Original Papers

Polish Psychological Bulletin
2023, vol. 54(3) 217–228
DOI: 10.24425/ppb.2023.148054

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Do Psychopathic Traits, Sexual Victimisation Experiences and Emotional Intelligence Predict Attitudes Towards Rape? Examining the Psychosocial correlates of Rape Myth Beliefs among a cross-sectional community sample

ABSTRACT: Vast research has sought to better understand the origins and development of rape myth beliefs given the problematic influence of such misconceptions throughout global societies and criminal justice pathways. The current research aims to build on this body of literature by examining the contribution that psychopathic personality traits (affective responsiveness, cognitive responsiveness, interpersonal manipulation, egocentricity) and emotional intelligence may have upon rape myth beliefs. Furthermore, this study will investigate the extent to which sociodemographic characteristics (age, gender, ethnicity, education), and prior experience of sexual victimisation, contribute to variance in rape myth acceptance scores. In total 251 participants (*M* Age = 31.66) completed an online, self-report questionnaire which included contemporary measures of psychopathy and rape myth acceptance, never previously tested in combination. Results of a hierarchical multiple regression analysis indicate that egocentricity, age, and gender were significantly associated with rape myth beliefs. Emotional intelligence, as well as affective and interpersonal traits of psychopathy, were not directly related with rape mythology. Findings are interpreted alongside previous research, where we suggest there is an urgent need for larger, nationally representative samples, systematically recruited from the general population to help clarify uncertainty in existing literature emerging from small-scale opportunistic datasets.

Keywords: *Psychopathy, Rape Myths, Egocentricity, Emotional Intelligence, Psychopathic Personality Trait Scale, Sexual Victimization, Gender*

INTRODUCTION

Prior research indicates that psychopathy is an important antecedent of sexually aggressive attitudes and behaviours (Debowska et al., 2015; Mouilso & Calhoun, 2013). Yet the role of discreet psychopathic personality traits has varied in past research, in part, explained by the use of clinical assessment tools designed for diagnostic purposes. Additionally, while the role of emotional constructs including, empathy, emotional regulation and emotional intelligence, have been widely explored in relation to psychopathy (Nentjes et al., 2022), greater clarity is needed surrounding the role of such constructs in rape myth beliefs – never previously directly tested to the authors knowledge. Likewise, whilst a wealth of prior research has linked sociodemographic characteristics including, age, gender, and ethnicity, with the endorsement of falsehoods surrounding rape, the role of prior experience of sexual victimisation in this relationship has been largely neglected in prior work. This study

therefore aims to investigate the role of psychopathy traits, sexual victimisation experiences, and emotional intelligence, alongside participant demographics, on rape myth beliefs.

Rape Mythology

Rape myths refer to, 'prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists – in creating a climate hostile to rape victims' (Burt, 1980, p. 217). Rape myth acceptance (RMA) has been consistently associated with the perpetration of sexual aggression (Tharp et al., 2013; Yapp & Quayle, 2018; Willmott, Boduszek & Robinson, 2018) as well as other negative outcomes including the wellbeing on victim-survivors (Anderson & Overby, 2021), police decision-amking (Skov et al, 2022) and jurors judgements and decisions (Devine & Mojtahedi, 2021; Parsons & Mojtahedi, 2022). An influential model of sexual aggression, the confluence model (Malamuth, Sockloskie, Koss, & Tanaka, 1991, Malamuth, Linz, Heavey, Barnes, & Acker, 1995) incorporates RMA into a wider risk factor termed, hostile masculinity, which when combined with other risk factors, can lead to sexual aggression. The strong association between RMA and sexual violence becomes more alarming given the significant number of both men and women who endorse rape myths (Fawcett Society, 2017; Lilley et al., 2023b; Smith et al., 2022). Indeed, extensive research aimed at better understanding the acceptance of rape myths in contemporary society (see Willmott et al., 2021), has spurred growing interest in the relationship between psychopathy and RMA. Not least due to the strong correlations found between psychopathy and the perpetration of sexual aggression and coercion (Kosson, Kelly, & White, 1997; Mouilso & Calhoun, 2013; Harris, Rice, Hilton, Lalumiére, & Quinsey, 2005).

Psychopathy

Psychopathy is a construct that has captured vast public and academic interest since first conceptualised. Indeed, it is frequently draw upon by professionals, researchers, and lay people seeking to make sense of deviant and criminal conduct across a broad range of settings (Boduszek et al., 2017; 2022; DeBlasio & Mojtahedi, 2023; Debowska, et al., 2019; Lilley et al., 2023a; Sherretts et al., 2017; Zara et al., 2023). Whilst the concept of a successful psychopath and the possible benefits of such personality profiles in political and business arenas have gained momentum over recent years (see Lilienfeld, Watts & Smith, 2015), psychopathy is most often understood as resulting in antisocial consequences and highly problematic for interpersonal relationships. Hervey M. Cleckley first conceptualised the disorder in his book '*The Mask of Sanity'* (1941), where he identified 16 diagnostic criteria contributing to psychopathic personalities. These include superficial charm, untruthfulness and insincerity, lack of remorse or shame, and general poverty in major affective reactions. Cleckley claimed that psychopaths possess "Verbal and facial expressions, tones of voice, and all the other signs…implying conviction and emotion and the normal experiencing of life" (Cleckley, 1976, p. 369). Thus, the main premise of psychopathy according to Cleckley, was that psychopathic individuals are able to conceal their deviant behaviour and antisocial intentions through a series of masked traits (e.g. superficial charm) that make them appear as adequately functioning. This representation of psychopathy is still widely accepted today (Ritchie et al., 2018), with the aforementioned traits remaining virtually unchanged in contemporary measures of the disorder.

