REACTION TOWARD RAPE AS A FUNCTION OF RATER
SEX, VICTIM SEX, AND FORM OF INJURY

THESIS

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

by

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Denton, Texas
August, 1990
Ee, Juliana Soh-Chiew, *Reaction Toward Rape as a Function of Rater Sex, Victim Sex, and Form of Injury.*

Master of Science (Clinical Psychology), August, 1990, 80 pp., 16 tables, references, 72 titles.

Raters' response toward victim and perpetrators in the context of rape is examined. More blame is attributed to a female than a male victim by all raters, particularly if the female victim is described only as being raped.

Detailed description of different forms of injury resulting from the rape tends to act as a mediating factor in the amount of blame assigned to victims. Whereas the delineation of injury tends to decrease the amount of blame assigned to the female victim, this pattern is reversed for the male. Raters also claim a physically injured rape victim would require a substantially longer recuperation time than one whose injuries are psychological or unspecified.
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REACTION TOWARD RAPE AS A FUNCTION OF RATER SEX, VICTIM SEX, AND FORM OF INJURY

The Victim-blaming Phenomenon

Victims of violent crimes may not only suffer the consequences of criminal actions against them, but may also be subjected to unsympathetic treatment in response to their mishaps. Victims who were mugged, raped or killed have been held responsible to a degree for having precipitated the crime. Jones and Nisbett (1972) found that, while people are likely to attribute the causal source of their own actions to the environment, they might consider the same events as due to the behavior and/or personal characteristics of others. Thus, observers would impute causality to victims since an observer's focus is usually on victims and their personal dispositions, rather than environmental and situational factors that may have precipitated the event. Pugh (1983) applied Kelley's discounting principle of attributional theory to explain this victim-blaming phenomenon. According to Pugh, a certain amount of responsibility is shifted from the offender to the victim if the victim is perceived by the observer to possess characteristics or to show behaviors which can account for the crime.
Major Theories Currently Offered

Two major theories have been proposed to account for this victim-blaming phenomenon. These theories have generated considerable research which established and categorized negative reactions to victims. One such theory was proposed by Walster (1966). In the design used to demonstrate the theory, a stimulus person who was the victim of chance happening, an accident, was accorded greater responsibility by observers when the severity of the consequences of that accident increased. The fact that the victim's actions prior to the accident were described in a similar fashion across the various consequences did not apparently affect the judgment of blame. Walster proposed that the thought of being victimized by a random event was disturbing to observers. If the observers could attribute the cause of negative outcomes to the victims and maintain a belief that they were different from the victims or would have acted differently, they would feel they could avert the possibility of such negative events happening to themselves. The underlying motivation of the observers for blaming the victim is attributed to maintaining their sense of invulnerability as well as their belief that the environment is predictable and controllable, void of chance happenings, especially those with negative outcomes.

A second theory, proposed by Lerner and associates, is termed the 'Just World' theory (Lerner & Simmons, 1966;
The theory as stated by Lerner and Miller (1978, pp. 1030-1031) was:

Individuals have a need to believe that they live in a world where people generally get what they deserve. The belief that the world is just enables the individual to confront his physical and social environment as though they (sic) were stable and orderly. Without such a belief it would be difficult for the individual to commit himself to the pursuit of long-range goals or even to the socially regulated behavior of day-to-day life. Since the belief that the world is just serves such an important adaptive function for the individual, people are very reluctant to give up this belief, and they can be greatly troubled if they encounter evidence that suggests that the world is not really just or orderly after all.

The knowledge that victims can suffer unjustly through no fault of their own or through random events implies that observers could encounter similar fates too. Observers attempt to justify the victims' sufferings through either compensation or derogation. Compensation is usually not
possible. Therefore, the observers create the perception that the victims deserve their predicament.

Shaver (1970) coined the phrase 'Defensive Attribution' in further elaboration and reformulation of Walster's increased severity-increased responsibility theory. To account for Walster's failure in a subsequent study in 1967 to replicate her hypothesis, Shaver postulated further that the stimuli used need to have some relevance to the subjects' phenomenological world before subjects could perceive a threat and, with it, the need to resort to self-protective attribution of responsibility. Shaver agreed with Lerner and Walster that people dislike the feeling of vulnerability aroused by random negative events. However, he suggested people are biased toward protecting themselves against a sense of blameworthiness and low self-esteem. This bias is heightened by increasing situational and personal similarity to the victims. If the observer can anticipate himself or herself in the same situation as the victim, it implies that the observer would be blamed if the victim is blamed or devalued if the victim is devalued. Thus, if the observer feels some similarity with the victim or identifies in some way with the victim's personal characteristics or situation, he or she is likely to attribute less responsibility to the victim.

Victims of Rape

Rape: A Violent Crime. Rape is usually listed as a violent crime by virtue of the negative effects it
has on the victim. Burgess and Holmstrom (1974), in an analysis of adult women rape victims documented the existence of rape trauma syndrome. They found that victims of rape suffered short term as well as long term effects from their victimization. In the short term process, victims may express disbelief at their own plight, may have somatic complaints, may display mixed emotions such as crying, smiling, controlled calmness, and reactions ranging from fear to anger to self-blame. Long term effects may include changing their residence and suffering from nightmares or phobias. Calhoun, Atkeson, and Resick (1982) found victims to be significantly more fearful than nonvictims even one year after the event. Feldman-Summers, Gordon, and Meagher (1979) found rape victims, when compared with a nonvictimied sample, reported lessened enjoyment of sexual activities and relationships after their ordeal.

Rape Myths. Rape is a crime uniquely shrouded with myths and stereotyped beliefs. There is often a negative implication of holding victims responsible for their plight. Some of the myths were discussed in Nadelson, Notman, and Carmen (1986). One common myth is that the victims (usually females) asked for and enjoyed it and so deserved the outcome. Another common myth is that males possess an insatiable biological urge which once aroused cannot be held in check. Since rape is part of the nature or the biological
makeup of the male, he is not totally responsible. People also perceive rape as an effortful and drawn-out process, giving the victim a chance or the ability to ward off the attack. Thus, if resistance is not evident on the part of the victim, the victim's consent to the event is inferred.

Victim's Characteristics. Drawing upon the empirical affirmation that a rape victim would often be viewed negatively and held responsible for his or her victimization (e.g. Mazelan, 1980; Feild, 1978), a number of studies have investigated what aspects or characteristics of the victim would result in greater amounts of blame assigned by observers of the crime. In their experimental manipulations, researchers have varied the victim's physical appearance, character traits, social status, marital status, and age to assess the degree of victim's culpability. Others have focused on the victim's past sexual life, time of occurrence of the rape, and the victim's relationship with the offender. There are also studies which manipulated victim's behavior prior to, during, and after the rape. The results of these studies are that a physically unattractive victim, one who is in the middle age range, and one known to have a bad character is held more responsible than victims portrayed otherwise (Seligman, Brickman, & Koulacl, 1977; Calhoun, Selby, Long, & Laney, 1980; Karuza & Carey, 1984). Also seen as more at fault is a victim in one of the less respectable professions (dancer
vs. nun), one unacquainted with the offender, one who
had been raped previously, or one who does not wish to
disclose her past sexual life when queried (Smith, Keating,
Hester, & Mitchell, 1976; Calhoun, Selby, & Warring, 1976;
Bolt & Caswell, 1981; Cann, Calhoun, & Selby, 1979). A
victim who is perceived to have acted carelessly, perhaps
failing to lock her car doors or failing to take precautions
in the streets she frequented or going out late at night
is also blamed more (Karuza & Carey, 1984; Damrosch, 1985;
Pallak & Davies, 1982; Bolt & Caswell, 1981). In addition,
a victim who has been drunk or who has behaved in a
provocative manner is also assigned more responsibility
(Richardson & Campbell, 1982; Best & Demmin, 1982;

Observer's Sex. One independent variable, the
observer's sex, has frequently been included to assess
the attribution of responsibility. This variable has
repeatedly been found to play a crucial role in the
victim-blaming process. Male observers have consistently
been found to view the rape victim, almost universally
a female, as more responsible, more to be blamed, or
as having brought about the rape. Female observers tend
to perceive the reverse and to attribute more responsibility
or be more punitive toward the offender (Calhoun, Selby,
Cann, & Keller, 1978; Calhoun et al., 1976; Cann et al.,
1979; Deitz, Littman, & Bentley, 1984; Howells et al., 1984;
Selby, Calhoun, & Brock, 1977; Smith et al., 1976).

To account for the majority finding of sex differences, some authors have suggested that the leniency which female observers show toward the victims and the male observers toward the offenders is the result of an identification process. That is, women tend to identify with the victim and men with the offender (Krulowitz, 1982; Smith et al., 1976). This identification takes the form of gender similarity and the perception that rape is a female-related crime.

