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# INFLUENCE OF MEDIA ON SELF- OBJECTIFICATION, BODY IMAGE, AND RAPE MYTHS ACCEPTANCE AMONG COLLEGE STUDENTS

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INFLUENCE OF MEDIA ON SELF-OBJECTIFICATION, BODY IMAGE, AND RAPE  
MYTHS ACCEPTANCE AMONG COLLEGE STUDENTS

by

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B.A., Universidade Federal de Santa Catarina, Brazil, 2012

A Thesis

Submitted in Partial Fulfillment of the Requirements for the  
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Catarina D. B. Alves

A Thesis Submitted in partial  
Fulfillment of the Requirements  
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Masters of Arts  
In the field of Psychology

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AN ABSTRACT OF THE THESIS OF

CATARINA D. B. ALVES, for the Master of Arts degree in PSYCHOLOGY, presented on April 06, 2017, at Southern Illinois University – Carbondale

TITLE: INFLUENCE OF MEDIA ON SELF-OBJECTIFICATION, BODY IMAGE, AND RAPE MYTHS ACCEPTANCE AMONG COLLEGE STUDENTS

MAJOR PROFESSOR: Kathleen Chwalisz, PhD

This study is an investigation of how exposure to different media content influences self-objectification, body image, and rape myths acceptance (RMA) in female college students. The purpose of this study was to further explore the effects of immediate media exposure on body image, self-objectification, and RMA, as well as address the gap in the literature regarding the relationship between these variables (Dakanalis et al., 2015; Fox et al., 2015). One hundred and one students that identified as female were randomly assigned to three experimental conditions using a partially blind design. The students watched a short video pertaining to the condition they were assigned (i.e. sexualized content, consent content, control content) and then completed a survey, which included measures of self-objectification, negative body image, positive body image, rape myths acceptance, and demographic variables. Results indicate there was no difference between self-objectification, body image, and RMA scores among participants that were assigned to different experimental conditions. Body image was found to be directly related to RMA, and there was a difference in RMA scores among participants that remembered the university training and those who did not. The present study's finding expands the knowledge of body image and RMA, and supports the need for interventions targeting attitudes and beliefs regarding rape and consent in college female students.

*Key words:* media, self-objectification, body image, rape myths acceptance, college students.

## DEDICATION

I dedicate my thesis to my family and friends. To my parents Miriam and Fábio, whose words of encouragement and push for tenacity and adventure have led me here. To my sister Luíza, whose kindness and fire have always inspired me. To my friends and cohort, who have endured hours of conversation about rape culture and the patriarchy. To all my professors that have contributed to my critical thinking and passion for psychology. A special feeling of gratitude to my advisor Kathie, for the incredible support, guidance, patience, and tea.

To my best friend and husband Klaus, whose unyielding support and companionship throughout this project and my professional development has been immeasurable. The essential is invisible to the eye.

Finally, and most importantly, I dedicate this thesis to all the teen survivors of sexual assault that have honored me with their stories. I am humbled by your strength, power, and sense of humor. Thank you.

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## CHAPTER 1

### OVERVIEW

As suggested by the World Health Organization (2000), it is imperative to move the discussion of determinants of women's poor mental health away from a focus on the individual, to a recognition of the broader societal factors that affect women's lives. Social factors can promote or hinder gender development and empowerment, and "the identification and modification of the social factors that influence women's mental health holds out the possibility of primary prevention of certain mental disorders by reducing their incidence" (WHO, 2000, p.7).

One widely pervasive social factor that influences women's health is sexualization. Sexualization occurs when one of the following conditions is present: (a) a person's value comes only from their sexual appeal or behavior, to the exclusion of other characteristics, (b) a person is held to a standard that equates narrowly defined physical attractiveness with being sexy, (c) a person is sexually objectified (i.e., made into a thing for others' sexual use), rather than seen as being capable of independent action and decision making, or (d) sexuality is inappropriately imposed upon a person (APA Task Force on Sexualization of Girls, 2010). Sexualization is something apart from healthy sexuality, and can be seen in many different settings worldwide.

Women, particularly young women, are in a vulnerable position when it comes to social factors that influence mental health. Sexually objectifying media is pervasive and has considerable negative sequelae. Two such sequelae, the internalization of body ideals and rape myths, have been consistently associated with sexualization and associated objectifying media portrayals of women. Although there is a vast body of literature on the effects of sexualized media on women, little research has been conducted on how different media content may have



different effects. These effects can range from potentiating self-objectification to working as a buffer and promoting a positive body image.

### **Body Image**

There has been an increased awareness over the past 20 years of the prevalence of poor body image and disordered eating in young women. There has also been an increased awareness of the early onset of body image problems, often in childhood and early adolescence (Littleton & Ollendick, 2003). Furthermore, negative body image, characterized by negative thoughts and feelings about one's body, seems to increase with age, peaking during adolescence and young adulthood, especially among women.

Negative body image (i.e., body dissatisfaction) has been shown to be strongly associated with disordered eating and with symptoms of eating disorders (e.g., unhealthy weight loss methods, binge eating). There is a higher prevalence of the onset of eating disorders in adolescents and young adults (e.g., American Psychiatric Association, 2013; Hudson, Hiripi, Pope Jr. & Kessler, 2007). Eating disorders have been shown to have high rates of psychiatric comorbidity, most commonly with depressive, anxiety, and bipolar disorders (American Psychiatric Association, 2013). Eating disorders have lasting effects on psychosocial functioning, even when the acute eating disorder has remitted (Lewinsohn, Striegel-Moore & Seeley, 2000). The extreme impact body image problems and eating disorders have on women's mental health warrants more preventive research in this area. Specifically, more research is needed to expand the understanding of societal maintenance of negative body image and enhancement of positive body image in young women.

## Rape Myths

Violence against women is a widespread pandemic, affecting women's mental, sexual, and reproductive health (WHO, 2013). One in three women worldwide has been victim to intimate partner violence and/or non-partner sexual violence (WHO, 2013), and nearly one in five U.S. women is the victim of a completed or attempted rape (Basile et al., 2016). In the United States, of the women that have been victims of rape during their lifetime, 32.3% are multiracial, 27.5% are American Indian/Alaska Native, 21.2% are non-Hispanic Black, 20.5% are non-Hispanic White, and 13.6% are Hispanic (Breiding et al., 2014). Additionally, approximately 46% of women report being raped by an acquaintance (Breiding et al., 2014). Bisexual women have significantly higher lifetime prevalence of sexual violence (46.1%) than heterosexual (17.4%) and lesbian (13.1%) women. Furthermore, most bisexual (98.3%) and heterosexual (99.1%) women reported having only male perpetrators. Sex of perpetrator estimates were not reported for lesbian women (Walters, Chen & Breiding, 2013). Lesbian women are an especially vulnerable population to sexual assault, due to the practice of corrective rape that is still present in some countries (e.g., South Africa, India, Jamaica). Corrective rape is a hate crime that combines violence against women with violence against LGBT people, and it is a term used to describe sexual violence perpetrated to change a person's sexual orientation or gender identity (Anguita, 2012). Sexual violence against women is considered a serious public health concern worldwide.