Measurement Debate

Despite agreement between psychologists on the primary underlying traits of psychopathy, debate persists surrounding how psychopathy should be represented in contemporary measurement tools. The Psychopathy Checklist-Revised (PCL-R; Hare, 1991, 2003) remains the 'gold standard' for some seeking to measure psychopathy among forensic and clinical populations, and is used across a range of contexts such courtroom and prison settings in the United States (Bergstrom & Farrington, 2018; Ellingwood et al., 2017; Murrie, Boccaccini, Johnson & Janke, 2008; Murrie et al., 2009; Murrie, Boccaccini, & Guarnera & Rufino, 2013) and predicting both general and violent recidivism (Campbell, French, & Gendreau, 2009), with varying degrees of success (see Boduszek & Debowska, 2016). Despite the PCL-R's popularity, there is much debate regarding the most appropriate conceptualization of psychopathy, focusing on the inclusion of the antisocial facet in the most frequently used, two-factor PCL-R model (interpersonal/ affective and lifestyle/antisocial). This model places more emphasis on antisocial behaviour than Cleckley seemed to (Skeem & Cooke, 2010). Debowska and colleagues (2018) therefore argued that the inclusion of an antisocial facet makes it inappropriate for use in non-forensic samples and serves to overestimate the prevalence and severity of psychopathy among prisons populations (Boduszek & Debowska, 2016; Debowska et al., 2018). Jeandarme and others (2017) for example, found that only factor two (which measures antisocial behaviour) of the PCL-R was predictive of recidivism in clinical samples. One reason for the somewhat frivolous use of the PCL-R in different settings is explained by Storey, Hart, Cooke and Michie (2016) who stated, "the situation is unlikely to change in the near future, given continued efforts to translate and validate [the PCL-R] and the absence of an emerging competitor" (Storey et al., 2016, p.144). Unsurprisingly, this has prompted numerous attempts to develop alternatives to the PCL-R, that would not only improve research in some areas of psychopathy, but also prevent the PCL-R from being used in settings that it was not designed for, including predicting recidivism among offending populations (Hemphill & Hare, 2004; Lewis et al., 2021).

Additionally, the PCL-R is intended for application in clinical settings and requires expensive training in its use. Indeed, its dominance has made measuring psychopathy in

non-clinical settings difficult. Recently however, new, non-clinical measurement tools designed to be easily administered through self-report, have emerged to help measure the presence of psychopathic traits. Furthermore, with the antisocial facet likely being much less prominent in non-clinical samples, these measures taking note of criticisms of the PCL-R, have placed much less (if any) emphasis on this supposed feature of psychopathy. One such measure is the Psychopathic Personality Traits Scale (PPTS) developed by Boduszek and colleagues in 2016. The PPTS is a self-report measure, which represents psychopathic personality through four factors. The four factors include affective responsiveness, cognitive responsiveness, interpersonal manipulation, and egocentricity. The notable lack of an antisocial trait ensures that this tool is appropriate for measuring psychopathy within non-forensic samples (see Boduszek et al., 2019; 2021; 2022; Debowska et al., 2018; Lilley et al., 2023a), and supports the notion that antisocial behaviour is likely a consequence of other traits of psychopathy, as opposed to being a characteristic of the disorder itself (Boduszek & Debowska, 2016). Additionally, as opposed to the PCL-R, which requires training to diagnose psychopathy, the PPTS simply measures the degree of trait presence, rather than overall psychopathy; again, making it suitable for research purposes.

Psychopathy and Rape Myths

Given existing research indicates strong links between psychopathic personality and some sexual offending, it is possible that this relationship may emerge from manipulative and deceitful characteristics present within those with psychopathic personalities. Debowska, Boduszek, Dhingra, Kola & Meller-Prunska (2015) also found that callous affect was positively associated with rape myth acceptance when controlling for participant demographics, and DeLisle, Walsh, Holtz, Callahan and Neumann (2019) revealed that both affective and interpersonal facets of psychopathy were associated with rape myth acceptance among a small sample of military personnel. In investigating the role of psychopathy and rape mythology, Mouilso and Calhoun (2013) also found evidence that higher scores in psychopathic traits were directly associated with rape myth beliefs. Moreover, myths which transfer responsibility for victimisation onto the victim were linked with factor one psychopathy (interpersonal/affective) traits, while myths which trivialised rape were associated with both interpersonal/affective and lifestyle/antisocial traits. Given the range and diversity of rape myths, this indicates that the relationship between psychopathy and RMA may be more complex than first thought. Indeed, Cooke and colleagues (2020) results indicated that in a sample of men, there was a significant positive association between egocentricity and RMA. As the first and only study to the authors knowledge to examine the role of this additional facet of psychopathy upon rape myth beliefs, this finding warrants further exploration.