Rape Outcome Injury. Apart from the factors such as dress-style and social status that were found to influence the degree of blame attributed to a victim, the outcome of rape is another factor to be considered. Victims are assigned greater blame when the outcome of rape is one of completed as opposed to an attempted or unsuccessful assault (Krulowitz & Nash, 1979). When the rape resulted in impregnation, older, in comparison to younger observers, appeared to become kinder toward the victim (Scroggs, 1976). Higher penalties were assigned to the offender by these older raters. However, there is a dearth of studies that focus on the type of distress incurred by rape victims and how this might affect the attribution of blame.

Rape may be viewed as a physical event in which bodily injuries such as anal lacerations, vaginal tears, broken bones, or stab wounds provide sure signs that
a physical assault has occurred. Rape may also be seen as a psychological event, producing depression, suicide attempts, insomnia, irrational phobias, or generalized anxiety. Compared to physical damages, psychological injuries may be more chronic, especially when exacerbated by emotional abuse from the offender which creates unsettling feelings in the victims concerning their self-regard.

In the victim's contact with law enforcement agencies and medical personnel, physical injuries provide concrete evidence of his or her victimization. In contrast, psychological injuries are more subtle and less noticeable. Psychological change is not as obviously directly related to abuse and tends to be enduring. Yet, in both physical and psychological abuses victims suffer not only from their injuries but also from the negative reactions toward themselves. With a negative attitude toward the mentally ill held by the public (Phillips, 1963; Farina, Allen, & Saul, 1968), it would not be surprising to suggest that victims who manifest psychological pain resulting from psychological abuse may be viewed less empathically than those with physical injuries.

Identification with victims

Non-rape Related Studies. The identification with the victim process has been investigated in studies with stimuli unrelated to rape. In a study by Chaikin and Dailey (1973), observers viewed a videotape featuring
a two-person experimental task in which an accident perpetrated by one of the persons brought harm to the other. Observers who expected to assume the role of the victim in the same task derogated the victim less than those who anticipated playing the role of the accident perpetrator. Chaikin and Dailey concluded that the observers were making defensive attributions consonant with the roles anticipated.

Similarly, Sorrentino and Boutilier (1974) manipulated fate similarity/dissimilarity to evaluate observers' view of the victim. In their study, the observers were shown a peer (a confederate) being punished for making errors in a learning task. Observers who were made to perceive they might suffer the same fate rated the victim more positively than those who did not anticipate being in that situation. Sorrentino and Boutilier concluded that the observers were making defensive attributions since, if the fate-similar observers were to derogate the victim as a just world hypothesis would predict, they would also be derogating themselves.

**Rape Related Studies.** Findings on the effects of observer-victim identification have been interpreted to explain the gender differences obtained in rape studies. Thornton (1984) used attitudes to create feelings of similarity/dissimilarity. Subjects completed a survey of attitudes which comprised items concerning issues such as religious, social, political, and personal preferences.
The observer was made to believe that the stimulus person subscribed to those same beliefs and attitudes. The findings indicated that the observer tended to attribute less responsibility to the victim (stimulus person) of the sexual assault when the victim had similar attitudinal beliefs as the observer.

Miller, Smith, Ferree, and Taylor (1976) had observers view victims describing their injuries to a physician. Among the victims was a female rape victim who was the focus of the study. Observers were administered a scale which assessed attitudes toward feminism. Results of the study showed that, among the various victims depicted, feminists tended to identify more with the rape victim and to evaluate her more positively. The investigators proposed using Heider's (1958) balance theory to explain this reaction toward the victim:

... given an innocent victim, victimization creates a negative bond between the victim and the agency that has harmed him. Observers who identify with the victim (a positive bond) may maintain balance by condemning the source of the victim's unjust harm. Observers who identify more strongly with the victimizing agent, however, may maintain balance by downgrading the victim. (pp. 353-354)
The findings that observers' identification with either the victim or offender would lead to lenient judgment of that party's responsibility for the crime have not been entirely borne out. Gold, Landerman, and Bullock (1977) manipulated subjects' personal and situational similarity to the victim by categorizing male subjects as dissimilar and female subjects as similar to the rape victim. In addition, female subjects were subdivided into two groups based on ratings of their own probability of being raped. The high probability group was considered fate-similar and the low probability group, fate-dissimilar. The severity of the crime was also varied: attempted rape, actual rape, and rape with physical assault. Data analyses indicated the high fate-similar women assigning more blame than low fate-similar women to the victim of actual rape. However, this result was only marginally significant. Male subjects' pattern of assigning blame was similar to that of the low fate-similar females.

Empathy. It would appear that feelings of empathy should co-exist with identification. Calhoun et al., (1976) and Thornton (1977) have stressed how essential it was to take into consideration jurors' empathy for and identification with rape victims or offenders. Deitz, Blackwell, Daley, and Bentley (1982) constructed a Rape Empathy Scale and found that higher scorers tended to be more punitive toward the offender than scorers on the lower end of the scale. Higher scorers, compared to lower
scorers, also indicated greater identification with and positive feelings toward the victim.

**Studies With Male Rape Victims**

Perception of male rape victims is an area that has been investigated little. Most studies have been restricted to male offender-female victim vignettes. Howard (1984) included a male victim of rape to assess gender differences in the responsibility attribution process. Two types of crime were compared: rape and robbery. Observers tended to blame the female victim more than the male victim, be it of rape or robbery. Interestingly, there was an indication, though nonsignificant, that observers attributed more blame to the offender of a male rather than female victim. Perhaps, the idea of rape being a female-related crime and the stereotypic view of a careless female who deserved to be robbed were too ingrained in the observers' mind.

The rarely considered and little studied male rape victim may be the result of underreporting of the crime itself rather than non-occurrence. Groth and Burgess (1980) suggest three reasons for this reluctance to report: (1) it is commonly presumed that a man who is physically strong should be able to ward off and escape the rape; (2) the victims are fearful that their sexual orientation may become an issue of focus and query; and (3) the embarrassment that accompanies reporting is unbearable.
Though working with a relatively small sample size, Groth and Burgess' study of male rape cases in the community provides interesting and helpful information regarding this group of victims. They reported that male rape could occur anywhere but those males who engaged in solitary activities are at a higher risk of such attacks. A male is as likely to be raped by a single person as by a gang. Control of victims was done through "entrapment, intimidation, and/or physical force" (p. 807). Sexual acts may take several forms, namely, fellatio, sodomy, or masturbation.

Groth and Burgess also theorized concerning motivations of the offenders. That is, the offenders have a desire to express power and control over the victim, to express anger at the victim, to gain gratification through sadistic sexual attack, to deal with their own ambiguous sexual interests, or to maintain their status among peers in the case of a gang rape.

The physical and psychological impact on male victims after the rape ordeal is described as similar to that of the female victims. Male rape victims, according to their study, experience fear, terror, insomnia, loss of appetite, ruminations over the incident, and a desire for revenge. Victims also express confusion when they realize they could be made to ejaculate by their offenders.
Rationale of Present Study

Gender of victim and observer

Walster's and Lerner's theories agreed that observers dislike chance events with negative outcomes and tend to hold victims responsible to decrease their own sense of vulnerability. The defensive attribution theory as postulated by Shaver, which subsumes Walster's theory, considers personal and situational similarity between the victim and observer as an important factor. Anticipation of being in the same situation as the victim is made salient by personal similarity such as gender, attitudes, and beliefs. For if the observer is to blame the victim and yet anticipate being in the same predicament, he or she is probably unconsciously producing a model of self-blame.

Comparisons have been made between the just world hypothesis and the defensive attribution theory. An outright comparison between the two theories was done by Gilmartin-Zena (1983). An 'ideal' and 'non-ideal' victim were created based on past research. The ideal victim was a traditionally dressed married woman who was unacquainted with the offender, resisted the rape, and was severely injured. The non-ideal victim was a questionably dressed divorced woman who was acquainted with the offender, did not resist the rape, and incurred slight injuries. The observers were male and female medical students. Eighty-one percent of the observers
assigned zero responsibility to the ideal victim as compared to sixty-two percent to the non-ideal victim. Female students assigned less blame to the victim than male students. The investigators postulated hypotheses according to the just world as well as the defensive attribution theory and concluded that partial support existed for the latter but none for the former. In addition, Thornton, Ryckman, and Robbins (1982) documented that the Belief in Just World scale did not have predictive value toward assignment of responsibility to victims of sexual assault.

Defensive attribution is mediated by feelings of similarity and identification the observer has toward the victim. Previous studies consistently presented scenarios involving a female victim to both male and female observers. To assess whether the identification process leading to decreased blame for the victim fully generalizes across gender, vignettes depicting male victims are needed. If observers have a need to defend themselves against blame as postulated by the defensive attribution theory, they should assign less responsibility to victims with whom they identify with through sharing the same gender than those victims perceived as dissimilar to themselves.

