptive statistics such as the mean age and gender proportions are stated purely for analytic purposes when testing whether males or females reported higher levels of RMA and higher levels of femininity ideology. The data was analysed through multiple linear regression to determine whether adolescent femininity ideology predicts RMA. A t-test was done to test whether there was a significant difference between males' and females' acceptance of femininity ideology and rape myths.

4.9 Chapter summary

In this chapter, the methodology, participants, procedures, ethical considerations, and statistical analyses of the present study were discussed. The sections on the participants and the measures used were elaborated upon. The results of this study are discussed in the next chapter.

Chapter 5

Results

The present study aimed to investigate whether adolescent femininity ideology predicts rape myth acceptance in first-year university students in South Africa. The null hypothesis was outlined that adolescent femininity ideology does not predict rape myth acceptance. The study was conducted first by means of a pilot study to determine the reliability of the Adolescent Femininity Ideology Scale (AFIS), the Adolescent Femininity Ideology Scale for Boys (AFIS-B) and the Illinois Rape Myth Acceptance Scale – Modified Version (IRMA-MV). In this section, the results of the pilot study are presented, followed by the reliability statistics of the measures used. The descriptive statistics for the AFIS, AFIS-B and IRMA-MV are presented. The regression analysis of the AFIS (ISR) and AFIS (ORB) as predictors of the IRMA-MV is presented. Following this, the results of the regression analysis on the AFIS-B as a predictor of the IRMA-MV are presented. Finally, a t-test conducted with gender and IRMA-MV is presented, before providing a summary of the main results of the study.

5.1 Results of the pilot study

The preliminary pilot study was sent to a total of 480 participants, 65 of which completed the study. Criteria for the study were that participants had to be aged 18 to 22, in their first year at university and self-identify along the binary lines of either male or female. After data cleaning, in terms of which data was deleted if it did not meet the criteria of the study, a total of 36 cases remained. Of the remaining cases, 28 were female and eight were male. Cronbach's alpha scores were .83 for the AFIS, .84 for the AFIS-B and .91 for the IRMA-MV. All scales were deemed reliable based on this data.

5.2 Reliability statistics of the scales used: Adolescent Femininity Ideology Scale (AFIS), Adolescent Femininity Ideology Scale for Boys (AFIS-B), and the Illinois Rape Myth Acceptance Scale – Modified Version (IRMA-MV)

Emails containing a link to the survey were sent out to 6 332 potential participants. A total of 435 completed responses were received from this group of participants. After data cleaning and deleting cases that did not meet the criteria of the study, a total of 382 participants remained. The sample consisted of 273 (71.5%) females and 109 (28.5%) males,

as is evident in Table 1 below. Frequencies were calculated for each of the items within the scales to determine any missing values. Missing values were deleted from the sample.

Table 1
Frequencies of Gender

		Frequency	Percent	Valid percent	Cumulative percent
Valid	Males	109	28.5	28.5	28.5
	Females	273	71.5	71.5	100
	Total	382	100	100	

Reliability analysis was conducted for each of the scales. The overall reliability of the AFIS was .84, with the ISR and ORB subscales obtaining alpha scores of .72 and .84, respectively. Thus, the AFIS showed good internal consistency within this sample.

The AFIS-B produced a Cronbach's alpha of .58. When analysing the item-total statistics, I identified that item number 4 (I believe that girls spending lots of energy on makeup, fashion, or hairstyles is a general waste of time) produced a correlation of -.27 with the total score after being recoded and, when deleted, the Cronbach's alpha would increase to .66, which is reliable. Item 4 was reverse scored before data analysis as per the original study by Tolman et al. (2016). However, I determined that the wording of this item was unclear and thus deleted it, as the item was no longer a good indicator of the AFIS-B. Based on these findings, item number 4 of the AFIS-B was deleted for the current sample, leaving a total of 14 items and a Cronbach's alpha of .65, which is considered reliable. The IRMA-MV produced a Cronbach's alpha of .92 and indicated good internal consistency and overall reliability of the scale within this sample.

In order to determine whether Adolescent Femininity Ideology predicts rape myth acceptance, I conducted a multiple linear regression for the AFIS and IRMA, and a linear regression for the AFIS-B and IRMA. I calculated mean total scores for the AFIS ISR and AFIS ORB subscales, as well as mean total scores on the AFIS-B. Total summative scores were calculated for the IRMA-MV, which I then used to run the multiple linear regression for the sample.

5.3 Descriptive statistics

5.3.1 Descriptive statistics for the AFIS

Table 2

Descriptive Statistics for the AFIS-ISR

Mean	Variance	Std. deviation	No. of items
35.53	65.41	8.09	10

Table 3

Descriptive Statistics for the AFIS-ORB

Mean	Variance	Std. deviation	No. of items
30.74	90.66	9.52	10

Table 4

Descriptive Statistics for Items on the AFIS-ISR Subscale

	Mean	Std. deviation	N
1. I would tell a friend she looks nice, even if I think she shouldn't go out of the house dressed like that.	3.04	1.545	273
2. I express my opinion only if I can think of a nice way of doing it.	4.13	1.355	273
3. I worry that I make others feel bad if I am successful.	3.08	1.724	273
4. I would not change the way I do things in order to please someone else. *	3.00	1.585	273
5. I tell my friends what I honestly think even when it is an unpopular idea. *	2.51	1.255	273
6. Often I look happy on the outside in order to please others, even if I don't feel happy on the inside.	4.52	1.393	273

7. I wish I could say what I feel more often than I do.	4.57	1.444	273
8. I feel like it's my fault when I have disagreements with my friends.	3.44	1.509	273
9. When my friends ignore my feelings, I think that my feelings weren't very important anyway.	3.62	1.700	273
10. I usually tell my friends when they hurt my feelings *	3.61	1.559	273

Note. * Items are reverse-scored.