Not only is there a problem of prevalence of violence against women, but an extensive cross-cultural interview based study with 42,000 women across the 28 Member States of the European Union shed a light on the underreporting problem, revealing that only 14% of women reported their most serious incident of intimate partner violence to the police, and only 13%

reported their most serious incident of non-partner violence to the police (FRA, 2014). The silencing of victims and normalizing of sexual violence is a prevalent problem worldwide, which may be maintained by the endorsement of rape myths.

Rape myths are false but persistently held attitudes and beliefs towards rape and violence against women (e.g. “she was asking for it”, “she shouldn’t be wearing that”, “only certain women get raped”). A higher level of rape myths acceptance has been associated with hostile attitudes and behaviors toward women, victim blaming, traditional sex role attitudes, and greater self-reported likelihood of raping women (e.g., Lonsway & Fitzgerald, 1994; Suarez & Gadalla, 2010). Additionally, there is a high rate of repeat rape among male perpetrators, averaging 5.8 rapes per perpetrator, and high rates of multiple types of offending (e.g., battery, child abuse) among perpetrators (Lisak & Miller, 2002). Cantor et al. (2015) conducted survey-based exploratory study with 150,000 students at 27 colleges and universities in the United States. Results provided evidence that 27.2 percent of female college seniors reported experiencing some kind of unwanted sexual contact (i.e. nonconsensual sexual contact) since entering college, and 47.7 percent of students indicated that they have been victims of sexual harassment (i.e., behaviors that interfere with academic performances, limit ability to participate in an academic program, or create an intimidating, hostile, or offensive environment). Given the particularly vulnerability of college students regarding sexual assault and violence, there is a pressing need for more research on the underpinnings of rape myths maintenance and effective prevention interventions regarding sexual violence with college students.

### **Self-Objectification and the Role of Media**

One of the components of sexualization of women is sexual objectification. Sexual objectification (i.e., being treated as a body valued for its sexual use to others) of girls and

women is a broad and increasing problem worldwide. Sexual objectification has extremely harmful consequences to society, ranging from women's mental and physical health to sexual assault and human trafficking (e.g., Fredrickson & Roberts, 1997; Swami, 2010). A large contributor to the dissemination of this objectification is media exposure, which refers to contact with any type of media outlet, such as visual, social, audio, and virtual reality (e.g., APA Task Force on Sexualization of Girls, 2010; Fredrickson & Roberts, 1997).

Sexual objectification of women in media has been shown to be associated to self-objectification, which in turn relates to higher levels of negative body image and rape myths acceptance. With the exception of school and sleeping, children and adolescents spend a majority of their time with entertainment media (e.g., Roberts, Foehr, & Rideout, 2005), and this massive exposure throughout developmental stages among youth creates potential for exposure to sexualized portrayals of women (APA Task Force on Sexualization of Girls, 2010). Due attention should be given to the effects this exposure has on college students, and its effects on self-objectification, body image, and rape myths acceptance.

### **The Present Study**

Based on this review of the literature, negative body image (Hudson et al., 2007), rape myths acceptance (Suarez & Gadalla, 2010), and self-objectification (Slater and Tiggemann, 2015) have been related to poor health outcomes in women. Given the large influence media has on self-objectification, the present study addresses whether different visual media content have different effects on the variables of interest. As suggested by Fredrickson & Roberts (1997), sexual objectification has several consequences for women and girls because it permeates cultural and social environments. The present study advances the previous literature by addressing not only if sexualized media content affects body image and rape myths acceptance,

but also addressing if content of media exposure pertaining to body and sexual empowerment (i.e., consent) affects body image and rape myths differently. Specific hypotheses are outlined in Chapter 2. Implications of this study include informing preventive and remedial public policies regarding women's health and sexual violence prevention in college campuses.

## CHAPTER 2

### REVIEW OF THE LITERATURE

Women are systematically oppressed in Western societies (Barrett, 2014). Oppressive ideas are often disseminated and maintained by objectifying images and messages distributed through media (APA Task Force on Sexualization of Girls, 2010). This exposure to objectifying media may cause women to have higher self-objectification, higher levels of negative body image, lower levels of positive body image, and higher levels of rape myths acceptance, which, in turn, affect women's physical and mental health (Fredrickson & Roberts, 1997). These variables, their prevalence and connection with media exposure and preventive efforts, will be further addressed in this study.

#### **Self-objectification**

The American Psychological Association Task Force on Sexualization of Girls (2010) proposed that sexualization occurs within three interrelated spheres: (a) societal contributions (e.g., cultural norms, expectations, and values disseminated in many forms, including media), (b) interpersonal contributions (e.g., family, peers), and (c) self-sexualization (i.e., treating and experiencing oneself as a sexual object). According to the report, "if girls learn that sexualized behavior and appearance are approved of and rewarded by society and by the people (e.g., peers) whose opinions matter most to them, they are likely to internalize these standards, thus engaging in self-sexualization" (APA Task Force on Sexualization of Girls, 2010, p. 2). This self-sexualization negatively affects women's mental and physical health.

#### **Self-objectification definition**

Sexualization of women can occur in many ways, from sexual violence to a more subtle sexualized appraisal of women's bodies through visual inspection. Objectification theory states

that culture, through a variety of interpersonal interactions and mainly via media representations, socializes women to be treated as bodies to be looked at and evaluated (Fox, Ralston, Cooper & Jones, 2015; Fredrickson & Roberts, 1997). Furthermore, women are victims not only of objectification, but more commonly sexual objectification, which entails being treated and looked at as sexual bodies for someone's use. Specifically, sexual objectification "occurs whenever a woman's body, body parts, or sexual functions are separated out from her person, reduced to the status of mere instruments, or regarded as if they were capable of representing her" (Fredrickson & Roberts, 1997, p. 175).

Self-objectification is the process of adopting an observer's perspective on one's own body, and viewing and evaluating oneself in terms of appearance (Dakanalis et al., 2015; McKinley, 2011). Self-objectification may result in the internalization of media-ideal body image and cultural practices related to body. This may cause constant monitoring of one's appearance, which may, in turn, permeate various emotional, motivational and attentional states in women and girls, further contributing to mental health risks (Fredrickson & Roberts, 1997). Moreover, identifying the causes of objectification is not the purpose of objectification theory, rather objectification theory strives to "specify the range of intra-individual consequences that it has for women living in cultures where the female body is routinely sexually objectified" (Calogero, Pina & Sutton, 2014, p. 202).