Form of Injury

Manifestations of psychological difficulties by males are inconsistent with their expected gender role and are less tolerated by observers (Rosenfield, 1982). Society
is more accepting of females who report psychological difficulties but shows negative reactions toward males who manifest such problems (Phillips & Segal, 1969; Tudor & Gove, 1977; Farina, 1981; Mechanic, 1965; Cooperstock, 1971). Thus, male victims who manifest psychological difficulties following an assault are exhibiting inconsistent role expectations and would be viewed negatively, more so by male observers. Compared to males, female observers who tend to be more involved in interpersonal and social support related activities (Kessler & McLeod, 1984) may be more empathic toward all victims regardless of the nature of difficulties manifested by them.

Citing from Parsons and Bales (1955) and Johnson (1963), Hoffman (1977) wrote about the differing instrumental versus expressive set males and females are socialized to acquire. On an intuitive level, the different socialization process influences the way males and females react to physical and psychological problems. Males who are taught and praised for overcoming physical difficulties may show heightened sensitivity to physical incapacitation. Females, who are encouraged and reinforced for showing care and concern for others may, when compared to males, be more attuned to emotional hurts. However, victimization, especially rape, is a traumatic event for the victim, irrespective of the victim's sex or mode of injury manifestation. This study was designed to investigate whether such potential
differences in raters' reaction based on victim's
gender were, despite their illogic, the norm.

Purpose of Study

The purpose of this study is to investigate to what
extent perceived similarity or dissimilarity between
rater and victim bias the rater's assignment of blame to
the victim and judgment of the assailants' guilt. This
study also investigates the degree to which reactions
toward rape vary as a function of rater sex, victim sex,
and form of injury incurred by the victim.

Hypotheses

In accordance with the purpose of the study, the
following hypotheses were proposed:

(1) Male and female subjects will differ in their reaction
toward an incident of rape.

(2) There will be a difference in subjects' reaction
dependent upon the victim's gender.

(3) Psychological or physical injuries will produce
differential reactions to an incident of rape.

(4) Subjects will react differentially to an incident of
rape when victims share their gender as opposed to
when this is not the case.

The above hypotheses were tested by means of each of three
experimental scales constructed to assess: (a) responsibility
of the victim, (b) blame toward the assailants, and
(c) sensitivity to forms of injury.
METHOD

Subjects

Subjects were 180 volunteer students enrolled in undergraduate psychology classes at a large, southwestern university. There were 15 subjects of each gender per stimulus event. Credit toward grades were given for their participation.

The mean age of the subjects was 20.88 years (S.D. = 3.96). Eighty-six percent of the subjects were Caucasian, 4 percent were Black, 5 percent were Hispanic, while the remaining 5 percent were listed as "other." Ninety-three percent of the subjects were single, 6 percent were married, and 1 percent listed an alternative marital status. As regarding religious preference, 39 percent listed Protestant, 25 percent were Catholic, 1 percent were Jewish, 3 percent were Atheist, and 32 percent listed 'Other'.

Ninety-seven percent of the subjects were currently working on their bachelor's degree while the remaining 3 percent were involved in graduate work or "other." Forty-five percent of the students were enrolled in the Arts and Science program, 32 percent in Business, 12 percent in Education, and the remaining 10 percent were divided among the 6 remaining categories (Home Economics, Library Science, Music, Graduate, Undecided, and 'Other').
Materials

Demographic Data Questionnaire

Demographic data and background information were obtained by means of a questionnaire (Appendix B). It included items concerning the subject's age, gender, ethnic status, marital status, religious preference, current degree in progress, and the college of the university the subject hoped to receive his or her degree.

Case Reports

Six vignettes depicting a rape incident were produced (Appendix C). Case reports were identical except for information on (a) the victim's sex and (b) the injuries the victim incurred during and sought treatment for after the rape.

In the "physical injury" vignette, the victim was cut with the shards of a broken beer bottle, punched in the face, and kicked in the chest and stomach. The victim was hospitalized to recuperate from a broken jaw, cracked rib, and infected stab wounds following the rape.

In the "psychological injury" vignette, the victim was verbally abused with vulgarities and obscenities, spat and urinated upon, and subjected to name-calling and ridicule. The victim was hospitalized to recuperate from depression and suicide attempts.

Details of the assault and injuries were not delineated in the "unspecified injury" vignette. The victim was
hospitalized to recuperate from unspecified aftereffects of the rape.

Each of the three injury conditions was combined with each stated sexual identity of the victim. This produced a total of six case reports.

**Reaction to Case Questionnaire**

Three measures comprised the Reaction to Case Questionnaire. The measures were constructed to assess the degree of responsibility attributed to the victim, judgment on the assailants, and sensitivity toward the kinds of injury (physical versus psychological versus unspecified) suffered by the victim (Appendix D).

**Responsibility Measure:** Questions 1-9 assessed the degree of responsibility assigned to the victim. These were taken from Schult (1987) who compiled them from questions used in Krulewitz (1982) and Cann et al., (1979) studies. The questions were rated on a Likert scale with 7 responsibility alternations with 1 representing "Not at All" and 7 representing "Very Much". With the scores from items 2 and 3 reversed, the higher the score, the greater was the assessment of responsibility attributed to the victim by the subject for each item.

**Judgment Measure:** Question 10 asked the subjects to indicate the minimum length of jail sentence each of the assailants should receive. The jail sentence score could range from 0 to 600 months, with 0
representing probation status and 600 representing 50 years of imprisonment.

**Sensitivity to Injury Measure:** Questions 11-12 asked the subjects to rate the length of recovery time the victim would require to attain 95 percent of his or her prerape level of either physical or psychological functioning. Questions 13-14 asked the raters to judge the time interval required for the victim to receive maximum benefit from the treatment. The subjects indicated their responses on each of these questions on a range from 0 to 600 months, with 0 representing 'from the day of the incident' and 600 representing '50 years after the day of the incident'.

**Memory Checklist**

The Memory Checklist consisted of a series of items to establish the validity of the intended experimental conditions in the six vignettes. It also provided checks on the subjects' attentiveness to the stimulus materials (Appendix E).

Questions 1-3 inquired about the rape location, the number of assailants involved, and the occasion for the victim's contact with the assailants. It also inquired concerning the nature of the crime.

Questions 4-5 provided checks pertaining to the experimental manipulations. The questions covered the nature of injury the victim suffered and whether the assault was mostly sexual, emotional, financial,
physical, or 'not described'.

Procedure

Subjects were recruited from undergraduate classes in psychology. They were asked to sign up for prescheduled participation groups which consisted of up to 30 subjects per group.

Each subject was given a packet containing, in order, the instructions and consent form (Appendix A), the Demographic Data Questionnaire, and one of the six case reports issued in random counterbalanced order. After reading through and returning the first packet of materials, the subjects were given a second packet containing the Reaction to Case Questionnaire and the Memory Checklist to complete.

RESULTS

Memory Checklist

The memory checklist assessed the degree to which subjects were attentive to the stimulus materials and intended experimental conditions in the six vignettes.

Item 1 dealt with the location of the rape. Here 96 percent of the subjects gave the correct response. Ninety-four percent of the subjects accurately identified the means by which the victim became acquainted with the assailants (item 2) and 99 percent correctly stated that the victim was raped by all the assailants (item 3).

Item 4 dealt with the manner in which the victim was injured as a result of the rape. Ninety percent
of the subjects who read the 'physical injury' vignette accurately identified the description of the injuries incurred by the victim. Eighty-eight percent of those who read the 'psychological injury' vignette identified the verbal humiliation, ridicule, and emotional abuse correctly. Eighty-two percent of the subjects who were given the 'unspecified injury' vignette listed 'other' in response to this check item. A majority of the subjects wrote the words 'raped' or 'sexually assaulted' in the blank provided, adjacent to this 'other' alternative.

In response to item 5 which asked the subjects to categorize the rape as predominantly sexual, emotional, financial, or physical, 93 percent of the subjects who read the 'physical injury' vignette checked either 'mostly sexual' or 'mostly physical' or both. Most of the subjects who listed 'mostly sexual' also added words and phrases that attest to their awareness that physical injuries were also involved. Similarly, 93 percent of the subjects who read the 'psychological injury' vignette listed either 'mostly sexual' or 'mostly emotional' or both as their response. A majority of these subjects who checked 'mostly sexual' also added words and phrases that described the psychological injuries portrayed in the vignette. Ninety percent of the subjects who read the 'unspecified injury' vignette checked the 'mostly sexual' alternative.
The percentages of the appropriate responses to items 4 and 5 are considered sufficiently high to indicate that the subjects have attended to the experimental manipulation of the 'form of injury' variable.

Responsibility Measure

With scores from item 2 and 3 reversed, raters' responses to the nine Responsibility items were totaled and compared. Table 1 (Appendix F) presents the means and standard deviations for male and female raters by victim sex and form of injury.