Table 5

Descriptive Statistics for Items on the AFIS-ORB Subscale

	Mean	Std. deviation	N
1. The way I can tell that I am a good weight is when I fit into a small size.	3.37	1.772	273
2. I often wish my body were different.	4.75	1.310	273
3. I think that a girl has to be thin to feel beautiful	2.12	1.439	273
4. I think a girl has to have a light complexion and delicate features to be thought of as beautiful.	1.61	1.152	273
5. I am more concerned about how my body looks than how my body feels.	3.64	1.716	273
6. I feel comfortable looking at all parts of my body. *	3.87	1.693	273
7. I often feel uncomfortable in my body.	3.69	1.641	273
8. There are times when I have really good feelings in my body. *	2.08	1.090	273
9. The way I decide I am at a good weight is when I feel healthy. *	3.02	1.522	273
10. I decide how much to eat by how hungry I am.*	2.59	1.443	273

Note. * Items are reverse-scored.

Tables 2 to 5 above indicate the mean scores on the AFIS and individual items of this measure. The sample mean score for the AFIS-ISR was 35.5 and the sample mean score for the AFIS-ORB was 30.74 out of a possible 60 for each subscale. The AFIS average scores were therefore close to the mid-point, indicating that the participants answered between slightly disagree or slightly agree on the items. Overall, there was neutral acceptance of items within the AFIS. Items with higher rates of acceptance (higher than 4 out of a possible 6) were the AFIS-ISR2, AFIS-ISR6, and AFIS-ISR7, as well as the AFIS-ORB2. The AFIS-ISR items that had higher mean sample scores are related to expressions of opinions, as well as appearing happy to please others. The item on the ORB with a higher rate of acceptance relates to wishing one's body were different. It is unsurprising that there was a higher rate of acceptance on these items.

5.3.2 Descriptive Statistics for the AFIS-B

Table 6

Descriptive Statistics for the AFIS-B

Mean	Variance	Std. deviation	No. of items
24.31	20.291	4.505	14

In Table 6 above and Table 7 below, the mean sample scores on the AFIS-B are below the mid-point, with a score of 24.31 out of a possible 56. Overall, rates of acceptance of items on this scale are low, indicating that the males in this sample disagreed with most of the items in this measure.

Table 7
Descriptive Statistics for Items on the AFIS-B

	Mean	SD	N
1. I like it when a girl plays hard to get.	1.99	.764	109
2. It's important for a girl to look happy on the outside, even when she feels angry or unhappy inside.	1.41	.683	109
3. If a girl has a boyfriend, he should be the most important thing in her life.	1.68	.706	109
5. If a girl doesn't feel good about herself, the best thing she can do is try to change the way she looks.	1.57	.737	109
6. I think it is more important for a girl to look good than to have a good personality.	1.39	.622	109
7. Girls who are overweight deserve to be teased.	1.21	.511	109
8. A good girlfriend would never do or say anything that might embarrass her boyfriend.	2.36	.958	109
9. Girls always take criticism too personally.	2.26	.865	109
10. A girl should only express her opinions if she can think of a nice way to do it.	1.63	.729	109
11. It bothers me when a girl downplays her achievements. *	2.09	.908	109
12. I believe it's normal for girls to act on their sexual feelings. *	2.00	.903	109
13. A good girlfriend puts her boyfriend's needs ahead of her own needs.	1.57	.672	109
14. I would treat a pretty girl better than a girl who is not attractive.	1.69	.802	109
15. I think it is important for a girl to go to a lot of trouble to look good.	1.47	.617	109

Note. * Items are reverse-scored.

5.3.3 Descriptive Statistics for the IRMA-MV

Table 8

Descriptive Statistics for the IRMA-MV

Mean	Variance	Std. deviation	No. of items
92.69	198.452	14.087	22

In Table 8 above and Table 9 below, I show the mean scores on the IRMA-MV and items within this measure. The total mean score was 92.69 out of a possible maximum total of 110. The average scores for this measure were therefore very high and indicate an overall rejection of rape myths across the sample. Individual items were measured from 1 (strongly agree) to 5 (strongly disagree). The average scores across items were 4.21, indicating higher levels of disagreement with rape myths.

Table 9
Descriptive Statistics for Items on the IRMA-MV

	Mean	SD	N
1. If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand.	4.45	.986	382
2. When girls go to parties wearing slutty clothes, they are asking for trouble.	4.32	1.109	382
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.	4.56	.876	382
4. If a girl acts like a slut, eventually she is going to get into trouble.	3.70	1.302	382
5. When girls get raped, it's often because the way they said "no" was unclear.	4.60	.869	382
6. If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.	4.11	1.207	382
7. When guys rape, it is usually because of their strong desire for sex.	3.34	1.380	382
8. Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.	3.79	1.205	382
9. Rape happens when a guy's sex drive goes out of control.	3.77	1.342	382
10. If a guy is drunk, he might rape someone unintentionally.	4.05	1.187	382
11. It shouldn't be considered rape if a guy is drunk and didn't realise what he was doing.	4.67	.845	382
12. If both people are drunk, it can't be rape.	4.32	1.116	382
13. If a girl doesn't physically resist sex – even if protesting verbally – it can't be considered rape.	4.69	.859	382
14. If a girl doesn't physically fight back, you can't really say it was rape.	4.79	.681	382
15. A rape probably doesn't happen if a girl doesn't have any bruises or marks.	4.85	.606	382
16. If the accused "rapist" doesn't have a weapon, you can't really call it rape.	4.90	.546	382
17. If a girl doesn't say "no" she can't claim rape.	4.08	1.170	382
18. A lot of times, girls who say they were raped agreed to have sex and then regret it.	3.85	1.036	382
19. Rape accusations are often used as a way of getting back at guys.	3.83	1.143	382
20. A lot of times, girls who say they were raped often lead the guy on and then had regrets.	4.04	1.069	382
21. A lot of times, girls who claim they were raped have emotional problems.	4.18	1.107	382
22. Girls who are caught cheating on their boyfriends sometimes claim it was rape.	3.80	1.142	382

5.4 Results of the regression analysis

5.4.1 Regression analysis with AFIS ISR and AFIS ORB as a predictor of the IRMA-MV

Table 10

ANOVA for the AFIS and IRMA-MV

	Sum of squares	df	Mean square	F	Sig.
Regression	236.557	2	118.278	.614	.542
Residual	52 018.000	270	192.659		
Total	52 254.557	272			

Note. Dependent variable: IRMA-MV

Multiple linear regression was conducted using the AFIS ISR and AFIS ORB subscales. An ANOVA was generated and used to assess whether the predictor variables (AFIS ISR and AFIS ORB) were able to predict the IRMA-MV scores. As can be seen in Table 10 above, the results were not significant ($p = .54$). The AFIS did not predict changes in scores on the IRMA-MV. Thus, based on the above results, we can fail to reject the null hypothesis that adolescent femininity ideology in females predicts rape myth acceptance.