Sexualization of women is a social factor present in Western cultures. Sexualization encompasses different aspects, including instilling adult sexuality in girls, portraying societal narrow and virtually unattainable physical appearance ideals as sexy, valuing sexuality over more relevant characteristics, and sexual objectification. Women and girls live within this culture, and are subject to many different forms of sexualization. The most subtle and pervasive

form, because it is easily maintained and disseminated by media, is sexual objectification. Women are engulfed by images that place the value of a woman on her sexual body for the gaze and use of others. Girls and women are likely to internalize these messages of sexualized behavior and appearance if they learn that they are approved of and rewarded by society and people around them (e.g. family, peers). This leads to self-objectification, or, in other words, girls and women start perceiving not only other women's bodies as sexually objectified, but their own as well. This leads to believing your worth lies in your body as seen by others in a sexualized manner. This internalized objectification of your own body may in turn cause women to have unhealthy behaviors and attitudes towards their own bodies (e.g. body dissatisfaction, appearance monitoring, disordered eating, endorsement of rape myths) (APA Task Force on Sexualization of Girls, 2010; Fredrickson & Roberts, 1997).

### **Predictors and protective factors of self-objectification**

Slater and Tiggemann (2015) examined predictors of self-objectification in a survey study of 1,087 female adolescents from rural and metropolitan secondary schools in South Australia. The participants completed questionnaire measures of media exposure, time spent on extracurricular activities, positive appearance-related comments (e.g., compliments) negative appearance-related comments (e.g., teasing), self-objectification, self-surveillance, body shame, and disordered eating. The sample was not asked to report ethnicity, but represented a spread of socioeconomic status across the Australian population. They found that exposure to media, specifically magazines and social network sites, and positive appearance-related comments were positively associated with self-objectification among the participants. Tests of the hypothesized path model also revealed self-objectification to be significantly associated to self-surveillance and body shame. The authors reiterated the important role media exposure and appearance-



related comments have on the development and maintenance of self-objectification in girls and women.

In another study, Varnes et al. (2015) investigated the extent to which societal sexual objectification of female athletes was related to differences in body esteem and self-objectification. The researchers sampled 407 female college athletes and non-athletes who completed survey measures assessing body esteem, body surveillance, thin-ideal internalization, and body shame. They found that all athletes, regardless of sport, experienced better body esteem and lower rates of body surveillance when compared to non-athletes. Athletes in more objectified sports (i.e., gymnastics, swimming and diving, tennis, volleyball), however, experienced a greater internalization of the thin-ideal, increasing negative body image (e.g. body shame). The authors argued that mental health risks in women appear to be associated not necessarily with poor body image but rather with objectification, and indicate competitive sports as a possible protective factor.

### **Media and self-objectification**

Media exposure is characterized as passive or active contact with media outlets (e.g., television, advertisements, magazines, social media) and plays an important role in self-objectification, considering “bodies exist within social and cultural contexts, and hence are also constructed through sociocultural practices and discourses” (Fredrickson & Roberts, 1997, p. 174). Vandenbosch and Eggermont (2012) sampled 558 adolescent girls aged 13-18 in Belgium to explore the relationship between exposure to sexually objectifying media and the internalization of beauty ideals, self-objectification, and body surveillance. The participants completed a questionnaire that included measures of exposure to sexually objectifying media, self-objectification, body surveillance, and internalization of beauty ideals. The researchers

found that exposure to sexually objectifying media was significantly associated with the internalization of beauty ideals, which in turn was associated with self-objectification and body surveillance. Particularly, fashion magazines and social networking sites were directly and positively associated with self-objectification. Although the researchers assessed how exposure to sexually objectifying media influenced self-objectification, they did not address how other kinds of media exposure interact with self-objectification.

Calogero et al. (2014) conducted a randomized experimental study in 116 undergraduate women from a southeastern British university to assess whether exposure to subtle and brief sexually objectifying cues increased intentions to have cosmetic surgery. Participants were randomly assigned to conditions in which they unscrambled words associated with sexual objectification, non-self-objectifying physicality, or neutral content. The researchers found that when compared to the non-objectifying conditions, women primed to self-objectify reported a greater intent to pursue cosmetic surgery and more body shame, even after controlling for other intrapersonal and social motives. There is a lack of research, however, in how these sexually objectifying cues might affect men and other gender identities.

In a study with 65 undergraduate women from a Midwestern University, Grey et al. (2015) randomly assigned participants to experimental conditions in which they were exposed to objectifying images of women, body-competent images of women, or product-only images. After exposure, participants wrote 10 sentences starting with the words “I am...” as a self-report measure of self-objectification, which were then categorized into six types defined a priori : (a) body size and shape, (b) other physical appearance, (c) physical skill/competence, (d) traits and abilities, (e) states and emotions, (f) uncodable or illegible. The authors found that objectifying images of women made the participants focus more on their own appearance than did images of

women using their bodies in non-sexualized competent ways and product-only images. According to the authors, “even though the body-competent images showed women’s bodies and women being viewed by others, they did not arouse appearance concerns among female perceivers” (Grey et al., 2015, p.4). More specifically, the authors found the degree to which women self-objectify is not dependent on whether women’s bodies are present, but rather on how they are depicted.

In a 3-year longitudinal study, Dakanalis et al. (2015) assessed the links posited in objectification theory in a population of 685 adolescents from urban, suburban, and rural communities from Northern, Central, and Southern Italy. The sample was composed of 47% males, aged between 14 and 15 at baseline, and 94% Caucasian. The participants were interviewed and completed standardized measures of media ideal internalization, self-objectification, body shame, appearance anxiety, dietary restraint, binge eating, depression, and BMI once annually for 3 years. Using a structural equation modeling approach, the authors tested a model in which they hypothesized that repeated sexual objectification experiences leads to media-ideal internalization, which encourages people to endorse unrealistic body images portrayed in the media, influencing self-objectification. According to the study, media-ideal internalization predicts self-objectification in both women and men, which, in turn, predicts body shame and appearance anxiety, via body surveillance. These negative feelings related to body appearance predicted subsequent dietary restraint and binge eating behaviors (Dakanalis et al., 2015).

### **Summary and Critique: Self-objectification**

Self-objectification has been strongly associated with sexually objectifying media exposure (Dakanalis et al., 2015; Slater and Tiggemann, 2015), body shame and surveillance

(Calogero et al., 2014; Slater and Tiggemann, 2015; Vandebosch & Eggermont, 2012, Varnes et al., 2015), and internalization of beauty ideals (Dakanalis et al., 2015; Vandebosch & Eggermont, 2012). Furthermore, self-objectification has been shown to mediate the relationship between sexualized media exposure and body image (Dakanalis et al., 2015). The majority of studies in this area have been correlational, which does not allow for causal conclusions.

Although there have been experimental studies (e.g. Calogero et al., 2014; Grey et al., 2015), and at least one longitudinal study (Dakanalis et al., 2015), they have been exploratory in nature, and further studies assessing a causal relationship between media exposure and self-objectification are needed. Although the association between objectifying media and self-objectification is well established, there is a lack of focus on non-sexualizing media and its effects on self-objectification in women. Furthermore, most studies have focused on samples mainly comprised of White heterosexual women, which affects the external validity and understanding of self-objectification for diverse populations.