Results of the 2 (rater sex) x 2 (victim sex) x 3 (form of injury) ANOVA, presented in Table 2 (Appendix F), indicate a significant main effect for victim sex \( (p < .001) \) and form of injury \( (p < .05) \). A victim sex by form of injury interaction is also indicated \( (p = .01) \).

Table 3 (Appendix F) presents the means and standard deviations for victim sex. Data analysis indicates a female victim is attributed a significantly larger amount of responsibility for rape than a male victim.

Table 4 (Appendix F) presents the means and standard deviations for form of injury. Results of Tukey HSD tests indicate that the amount of responsibility attributed to the victim in the psychological injury condition is significantly larger than that attributed to the victim in the physical injury condition.

Table 5 (Appendix F) presents the means and standard
deviations for victim sex by form of injury interaction. Results of Tukey HSD tests indicate that, though the female victim, compared to the male victim, is attributed a greater amount of responsibility across each of the three injury conditions, this differential amount only reaches significance in the unspecified injury condition. A male victim who is raped with unspecified injuries is blamed significantly less than one who also receives psychological injuries. A female victim who is raped with unspecified injuries is blamed significantly more than one who is also physically assaulted in addition to rape. Because the results indicate an ordinal interaction effect, the description of the main effects, which are significant, is appropriate.

When the nine individual items comprising the Responsibility Measure were summed (items 2 and 3 reversed) to obtain a total score as an index of the responsibility attributed to the victim, important individual item differences might be overlooked. To explore this possibility, an ancillary MANOVA was performed on the nine Responsibility items.

Results of the 2 (rater sex) x 2 (victim sex) x 3 (form of injury) MANOVA are presented in Table 6 (Appendix F). A significant main effect is present for victim sex ($p = .01$). Univariate F tests for the victim sex main effect reveal a significant effect for item 6 ($p = .001$), items 1 and 5 ($p < .01$), and items 4, 7, and 9 ($p < .05$).
Table 7 (Appendix F) summarizes the means, standard deviations, and univariate results for the nine Responsibility items for victim sex.

While the raters assigned low levels of responsibility to both male and female victims, they assigned greater blame to the female than to the male victim in all nine items, six of which were significant. The data indicated that raters wanted the female victim, more than the male victim, to accept blame for actions that led to the rape. Raters also indicated that they believed the female victim engaged in self-blame significantly more than the male victim, that her behavior was instrumental in bringing about the rape, that she was the type of person who got involved in such a situation, that her behavior prior to the rape played a causal role, and that she was at fault for what happened.

**Judgment Measure**

Raters' responses to the Judgment Measure were compared. Table 8 (Appendix F) presents the means and standard deviations for male and female raters by victim sex and form of injury.

Results of the 2 (rater sex) x 2 (victim sex) x 3 (form of injury) are presented in Table 9 (Appendix F). A rater sex by victim sex by form of injury interaction is indicated ($p < .05$). Results of Tukey HSD tests indicate that male and female raters differed significantly in their assignment of punishment to the assailants of
male victim in the physical injury condition. Male raters, compared to female raters, indicated that the assailants should receive a longer jail sentence if the victim was a male and if physical injuries were part of the rape outcome. Male raters also gave a longer sentence to the assailants of a male victim if he received physical as opposed to psychological injuries, in addition to being raped.

**Sensitivity to Injury Measure**

Raters' responses to the Sensitivity to Injury Measure were compared. Responses to Questions 11 and 12 were summed and then averaged for each rater to indicate the length of time the victim would take to attain 95 percent of his or her prerape level of functioning. Table 10 (Appendix F) presents the means and standard deviations for male and female raters by victim sex and form of injury for this 'recovery time'.

Results of a 2 (rater sex) x 2 (victim sex) x 3 (form of injury) ANOVA for the 'recovery time' are presented in Table 11 (Appendix F). The results indicate a significant main effect for form of injury ($p = .01$). Table 12 (Appendix F) presents the means and standard deviations for form of injury main effect. Post-hoc Tukey HSD tests indicate that, according to raters, the physically injured rape victim would take a significantly longer period of time (in months) to regain 95 percent of his or her prerape level of physical and emotional functioning than the victim who received psychological or unspecified injuries.
Responses to Questions 13 and 14 were also summed and averaged for each rater to assess the length of time treatment was required to have its maximum effect on the victim. Table 13 (Appendix F) presents the means and standard deviations for this 'maximum benefit from treatment time'. Results of a 2 (rater sex) x 2 (victim sex) x 3 (form of injury) ANOVA for this measure are presented in Table 14 (Appendix F). None of the main effects or interactions are significant.

**Inter-Measures Comparison**

The responsibility total score, the raters' assessment of the months required for recovery, and raters' perception of the number of months required for treatment were entered in a multiple regression analysis to predict the length of jail sentence given the assailants. The results, presented in Tables 15 and 16, indicate that of the three measures, raters' estimation of recovery time best predicts the length of jail sentence \[ r(180) = .25, p < .001 \].

**Confirmation of Hypotheses**

In testing the hypotheses with the three measures comprising the Reaction to Rape Questionnaire, the first hypothesis was not confirmed, that is, male and female raters did not differ in their reactions toward an incident of rape. Male and female raters did not differ in the amount of responsibility assigned to the rape victim or the length of sentence imposed on the assailants. Male and female raters also did not differ
in their sensitivity toward the form of injury incurred by the rape victim. However, there was a difference between male and female raters' judgment of the assailants of a physically injured male victim. Compared to female raters, male raters assigned a longer jail sentence to the assailants of this victim.

The second hypothesis was confirmed by the Responsibility Measure only. The female victim was held more responsible for the rape than the male victim; however, this reached significance only if the rape outcome was not explicitly specified (unspecified injury condition). The raters wanted the female victim, more than the male victim, to accept blame for actions that led to the rape and to engage in self-blame. They also felt that the female victim's behavior contributed to the rape, that she was the type of person who got involved in such a situation, that her behavior prior to the incident caused the rape, and that she was more at fault when compared to a similarly victimized male.

The third hypothesis was confirmed by both the Responsibility Measure and the Sensitivity to Injury Measure. Victims who were psychologically injured were held more responsible for the rape than those who were physically injured. Among the three injury conditions, raters were most sensitive to physical injuries. They indicated that the victim in this injury condition would require a longer period of time to recover physically as
well as psychologically from the rape.

The fourth hypothesis was not confirmed. The rater sex by victim sex interactions were nonsignificant for all three measures.

In addition to the above hypotheses, regression analysis showed that the raters' estimation of the recovery time required by the victim predicts their punitiveness toward the assailants.

DISCUSSION

The prototype of the rape scenario in previous studies involved a female victim with a male assailant. Certain characteristics of the victim or the context within which the rape event occurred were varied to assess raters' reactions toward victim and rapist. This study differs in two aspects: (a) a male victim is included as a contrast to the usual female victim and (b) the outcome of the rape is described in the form of injuries incurred by the victim, namely, psychological, physical, or unspecified.

Studies in the past had rather consistently indicated that male raters, compared to female raters, blamed the victim more for the rape and were more lenient toward the rapist (e.g., Smith et al., 1976; Cann et al., 1979; Calhoun et al., 1976; Selby et al., 1977). The present study shows a similar pattern of victim blaming and judgment of assailants toward the female victim, though nonsignificant. To be consistent with previous findings, under a theory of rater-victim or rater-assailant
identification, the inclusion of a male victim could have resulted in a rater sex by victim sex interaction effect in the attribution of responsibility to the victim or judgment of the assailants. However, this is not the case. The female victim in this study is blamed more for the rape than the male by both male and female raters. This differential assignment of blame reaches significance when the rape scenario is presented without any elaboration of the injuries incurred, that is, the unspecified injury condition. One possible reason for assigning the greatest amount of blame to a female victim in the unspecified injury condition may be that most people expect a rape victim to be a female. If rape is perceived as a female-specific crime, one logical conclusion is that if it only happens to females, these victims must have done something to bring about the incident. This would be consistent with the just world line of theorizing in regard to victim-blaming.

Additional information concerning injuries incurred tends to increase the amount of blame assigned by raters to the male victim. The psychologically injured male victim is held more responsible for the rape than one whose injury is not specified (rape only). Conversely, for the female victim, added descriptions of injuries tend to decrease the responsibility attributed to her. The physically injured female victim is assigned lesser blame than the victim whose injury is not specified.
To account for the differential influence of injury conditions on the amount of responsibility assigned to male and female victims, one may, perhaps, attempt to understand what the public's perception of rape is. There is no consistent body of knowledge about rape for public consumption except reports by the mass media. These reports usually do not provide explicit details of injuries sustained by the victims. Thus the public may have vague notions of what rape is all about -- a predominant view is that rape is some form of sexual act (Brownmiller, 1975). If details about the rape are provided as is done in the physical and psychological injury vignettes, raters appear to rely on social cues and sex role expectations to assign blame to the victim.