Due to the PCL-R's dominance in the field of psychopathy, most research investigating the link between psychopathy and rape myth beliefs have used the aforementioned two (Hare, 1991) or four-factor (*interpersonal, affective, lifestyle, antisocial;* Hare, 2003; Neumann, Hare, & Newman, 2007) structure of psychopathy. The aforementioned limitations of the PCL-R make this somewhat problematic as measures which conceptualise psychopathy differently are typically overlooked. Watts, Bowes, Latzman and Lilienfeld (2017) for example, used the Triarchic Psychopathy Measure (TriPM; Patrick, Fowles, & Krueger, 2009) when investigating psychopathy's relationship to rape myths, and found evidence of a relationship. Here the affective features of psychopathy (the sub-scale 'meanness' in the TriPM) displayed the strongest association. Considered alongside Cooke et al's (2020) findings, this is an important finding given that both made use of measures which conceptualised psychopathy differently to the PCL-R.

Emotional Intelligence, Psychopathy and Rape Myths

Debate surrounds the existence of a link between psychopathy and an inability, or inhibited ability, to understand emotions. Numerous theories on psychopathy and emotional regulation (ER) have been proposed, each positing a different impairment within those scoring high in psychopathy which may affect their ER (see Garofalo & Neumann, 2018 for a full discussion). Compared to other areas of cognition, emotional intelligence (EI) however is a relatively new concept (e.g. Salovey, & Mayer, 1990). Garofalo and Neumann (2018) suggest confusion exists regarding the difference between ER and EI, due in part to definitional inconsistencies. Owens, McPharlin, Brooks, and Fritzon (2018, p. 4) define EI as the following: "the ability to examine, monitor, and understand one's own feelings and emotions as well as those of others, to discriminate among feelings and to use the information to guide thinking and behaviour, and to navigate social interactions/environments effectively".

A growing body of research investigating EI in relation to psychopathy (see Gómez-Leal et al., 2018 for full discussion) has found that certain psychopathy traits may act as adaptive characteristics and facilitate EI. Sokić and Horvat (2019) found that boldness (one of the three factors of the Triarchic psychopathy Measure; Patrick et al., 2009) was positively correlated with one's use and regulation of emotions, and self-emotion appraisal. This suggests that one's ability to remain calm in stressful situations along with tolerance for unfamiliarity (Patrick et al., 2009), may heighten one's EI. Contrastingly, other research indicates that psychopathy is negatively correlated with EI (Malterer, 2008; Grieve & Mahar, 2010a; Grieve & Mahar, 2010b; Grieve & Panebianco, 2013; Grieve, Witteveen, & Tolan, 2014; Nagler, Reiter, Furtner, & Rauthmann et al., 2014), and more specifically, self-report trait EI (Megías, Gómez-Leal, Gutiérrez-Cobo, Cabello, & Fernández-Berrical, 2018). Malterer and colleagues (2008) examined the relationship between psychopathy and multi-dimensional EI (Salovey & Mayer,

1990) which incorporates *attention allocation* (to one's feelings), *mood reparation*, and *discriminative clarity* (between affective states). The study found that negative correlations existed between factor one psychopathy and attention allocation, and factor two psychopathy and mood reparation. Nevertheless, the different types and dimensions of EI invite further research into EI itself, and its relation to psychopathy. Despite the wealth of research examining the association between EI and psychopathy, alongside emotional functioning more broadly (see Nenjes, Garofalo & Kosson, 2022) limited prior work has not sought to examine such as relationship in the broader context of RMA. This study thereby seeks to do so, whilst taking account of the broader range of psychosocial characteristics outlined above.

Sociodemographic Factors and Rape Myths

To understand the related factors and causes of rape myths, research has investigated the potential influence of individual demographics, such as the strong association between gender and rape myth endorsement – where men are most likely to endorse such attitudes (Conroy et al., 2023; Fakunmoju, et al., 2020; Suarez & Gadalla, 2010; Watts et al., 2017). The stronger endorsement by males compared to females is consistent with the disproportionate number of men who perpetrate sexual violence. This relationship was reinforced by Cooke and others (2020), who found not only that men were more accepting of rape myths, but that gender mediated the relationship between psychopathy and RMA. Age however is a demographic receiving considerably less empirical attention over recent years. Kassing, Beesley and Frey (2005) found that older individuals showed greater RMA compared to younger people, with Yarmey (1985) finding mixed results, thus indicating the need for further research to confirm any possible association. Education levels are also associated with RMA (Baldwin-White & Elias-Lambert, 2016; Kassing et al., 2005; Nadeem & Shahed, 2017; Prina & Schatz-Stevens, 2019), with lower education frequently related to higher RMA. As for ethnicity and RMA, research is both scarce and conflicting. Compared to Black, Asian, and Minority Ethnic communities (BAME), White or Caucasian individuals appear to more strongly endorse rape myths (Baldwin-White & Elias-Lambert, 2016), while other studies found the opposite (Conroy et al., 2023; Mori et al, 1995). Further exploration to confirm the role of sociodemographic is needed.