### **Body Image**

Body image is a multidimensional construct, involving cognitive, affective, and behavioral components. Body dissatisfaction refers to a “preference for body characteristics different from how the body is currently perceived by the person and is associated with negative affect” (Wertheim & Paxton, 2011, p. 76). Although body image develops across the life-span, there is a higher prevalence of negative body image (i.e., body dissatisfaction) and onset of eating disorders in adolescents and young adults (e.g., American Psychological Association, 2013; Hudson et al., 2007; Littleton & Ollendick, 2003). Wertheim, Paxton, and Blaney (2009), in a systematic literature review of body image development, observed that during preadolescence, about 40-50% of girls report preferring to be thinner, increasing to 70% during

adolescence. The authors also reported on the stability of body image over time and the predictive nature of body image concerns on the development of eating problems.

Wertheim and Paxton (2011), observed in their review of literature that one third to one half of adolescent girls reports taking active steps to change their body appearance by experimenting or regularly engaging with unhealthy weight loss methods (e.g., fasting, dieting, vomiting, laxative use). Eating disorders are one of the most common disorders among women in Western society, with a lifetime prevalence in the United States of .4%, 1.5%, and 1.6% for anorexia nervosa, bulimia nervosa, and binge eating disorder respectively (American Psychological Association, 2013). Eating disorders are associated with medical and psychosocial morbidity, suicide risk, impairment in physical and social functioning, negative impact on family functions, high health care costs, and body image disturbances (American Psychological Association, 2013; Crowther & Williams, 2011).

Another manifestation of strong body dissatisfaction can be seen in surgical and cosmetic procedures to address body concerns. Body image may have an essential role in the motivation for some to seek cosmetic surgery (Sarwer, Crerand, & Magee, 2011). According to the American Society of Plastic Surgeons, 15.6 million cosmetic procedures were performed in the United States in 2014. Women were recipients of 92% of all cosmetic procedures, and approximately 24,000 procedures were performed in teens (ages 13-19). The top two cosmetic surgical procedures for teens were nose reshaping and breast augmentation. Given the high prevalence of cosmetic procedures and eating disorders among adolescents and young adults in the United States, and its relation to body dissatisfaction, the influences on negative and positive body image deserve more research and public attention.

**Body image definition**

Body image refers to attitudes and feelings a person holds about their own body. There are many conceptual foundations used to study body image (e.g., sociocultural, evolutionary, genetic, cognitive-behavioral). Body image is understood through a social objectification lens in the feminist perspective, stressing the power of social context in normalizing gender inequities, promoting self-objectification, and, in turn, a negative body image (McKinley, 2011). Positive psychology is focused on characteristics and processes of positive body image, which is the “acceptance of the body, including aspects that are inconsistent with idealized images. Body assets are emphasized, whereas body imperfections are minimized” (Tylka, 2011, p. 58).

It is important to note that low negative body image does not indicate positive body image. Deconstructing negative body image does not automatically construct positive body image, rather, “removing negative / maladaptive characteristics but not teaching positive / adaptive characteristics will likely create intermediate mental health characterized by a lack of pathology but the absence of vitality” (Tylka, 2011, p. 57). The assumption that reducing negative body image will result in a parallel increase in positive body image stems from an incomplete and narrow conceptualization of body image. While promoting positive body image is an important prevention and treatment goal, little is known about the psychological aspects of positive body image due to limited research in the psychology literature (Wood-Barcalow, Tylka & Augustus-Horvath, 2010). Components that seem to promote a positive body image include media literacy, environments that broadly conceptualize beauty, unconditional acceptance from important others, and spirituality (Tylka, 2011).

### **Predictors and protective factors of body image**

Cash, Morrow, Hrabosky, and Perry (2004) conducted a cross-sectional study over a period of 19 years (1983-2001) to verify changes in body image concerns over time. A total sample of 3,242 college students ( $M = 21$  years,  $SD = 2.9$ ) enrolled in psychology courses at a large Mid-Atlantic public university participated in this longitudinal study. The data were collected in 22 different studies over the years, with the sample divided into five cohorts representing sequential time periods, including the 1980s and 3-year spans from 1990-2001. Specific facets of body image attitudes were measured using the Multidimensional Body-Self Relations Questionnaire. Country of origin was not part of the exclusion criteria. The researchers found an increase in negative evaluations of appearance and weight concerns for non-Black women up to the mid-1990s. In contrast, there was no evaluative change in body image for Black women during this time frame, with the only exception being a decline in weight satisfaction from early to mid-1990s. In more recent cohorts, improvements in overall body image evaluations were evident for Black and non-Black women. Men's body image (limited to predominantly White men in this study) was stable during this 19 year period. However, the scale used to assess psychological investment in one's appearance was designed to measure the extent to which one attends to appearance and engages in appearance-managing behaviors, but does not reflect the salience of one's appearance in terms of self-evaluation. Therefore, these results might reflect a shift in norms (i.e., to a more unadorned appearance among women in a college setting) and not an actual change in internalized body appearance standards related to weight and shape.

Littleton and Ollendick (2003), in their review of the literature, examined correlates and predictors of negative body image and disordered eating behaviors in children and adolescents.

Lower self-esteem, early puberty, negative emotionality, and impulsivity have been associated with body dissatisfaction. However, no individual variables have been found to be significant longitudinal predictors of negative body image, which might indicate the importance of social factors as predictors and maintainers of a person's attitudes about their body rather than individual predictors. Among these social variables, exposure to thin media images, peer reinforcement of thin media ideals, peer modeling, and popularity produced and maintained body dissatisfaction. Familial factors, such as poor familial relationships and maternal modeling, were also found to be correlated to body dissatisfaction, although research in this area has shown mixed results (Littleton & Ollendick, 2003).

Much like positive body image, very little research has been done on the protective factors related to body dissatisfaction. Littleton and Ollendick (2003) suggested that positive family relationships, peer and social relationships, and engaging in social activities are potential protective factors for negative body image and that could possibly foster a positive body image.

### **Media and body image**

Mass media (e.g., television, video games, magazines, the internet) is a relevant source of information for many people. According to the United States Department of Commerce (2016), in 2015 85% of Americans aged 15-24 used the internet, and US adults spent approximately 720 minutes (12 hours) per day engaged in major media (mainly through TV, mobile devices, and laptops/desktops). Mass media is saturated with messages about the ideal body in relation to "pleasure, morality, gender, attractiveness, self-control, food, weight management, and power" (Levine & Chapman, 2011, p.101). Thus, Americans are bombarded with body-related messages for much of their daily life.



Grabe, Ward, and Hyde (2008) conducted a meta-analysis to better understand the links between media exposure and body dissatisfaction, internalization of the thin ideal, and eating behaviors in women. The authors analyzed 77 experimental and correlational studies with a total of 15,047 participants and yielding 141 effect sizes. The mean effect sizes ranged from small to moderate, but appear to be robust as they were present across multiple outcomes in both experimental correlational studies. Overall, the results from these analyses suggested that media exposure to images depicting the thin-ideal body is linked to “women’s generalized dissatisfaction with their bodies, increased investment in appearance, and increased endorsement of disordered eating behaviors” (Grabe et al., 2008, p. 471).