5.4.2 Regression analysis with the AFIS-B as a predictor of the IRMA-MV

Table 11

ANOVA for the AFIS-B and IRMA-MV

	Sum of squares	df	Mean square	F	Sig.
Regression	6 012.443	1	012.4436	53.434	.000
Residual	12 039.704	107	112.521		
Total	18 052.147	108			

Table 12*Model Summary of the AFIS-B as a Predictor of the IRMA-MV*

R	R square	Adjusted R square	Std. error of the estimate
.577	.33	.327	10.60757

Table 13*Simple Linear Regression Summary Table for AFIS-B and IRMA-MV*

Variable	B	95% CI	β	t	Sig. (p)
(constant)	127.059	[115.954, 138.164]		22.681	.000
AFIS-B	-1.656	[-2.106, -1.207]	.577	-7.310	.000

A simple linear regression was carried out to determine whether the IRMA-MV could be predicted based on the AFIS-B. The results of the regression indicated that the model explained 33% of the variance, as seen in Table 12 above, and the model was significant. A significant regression equation was found in Table 11 ($F(1, 107) = 53.44, p < .00$), $R^2 = .33$. The regression coefficient ($B = -1.66$, 95% CI [138.16, 115.95]) in Table 13 above indicated that an increase in one point on the AFIS-B corresponded, on average, to a decrease in the score on the IRMA-MV by 1.66 points. Therefore, based on these results, the null hypothesis that adolescent femininity ideology predicts rape myth acceptance can be rejected for males.

5.5 T-test results of the IRMA-MV

Table 14*Statistics for Gender and the Summative Total of the IRMA-MV*

	Gender	N	Mean	Std. deviation	Std. error mean
IRMA-MV-TOT	Male	109	86.7890	12.92863	1.23834
	Female	273	95.0403	13.86046	.83887

An independent-samples t-test was conducted to compare IRMA-MV scores in males and females, as presented in Table 14 above. Females ($M = 95.04$, $SD = 13.87$) reported

statistically significantly higher scores on the IRMA-MV than males ($M = 86.79$, $SD = 12.93$), $t(380) = 5.35$, $p = .00$, showing a higher rejection of rape myths among females.

Table 15
Independent Samples T-Test with Gender and IRMA_MV

		Levene's test for equality of variances		t-test for equality of means							
		F	Sig.	t	df	Sig. (2-tailed)	Mean difference	SE difference	95% Confidence interval		
										Lower	Upper
IRMA-MV	Equal variances assumed	1.17	.281	-5.35	380	.000	-8.25	1.55	-11.28	-5.22	
	Equal variances not assumed			-5.52	212.13	.000	-8.25	1.50	-11.20	-5.30	

5.6 Summary of the main results

The results of my study prove that no connection can be made between the AFIS and the IRMA-MV. As predicted, higher scores on the AFIS-B, which indicate greater agreement with conventional femininity ideologies, lead to lower scores on the IRMA-MV, that is, the more males subscribe to the ideology of how women should behave, the more likely they are to accept rape myths. Overall, females scored higher than males on the IRMA-MV, showing that they are more likely to reject rape myth acceptance than males in this sample.

Chapter 6

Discussion, Limitations, and Recommendations for Future Research

The current chapter discusses the results of my study in relation to the current literature. I will discuss the intention of the research, followed by the initial analyses and descriptive statistics I found on the AFIS, AFIS-B, and IRMA-MV. My discussion will focus on males' and females' scores on the IRMA-MV, and the difference between how males and females scored on this measure. I will discuss the relationship between the AFIS, AFIS-B and IRMA in relation to the research question, namely does adolescent femininity ideology predict rape myth acceptance in first-year students? Following the discussion as outlined above, I present the limitations of this study and make recommendations for future research.

6.1 What was the intention of the research?

My study intended to determine whether adolescent femininity ideology predicts RMA among first-year university students in South Africa. A convenience sample of male and female university students answered a questionnaire that included either the AFIS (for females) or AFIS-B (for males) and the IRMA-MV (both males and females). As hypothesised, greater acceptance of adolescent femininity ideology predicted greater acceptance of rape myths, albeit only in males. The AFIS-B was a significant predictor of changes in the IRMA-MV. The more that male participants accepted the negative conventions of femininity ideology on the AFIS-B, the more likely they were to accept rape myths. This has implications for how femininity ideology and rape myth acceptance can be viewed in males. I discovered that the acceptance of female ideology had no predictive relationship for the level of rape myth acceptance in females. Overall, females rejected rape myths more than males in this sample.

6.2 Reliabilities of the measures

I conducted a pilot study to determine the overall reliability and internal consistency of the AFIS, AFIS-B, and IRMA-MV. The overall reliability across these measures was good, with a sample size of 37 for the pilot study. A shortfall of the pilot study was that only eight males participated.

In the main study sample of 382 participants, Cronbach's alpha scores for the AFIS and IRMA-MV were good, indicating good internal consistency. The results of the reliability

of the AFIS are consistent with Tolman and Porche (2000), who developed the AFIS, as well as with other studies (Jacobs, 2018; Kafaar et al., 2012; Mudau et al., 2018).

The reliability of the AFIS-B when all 15 items were used was below acceptable limits. I identified that the wording of item number 4 was unclear and, once recoded, was no longer a good indicator of the AFIS-B. The item was deleted as it was not representative of the concept and, once deleted, the overall reliability of the scale was within acceptable limits. Once the scale was within acceptable limits, I decided that it would still be used in the analyses, as this item did not have a large effect on the measure overall.