Sexual victimisation and rape myths

Research into the relationship between sexual victimisation and RMA is mixed. Vonderhaar and Carmody (2015) found that rape victims showed less RMA than non-victims. Egan and Wilson (2012) found that when controlling for whether or not victims reported to the police, victims of rape exhibited lower RMA than non-victims, yet Carmody and Washington (2001) found no such difference. One may assume that a victim of sexual violence would empathise with others experiencing sexual assault and would thus be more likely to reject rape myths. Indeed, recent research among mock jurors found that victim-survivors of sexual violence rated rape complainant testimony as more believable than non-victimised jurors, seemingly indicating that their personal experiences may help dispel some of the rape mythology which surrounds victim allegations (see Lilley et al., 2023a). However, given limited and mixed evidence in the literature, further research is needed to clarify the presence of such an effect.

The Current Study

Examining the link between psychopathy, emotional intelligence and rape myth beliefs prove strong grounds for further exploration given that no prior research appears to have investigated the presence of a between such variables, in combination, whilst controlling for the influence sociodemographic and experiential variables such as prior victimisation. This is an important gap in the literature given that numerous proposed emotional deficits are shown to be associated with both psychopathy, and sexual offending that is underpinned by rape supportive cognitions. Finally, this study utilises an alternative, more contemporary, psychopathy trait measure designed specifically for use with non-clinical samples which has clear benefits for research in this domain given the criticisms discussed at length above. The main aim of this study is therefore to investigate the relationship between four distinct psychopathy traits, emotional intelligence, sociodemographic characteristics, and prior sexual victimisation upon rape myth acceptance scores.

PARTICIPANTS AND PROCEDURE

Participants

Participants (N = 251) were members of the UK general population aged 18 to 74 (*M* Age = 31.66, *SD* = 13.12). Their demographic profile comprised of 58 men (23%) and 193 women (77%), with 212 (84%) participants reporting their ethnicity as Caucasian, and 39 (16%) as Black African or Caribbean heritage, South East Asian including predominantly Pakistani or Indian heritage, or from another minority ethnicity group. Regarding education, 97 (39%) participants reported their highest qualification was below university bachelor's degree level, while 154 (61%) held at least a university bachelor's degree qualification or above. When asked about prior experiences of victimisation, 61 (24%) participants reported being the victim of a serious crime and of these 54 participants (22% of the entire sample) disclosed having been the victim of a serious sexual crime including rape (51 female and 3 male participants). The remaining 197 (78%) participants reported no prior experience of sexual victimisation.

Participants were recruited via convenience sampling procedures by placing adverts to the study on social media platforms online. Advertisements contained a link which directed them to the external site, Qualtrics. UK citizen-

ship and participant age were inclusion criteria in the study as well as having a good command of written and spoken English.

Measures and materials

Psychopathic Personality Traits Scale (PPTS; Boduszek et al., 2016; 2018). The PPTS is a 20-item self-report measure designed to assess four distinct factors of psychopathy: *Affective Responsiveness* (AR) (affective empathy and emotional shallowness *e.g. "I don't care if I upset someone to get what I want"*), *Cognitive Responsiveness* (CR) (ability to engage with emotions cognitively *e.g. "I find it difficult to understand what other people feel"*); *Interpersonal Manipulation* (IPM) (deceitfulness and superficial charm *e.g. "I know what to say or do to make another person feel guilty"*), *Egocentricity* (EGO) (pursuit of self-interests *e.g. "how others feel is irrelevant to me, as long as I feel good"*). The PPTS measures a *lack of* AR and CR, meaning that higher subscale scores indicate a greater absence of these traits. The scale uses a 5-point Likert (0-4) scale ranging from '*Strongly Disagree'* (0) to *'Strongly Agree'* (4). Each subscale contains 5 items, and possible sub-scale scores range from 0 to 20. Scale validation has demonstrated that all four subscales have good internal reliability (AR = .86, CR = .76, IM = .84, EC = .69).

Trait Emotional Intelligence Questionnaire–Short Form (TEIQue-SF; Petrides, 2009) The TEIQue-SF is a 30-item self-report measure of trait EI (e.g. *"I often find it difficult to show my affection to those close to me"*). Participants select their extent of agreement to each item on a 7-point Likert scale (1 = *Completely Disagree;* 7 = *Completely Agree*). Possible scores range from 30 to 210. Higher scores indicate a greater degree of overall emotional intelligence. Cronbach's alpha values indicate good internal reliability (α =.88) (Cooper & Petrides, 2010).

Updated Illinois Rape Myth Acceptance Scale (IRMAS; McMahon & Farmer, 2011). The IRMAS is a 22-item self-report measure of RMA where items serve to blame the victim, excuse the behaviour of the accused, contest the allegation and that the behaviour amounts to rape (e.g. *"if a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand").* Participants selected the extent to which they agreed with each item from a 5-point Likert scale (1 = *strongly agree;* 5 = *strongly disagree*) with higher scores indicating greater rejection of rape mythology. Validation of the measure indicates good internal reliability (Cronbach's α = .87).