In the largest cross-cultural survey of body ideals to date, Swami et al. (2010) surveyed 7,434 people from 10 major world regions (North America, South America, Western Europe, Eastern Europe, Scandinavia, Oceania, Southeast Asia, East Asia, South/West Asia, and Africa). Each participant completed self-report measures of the Contour Drawing Figure Rating Scale and rated their exposure to Western media, in a questionnaire translated into the appropriate local language using the back-translation technique. The authors found that high socioeconomic status and exposure to Western media were associated with a preference for a thinner figure. Furthermore, BMI (Body Mass Index) and exposure to Western media were significant predictors of body dissatisfaction. The authors observed that thin ideal and body dissatisfaction have become widely international, partly due to globalized Western media.

In a meta-analysis of 33 experimental laboratory studies published between 1995 and 2007, Hausenblas et al. (2013) examined the effects of acute exposure to the media's portrayal of the ideal physique on eating disorder symptoms. The researchers analyzed the difference from pre-media exposure to post-media exposure, and examined seven different outcomes (e.g.,

positive and negative affect, body dissatisfaction, anxiety depression, anger, self-esteem). The meta-analysis revealed a significant increase in negative body image (i.e., body dissatisfaction) when at risk individuals were exposed to idealized images in the media (e.g. individuals who internalized the thin media ideal, high self-objectifiers, low self-esteem). There was no difference on the experimental effects for frequency or length of exposure, type of media, or gender.

Ferguson (2013), however, in a meta-analysis of 204 studies, including dissertations and theses, found little evidence for media effects in males and minimal effects for most females, except those with preexisting body dissatisfaction. The researcher argued that previous meta-analysts could have potentially inflated effect sizes due to systematic methodological issues and publication bias, concluding that “the effects of thin or body ideal media on men and most other women are negligible” (Ferguson, 2013, p. 35). He further proposed that analysis of body image using a sociocultural lens “does not appear to be bearing enough significant fruit” (p.34) and moved for a focus on individual predispositions to address body dissatisfaction, calling for a revision of APA guidelines regarding body image and women. Although predispositions are also important variables to be considered when analyzing body image, the vast body of literature that discusses the effect of contextual and social factors on body image, especially media influences (Barlett et al., 2008; Dakanalis et al., 2015; Grabe et al., 2008; Hausenblas et al., 2013; Swami et al., 2010) should not be disregarded.

Self-objectification has also been shown to be related to body image. In a self-report survey study with 2,206 undergraduates from the United States, Frederik, Forbes, Grigorian and Jarcho (2007) measured body satisfaction (e.g., Appearance Evaluation Scale, Appearance Surveillance Scale, BMI) among men and women. The authors found that the association

between self-objectification and negative body image was strongest for minority and heavier women, who may be considered to deviate most from the thin White ideal portrayed in the media. Overall, women reported lower body satisfaction than men. Very thin men, however, were less satisfied with their bodies than very thin women, as would be predicted by the thin ideal body for women and the muscular ideal body for men seen in the media.

Dakanalis et al. (2015) conducted a three-year longitudinal study in a sample of 685 adolescents, mean age 14.54 at baseline, from urban, suburban, and rural communities from Northern, Central, and Southern Italy. Using structural equation modeling, the authors verified that initial levels of media-ideal internalization predicted self-objectification, which, in turn, predicted body shame and appearance anxiety (i.e., elements of negative body image). Negative body image and negative body feelings in turn fully mediated dietary restraint and binge eating. The authors suggest that regardless of gender, self-objectification “may serve as a mechanism which translates the media-ideal internalization into negative body-feelings” (Dakanalis et al., 2015, p. 1008).

### **Negative body image prevention efforts**

The APA Task Force on the Sexualization of Girls (2010) prescribed implementing media literacy programs (programs that provide tools for participants to critically assess media they consume) to combat sexualization of girls/women, postulating both women and men may benefit from these programs. However, current preventive programs rarely address enhancement of positive body image and usually aim to reduce body dissatisfaction and eating disorders. Littleton and Ollendick (2003) conducted a review on the available literature on body dissatisfaction and disordered eating prevention programs. The researchers found that these programs are typically psychoeducational, focused on teaching mainly nutrition, health, and

exercise, eating disorder symptoms, and self-esteem enhancements. In their review, they found that although several programs yielded increased knowledge on the participants regarding nutrition, healthy dieting, and symptoms of eating disorders, the interventions showed small to no effects on body image. In fact, the average effect size from pre to post-testing on body satisfaction of these programs was a Cohen's  $d$  of .13, which indicates a small difference between means, or a small difference in body image after intervention.

Littleton and Ollendick (2003) point out two different programs that yielded moderate positive changes on body image satisfaction (i.e.  $d = .48$ ,  $d = .49$ ). Although the program components differed, the two elements that both had in common were addressing media and thin ideal promotion, and targeting a population of young adolescents (11-13 year old). Even though these programs had some success in improving body satisfaction, suggesting that media education may be helpful in reducing negative body image in young adolescents, no generalizable conclusions can be drawn.

Alleva et al. (2015) tested the program *Expand your Horizon* designed to improve body image in women using writing assignments focusing on the functionality of their bodies. The authors randomly assigned 81 women with a negative body image to either *Expand your Horizon* condition or active control condition. Participants that completed the program showed greater appearance satisfaction, functionality satisfaction, body appreciation, and lower levels of self-objectification. Although Alleva et al.'s (2015) findings are important as a remedial tool, there is an impending need for more research on effective prevention programs targeting women and men through media literacy to increase positive body image and decrease negative body image.

**Summary and critique: Body image**

Research on body image demonstrates a disparity on negative body image between women and men (Cash et al., 2004; Hausenblas et al., 2013). Women appear to have higher levels of negative body image, which can affect physical and mental health in women (e.g., Grabe et al. 2008; Swami et al., 2010). Body image is influenced by exposure to media-ideal images and this relationship has been shown to be mediated by self-objectification (e.g., Dakanalis et al., 2015; Frederik et al., 2007). The effects of objectifying media on negative body image in women has been the focus of researchers for the past two decades, and this relationship has been shown to exist through many experimental, longitudinal and cross-sectional designs nationally and internationally (Barlett et al., 2008; Dakanalis et al., 2015; Grabe et al., 2008; Hausenblas et al., 2013; Swami et al., 2010). However, there is a gap in the literature related to positive body image research, specifically addressing the association between self-objectification in relation to positive body image. Furthermore, although there is evidence relating sexualized media exposure to negative body image, there is a lack of experimental research concerned with how different content in media (sexualized and non-sexualized) might affect positive body image.

**Rape Myths Acceptance (RMA)**

The silencing of victims and normalizing of sexual violence is a prevalent problem worldwide. This silencing may have adverse effects on women's mental and physical health. Additionally, victim blaming can justify and reinforce sexually aggressive acts (Suarez and Gadalla, 2010). These acts contribute to an unsafe environment, which may be maintained by attitudes and beliefs towards rape and violence against women.