A male victim who is psychologically abused and who reacts with depression and suicide is behaving contrary to sex role expectations. The depressive experience is incompatible with the male sex role and depressed men are likely to be perceived as impaired in role functioning (Warren, 1983; Hammens & Peters, 1977). Such a victim is derogated more than the victim who is described only as raped. Sex role stereotypes of females include perceptions of females as weak, helpless, and in need of protection from others. Physical assault calls for greater sympathy for the female victim's predicament. Such a victim is assigned less responsibility when compared to a similar victim who is described simply
as raped. Moreover, a physically injured female might have conjured ideas that she has attempted to resist the rape and thus, is blamed less.

Within the items comprising the responsibility measure, raters assigned responsibility only at a minimal level. They did not go beyond 'a little' except for one item which asked: "To what extent do you think (the victim) engages in self-blame for what happened?" The generally low level of blame shows that people are quite reluctant to blame the victim. This low level of blame observed may also be taken as an indication of the success of feminists and public groups' attempts in educating people concerning the aggressive and assaultive nature of rape. Moreover, the belief, based on traditional psychoanalytic theory, that females have an unconscious desire to be raped appears outdated. If such a notion is still common, then the blame assigned to a female victim would be significantly greater than that assigned to a male victim for this responsibility item. However, it is not the case here.

Judgment of assailants also appears to be based on normative expectations and stereotypic views of rape and sex role behaviors. The punishment given to perpetrators of the female victim tends to be consistent between male and female raters across the three injury conditions. However, when asked to react to male rape, raters seem to rely on additional cues from the vignettes to impute
punishment. Male raters, compared to female raters, consider it a more serious crime to rape and physically assault a male. Male raters also punish the perpetrators significantly more if they physically assault as opposed to psychologically abuse a male. Male raters appear to respect physical injuries more than psychological difficulties. This may be attributed to the instrumental role males are taught to adopt. Such a role accords prime importance to the mastery of the environment (Hoffman, 1977). As a result, males perceive physical injuries as more incapacitating than psychological wounds. Moreover, social definition of male role does not include mental disturbance. The manifestation of deviant behaviors such as depression and suicide by a male results in negative sanctions from others (Farina, 1981; Rosenfield, 1982; Tudor & Gove, 1977).

A recurring finding of this study is the differential treatment of physically as opposed to psychologically injured victims. The finding that a psychologically injured victim is held more accountable for the rape than a physically injured victim and that the assailants of a psychologically injured male victim are given a shorter sentence by male raters than assailants of the male victim in other injury conditions shows that emotional abuse suffered by rape victims has not received an empathic response from the public. Raters are more sensitive to physical injuries than the other forms of
injury depicted. They estimate it would take a longer time to recover physically as well as psychologically from physical damages. The lack of awareness of potential psychological damages following a sexual assault may be related to people's ability to relate more to physical than psychological pain. Physical injuries are observable and can be documented quantitatively. Second, selective reporting by the media may be such that rape incidents covered extensively are usually of the sadistic type in which extreme physical injuries or death are involved. Third, insensitivity toward emotional abuse may also be linked to negative reactions toward those who are considered 'mentally ill' (Farina, Allen, & Saul, 1968; Phillips, 1963). Reacting with depression and suicide after trauma gives the impression that the victim does not have coping skills or psychological strength.

Despite the raters' assessment, physical injuries may not be as disturbing to a victim as the psychological difficulties he or she has to deal with (Symonds, 1976). A traumatic event such as rape which involves violation of the most personal space of an individual produces unsettling feelings, ranging from short-term disruption to long-term reorganization of life (Burgess & Holmstrom, 1974). Rape trauma syndrome describes the psychological aftermath of rape (Burgess & Holmstrom, 1974). Symptoms include depression, suicide attempt, sleep disturbances, disorganized life-style, flashbacks, phobias, and a

Mental health professionals still lack the skill to serve the needs of such victims. It is in response to this problem that the American Psychological Association Task Force on the Victims of Crime and Violence (Bard, 1984) recommends the development of programs to assist in the emotional recovery of victims.

The defensive attribution theory has been used to explain the empathic treatment of female victims by female raters and the positively biased treatment of male rapists by male raters. This study indicates such a response of raters is not a universal one since a victim sex by rater sex interaction is not present in the data analysis. This research suggests the just world theory as a more appropriate explanation for the victim-blaming phenomenon. Although the victim has done nothing to precipitate the crime, raters still assign a certain amount of blame to the victim. The just world theory also clarifies why the female victim is blamed more than the male victim.
across all injury conditions; this differential amount of blame reaches significance if the victim is described only as raped. Rape is perceived as a female-specific crime and, according to raters, if it happens repeatedly to one group, then perhaps members of that group must have done something to bring about the victimization. After all, the world is a just and orderly place! Perhaps, if the public is made aware of the possibility of rape happening to males, blaming patterns may follow those that are predicted by the defensive attribution theory.

A particular problem with this study is the need to use a gang rape scenario to increase the credibility of the story. Moreover, female perpetrators are excluded due to the infrequent occurrence or non-reporting of such events. Consequently, the generalizability of the results is limited.

In addition, the differential treatment of psychological as opposed to physical injuries may be confounded by the manner in which the injuries are portrayed in the vignettes. The physical injuries are described as the product of the assailants' behavior whereas the psychological injuries are presented such that they could be perceived as the victim's reaction to the assault. Presented as a natural consequence of the assault, the victim in the physical injury condition is expected to accept the reality of the injuries and to deal with them. However, reacting with depression and
suicide attempts can potentially be conceived as a choice of the victim in the psychological injury condition. Therefore, the kinder treatment of the victim with physical injuries may not be a function of the form of injury per se but may be due to raters' perception of how much latitude the victim has in regard to his or her post-rape condition. It is suggested that future studies describe psychological injuries as if they occur as part of the crime rather than as a reaction to the victimization.
APPENDIX A

CONSENT FORM
APPENDIX A

Use of Human Subjects

Informed Consent

Participant's Name: ________________________________

1. I hereby give consent to Juliana Ee to supervise my participation in the study entitled: "Reactions to Crime Victims."

2. I understand that my participation will involve the following:
   
   (a) Provide demographic data (e.g., age, sex, ethnic status, etc.) but no information that will make my identification possible
   (b) Read a case report of a crime incident
   (c) Provide my reactions to the reported incident

3. I understand that my participation is voluntary and that I am free to withdraw my participation without any penalty.

4. I understand that this procedure is investigational and is intended to help professionals to better understand observers' reactions to crime victims.

5. This research is being conducted by Juliana Ee under the direction of Harriet Aronson, Ph.D. of the Department of Psychology, University of North Texas. Any inquiries regarding this research can be answered by contacting Juliana Ee at (817) 565-2671.

______________________________   __________________
Signature                      Date
APPENDIX B

DEMOGRAPHIC DATA QUESTIONNAIRE
APPENDIX B

Demographic Data

Please fill in the blanks or check the alternative that best describe yourself:

1. Subject number: _________ (Please leave this space blank)

2. Your age: _________

3. Your sex (check one):
   _______ (1) Female
   _______ (2) Male

4. Ethnic status (check one):
   _______ (1) White, Non-Hispanic American
   _______ (2) Black, Non-Hispanic American
   _______ (3) American Indian/Alaskan Native
   _______ (4) Hispanic American
   _______ (5) Asian American
   _______ (6) Other, please specify: _________

5. Marital status (check one):
   _______ (1) Single
   _______ (2) Married
   _______ (3) Separated
   _______ (4) Divorced
   _______ (5) Widow/Widower
   _______ (6) Other, please specify: _________

6. Religious preference (check one):
   _______ (1) Protestant
   _______ (2) Catholic
   _______ (3) Jewish
   _______ (4) Atheist
   _______ (5) Other, please specify: _________

7. Degree currently working toward (check one):
   _______ (1) Bachelor
   _______ (2) Master
   _______ (3) Doctorate
   _______ (4) Other, please specify: _________

8. College of the university from which you will receive your degree (check one):
   _______ (1) Arts & Sciences
   _______ (2) Business
   _______ (3) Education
   _______ (4) Home Economics
   _______ (5) Library Science
   _______ (6) Music
   _______ (7) Graduate
   _______ (8) Undecided
   _______ (9) Other, please specify: _________
APPENDIX C

CASE VIGNETTES
APPENDIX C

Vignettes #1-6

Case Report: Terry N._(Male Victim/Physical Injury)

Terry N. is a 25-year-old male who was driving back to his hometown when he ran out of gas along the highway. He was picked up by three men who agreed to take him to the next nearest town to get some gas. Instead, the three men drove him to an abandoned shack along the way. The men then tied up Terry and took turns sexually abusing and assaulting him. Not only did they force both oral and anal sex repeatedly, they also cut him with the shards of a broken beer bottle, punched him in the face, and kicked him in the chest and stomach. The sexual and physical assault lasted several hours after which Terry was left bound and naked in the shack.