Demographics. Demographic information was recorded and later categorised using self-reported open-ended responses to questions asked (e.g. "How old are you in years?", "How would you describe your gender?", "How would you describe your ethnicity?", "Have you ever been the victim of a serious sexual crime such as rape?"). Based on the responses given, age was recorded as a continuous variable, with gender, ethnicity and sexual victimisation binary coded as (1) female, (0) male; (1) BAME, (0) Caucasian; (1) No, (0) Yes.

Procedure

After clicking the survey weblink, participants were presented with an information sheet which outlined details of the study, information about informed consent, contact information for the researchers so that participants were permitted to ask questions about the study and details of free and impartial support services given the sensitive nature of some of the study questions. Before starting the online questionnaire, participants were required to provide their consent within an itemised consent form, after which they were presented with a series of demographic, experiential and psychosocial questions (see measures section above). First, participants were asked to create a unique identification code which would be used should they wish to withdraw their data from the study after taking part. Next, they were asked to provide demographic information (age, gender, highest form of education, and ethnicity), followed by victimisation questions (*Have you ever been the victim of a; (1) serious crime*; (2) *serious sexual crime such as rape)*. Participants were reminded of their anonymity before answering these questions, as well as their right to withdraw from the study at any time by simply exiting the online survey browser. Participants were also given the option to select 'refer not to say' to these questions. Next participants were asked to complete the PPTS, TEIQue-SF and IRMAS before being thanked for taking part by way of a study debrief. Participants were reminded of their rights to withdraw from the study though nobody chose to do so in practice. Participation took between 20-45 minutes to complete. Ethical approval was granted by the Department of Psychology Research Ethics Committee at the host institution.

Analysis

Prior to analysis, data were exported directly from Qualtrics into SPSS (Version 26), where the datafile were cleaned, coded and prepared for analysis. Hierarchical multiple regression analysis was conducted to establish the extent to which predictor variables explained variance in outcome variable (RMA scores). Independent sample t-tests were also carried out used to investigate gender group differences in RMA.

RESULTS

Descriptive statistics including the means (*M*) and standard deviations (*SD*) for PPTS, TEIQue-SF, IRMAS and age are presented in table 1 and frequency distributions of categorical variables in table 2. Analyses revealed that participants were generally rejecting of rape myths across the entire sample (*M* = 96.23). For psychopathy, participants scored highest on the *egocentricity* subscale (*M* = 7.73) and lowest on *affective responsiveness* (*M* = 5.32). Moderate emotional intelligence scores (*M* = 148.01) were observed across the entire sample (*M* Age = 31.66; SD = 13.12).

Table 3 displays significant correlations between IRMAS scores and AR, CR, IPM, EGO, age, and gender weak to moderate. The strongest correlations observed

Table 1. Descriptive statistics of continuous study variables.

Variable	M	SD	Possible range	Minimum	Maximum
Age	*31.66*	*13.12*	*18 +*	*18.00*	*74.00*
AR	*5.31*	*3.58*	*0-20*	*0.00*	*18.00*
CR	*5.56*	*2.92*	*0-20*	*0.00*	*15.00*
IPM	*7.43*	*3.72*	*0-20*	*0.00*	*20.00*
EGO	*7.73*	*3.15*	*0-20*	*0.00*	*20.00*
TEIQ	*148.01*	*23.05*	*30-210*	*72.00*	*207.00*
IRMAS	*96.23*	*12.14*	*22-110*	*22.00*	*110.00*

Note: *AR = Affective Responsiveness, CR = Cognitive Responsiveness, IPM = Interpersonal Manipulation), EGO = Egocentricity, TEIQ = Trait Emotional Intelligence Questionnaire–Short Form Total Score; IRMAS = Updated Illinois Rape Myth Acceptance Scale Total Score.*

Table 2. Frequency distributions for categorical study variables.

Variable	N (%)
Gender	
Male	58 (23.1%)
Female	193 (76.9%)
Ethnicity	
Caucasian	212 (84.5%)
BAME	39 (15.5%)
Education	
Below Bachelor's Degree	97 (38.6%)
Bachelor's Degree or Above	9 (15.0%)
Prior Sexual Victimisation	
Yes	54 (21.5%)
No	197 (78.5%)

were between IRMAS and EGO (r = .32, p < .01), IPM (r = .33, p < .01), AR (r = .26, p < .01), and Gender (r = .25, p <.01). Psychopathy traits were also weak significantly correlated with one another.

A hierarchical multiple regression analyses was performed (table 4) to investigate the predictive value of psychopathic traits (affective responsiveness, cognitive responsiveness, interpersonal manipulation, and egocentricity), participant demographics (age, gender, education, ethnicity, and sexual victimisation experience), and emotional intelligence on rape myth acceptance scores. Assumptions associated with regression analysis (linearity, homoscedasticity, multicollinearity) were checked and no violations of test assumptions were found. In the first step of the hierarchical regression, the four psychopathy traits were entered to investigate the psychopathy-RMA relationship independent of demographic information and EI. The model was statistically significant: F(4, 246) = 9.65, p < .001, and explained 14% of the variance in IRMAS scores. Of the four traits, interpersonal manipulation and egocentricity were statistically significant contributors to the model: with egocentricity making the greater contribution (-.18, p < .05).