6.3 The AFIS and AFIS-B

The mean sample scores of the AFIS are consistent with those of Tolman and Porche (2000) in their sample of participants in their first year of college. The consistency of these findings is unsurprising, as first-year students are often sensitised to issues surrounding femininity ideology or, at the very least, feminine norms that dictate the ways in which females behave. As Finchilescu and Dugard (2018) discuss, students at university are part of a microcosm that represents the broader society. As such, as people age, the ideas that they hold regarding gender stereotypes and ideologies may become more covert (McMahon & Farmer, 2011). Most males disagreed with items on the measure indicating that there are low levels of acceptance of feminine conventionality among males. Thus, there may be a resistance to femininity ideology and enforcing these norms on females. Females in my study had low acceptance of femininity ideology, potentially rejecting the patriarchal sexist ideologies that surround what it truly means to be a female, and how a female should think and behave.

My findings are aligned with current literature on the objectification of women. In line with the average scores for the ORB subscale in Tolman and Porche (2000), females tended to agree with the item, “I often wish my body were different”. However, in contrast to Tolman and Porche (2000), items 8 – “there are times when I have really good feelings in my body”, 9 – “the way I decide I am at a good weight is when I feel healthy”, and 10 – “I decide how much to eat by how hungry I am” on the measure received low average mean scores once recoded. Strongly disagreeing with these items indicated that females were unhappy in their bodies and were focusing their feelings about their body on how they look, rather than being healthy or listening to their hunger cues.

Self-blame can be linked to habitual body monitoring, which may be present among the females in this study based on how they answered items 8, 9 and 10 on the ORB subscale. Culture and society have a strong influence on females, particularly concerning women's bodies and how they feel within themselves (Saunders et al., 2020; Szymanski, 2020). Szymanski (2020) outlines that sexual objectification is directly related to depression via self-blame. These items further indicated that females were unhappy with their current bodies, which has been linked to problems with self-esteem (Barzoki et al., 2018).

South African women disagreeing with the statements above may affect the way depression and self-esteem issues are viewed. Having an objectified relationship with one's body has been linked to problems such as low self-esteem and depression (Impett et al., 2010b; Saunders et al., 2020; Strelan & Hargreaves, 2005; Szymanski, 2020). As females are at a higher risk of disorders such as mood eating and depressive disorders (Bantjes et al., 2019), answers on measures such as the ORB subscale may indicate areas of concern where females focus more on how they look than on how they feel. If females are not focused on how they are feeling, they may be inclined to ignore their emotions, and thus may be inclined to develop depressive disorders and self-esteem issues.

As positive self-esteem has been linked to fewer depressive symptoms, positive body image and fewer unhealthy dieting behaviours (Gillen, 2015), the results of my study indicate that females in this sample may not have a positive body image. By agreeing with items such as often wishing their body were different and disagreeing with items of feeling good and deciding what to eat based on hunger cues, it appears that females have accepted societal demands of 'thinness' and have a negative body image.

The item "I think a girl has to have a light complexion and delicate features to be thought of as beautiful" received the lowest mean score, indicating that the females in my study were in strong disagreement with this statement. This finding is of particular importance, as it demonstrates the evolving nature of ideologies within society. Previous literature denotes that women had to be fairer, with delicate features, and often white and thin, to be classed as 'beautiful' (Biefeld et al., 2021). What can be seen here, however, is that women no longer hold on to that idea of beauty and that there has been a shift in which women classify as beautiful. How women view themselves and others has shifted, as can be seen in how this item was scored. With the shift in ideas of what is classified as beautiful, perhaps women's acceptance of the male gaze and societal standards of beauty from a South

African perspective may not be the same as international standards. Social media is often used as a platform for media ideals and has been linked to the internalisation of media ideals and body image. Perhaps females are seeing a broader variety of bodies and no longer solely seeing the ideas of photographers and designers, but rather an array of beautiful women who are various shapes, sizes, and skin tones, thus altering their perceptions of what they find beautiful. For example, there now is the influence of Instagram and TikTok influencers who are not always light of complexion, such as Zodwa Wabantu and Nadia Jafta, who both have an extensive following on these platforms. These platforms are readily accessible and are used by most adolescents and can have a direct influence on how they view themselves and others. This finding is similar to that of Biefeld et al. (2021), who state that body size stereotypes are more salient than sexualisation and that ideals are influenced by the participants' race and ethnicity.

One of the recommendations put forward by Tolman and Porche (2000) is that there should be an investigation of how AFIS relates to other measures of oppression. The IRMA-MV can be seen as a measure that focuses on patriarchal norms and is oppressive toward women (McMahon & Farmer, 2011).

6.4 IRMA

The updated version of the IRMA developed by McMahon and Farmer (2011) was utilised in this sample due to its ability to reflect more subtle rape myths and current language. There was slightly less acceptance of rape myths in my study than what was found by McMahon and Farmer (2011). The difference in results could be due to students being more sensitised to issues of rape and RMA. Concurrent with the research produced by Zidenberg et al. (2021), rape myths have shifted from something that is widely accepted into something more subtle, but still accepted. This was shown in the higher scores on the IRMA-MV, as both males and females had higher rates of rejection of rape myths; however, they may still hold on to these beliefs and deny them on the measure itself due to the measure having overt rape myths present. Sexist attitudes are still very prevalent in society, often placing women at the lower end of the spectrum in terms of equality and justice. These attitudes are present in rape myths and could partly explain why males scored significantly higher on the acceptance of rape myths than females.

6.4.1 Difference between males' and females' rape myth acceptance

Social and cultural norms set rules and standards around beliefs of how males and females should behave (Tolman et al., 2016). These ideas often are inherently sexist, favouring the male and, through the evolving nature of sexism, continue to place males in a position of power (Akala & Divala, 2016). Gender has often been focused on as a variable in rape myths, with males being more accepting of rape myths than females (Fansher & Zedaker, 2020; Fejervary, 2017; Hayes et al., 2016; McMahon, 2010). Overall, males in my study tended to be more accepting of rape myths than females, which is consistent with prior research.