The assailants were caught twenty miles from the shack with Terry's possessions. They had been picked up and held by the state police after a minor accident while speeding.

After several hours, Terry managed to free himself and found his way to the road. He was taken by a passing patrol car to the hospital. He was treated for anal lacerations. In addition, Terry was hospitalized to recuperate from a broken jaw, cracked ribs, stab wounds which had become infected, and other psychological aftereffects of the incident.

Case Report: Terry N._(Male Victim/Psychological Injury)

Terry N. is a 25-year-old male who was driving back to his hometown when he ran out of gas along the highway. He was picked up by three men who agreed to take him to the next nearest town to get some gas. Instead, the three men drove him to an abandoned shack along the way. The men then tied up Terry and took turns sexually abusing and assaulting him. Not only did they force oral and anal sex repeatedly, they also shouted vulgarities and obscenities at him, spat and urinated in his face, called him names, and ridiculed him. The sexual and emotional assault lasted several hours after which Terry was left bound and naked in the shack.

The assailants were caught twenty miles from the shack with Terry's possessions. They had been picked up and held by the state police after a minor accident while speeding.
After several hours, Terry managed to free himself and found his way to the road. He was taken by a passing patrol car to the hospital. He was treated for physical injuries. In addition, Terry was also hospitalized for depression after he was found hanging from the ceiling by a bedsheets in an attempt to take his life.

Case Report: Terry N. (Male Victim/Unspecified Injury)

Terry N. is a 25-year-old male who was driving back to his hometown when he ran out of gas along the highway. He was picked up by three men who agreed to take him to the next nearest town to get some gas. Instead, the three men drove him to an abandoned shack along the way. The men then tied up Terry and took turns sexually abusing and assaulting him. They forced both oral and anal sex repeatedly. The sexual assault lasted several hours after which Terry was left bound and naked in the shack.

The assailants were caught twenty miles from the shack with Terry’s possessions. They had been picked up and held by the state police after a minor accident while speeding.

Terry managed to free himself after several hours and found his way to the road. He was taken by a passing patrol car to the hospital. He was treated for physical injuries. In addition, Terry was also hospitalized to recover from the psychological aftereffects of the incident.

Case Report: Terry N. (Female Victim/Physical Injury)

Terry N. is a 25-year-old female who was driving back to her hometown when she ran out of gas along the highway. She was picked up by three men who agreed to take her to the next nearest town to get some gas. Instead, the three men drove her to an abandoned shack along the way. The men then tied up Terry and took turns sexually abusing and assaulting her. Not only did they force both oral and anal sex repeatedly, they also cut her with the shards of a broken beer bottle, punched her in the face, and kicked her in the chest and stomach. The sexual and physical assault lasted several hours after which Terry was left bound and naked in the shack.

The assailants were caught twenty miles from the shack with Terry’s possessions. They had been picked up and held by the state police after a minor accident while speeding.
After several hours, Terry managed to free herself and found her way to the road. She was taken by a passing patrol car to the hospital. She was treated for anal lacerations. In addition, Terry was also hospitalized to recuperate from a broken jaw, cracked ribs, stab wounds which had become infected, and other psychological aftereffects of the incident.

Case Report:  ____ Terry N. __ (Female Victim/Psychological Injury)  

Terry N. is a 25-year-old female who was driving back to her hometown when she ran out of gas along the highway. She was picked up by three men who agreed to take her to the next nearest town to get some gas. Instead, the three men drove her to an abandoned shack along the way. The men then tied up Terry and took turns sexually abusing and assaulting her. Not only did they force oral and anal sex repeatedly, they also shouted vulgarities and obscenities at her, spat and urinated in her face, called her names, and ridiculed her. The sexual and emotional assault lasted several hours after which Terry was left bound and naked in the shack.

The assailants were caught twenty miles from the shack with Terry's possessions. They had been picked up and held by the state police after a minor accident while speeding.

Terry managed to free herself after several hours and found her way to the road. She was taken by a passing patrol car to the hospital. She was treated for physical injuries. In addition, Terry was also hospitalized for depression after she was found hanging from the ceiling by a bedsheet in an attempt to take her life.

Case Report:  ____ Terry N. __ (Female Victim/Unspecified Injury)  

Terry N. is a 25-year-old female who was driving back to her hometown when she ran out of gas along the highway. She was picked up by three men who agreed to take her to the next nearest town to get some gas. Instead, the three men drove her to an abandoned shack along the way. The men then tied up Terry and took turns sexually abusing and assaulting her. They forced both oral and anal sex repeatedly. The sexual assault lasted several hours after which Terry was left bound and naked in the shack.

The assailants were caught twenty miles from the shack with Terry's possessions. They had been picked up
APPENDIX C -- CONTINUED

and held by the state police after a minor accident while speeding.

Terry managed to free herself after several hours and found her way to the road. She was taken by a passing patrol car to the hospital. She was treated for physical injuries. In addition, Terry was also hospitalized to recover from the psychological aftereffects of the incident.
APPENDIX D

REACTION TO CASE QUESTIONNAIRE
APPENDIX D

Reaction to Case Questionnaire

These statements concern the case of Terry N. which you have just read. Describe your perceptions and reactions to Terry N. by reading and responding to the following statements. There are no right or wrong answers, only perceptions, opinions, and personal judgment.

For statements #1-9, indicate your response by placing a number in each of the space provided. Use the following scale:

1 = Not At All
2 = A Little
3 = Mildly So
4 = Somewhat So
5 = Moderately So
6 = A Lot
7 = Very Much

1. If Terry N. had come to talk to you, how much would YOU want Terry to accept blame for actions that led to the rape?

2. If Terry N. had come to talk to you, how much would YOU want Terry to blame what happened on the assailants?

3. How much do YOU think Terry N. blames the assailants for what happened?

4. How much do YOU think Terry N. engages in self-blame for what happened?

5. To what extent do YOU think Terry N.'s behavior contributed to the rape?

6. To what extent do YOU think Terry N. is the type of person who gets involved in these situations?

7. To what extent do YOU think Terry N.'s behavior immediately before the assault caused the rape?

8. To what extent do YOU think Terry N. had an unconscious desire to be raped?

9. To what extent do YOU think Terry N. is at fault?

10. Suppose YOU were a juror on this case and had to decide the minimum length of time each of the assailants should spend in jail. Suppose 0 means probation and 600 means the assailant
APPENDIX D -- CONTINUED

has to stay in jail for at least 50 years. How many months (between 0 and 600), at a minimum, would YOU insist that EACH of the assailants spend in jail?

For questions #11-14, use the following scale:

0 months = start from the day of the incident
600 months = 50 years after the day of the incident

Some people who suffer injuries are able to recover completely (100 percent recovery). With other injuries, people may never reach 100 percent recovery. For questions #11 and #12, you will be asked to judge the length of time it will take Terry N. to reach 95 percent recovery. That is, 95 percent of the level Terry was operating at before the incident you read about ever happened.

_____ 11. How many months do YOU think it would take Terry N. to recover to at least 95 percent of the physical level Terry was operating at before the incident?

_____ 12. How many months do YOU think it would take Terry N. to recover to at least 95 percent of the emotional level Terry was operating at before the incident?

People are treated for injuries, both in hospitals and as out-patients, only as long as treatment still helps. Sometimes, treatment is stopped when the person treated recovers completely. At other times, treatment is stopped when everything possible has been done to help that person. For questions #13 and #14, you will be asked to judge the length of time Terry N. should be in treatment in order to get the maximum benefit from treatment.

_____ 13. How many months do YOU think it would take before medical care or treatment has done everything it can do to help Terry overcome the physical injuries from the incident?

_____ 14. How many months do YOU think it would take before psychological or spiritual counseling has done everything it can do to help Terry deal with the psychological effects from the incident?
APPENDIX E

MEMORY CHECKLIST
APPENDIX E

Memory Checklist

Please indicate all correct answers.