In step 2, gender and sexual victimisation were entered as control variables based on prior literature indicating their possible importance upon RMA scores. This model explained a further 1% variance in IRMAS scores: F(6, 244) = 7.18, p < .001. In total, this model explained 15% of variance in RMA scores. Here egocentricity (=-.16, p < .05), interpersonal manipulation (= -.16, p < .05) and gender (= .13, p < .05), were statistically significant predictors of IRMAS scores, though not sexual victimisation experience, AR or CR.

In step 3, the remaining participant demographics (age, ethnicity, and education) and EI were added to the model. This combination of predictor variables accounted for a total of 21% variance in IRMAS scores, a further 6% from model 2. The final model was statistically significant: F(10, 240) = 6.25, p < .001 with age, gender, and egocentricity making unique statistically significant contributions. Age was the strongest contributor (-.24, p < .001) followed by egocentricity (-.19, p < .05) and gender (.13, p < .05). When controlling for age, ethnicity, education and emotional intelligence, interpersonal manipulation was no longer a significant predictor of IRMAS.

DISCUSSION

Prior research indicates that psychopathy is an important antecedent of sexually aggressive attitudes and behaviours (Debowska et al., 2015; Mouilso & Calhoun, 2013). Yet the role of discreet psychopathic personality traits has varied in past research, in part, explained by the use of clinical assessment tools designed for diagnostic purposes. Whilst the role of emotional constructs including, empathy, emotional regulation and emotional intelligence, have been widely explored in relation to psychopathy (Nentjes et al., 2022), greater clarity is needed surrounding the role of such constructs in rape myth beliefs. Finally, whilst a wealth of prior research has linked sociodemographic characteristics with the endorsement of falsehoods surrounding rape (Smith et al., 2022), the role of prior experience of sexual victimisation in this relationship has been largely neglected. This study therefore aimed to investigate the role of psychopathy traits, sexual victimisation experiences, and emotional intelligence, alongside participant demographics, on rape myth beliefs.

Regarding psychopathy, egocentricity and interpersonal manipulation were found to significantly predict variance in RMA scores when controlling for the effects of gender and sexual victimisation. However. after including demographic traits and emotional intelligence into the analytical model, only egocentricity significantly contributed to variability in rape myth acceptance scores. This finding is directly supported by Cooke et al (2022) who also found egocentricity to be an important predictor of RMA, after controlling for the effects of gender. Moreover, Cooke and colleagues found that among their male cohort, men who had experienced psychological victimisation before the age of 16 were more egocentric,

Table 3. Pearson correlations for all study variables

Variable	Age	Gender	Ethnicity	Education	SVE	IRMAS	TEIQ	AR	CR	IPM	EGO
Age	x										
Gender	-.10	x									
Ethnicity	-.21**	.08	x								
Education	.30**	-.05	-.20	x							
SVE	-.15*	-.22**	.06	-.12	x						
IRMAS	-.2**	.25**	-.08	.07	-.08	x					
TEIQ	.22**	-.02	-.10	.32**	-.06	.10	x				
AR	.19**	-.35**	.03	.08	.08	-.26**	-.05	x			
CR	.12	-.26**	.03	.02	.13*	-.16*	-.25	.59**	x		
IPM	.15*	-.31**	.00	.04	.12*	-.32**	-.18	.45**	.30**	x	
EGO	-.03	-.33**	.08	-.02	.11*	-.32**	-.34	.48**	.43**	.61**	x

Note: *SVE = Sexual Victimisation Experience*: *IRMAS = Updated Illinois Rape Myth Acceptance Scale Total Score; TEIQ = Trait Emotional Intelligence Questionnaire–Short Form Total Score; AR = Affective Responsiveness, CR = Cognitive Responsiveness, IPM = Interpersonal Manipulation), EGO = Egocentricity, * = p < .05. ** = p < .005. *** = p <.001.*

Table 4. Hierarchical Multiple Regression of associations with IRMAS Scores

	R	R^2	R^2 Change	B	SE	*ß*	*t*
Step 1	.37	.14***					
AR				-.39	.27	-.12	-1.45
CR				.15	.31	.04	.46
IPM				-.57	.25	-.17*	-2.25
EGO				-.67	.31	-.18*	-2.19
Step 2	.39	.15***	.01				
AR				-.31	.27	-.09	-1.12
CR				.18	.31	.04	.56
IPM				-.51	.25	-.16*	-2.02
EGO				-.61	.31	-.16*	-1.97
Gender (Female)				3.66	1.89	.13*	1.94
SVE				-.45	1.79	-.02	-.25
Step 3	.45	.21***	.06**				
AR				-.25	.27	-.07	-.91
CR				.33	.32	.08	1.06
IPM				-.38	.25	-.12	-1.51
EGO				-.73	.32	-.19*	-2.28
Gender (Female)				3.76	1.87	.13*	2.01
SVE				-1.06	1.79	-.04	-.60
Age				-.22	.06	-.24**	-3.70
Ethnicity				-.3.37	2.01	-.10	-1.68
Education				2.91	1.59	.12	1.83
TEIQ				.02	.04	.04	.54