Men who endorse traditional gender-based attitudes are more likely to endorse rape myths (Samji & Vasquez, 2020). Men have been established as the dominant members of society and have been socialised into gender roles that devalue women and often place men in a position of power (Fakunmoju et al., 2021). The power disparity that exists between males and females has previously been linked to higher rates of RMA and, in turn, potentially to higher rates of rape proclivity as well (Bohner et al., 2005). Subsequently, males' acceptance of rape myths in this sample is of concern if rape myths increase the proclivity to rape.

Females in this sample indicated higher rates of rejection of rape myths. This finding is consistent with previous studies on rape myths (Fansher & Zedaker, 2020; Fejervary, 2017; Hayes et al., 2016; McMahon, 2010). The low scores across the AFIS indicate that females may not have strong internalisation of the negative beliefs associated with feminine conventions. Having an objectified relationship with one's body is indicative of self-objectification that occurs through gendered norms and ideals, as well as patriarchal standards. The 'third person' perspective many women have of themselves may be enough to negatively judge and wrongly blame victims for their assault, based on the fact that they may hold on to sexist attitudes that have been widely accepted by men, even in the most subtle forms (Davidson & Gervais, 2015).

There was a significant difference between males and females in rape myth acceptance. Males scored significantly lower than females on all items of the IRMA-MV, except for item number 16. Item number 16 of the IRMA-MV states that 'if the accused "rapist" doesn't have a weapon, you really can't call it rape'. This finding is surprising as it shows that females are more accepting of this myth than males. One of the possible explanations for this finding is

that rape scripts and rape myths often focus on stranger rape and expecting the ‘perpetrator’ of this assault to have a weapon would make it more believable. Iles et al., (2021) indicated that women can be more stigmatising toward other women if they have internalised rape myths. These internalised rape myths may influence the ways in which women perceive victims of rape; however, they may be able to deny the items when they are blatant and overt such as those on the IRMA-MV. Females answers on this item may also indicate that female victims are ‘expected’ to protect themselves, such that if a weapon was not used in the assault, it cannot be deemed rape. This item highlights rape scripts that may be present in society, namely that assault needs to occur with a weapon, otherwise the lines may become blurred. Zidenberg et al. (2021) state that participants believed that victims had responsibility for their attack and, if there had not been physical resistance or if the victim was not physically injured, it cannot be seen as rape. This has been one way in which rape myths have evolved and continue to evolve in order to blame the victim for their attack.

6.5 Does adolescent femininity ideology predict RMA?

The main question of my research was whether adolescent femininity ideology predicts rape myth acceptance.

For males, there was a significant positive relationship between acceptance of adolescent femininity ideology and rape myth acceptance. The more likely males are to agree with or accept conventions of femininity, the more likely they are to be accepting of rape myths. Furthermore, the results of the linear regression between the AFIS-B and the IRMA-MV show that there is a shared variance of 33%. Overall, 33% of changes in the scores on the IRMA-MV can be explained by the AFIS-B. These results indicate that, even though there is an overall rejection of conventions of girls’ femininity among males in my study, this has been linked to an acceptance of rape myths, in that the more accepting males are of feminine conventions regarding girls, the more likely they are to accept rape myths. The same cannot be said for female participants in this study.

Females’ acceptance of the negative conventions associated with femininity ideology did not affect their rejection of rape myths. These results were unexpected, as I expected that females subscribing to the ideology of how women should behave would also have higher scores on the IRMA-MV. The results of the multiple linear regression showed that the AFIS had no significant relationship with the IRMA-MV. Acceptance of femininity ideology in females does not predict rape myth acceptance. While both the AFIS and the IRMA-MV rely

on sexist beliefs, there is no predictive quality of the AFIS for RMA among female university students. For males, femininity ideology predicted RMA by 33%, although there was no relationship for females. As femininity ideology rests on sexist underpinnings of what it means to be a female and dictates how females should act and feel, it is unsurprising that femininity ideology predicts rape myth acceptance among males but not females in this sample.

6.6 Rape myths and rape – does femininity ideology provide a sexist foundation on which rape myths rest?

The importance of this study was to highlight ways in which RMA can be understood, especially in the South African setting where there are high rates of rape, gender-based violence and intimate partner violence. The higher rates of acceptance of rape myths among males in this study may also highlight the ways in which they adhere to patriarchal norms of how a female should behave. Current ideas surrounding rape myths often include token resistance, which may be linked to victim-blaming as females should say no to sex in order to appear ‘decent.’ Males’ higher rates of acceptance of rape myths may continue to show that, while awareness has been created around problems of rape and gender-based violence, not only in South Africa but internationally, males may continue to adhere to beliefs that will place them in a position of power. These positions of power devalue and dehumanise women, placing them in an objectified position (Davidson & Gervais, 2015) and, as can be seen by the females’ scores on the AFIS ISR subscale, taking their voice away, which may lead to inauthenticity within relationships.

Inauthenticity in relationships has been linked to problems with speaking up about condom usage. Often, as demonstrated in research by Shefer (2016), women have trouble speaking up to their partners about using condoms if they believe that their partners will get upset or angry with them. Females in my study scored high on the AFIS ISR item, ‘I wish I could say what I feel more often than I do,’ which indicates that they may be silencing themselves. Females being silenced is an inherent issue that is still occurring and will continue to occur if it is not addressed in a way that is culturally sensitive and focused on individual person-centred approaches. Women who were higher in inauthenticity and felt threatened in their relationships were less likely to use condoms in their relationships (Impett et al., 2010a). South Africa has extremely high rates of teenage pregnancy due to various social and contextual factors (Dunkle et al., 2004; Shefer, 2016). If women are unable to be

authentic in their relationships and speak to their partners about safe sex practices, they are placing themselves at increased risk of teenage pregnancy, as well as at risk for sexually transmitted infections and diseases.