**RMA Definition**

Rape myths are false but widely and persistently held beliefs, attitudes, and stereotypes about rape, rape victims, and perpetrators that serve to deny and justify sexual aggression against women, shifting the blame from perpetrators to victims (e.g., Lonsway & Fitzgerald, 1994; Suarez & Gadalla, 2010). Rape myths include ideas like women who claim rape are promiscuous, dress provocatively, have bad reputations, and fabricate rape due to regret of having consensual sex after the fact (Kahlor & Eastin, 2011). Such overgeneralizations are dangerous, because they may lead to victim blaming, transferring blame from perpetrators to victims, furthering the psychological impact of rape, and contributing to the silencing of victims (Burt, 1980; Lonsway & Fitzgerald, 1994).

Why concern ourselves with myths rather than attitudes towards rape? Whereas attitudes are beliefs one holds towards people, objects, or activities that lead to behavior (Ajzen, 1991), myths are a more encompassing phenomena which include false attitudes and beliefs shared by society's members, much like stereotypes. Myths often explain a cultural phenomenon and maintain existing cultural arrangements (Payne, Lonsway & Fitzgerald, 1999). The concept of rape myths acceptance was first introduced by Burt (1980), who theorized these false beliefs served to create a hostile climate to rape victims which fosters victim blaming, emphasizing the cultural function of RMA.

Payne et al. (1999) suggested that the primary functions of rape myths are denial and justification, made possible by a complex set of cultural beliefs. Denial entails discrediting the widespread prevalence of sexual assault and sexual victimization, perpetuating the notion that women "cry rape". Justification involves obscuring or concealing the personal vulnerability that all women are subjected to by perpetuating the notion that only "certain kinds of women" get

raped (Lonsway & Fitzgerald,1994). Both of these functions were observed by Bohner, Eyssel, Pina, Siebler, and Viki (2009) in their systematic review of research published in the area.

Bohner et al. (2009) observed that RMA has different societal functions according to gender. For women, the level of RMA influences whether the threat of rape is included in their self-concept. For example, women who endorse rape myths may believe that sexual assault only happens to a “certain kind of woman,” whom they perceive as dissimilar from themselves. In this case, high levels of RMA may serve as a self-protective factor, allowing them to feel less vulnerable. For men, RMA serves the function of rationalization and justification of their tendencies to engage in sexually aggressive behavior, especially when it is seen as a societal norm. Cultural norms that include sexual coercion and aggression towards women exert a powerful influence on the behavior of college men. These norms include interpersonal interactions with male peers that involve oppression of women, hostile attitudes towards women, and objectification of women (Foubert & Newberry, 2006). Motivational factors for sexually aggressive behaviors in college men include underlying anger, underlying power, disinhibition, and masculine gender role stress (Lisak & Roth, 1988; Jakupcak, Lisak & Roemer, 2002).

By trivializing or neutralizing rape and sexual violence, rape myths provide a rational to explain and excuse this behavior. Bohner et al. (2009) argued that RMA serves as a cognitive schema, guiding and organizing a person's interpretation of specific information about sexual assault cases. These schemas operate at the individual and societal level, affecting both laypersons and legal experts when selecting and inferring information about rape cases. This extended Payne et al.'s (1999) argument that “the significance of cultural rape myths is in their overgeneralized and shared nature as well as their specified psychological and societal function” (p. 30).

### **Predictors and protective factors of RMA**

In a meta-analysis of 37 articles and dissertations published between 1997 and 2007, Suarez and Gadalla (2010) analyzed studies that included at least one measure of RMA and its association with behavioral, attitudinal, or demographic variables. The researchers found that gender showed the strongest relationship with RMA, with men having a higher endorsement of rape myths than women. Furthermore, RMA was strongly associated with hostile attitudes and behaviors toward women, sexism, victim-blaming attitudes, acceptance of interpersonal violence, low feminist identity, and adversarial sexual beliefs. RMA was also strongly correlated to other oppressive beliefs, such as racism, heterosexism, classism and ageism.

Very little research has been done, however, on protective factors, or preventive factors of rape myths acceptance. Some factors that were reported to be negatively correlated to rape myths acceptance by Suarez and Gadalla (2010) were social competence, pro-feminist beliefs, being positively identified with own race, having sexual submission fantasies, and male hostility (i.e., belief that male hostility toward women cause rape). The authors, however, only analyzed North American studies with an overrepresentation of White college participants, which is not racially or culturally representative.

### **Media and RMA**

Rape myths acceptance is not only pervasive in our society, but the perpetuation of these myths also serve societal functions pertaining to denial, justification and just world beliefs. Due to these shared societal functions of RMA, it comes as no surprise the role of media in the dissemination and maintenance of rape myths. Many authors have studied the relationship between different media types (e.g., television, magazines, music videos) and RMA and have found a relationship between them (Kahlor & Eastin, 2011; Kettrey, 2013).



Kettrey (2013) analyzed documents addressing rape myths published in *Playboy*, a top-circulating men's magazine in the United States, during the period spanning from its inception in 1953 to 2003. The author longitudinally explored rape myths representations by analyzing a sample of 167 published textual materials that discussed or portrayed rape. The data were analyzed using an a priori coding scheme developed through the operationalization of items from the Rape Myth Scale, an instrument designed to measure RMA. Results indicated that, although rape content was absent from the editorial until 1960, more recently *Playboy* authors have portrayed rape as a gender-neutral issue (i.e. were equally likely to endorse and refute rape myths equally for male and female victims). The main rape myths portrayed were: (a) blaming the victim (31.03%), (b) minimizing rape (27.59%), (c) portraying perpetrators as sex driven (11.49%), and (d) racism/classism (7.47%). The author suggested the published refutations of rape myths in *Playboy* have been unsuccessful in deconstructing and disempowering these myths, given RMA is still represented in this publication which promotes pictures constructed for the "male gaze". By endorsing gender-neutrality, the publication ignores patriarchal roots and structure in maintaining violence against women.

**Effects of media on reactions to others.** Fischer and Greitemeyer (2006) studied the impact of sexual-aggressive song lyrics on aggressive thoughts, emotions, and behaviors towards same and opposite sex. The researchers randomly assigned 107 German college students to one of three experimental conditions, which exposed them to a misogynous, misandrous, or neutral song. After this exposure, under the pretense of a market study, participants were asked to choose the amount of hot chili sauce to administer to another participant, who was actually a confederate, that did not like hot chili sauce. Aggressive behaviors and cognitions were found to be greater in participants exposed to sexist lyrics towards members of the opposite sex, than in

participants exposed to neutral lyrics. The authors concluded that “music with misogynous song lyrics should be considered as a potentially dangerous source that may elicit male sexual aggression” (p.1175). However, in an experimental study with 187 college students, Sprankle, End, and Bretz (2012) examined the effects of sexually degrading music videos on men’s aggressive behavior towards women, attitudes about rape, and sexual stereotypes. They randomly assigned participants to four experimental conditions: sexually degrading lyrics and images, sexually degrading lyrics with no images, sexually degrading images with no lyrics, and no images and no lyrics (just instrumental music). The findings showed no significant difference between the experimental conditions, suggesting that sexually degrading content does not influence rape myths, aggression, and stereotypes. A few limitations should be considered in this study, including the lack of cultural diversity in the student sample and no pre-test assessment of RMA to determine if the post-test levels of RMA were due to media exposure or predisposition to these thoughts and beliefs in the sample.