Note: *SVE = Sexual Victimisation Experience*: *IRMAS = Updated Illinois Rape Myth Acceptance Scale Total Score; TEIQ = Trait Emotional Intelligence Questionnaire–Short Form Total Score; AR = Affective Responsiveness, CR = Cognitive Responsiveness, IPM = Interpersonal Manipulation), EGO = Egocentricity, * = p < .05. ** = p < .005. *** = p <.00*

which in turn appeared to facilitate their acceptance of rape myths. Although the same direct relationship was not observed in females, egocentricity was indirectly associated with RMA through the acceptance of traditional gender roles, among male and female samples. One explanation may be that individuals who score higher in egocentricity prioritise self-interest at the cost of seeking to meaningfully engage and understand the experience of others. It is possible then that the experience of rape victims is of limited interest to such individuals and therefore effortful attempts to understand their experience are not a priority. What is clear, compared with other features of psychopathy (e.g. antisociality, callous affect, etc.), egocentricity is rarely included as a core trait characteristic, with the Psychopathic Personality Trait Scale (Boduszek et al., 2016; 2018) one of few measures that recognises the trait as such. With just two studies testing the importance of the trait as a dominant psychopathy feature, further research is therefore needed to better understand the importance and aetiological basis of egocentrism in RMA.

Interestingly, neither affective nor cognitive responsiveness were directly associated with RMA in the current study. Affective traits such as, callous affect and low empathy, were found to be important determinants of RMA in past research (Debowska et al., 2015; Mouilso & Calhourn, 2013; Willmott et al., In Review), however this finding was not supported in the current study. Interpersonal traits were also previously associated with RMA in prior studies (DeLisle et al., 2019; Methot-Jones et al., 2019; Mouilso & Calhoun, 2013), though not directly associated with RMA after controlling for sociodemographic, victimisation experiences, and emotional intelligence in the current study. This finding accords with Debowska and colleagues (2015), who failed to replicate Mouilso & Calhourn's (2013) findings surrounding the importance of interpersonal variables, after controlling for age and gender. According with conclusions drawn by Debowska and colleagues, the current findings support the idea that interpersonal manipulation is not directly related to RMA, once covariates are controlled for.

The role of demographic characteristics in RMA have been widely tested in past research, with gender (Watts et al., 2017) and age (Kassing et al., 2005) reported to be robust predictors of rape myth beliefs. This finding was supported in the current study. According with recent research, men (Conroy et al., 2023; Fakunmoju et al., 2020) and older participants (Duff & Tostevin, 2013) expressed higher endorsement of myths surrounding sexual violence. Younger participants, and females in the sample, were indeed more rejecting of rape myths overall. Providing further evidence that such demographic characteristics are associated with rape myth beliefs, rape prevention programmes and rape myth debunking interventions should be targeted at such at rick groups (see Hudspith et al., 2023). Neither level of education (expressed as highest qualification) or ethnicity were significantly related to RMA scores in the current study. This contrasts with past research that found education to be an important determinant of RMA (Kassing et al., 2005; Prina & Schatz-Stevens, 2019), along with rape myths being more prevalent and consequential among Black, Asian, and Minority Ethnic communities (Conroy et al., 2023; Lilley et al., 2023a; Mori et al, 1995). That said, other studies also failed to find evidence of a relationship between rape myths and ethnicity (Baldwin-White & Elias-Lambert, 2016). Given this disagreement in the literature, future research should seek to proportionally represent participants based on such demographic characteristics using stratified sampling procedures among a large cohort of participants. Here, the role of ethnicity, educational attainment, and other sociodemographic can be more reliability ascertained.

Results also revealed that prior sexual victimisation experiences were not directly associated with RMA scores. Although some prior research demonstrated a relationship between sexual victimisation and the endorsement of rape mythology (Egan & Wilson, 2015; Vonderhaar & Carmody, 2015), the current findings accord with Carmody and Washington (2001) in that no evidence of any relationship was supported. Intuitively, it seems plausible that experience of sexual victimisation may contribute to the rejection of rape myths based upon first-hand experience of the realities of how sexual violence occurs and an increased empathy for victims of such abuse. That said, the current findings appear to indicate that experience of sexual victimisation does not influence the rate at which rape myths are endorsed or bias is held towards victims of sexual violence. This conclusion accords with recent research that found prior sexual victimisation experience did not predispose verdict decisions among jurors serving within a sexual offence trial (Headd & Willmott, In Review).

Finally, the role of emotional intelligence (EI) in RMA was not supported in the current study. However, as the first study to directly investigate such a relationship (to the authors knowledge), the importance of EI on rape mythology ought to be further examined in subsequent research, especially in making use of ability-based EI assessments. Given EI's association with emotion regulation (ER), and ER with psychopathy, further work is needed to investigate the paths through which these constructs may interact. Copestake, Gray, and Snowden (2013) found a negative relationship between trait EI and performance-based EI, indicating that self-report trait EI may not be a reliable reflection of broader EI abilities. Before the relationship between EI and RMA can be reliably understood, performance-based measures of EI ought to be implemented, given prior evidence of their association with psychopathy traits (see Gómez-Leal et al., 2018 for full discussion). It is noteworthy that the current study did not control for general intelligence (IQ). This may important given Copestake and colleagues (2013) reported that when controlling for IQ, EI was directly associated with psychopathy traits. Much like prior research which found intelligence (IQ) to be an important moderator of psychopathy (Walters & Duncan, 2018), impulsivity (Farrington & Guilar-Carceles, 2023), anti-

social behaviour (Juni, 2014), witness reliability (Mojtahedi et al., 2020), criminal thinking (DeBlasio & Mojtahedi, 2023) and delinquency (Dhingra & Boduszek, 2013), it is possible that IQ may be an important moderator of EI and RMA. Future research is needed to explore such an intuitive relationship.