Not only has inauthenticity been linked to decreased rates of condom usage and increased risk of STDs, it can also be linked to forced sex and intimate partner violence within relationships by way of maintaining patriarchal norms and ideals that place females at risk (Bhana & Pillay, 2018; Jewkes & Morrell, 2012). As Bhana and Pillay (2018) state, males' use of violence has become intertwined with conventions of femininity. Forced sex differs from rape in that there is a relationship prior to the assault, and often participants felt that sex was a women's obligation in the relationship (Wood et al., 2007). Rape myths and rape scripts may not cover forced sex, as these types of incidents are often perpetuated by men with women as the gatekeepers (Littleton & Axsom, 2003). Often, forced sex relies on the women being submissive while the male uses tactics of manipulation. These tactics enhance the idea that females are merely objects for men's desires and are there to serve the needs of men. Inauthenticity and not being able to speak up for what they want may lead women into a position where they are also unable to say no to the sexual advances of men, whether they are wanted or not. The subordinate place women hold in society may be due to their inability to express how they truly feel about a situation, or in a relationship.

What can be deduced from my research is that females have an objectified relationship with their body and have accepted traits of inauthenticity that may affect how they view themselves, as well as other women. Females with high rates of RMA have been linked to less emotionally supportive responses (Grandgenett et al., 2020). The results of my study are promising when one considers that females have higher rates of rejection of rape myths, indicating that they may be more sensitive to the disclosure of other females. As prior victimisation has been linked to more emotionally supportive responses, females in South Africa may be more sensitised to rape and sexual victimisation and may be more willing to respond positively to victims of sexual assault.

South Africa has been dubbed the rape capital of the world (Krige, 2021). With rates of reported rape being as high as they are, there is a need for interventions to start taking place at the community level, in schools, before university begins. The high rates of sexist adherence to rape myths, albeit decreasing, indicate that by the time males reach university, they have already placed themselves in a position that views the unequal treatment of women

as normal and perhaps even acceptable, provided it is not spoken about. Bystander intervention and resistance training programmes should be targeted at individuals in high school to help prevent sexist attitudes from being enforced by the time they reach university.

6.7 Limitations

This study was not without its limitations. The first of these is that the sample is comprised solely of first-year university students. University students are often used as a sample due to convenience. My study cannot be generalised to other populations and is thus limited in the scope and output of the findings. The second limitation of my study is that the scales that I used focused solely on binary terms of male and female, which had the potential to exclude participants who identify as non-binary and other types of gender identification. The wording of the fourth item of the AFIS-B was lengthy and confusing, which may have led to participants interpreting the question incorrectly and thus affecting the reliability of the scale within this sample. The AFIS and AFIS-B were developed for use with adolescents and this study focused on late adolescence, as was defined in Chapter 4, hence the measures will not reflect the ideologies of males and females older than those identified in our sample.

Due to the nature of the questionnaires as self-report measures, participants may have responded in a way that they believed was socially desirable, which may have a negative effect on the scores on the survey, causing lower scores on items that would generally have been scored higher.

6.8 Recommendations for future research

Regarding future research, it will be important to extend the study to samples outside of the university setting. While the university setting does offer convenience in terms of sampling, the results cannot be generalised to other populations and may thus differ across other universities and settings. First-year university students are a particular subset of the university sample and may not be fully representative of a university sample; further studies could identify changes in adolescent femininity ideology and RMA over time.

Moreover, it will be important to include categories for gender identification in the sample that do not discriminate against people who do not identify with the binary terms of male and female. These terms are limited in their definition and are exclusionary to people who identify as transgender, cisgender, and other non-binary terms.

Concerning the measures used in the study, the AFIS, AFIS-B and the updated IRMA, the wording of the items in these scales has the potential to be outdated due to the evolving nature of social ideologies and norms. As was seen with the AFIS-B, when participants answered item number 4 and it was reverse coded, a problem arose with the overall reliability of the scale, indicating that the wordiness has the potential to be confusing. Future research should look at the wording of the items and potentially update them to reflect current language and dialect.

Chapter 7

Conclusion

This study explored whether there was a predictive relationship between adolescent femininity ideology and rape myth acceptance in first-year university students in South Africa. More specifically, the hypothesis of this study stated that adolescent femininity ideology will predict rape myth acceptance in university students. Overall, rates of acceptance across the measures were predictively low, indicating that there has been a shift in the ideas that surround negative conventions of femininity, as seen in the AFIS, as well as decreases in scores on the AFIS-B by males. Overall rates of acceptance of rape myths were low, which may indicate that both males and females are rejecting more overt rape myths.

Regarding the reliability of the AFIS-B in this sample, as stated previously, language evolves over time, along with attitudes and beliefs, which is possibly why the reliability of this measure was lower than expected. After deleting item number 4 and gaining an acceptable reliability score for the measure, it became clear that there may be a need for measures to update the language in the items to suit current attitudes and beliefs, which may be more subtle than when the measures were originally designed.

The results of the AFIS were as predicted, showing a rejection of the patriarchal norms that underpin beliefs surrounding how females should behave. The higher rates of acceptance of the ORB measures surrounding being happy within one's body may indicate that females are currently unhappy in their bodies, and this may be linked to accepting a male gaze or third-person perspective of their own bodies. Current literature has explored the negative issues that surround having an objectified relationship with one's body, such as depression, self-esteem problems, and eating disorders (Lindberg, Hyde, & McKinley, 2006).

The social construction of gender has placed females in a subordinate and objectified position, especially in relation to males. These patriarchal norms have affected females' daily lives and affects the ways in which females view themselves. Overall scores on the AFIS were neutral in this sample, with a few items receiving higher scores; this relates to higher rates of acceptance. As can be seen, females in this sample had higher rates of acceptance on items of the ISR subscale that related to pleasing others, as well as high rates of acceptance on the ORB subscales on items that relate to being happy in ones' body and eating when hungry. Females showed that they may be unhappy with their bodies and, overall, they may

not be listening to hunger cues, which could also be linked to ignoring other parts of their bodies, such as mental health and self-esteem issues. These findings highlight previous research that linked self-objectification to depression in females.