In a survey-based study with a subsample of 1,064 participants who had scored in the lowest and highest quartiles of the rape myths acceptance scale (65% women, mean age 42), Kahlor and Eastin (2011) measured television viewing, rape myths acceptance, and personal and secondary experience with rape using an ecological approach. The researchers found that television consumption is significantly related to rape myth beliefs among men and women. The authors also found a positive relationship between soap opera viewing and RMA, and a negative relationship between crime-show viewing and RMA. This study provides insight into the cumulative effects of media exposure on RMA related to current TV shows available for public consumption. More specifically, the authors suggest that television genres and content play a role

on the “construction and maintenance of societal norms consistent with the culture of violence towards women” ( Kahlor & Eastin, 2011, p. 229).

Furthermore, Hust et al. (2013) assessed exposure to mainstream sports media, RMA, and behavioral intentions related to bystander intervention (intentions to intervene in a potential sexual assault situation) in a sample of 352 freshmen living in northwestern university campus in the United States. In this online survey study, the researchers observed that male participants had higher levels of exposure to mainstream sports media, greater RMA, and lower levels of intentions related to bystander intervention. In female participants, exposure to sports media was positively associated with rape myths acceptance, which was negatively associated with intentions to intervene in a sexual assault (bystander intervention). In male participants, however, exposure to sports media and RMA were directly and negatively associated with bystander intervention.

**Effects of media on self.** RMA is a pervasive societal problem, and it also influences how people perceive themselves. In an experimental study with 81 female college students aged 18-28, Fox et al. (2015) analyzed the effects of watching and controlling virtual reality avatars (i.e. a digital representation that is controlled by a human) on self-objectification and RMA. The researchers assigned the participants to one of four experimental conditions: similar sexualized avatar, dissimilar sexualized avatar, similar nonsexualized avatar, or dissimilar nonsexualized avatar. They controlled for similarity by adjusting the avatar’s characteristics to the participant’s characteristics (i.e. skin color, hair color, hair style), and they controlled for sexualization by pre-establishing the avatar’s body type and clothing. Participants interacted with the avatar and then completed measures of self-objectification and RMA. The authors found that participants exposed to a sexualized avatar, whether just watching or controlling, experienced higher levels

of self-objectification. They also found self-objectification mediated the relationship between sexualization and RMA, leading to higher rates of RMA between the groups exposed to sexualized avatars when compared to participants exposed to a nonsexualized avatar. These sexualized representations promoted self-objectification and consequently RMA in a context “absent of any violence or active subjugation” (p. 357), suggesting that users of sexualized avatars could develop negative attitudes toward themselves and other women outside of the virtual environment.

### **Sexual violence prevention efforts**

De La Rue, Polanin, Espelage, and Pigott (2014) systematically reviewed studies and government reports published from 1960-2013, with the intent to evaluate the efficacy of school-based programs aimed to reduce or prevent teen dating violence or sexual violence between 4<sup>th</sup> and 12<sup>th</sup> grade. The researchers included experimental and quasi-experimental studies with pre and post-testing in their analysis. Twenty-three studies that sampled 4<sup>th</sup>-12<sup>th</sup> graders were included in meta-analysis. They found that at post-test, students in the intervention conditions endorsed attitudes that were less accepting of violence in relationships and rape myths. Results, however, did not impact dating violence perpetration and victimization to a great extent. The researchers called for more studies on program development exploring the role of bystanders and incorporating skill-building components to impact behavior change and peer culture.

Although prevention and educational programs regarding sexual assault have been consistently implemented on college campuses over the past years, rates of sexual assault have not declined over the last five decades (Jozkowski, 2015). Different prevention programs have been developed and tested, yet there is a gap on the literature regarding effectiveness and implementation of specific components of these programs on college campuses. Jozkowski

(2015) conducted qualitative interviews to assess and compare the effectiveness of a semester-long course and an hour-long workshop on sexual assault prevention education with 20 college students. Students that completed the semester-long course participated in the interviews four months after the course ended, whereas students that completed the hour-long workshop participated in the interviews after two weeks. The researchers presented the participants with a fictitious scenario and assessed the participant's abilities to deconstruct determinants of sexual violence. They found that the course was more effective than the workshop in preparing students to recognize social determinants of sexual assault in the college environment. Although this study might shed a light on the difference between long and short-term training with college students, the sample size was too small to make this finding generalizable. Moreover, all the students in the semester-long course group identified as White, and the majority of students on both groups identified as female.

Palm Reed, Hines, Armstrong and Cameron (2015) measured RMA, dating violence attitudes, knowledge acquisition, and bystander efficacy in college students who had completed bystander intervention and psychoeducational programs. The researchers randomly assigned 353 college students to two different experimental conditions: (a) a bystander intervention program condition (a 90-min program delivered in small, same-sex groups of 30 students during incoming student orientation facilitated by trained staff) and (b) a traditional psychoeducational condition (90-min program facilitated by a local domestic violence agency). Although there was so significant difference among the bystander intervention program and the psychoeducational program, both types of groups improved rape myths acceptance and knowledge scores.

Although both of the previously described intervention studies demonstrated some effectiveness in reducing rape myths in college students, they are limited in terms of the ease of

distribution and implementation on college campuses. Kleinsasser, Jouriles, McDonald and Rosenfield (2015) developed and empirically evaluated an online bystander intervention program. The researchers randomly assigned 93 students to either the 20-min bystander intervention program or a 20-min study skills control program. They administered pre- and post-intervention measures of bystander behaviors and self-efficacy for performing such behaviors. Students who participated in the intervention reported an increase in feelings of efficacy for intervening in situations judged to be high-risk for sexual violence, and demonstrated increased occurrences of bystander behaviors for friends as measured immediately and two months after the intervention.

### **Summary and critique: RMA**

Research shows exposure to sexually objectifying messages and images in different media outlets influences the prevalence and maintenance of rape myths (e.g., Fox et al., 2015; Hust et al., 2013; Kahlor & Eastin, 2011). Additionally, self-objectification has been shown to mediate the relationship between sexualized media exposure and rape myths acceptance (Fox et al., 2015). Given the strong association between rape myths acceptance and hostile attitudes and behaviors toward women, and the worldwide prevalence of sexual assault and violence against women, the relevance of studying underlying processes and prevention of rape myths cannot be understated. Although a causal relationship between sexualized media content and RMA is well established through experimental designs in the area, there is a gap in the literature pertaining to different media content's effects on RMA, specifically media that presents content related to consent. Moreover, more research is necessary to better understand the psychological underpinnings of rape myths acceptance and other variables that might be associated with and influence this phenomenon.