1. The rape took place in
   ____ (1) an old barn
   ____ (2) an abandoned shack
   ____ (3) a deserted field
   ____ (4) an apartment
   ____ (5) a parking lot
   ____ (6) an unspecified area

2. The victim went with the assailants because
   ____ (1) the victim did not like to walk
   ____ (2) the victim was hitchhiking
   ____ (3) the victim ran out of gas
   ____ (4) no reason was given

3. The victim was
   ____ (1) raped by one of the assailants
   ____ (2) raped by all the assailants taking turns
   ____ (3) assaulted in an unspecified crime

4. The victim was
   ____ (1) verbally abused, humiliated, and ridiculed
   ____ (2) physically cut, punched, and kicked
   ____ (3) almost drowned in the lake
   ____ (4) other, please specify: __________

5. The assault was
   ____ (1) mostly sexual
   ____ (2) mostly emotional
   ____ (3) mostly financial
   ____ (4) mostly physical
   ____ (5) not described
APPENDIX F

Table 1

Means and Standard Deviations for Responsibility Measure by Rater Sex, Victim Sex, and Form of Injury

<table>
<thead>
<tr>
<th>Form of Injury</th>
<th>Physical</th>
<th>Psychological</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male Rater</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Victim</td>
<td>M 17.80</td>
<td>18.60</td>
<td>14.33</td>
</tr>
<tr>
<td></td>
<td>SD 6.47</td>
<td>8.65</td>
<td>4.81</td>
</tr>
<tr>
<td></td>
<td>n 15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Victim</td>
<td>M 17.93</td>
<td>20.93</td>
<td>24.40</td>
</tr>
<tr>
<td></td>
<td>SD 7.39</td>
<td>6.36</td>
<td>8.35</td>
</tr>
<tr>
<td></td>
<td>n 15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td><strong>Female Rater</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Victim</td>
<td>M 14.13</td>
<td>18.60</td>
<td>15.40</td>
</tr>
<tr>
<td></td>
<td>SD 2.29</td>
<td>4.34</td>
<td>4.45</td>
</tr>
<tr>
<td></td>
<td>n 15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Victim</td>
<td>M 16.93</td>
<td>21.07</td>
<td>20.67</td>
</tr>
<tr>
<td></td>
<td>SD 3.65</td>
<td>5.51</td>
<td>7.84</td>
</tr>
<tr>
<td></td>
<td>n 15</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

Note: Higher numbers indicate greater responsibility assigned to the victim by the raters
### Table 2

**ANOVA for Responsibility Measure Total Score**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rater Sex (A)</td>
<td>64.80</td>
<td>1</td>
<td>64.80</td>
<td>1.71</td>
<td>.19</td>
</tr>
<tr>
<td>Victim Sex (B)</td>
<td>665.09</td>
<td>1</td>
<td>665.09</td>
<td>17.59</td>
<td>.00</td>
</tr>
<tr>
<td>Form of Injury (C)</td>
<td>296.40</td>
<td>2</td>
<td>148.20</td>
<td>3.92</td>
<td>.02</td>
</tr>
<tr>
<td>A x B</td>
<td>5.00</td>
<td>1</td>
<td>5.00</td>
<td>0.13</td>
<td>.72</td>
</tr>
<tr>
<td>A x C</td>
<td>43.60</td>
<td>2</td>
<td>21.80</td>
<td>0.58</td>
<td>.56</td>
</tr>
<tr>
<td>B x C</td>
<td>335.24</td>
<td>2</td>
<td>167.62</td>
<td>4.43</td>
<td>.01</td>
</tr>
<tr>
<td>A x B x C</td>
<td>108.13</td>
<td>2</td>
<td>54.07</td>
<td>1.43</td>
<td>.24</td>
</tr>
<tr>
<td>Error</td>
<td>6352.93</td>
<td>168</td>
<td>37.82</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Table 3

### Means and Standard Deviations for Responsibility

**Total Score for Victim Sex Main Effect**

<table>
<thead>
<tr>
<th>Victim Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.48</td>
<td>20.32</td>
</tr>
<tr>
<td>M</td>
<td>5.71</td>
<td>6.95</td>
</tr>
<tr>
<td>SD</td>
<td>90</td>
<td>90</td>
</tr>
</tbody>
</table>

*Note: Higher numbers indicate greater responsibility assigned to the victim*
Table 4

Means and Standard Deviations for Responsibility Total Score for Form of Injury Main Effect

<table>
<thead>
<tr>
<th>Form of Injury</th>
<th>Physical</th>
<th>Psychological</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>16.70</td>
<td>19.80</td>
<td>18.70</td>
</tr>
<tr>
<td>Psychological</td>
<td>5.45</td>
<td>6.36</td>
<td>7.63</td>
</tr>
<tr>
<td>n</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

Note: Higher numbers indicate greater responsibility assigned
Table 5

**Means and Standard Deviations for Responsibility Measure Total Score for Victim Sex by Form of Injury Interaction**

<table>
<thead>
<tr>
<th>Victim Sex</th>
<th>Form of Injury</th>
<th>Physical</th>
<th>Psychological</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Victim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td>15.97</td>
<td>18.60</td>
<td>14.87</td>
</tr>
<tr>
<td></td>
<td>Psychological</td>
<td>5.12</td>
<td>6.72</td>
<td>4.58</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Female Victim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td>17.43</td>
<td>21.00</td>
<td>22.53</td>
</tr>
<tr>
<td></td>
<td>Psychological</td>
<td>5.75</td>
<td>5.85</td>
<td>8.18</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

Note: Higher numbers indicate greater responsibility assigned
### Table 6

**MANOVA Summaries for Nine Responsibility Items**

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rater Sex (A)</td>
<td>9,160</td>
<td>1.29</td>
<td>.25</td>
</tr>
<tr>
<td>Victim Sex (B)</td>
<td>9,160</td>
<td>2.42</td>
<td>.01</td>
</tr>
<tr>
<td>Form of Injury (C)</td>
<td>18,320</td>
<td>1.16</td>
<td>.29</td>
</tr>
<tr>
<td>A x B</td>
<td>9,160</td>
<td>.78</td>
<td>.63</td>
</tr>
<tr>
<td>A x C</td>
<td>18,320</td>
<td>1.27</td>
<td>.21</td>
</tr>
<tr>
<td>B x C</td>
<td>18,320</td>
<td>.96</td>
<td>.50</td>
</tr>
<tr>
<td>A x B x C</td>
<td>18,320</td>
<td>.96</td>
<td>.51</td>
</tr>
</tbody>
</table>

*Note: Multivariate analysis used Wilk's criterion*
APPENDIX F -- CONTINUED

Table 7

Univariate F Tests for Responsibility Measure for Victim Sex

<table>
<thead>
<tr>
<th>Responsibility Items</th>
<th>Male Victim</th>
<th>Female Victim</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim to accept blame</td>
<td>1.54 0.84</td>
<td>2.08 1.38</td>
<td>9.89**</td>
</tr>
<tr>
<td>*Victim to blame rapists</td>
<td>1.57 1.04</td>
<td>1.78 1.36</td>
<td>1.40</td>
</tr>
<tr>
<td>*Victim blames rapists</td>
<td>1.72 0.99</td>
<td>1.99 1.28</td>
<td>2.58</td>
</tr>
<tr>
<td>Victim blames self</td>
<td>3.41 1.79</td>
<td>4.04 1.86</td>
<td>5.56*</td>
</tr>
<tr>
<td>Victim's behavior contributed</td>
<td>2.03 1.30</td>
<td>2.72 1.64</td>
<td>9.64**</td>
</tr>
<tr>
<td>Victim puts self in situation</td>
<td>1.57 0.87</td>
<td>2.11 1.26</td>
<td>11.56***</td>
</tr>
<tr>
<td>Behavior caused rape</td>
<td>1.81 1.18</td>
<td>2.31 1.73</td>
<td>5.19*</td>
</tr>
<tr>
<td>Had unconscious desire</td>
<td>1.14 0.66</td>
<td>1.20 0.72</td>
<td>0.30</td>
</tr>
<tr>
<td>Victim is at fault</td>
<td>1.68 1.06</td>
<td>2.09 1.32</td>
<td>5.61*</td>
</tr>
</tbody>
</table>

df = 1.168

*  p < .05
** p < .01
*** p = .001

Note: Higher numbers indicate greater responsibility assigned to the victim

aThese two items have been reverse scored
## Table 8

Means and Standard Deviations for Judgment Measure for Rater Sex, Victim Sex, and Form of Injury

<table>
<thead>
<tr>
<th>Form of Injury</th>
<th>Physical</th>
<th>Psychological</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male Rater</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Victim</td>
<td>M 528.00</td>
<td>314.27</td>
<td>456.67</td>
</tr>
<tr>
<td></td>
<td>SD 144.03</td>
<td>180.00</td>
<td>172.03</td>
</tr>
<tr>
<td></td>
<td>n 15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Victim</td>
<td>M 470.80</td>
<td>468.60</td>
<td>408.00</td>
</tr>
<tr>
<td></td>
<td>SD 178.86</td>
<td>195.58</td>
<td>198.86</td>
</tr>
<tr>
<td></td>
<td>n 15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td><strong>Female Rater</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Victim</td>
<td>M 347.00</td>
<td>442.00</td>
<td>391.47</td>
</tr>
<tr>
<td></td>
<td>SD 231.58</td>
<td>163.89</td>
<td>211.21</td>
</tr>
<tr>
<td></td>
<td>n 15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Victim</td>
<td>M 509.33</td>
<td>486.93</td>
<td>427.33</td>
</tr>
<tr>
<td></td>
<td>SD 142.55</td>
<td>179.54</td>
<td>162.11</td>
</tr>
<tr>
<td></td>
<td>n 15</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