STUDY LIMITATIONS

There were several limitations with the current study that ought to be discussed. Firstly, the exclusive use and reliance on self-report measurement. Given the sensitive nature of study, it is possible that social desirability may have influenced the accuracy of reporting rape myth beliefs and psychopathic tendencies among the sample. That said, given that participants were self-selecting and not directly approached, and reminded of their anonymity throughout, online responses may be deemed more honest that face-to-face laboratory-based survey responses. Perhaps more importantly, a further limitation of self-report measures of constructs such as emotional intelligence (EI) surround the validity of such tools. Specifically, whilst self-report tools of EI are widely used in prior research, several studies have indicated weak associations between such self-report scores and performance-based EI ability tests, given the importance of the cognitive rather than trait basis of the construct (Brackett et al., 2006; Jang et al., 2023). Future studies interested in the interaction between psychopathic traits, EI and RMA would thereby benefit from assessing emotional intelligence using such ability-based tests. Next, the cross-sectional nature of the study means that causal mechanisms of variables tested upon rape myth beliefs are difficult to establish. Future research that makes use of more sophisticated experimental designs where data are captured at multiple time points, between different experimental groups (e.g. Boduszek et al. 2019), may help better elucidate the causal mechanism underpinning the psychosocial variables tested (for a systematic review of such interventions see Hudspith et al., 2023). Likewise, the unequal proportional representation of demographics among participants, and overall low scoring variability in both rape myths and psychopathic traits throughout the sample, may influence the generalisability of the current findings. Whilst inevitable with a cross-sectional survey-based study design, future research should seek to adopt random systematic or stratified sampling procedures to ensure varied genders, ethnicities, and psychosocial attitudinal profiles of participants are present within the data set.

CONCLUSION

This study contributes to the growing body of research aiming to establish the relationship between psychopathic traits and broader psychosocial-experiential factors upon RMA. Making use measurement scales never previously adopted to assess psychopathic personality, and testing for the first time the importance of emotional intelligence, alongside sexual victimisation experiences, the study advances research in this domain in several notable ways. Age, gender, and egocentricity were significant correlates of variability in rape myth beliefs within the current sample, when considered alongside the other study variables. Moreover, younger participants, female participants, and those who were less egocentric, were found to be most rejecting of rape myths. Alternatively put, older participants, men, and those who scores higher in egocentrism, exhibited the highest scores in rape mythology. Evidence that highlights the importance of egocentricity in rape myth acceptance, tested for only the second time, and which supports findings obtained by Cooke and colleagues (2022), indicates that future research must consider the aetiological basis of egocentricity in rape myth beliefs. Furthermore, with evidence that affective and interpersonal traits were not associated with rape myth acceptance scores, when controlling for a range of sociodemographic factors, the need to further examine how a wide range of personality and demographic may interact with psychopathy traits in rape mythology ought to be more readily tested and understood. However, taking account of study limitations surrounding cross-sectional designs and sampling bias, it is clear that future research must prioritise more representative community samples when seeking to better understand the origin and development of attitudes towards rape. In turn, this will allow for targeted evidence-based interventions likely to be effective among those most at risk of developing and endorsing rape myth beliefs. To conclude, this study builds on and contributes to existing literature seeking to advance understanding of the role of psychopathic personality traits, including the infrequently tested role of egocentricity in rape myth beliefs, found here to be an important feature in rape myth beliefs. Several studies over recent years have sought to understand the role of such traits and given continued disagreement, this paper makes a humble but important contribution to this ongoing debate highlighting the importance of egocentrism. Furthermore, the study tests for the first time the role of trait emotional intelligence and sexual victimisation experiences never previously examined alongside psychopathic personality traits. Whilst study findings add to the knowledge base that already exists in published literature, the limitations associated with the study's cross-sectional design and non-systematic sampling procedures highlight, the need for more methodologically robust experimental designs where representative samples are recruited. Only then will a fuller understanding of psychopathic personality, EI and RMA but properly understood. Nonetheless, the study does have important implications for rape myth 'debunking' educational programmes in highlighting those most likely to need, and perhaps likely to benefit, from such training.

DECLARATIONS

Acknowledgements

Not applicable

Authors' contributions

AI and DW contributed to stages of the research and write up.

Competing interests

The authors declare that they have no competing interests.

Funding

There was no funding for this research

Conflict of Interest

The authors declare that they have no conflict of interest.

Ethical approval

All procedures performed in this study that involved human participants were in accordance with the ethical standards of the lead institution (Manchester Metropolitan University, UK) and British Psychological Society guidelines as well as the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all individual participants included in the study as stipulated in the ethical approval granted by Manchester Metropolitan Universities research ethics committee that approved this research.

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