I hypothesised that adolescent femininity ideology would be a predictor of rape myth acceptance. Males' acceptance of the conventions of femininity ideology was a predictor of rape myth acceptance. There was no link between female's acceptance of femininity ideology and rape myth acceptance. Femininity ideology and rape myths both rely on sexist conventions that inevitably oppress females; thus, it was unsurprising that femininity ideology predicted rape myth acceptance in males. Females indicated a greater rejection of rape myths than males. These results were expected, indicating that females are less likely than males to blame the victims of rape.

Finally, the results of the present study add to the vast literature on rape myth acceptance and femininity ideology. By exploring the relationship between the two constructs, it would be possible to put alternative prevention measures and interventions in place in an attempt to reduce rates of rape myth acceptance, rape proclivity, and rape. As indicated by the results of the study, males' acceptance of conventions of femininity that oppress women is linked to RMA, and there is a need to address the ideas and beliefs that males hold on what being a female entails, thereby potentially combating victim blaming as a result of RMA.

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Appendices

Appendix A: Informed consent form



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

Dear Prospective participant

My name is Savannah Thackwray, a student at the Department of Psychology, and I would like to invite you to take part in a survey, the results of which will contribute to a research project in order to complete my Master's degree in Psychology. The possible outputs from this research project will be a thesis and journal articles.

Please take some time to read the information presented here, which will explain the details of this project.

Your participation is entirely voluntary, and you are free to decline to participate. You are also free to withdraw from the study at any point, even if you do agree to take part. If you withdraw from the project, the information you have submitted will not be captured or used in the analysis. All data collected will remain completely confidential.

The aim of this study is to investigate whether the ways women should behave predicts the level of acceptance on items which blame the victim for their own rape (for example, she was drinking by herself, she was asking for it).

The questionnaire will take approximately 10-15 minutes to complete and will contain a combination of questions covering various aspects of femininity ideology and rape myth acceptance, as well as demographic variables for statistical purposes.

RIGHTS OF RESEARCH PARTICIPANTS:

You have the right to decline answering any questions and you can exit the survey at any time without giving a reason. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Mrs Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

Your information and response to the survey will be protected by storing it on a separate, password protected laptop for 5 years and backed up on password protected cloud storage (Microsoft OneDrive). Only I can access the laptop and as such, your information will not be accessed by other parties. All responses will remain completely anonymous as no identifying characteristics such as your name, or any contact details will be collected.

If at any point during the survey you feel uncomfortable or distressed about the themes covered in the survey and /or other related forms of oppression/violence, please contact the Centre for Student Counselling and Development (CSCD) on 021 808 4994, supportus@sun.ac.za (Stellenbosch campus) or the Welgevallen Clinic on 021 808 2696, WCPC@sun.ac.za. These services will be free-of-charge. If you have any questions or concerns about the research, please feel free to contact the researcher Savannah Thackwray, 21028397@sun.ac.za and/or the Supervisor, Dr Z. Kafaar, zkafaar@sun.ac.za

I confirm that I have read and understood all of the information provided about the current study

- Yes
- No

Do you consent to participate in the survey?

- Yes
- No

Appendix B: Demographic Information Questionnaire

Please select the relevant answer.

Are you currently a first-year student at Stellenbosch University?

- Yes
- No

What is your current age?

- Younger than 18
- 18-22
- 23 – 27
- 27+

Do you identify as **Male/Female/Other**? If you identify as ‘Other,’ please explain in the box next to your selection

- Male
- Female
- Other:

If at any point during the survey you feel uncomfortable or distressed about the themes covered in the survey and /or other related forms of oppression/violence, please contact the Centre for Student Counselling and Development (CSCD) on 021 808 4994, supportus@sun.ac.za (Stellenbosch campus) or the Welgevallen Clinic on 021 808 2696, WCPC@sun.ac.za. These services will be free-of-charge.

Appendix C: Adolescent Femininity Ideology Scale (AFIS)

Instructions: This scale assesses aspects of feminine norms and is for female participants only. This scale consists of 20 items. Please answer each item as honestly as possible. There are no right or wrong answers. To answer you must tick the relevant box. Please ensure that you have answered every item in this scale according to what is relevant to you. For example: “I worry that I make others feel bad if I am successful” will be answered according to whether you strongly disagree, are neutral to the comment, or whether you strongly agree (Tolman & Porche, 2000).

Range for each item is from 1 (strongly disagree) to 6 (strongly agree)

	1 Strongly disagree	2 Disagree	3 Slightly disagree	4 Slightly agree	5 Agree	6 Strongly agree
<u>Inauthentic self in relationships</u>						
1. I would tell a friend she looks nice, even if I think she shouldn't go out of the house dressed like that.						
2. I express my opinions only if I can think of a nice way of doing it.						
3. I worry that I make others feel bad if I am successful.						
4. I would not change the way I do things in order to please someone else.						
5. I tell my friends what I honestly think even when it is an unpopular idea.						
6. Often I look happy on the outside in order to please others, even if I don't feel happy on the inside.						
7. I wish I could say what I feel more often than I do.						
8. I feel like it's my fault when I have disagreements with my friends.						

Inauthentic self in relationships (continued)	<u>1</u> Strongly disagree	<u>2</u> Disagree	<u>3</u> Slightly disagree	<u>4</u> Slightly agree	<u>5</u> Agree	<u>6</u> Strongly agree
9. When my friends ignore my feelings, I think that my feelings weren't very important anyway.						
10. I usually tell my friends when they hurt my feelings.						
<u>Objectified relationship with body</u>						
1. The way I can tell that I am a good weight is when I fit into a small size.						
2. I often wish my body were different						
3. I think that a girl has to be thin to feel beautiful.						
4. I think a girl has to have a light complexion and delicate features to be thought of as beautiful.						
5. I am more concerned about how my body looks than how my body feels.						
6. I feel comfortable looking at all parts of my body.						
7. I often feel uncomfortable in my body.						
8. There are times when I have really good feelings in my body.						
9. The way I decide I am at a good weight is when I feel healthy.						
10. I decide how much to eat by how hungry I am.						