Note: Higher numbers indicate longer jail sentence (in months) assigned to the assailants.
### Table 9

**ANOVA for Judgment Measure**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rater Sex (A)</td>
<td>2233.09</td>
<td>1</td>
<td>2233.09</td>
<td>0.07</td>
<td>.80</td>
</tr>
<tr>
<td>Victim Sex (B)</td>
<td>106288.20</td>
<td>1</td>
<td>106288.20</td>
<td>3.22</td>
<td>.08</td>
</tr>
<tr>
<td>Form of Injury (C)</td>
<td>63520.83</td>
<td>2</td>
<td>31760.42</td>
<td>0.96</td>
<td>.38</td>
</tr>
<tr>
<td>A x B</td>
<td>47368.89</td>
<td>1</td>
<td>47368.89</td>
<td>1.43</td>
<td>.23</td>
</tr>
<tr>
<td>A x C</td>
<td>161776.81</td>
<td>2</td>
<td>80888.41</td>
<td>2.45</td>
<td>.09</td>
</tr>
<tr>
<td>B x C</td>
<td>84677.03</td>
<td>2</td>
<td>42338.52</td>
<td>1.28</td>
<td>.28</td>
</tr>
<tr>
<td>A x B x C</td>
<td>205040.34</td>
<td>2</td>
<td>102520.17</td>
<td>3.10</td>
<td>.05</td>
</tr>
<tr>
<td>Error</td>
<td>5550431.60</td>
<td>168</td>
<td>33038.28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX F -- CONTINUED

Table 10

Means and Standard Deviations for 'Recovery Time' for Rater Sex, Victim Sex, and Form of Injury

<table>
<thead>
<tr>
<th>Form of Injury</th>
<th>Physical</th>
<th>Psychological</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Rater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Victim M</td>
<td>165.10</td>
<td>86.60</td>
<td>115.03</td>
</tr>
<tr>
<td>SD</td>
<td>163.72</td>
<td>92.33</td>
<td>171.06</td>
</tr>
<tr>
<td>n</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Victim M</td>
<td>219.67</td>
<td>107.07</td>
<td>119.60</td>
</tr>
<tr>
<td>SD</td>
<td>167.14</td>
<td>128.35</td>
<td>96.37</td>
</tr>
<tr>
<td>n</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Rater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Victim M</td>
<td>115.87</td>
<td>68.07</td>
<td>128.07</td>
</tr>
<tr>
<td>SD</td>
<td>112.32</td>
<td>51.16</td>
<td>113.32</td>
</tr>
<tr>
<td>n</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Victim M</td>
<td>159.37</td>
<td>149.07</td>
<td>62.70</td>
</tr>
<tr>
<td>SD</td>
<td>149.56</td>
<td>124.81</td>
<td>75.73</td>
</tr>
<tr>
<td>n</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

Note: Higher numbers indicate longer recovery time (in months)
APPENDIX F -- CONTINUED

Table 11

ANOVA for 'Recovery Time'

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rater Sex (A)</td>
<td>21103.34</td>
<td>1</td>
<td>21103.34</td>
<td>1.33</td>
<td>.25</td>
</tr>
<tr>
<td>Victim Sex (B)</td>
<td>24058.67</td>
<td>1</td>
<td>24058.67</td>
<td>1.52</td>
<td>.22</td>
</tr>
<tr>
<td>Form of Injury (C)</td>
<td>146688.70</td>
<td>2</td>
<td>73344.35</td>
<td>4.63</td>
<td>.01</td>
</tr>
<tr>
<td>A x B</td>
<td>523.61</td>
<td>1</td>
<td>523.61</td>
<td>0.03</td>
<td>.86</td>
</tr>
<tr>
<td>A x C</td>
<td>33168.61</td>
<td>2</td>
<td>16584.31</td>
<td>1.05</td>
<td>.35</td>
</tr>
<tr>
<td>B x C</td>
<td>64475.81</td>
<td>2</td>
<td>32237.91</td>
<td>2.04</td>
<td>.13</td>
</tr>
<tr>
<td>A x B x C</td>
<td>32016.74</td>
<td>2</td>
<td>16008.37</td>
<td>1.01</td>
<td>.37</td>
</tr>
<tr>
<td>Error</td>
<td>2660553.97</td>
<td>168</td>
<td>15836.63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX F -- CONTINUED**

Table 12

Means and Standard Deviations for 'Recovery Time' for Form of Injury Main Effect

<table>
<thead>
<tr>
<th>Form of Injury</th>
<th>Physical</th>
<th>Psychological</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>165.00</td>
<td>102.70</td>
<td>106.35</td>
</tr>
<tr>
<td>SD</td>
<td>150.57</td>
<td>105.70</td>
<td>119.26</td>
</tr>
<tr>
<td>n</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

Note: Higher numbers indicate longer recovery time

(in months)
APPENDIX F -- CONTINUED

Table 13

Means and Standard Deviations for 'Maximum Benefit From Treatment Time' for Rater Sex, Victim Sex, and Form of Injury

<table>
<thead>
<tr>
<th>Form of Injury</th>
<th>Physical</th>
<th>Psychological</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Rater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Victim</td>
<td>M</td>
<td>108.40</td>
<td>51.47</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>149.48</td>
<td>79.08</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Victim</td>
<td>M</td>
<td>115.87</td>
<td>75.20</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>120.99</td>
<td>111.97</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Rater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Victim</td>
<td>M</td>
<td>90.80</td>
<td>54.43</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>88.26</td>
<td>46.95</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Female Victim</td>
<td>M</td>
<td>70.47</td>
<td>69.87</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>105.17</td>
<td>98.53</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

Note: Higher numbers indicate longer time required to derive maximum benefit from treatment (in months)
### APPENDIX F -- CONTINUED

Table 14

ANOVA for 'Maximum Benefit From Treatment Time'

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rater Sex (A)</td>
<td>1430.87</td>
<td>1</td>
<td>1430.87</td>
<td>.15</td>
<td>.70</td>
</tr>
<tr>
<td>Victim Sex (B)</td>
<td>230.07</td>
<td>1</td>
<td>230.07</td>
<td>.02</td>
<td>.88</td>
</tr>
<tr>
<td>Form of Injury (C)</td>
<td>47612.04</td>
<td>2</td>
<td>23806.02</td>
<td>2.53</td>
<td>.08</td>
</tr>
<tr>
<td>A x B</td>
<td>1795.51</td>
<td>1</td>
<td>1795.51</td>
<td>.19</td>
<td>.66</td>
</tr>
<tr>
<td>A x C</td>
<td>17202.70</td>
<td>2</td>
<td>8601.35</td>
<td>.92</td>
<td>.40</td>
</tr>
<tr>
<td>B x C</td>
<td>6751.37</td>
<td>2</td>
<td>3375.69</td>
<td>.36</td>
<td>.70</td>
</tr>
<tr>
<td>A x B x C</td>
<td>1373.13</td>
<td>2</td>
<td>686.56</td>
<td>.07</td>
<td>.93</td>
</tr>
<tr>
<td>Error</td>
<td>1580127.37</td>
<td>168</td>
<td>9405.52</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Table 15

**Intercorrelations Among Dependent Measures**

<table>
<thead>
<tr>
<th></th>
<th>RT</th>
<th>MB</th>
<th>RESP</th>
<th>JUDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Time (RT)</td>
<td>--</td>
<td>.530&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.125&lt;sup&gt;c&lt;/sup&gt;</td>
<td>.248&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Maximum Benefit Treatment (MB)</td>
<td>--</td>
<td>-.045</td>
<td></td>
<td>.201&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Responsibility (RESP)</td>
<td>--</td>
<td></td>
<td>-.004</td>
<td></td>
</tr>
<tr>
<td>Judgment (JUDG)</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup> $p < .001$

<sup>b</sup> $p < .01$

<sup>c</sup> $p < .05$
APPENDIX F -- CONTINUED

Table 16

Regression Analysis for Dependent Scores with
Judgment Score as Criterion

<table>
<thead>
<tr>
<th>Judgment</th>
<th>Beta</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Time</td>
<td>.20</td>
<td>5.38\textsuperscript{a}</td>
</tr>
<tr>
<td>Maximum Benefit Treatment</td>
<td>.10</td>
<td>1.25</td>
</tr>
<tr>
<td>Responsibility</td>
<td>.03</td>
<td>.12</td>
</tr>
</tbody>
</table>

\[ R = .26 \quad R_{adj}^{2} = .07 \]

\textsuperscript{a}p < .05 (df = 1,176)
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REFERENCES


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