Appendix D: Adolescent Femininity Ideology Scale for Males (AFIS-B)

(Tolman, D. L., Davis, B. R., & Bowman, C. P, 2016)

Instructions: This scale assesses aspects of feminine norms. This scale consists of 15 items. Please answer each item as honestly as possible. To answer, you need to tick the relevant box. There are no right or wrong answers. Please ensure that you have answered every item in this scale according to what is relevant to you.

Range is from 1 (disagree a lot) to 4 (agree a lot)

	1 Disagree a lot	2 Disagree a little	3 Agree a little	4 Agree a lot
1. I like it when a girl plays hard to get.				
2. It's important for a girl to look happy on the outside, even when she feels angry or unhappy inside.				
3. If a girl has a boyfriend, he should be the most important thing in her life.				
4. I believe that girls spending lots of energy on makeup, fashion, or hairstyles is a general waste of time.				
5. If a girl doesn't feel good about herself, the best thing she can do is try to change the way she looks.				
6. I think it is more important for a girl to look good than to have a good personality.				
7. Girls who are overweight deserve to be teased.				
8. A good girlfriend would never do or say anything that might embarrass her boyfriend.				
9. Girls always take criticism too personally.				
10. A girl should only express her opinions if she can think of a nice way to do it.				
11. It bothers me when a girl downplays her achievements.				

AFIS-B (continued)	1 Disagree a lot	2 Disagree a little	3 Agree a little	4 Agree a lot
12. I believe it's normal for girls to act on their sexual feelings.				
13. A good girlfriend puts her boyfriend's needs ahead of her own needs.				
14. I would treat a pretty girl better than a girl who is not attractive.				
15. I think it is important for a girl to go to a lot of trouble to look good.				

Appendix E: Illinois Rape Myth Acceptance Scale – Modified Version (IRMA-MV)

Instructions: This scale assesses aspects of rape myths. This scale consists of 22 items. Please answer each item as honestly as possible. There are no right or wrong answers. To answer, please tick the relevant box. Please ensure that you have answered every item in this scale according to what is relevant to you. For example: “If a girl doesn’t physically fight back, you can’t really say it was rape.” will be answered according to whether you strongly disagree, are neutral to the comment, or whether you strongly agree (Lonsway & Fitzgerald, 2011)

Range is from 1 (strongly agree) to 5 (strongly disagree)

	1 Strongly agree	2 Agree	3 Neutral	4 Disagree	5 Strongly disagree
Subscale 1: She asked for it					
1. If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand.					
2. When girls go to parties wearing slutty clothes, they are asking for trouble.					
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.					
4. If a girl acts like a slut, eventually she is going to get into trouble.					
5. When girls get raped, it’s often because the way they said “no” was unclear.					
6. If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.					
Subscale 2: He didn’t mean to					
7. When guys rape, it is usually because of their strong desire for sex.					
8. Guys don’t usually intend to force sex on a girl, but sometimes they get too sexually carried away.					
9. Rape happens when a guy’s sex drive goes out of control.					
10. If a guy is drunk, he might rape someone unintentionally.					
11. It shouldn’t be considered rape if a guy is drunk and didn’t realize what he was doing.					

(continued)	1 Strongly agree	2 Agree	3 Neutral	4 Disagree	5 Strongly disagree
12. If both people are drunk, it can't be rape					
Subscale 3: It wasn't really rape					
13. If a girl doesn't physically resist sex - even if protesting verbally - it can't be considered rape.					
14. If a girl doesn't physically fight back, you can't really say it was rape.					
15. A rape probably doesn't happen if a girl doesn't have any bruises or marks.					
16. If the accused "rapist" doesn't have a weapon, you really can't call it rape.					
17. If a girl doesn't say "no" she can't claim rape.					
Subscale 4: She lied					
18. A lot of times, girls who say they were raped agreed to have sex and then regret it.					
19. Rape accusations are often used as a way of getting back at guys.					
20. A lot of times, girls who say they were raped often lead the guy on and then had regrets.					
21. A lot of times, girls who claim they were raped have emotional problems					
22. Girls who are caught cheating on their boyfriends sometimes claim it was rape.					

Appendix F: Research Ethics Committee (REC) Notice of Approval



NOTICE OF APPROVAL

REC: Social, Behavioural and Education Research (SBER) - Initial Application Form

5 October 2020

Project number: 15499

Project Title: Adolescent Femininity Ideology Predicts Rape Myth Acceptance in Male and Female First Year Students at Stellenbosch University

Dear Miss Savannah Thackway

Your response to stipulations submitted on 7 September 2020 was reviewed and approved by the REC: Social, Behavioural and Education Research (REC: SBE).

Please note below expiration date of this approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
20 August 2020	19 August 2021

SUSPENSION OF PHYSICAL CONTACT RESEARCH DURING THE COVID-19 PANDEMIC

Due to the Covid-19 pandemic and resulting lockdown measures, all research activities requiring physical contact or being in undue physical proximity to human participants has been suspended by Stellenbosch University. Please refer to a [formal statement](#) issued by the REC: SBE on 20 March for more information on this.

This suspension will remain in force until such time as the social distancing requirements are relaxed by the national authorities to such an extent that in-person data collection from participants will be allowed. This will be confirmed by a new statement from the REC: SBE on the university's dedicated [Covid-19 webpage](#).

Until such time online or virtual data collection activities, individual or group interviews conducted via online meeting or web conferencing tools, such as Skype or Microsoft Teams are strongly encouraged in all SU research environments.

If you are required to amend your research methods due to this suspension, please submit an amendment to the REC: SBE as soon as possible. The instructions on how to submit an amendment to the REC can be found on this webpage: [\[instructions\]](#), or you can contact the REC Helpdesk for instructions on how to submit an amendment: applyethics@sun.ac.za.

GENERAL REC COMMENTS PERTAINING TO THIS PROJECT:

INVESTIGATOR RESPONSIBILITIES

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: SBE, the researcher must notify the REC of these changes.

Please use your SU project number (15499) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

You are required to submit a progress report to the REC: SBE before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary).

Once you have completed your research, you are required to submit a final report to the REC: SBE for review.