Although there are preliminary findings in the area of sexual assault prevention in college campuses, there is lack of generalizable results, given the small sample sizes and ambiguous findings. More research on the specific components that increase the effectiveness of prevention programs is warranted, as well as a better understanding of the underlying processes related to RMA to better deconstruct and prevent these myths in college students.

### **The Present Study**

Self-objectification has been shown to mediate the relationship between media exposure and body image (Dakanalis et al., 2015). This same variable has been observed to mediate the relationship between media exposure and rape myths acceptance (Fox et al., 2015). In the present study, I further explore the relationship between self-objectification, body image, and RMA. Although self-objectification seems to mediate both body image and RMA, no previous research has addressed whether there is a direct relationship between them. The present study contributes to psychology's understanding of these phenomena.

Authors have also examined and confirmed the influence exposure to media-ideal sexual content has on body image and rape myths acceptance (e.g. Dakanalis et al., 2015; Hausenblas et al., 2013; Fox et al., 2015). However, the influence of exposure to non-sexualized content, or content that is negatively related to objectification (i.e., consent) in media has not yet been addressed. Studying the effects of other media content on self-objectification, body image, and RMA could provide information to further develop preventive strategies towards sexual assault and negative body image.

The present study addresses the question of how media influences self-objectification, body image, and rape myths acceptance in female college students. Specifically, the present study explored self-objectification as a mediator between sexualized media exposure and body

image and sexualized media exposure and RMA (Dakanalis et al., 2015; Fox et al., 2015). There was also an investigation on the effect of non-sexualized media content (consent content) to better inform prevention programs. Additionally, the present study adds to the research in the area of body image and rape myths acceptance by examining the relationship between these constructs.

**Hypothesis 1.** I hypothesized there would be a difference in self-objectification, negative body image, and RMA between participants exposed to sexualized content in media and those exposed to consent content in media. Specifically, I hypothesized sexualized exposure would be associated with higher levels of self-objectification, negative body image, and RMA, and lower levels of positive body image. Exposure to consent content was hypothesized to be associated with high levels of positive body image and low levels of self-objectification, negative body image, and RMA. The rationale for this hypothesis was that research has shown that different types of media content are related to different levels of rape myths endorsement (Kahlor & Eastin, 2011), and sexualized media exposure influences self-objectification (Slater and Tiggemann, 2015), body image (Hausenblas et al., 2013), and RMA (Fox et al., 2015).

**Hypothesis 2.** I hypothesized that negative body image and rape myths acceptance would be positively correlated. The rationale for this hypothesis was that given both constructs are influenced by self-objectification (Dakanalis et al., 2015; Fox et.al, 2015), there might be a direct relation between these constructs.

**Hypothesis 3.** I hypothesized that self-objectification would mediate media exposure and body image. The rationale for this hypothesis was that self-objectification has previously been found to mediate the relationship between exposure to media-ideal content and body image (Dakanalis et al., 2015).



**Hypothesis 4.** I hypothesized that self-objectification would mediate media exposure and rape myths acceptance. The rationale for this hypothesis was that self-objectification has previously been found to mediate the relationship between exposure to sexualized virtual reality avatars and RMA (Fox et al., 2015). This relationship was found between virtual reality media and RMA, which might also be present in other types of media.

## CHAPTER 3

### METHOD

The current study is a post-test only randomized experimental study to assess the influence of media and gender on self-objectification, body image, and rape myths acceptance. This design was chosen due to the size of the sample yielding equivalent groups without need for pre-test and to reduce carryover effects. The active independent variable is media exposure (sexualized content, consent content, control), the attribute independent variable is gender (self-identify as male or female), and the dependent variables are self-objectification, body image, and rape myths acceptance.

#### **Participants**

The final sample of this study consisted of 101 university students that were enrolled in an introductory psychology course and received credit for participating in the study. The a priori power analysis using G\*Power 3.1.9.2 (Faul, Erdfelder, Lang & Buchner, 2007), estimated the number of participants necessary to have a power of .80 to detect a medium effect (0.25), to be 33 participants per group. The final sample had 33 participants in the control and sexualized video conditions and 35 participants in the consent video condition.

All participants identified as female, and their ages ranged from 17-24 years ( $M = 18.49$ ,  $SD = 0.95$ ). One participant did not report her age, but due to the limited age range of students in the course, she was assumed not likely to be an outlier and her responses were included in the analysis. The demographic information for the sample can be found in Table 1. The sample was mainly comprised of heterosexual participants (81.2%), although other sexual orientations were represented in smaller numbers. The sample consisted mainly of White (45.5%) and African-American students (37.6%), with a smaller representation of other ethnicities. The sample's self-

reported social class while growing up ranged from below poverty line to upper-middle class, in which most participants reported being part of the middle class (47.5%). Regarding current year in college, the participants were mainly freshmen (73.3%), and no participants were international students.

The current study used a nonprobability convenience sampling with volunteer student participants enrolled in an Introduction to Psychology course, who earned credit for research participation. The inclusion criteria for the study was being at least 18 years of age, enrolled in classes at SIUC, and identifying as a woman.

### **Instruments**

**Demographic information.** A self-reported demographic questionnaire was developed for this study (see Appendix A). Basic demographic information was gathered (e.g., age, gender, race and ethnicity). Participants were also asked if they have completed the university required consent training, and they were be asked about previous work and volunteer experiences. An additional question “Do you know what rape culture is?” was asked in order to assess the participants’ previous knowledge related to media influences on our perceptions regarding body and sexual assault. A manipulation check was also added to the demographic questionnaire to assess the reliability of the experimental intervention.

**Negative body image.** The Sociocultural Attitudes Towards Appearance Scale-3 (SATAQ-3; see Appendix B) was designed to measure sociocultural influences on body image and eating disturbances (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004). The SATAQ-3 was used in this study to measure the sociocultural aspects of negative body image. This is a 30-item self-report scale divided in four subscales: (a) Internalization-General (9 items), (b) Information (9 items), (c) Pressures (7 items), and (d) Internalization-Athlete (5 items). The

SATAQ-3 items are rated on a five-point Likert scale, ranging from Definitely Disagree (1) to Definitely Agree (5). The possible range of scores is 30-150, and high scores are interpreted as sociocultural factors having a higher influence on individual's body image.

Thompson et al. (2004) validated the SATAQ-3 with a population of 175 female college students (age range 17–25 years) at the University of South Florida, which can be considered relevant to the population of this study. The authors provided reliability evidence regarding the internal consistency of the instrument using Cronbach's alpha, which was uniformly high on the SATAQ-3 subscales of Information (.96), Pressures (.92), Internalization-Athlete (.95), Internalization-General (.96), and Total scale (.96). The internal consistency of SATAQ-3 for the current sample was .93 for total scale.

The researchers gathered validity evidence in terms of content, internal structure, and in relation to other variables. The evidence for content validity included a review of the literature which indicated dimensions that should be added to the existing instrument, and "items were generated by a body image research group whose members reviewed previously published indices of media influence" (p. 296). The internal structure construct validity evidence was gathered through factor analysis which supported a three subscale structure (i.e., Information, Pressures, and Athlete Internalization), and those subscales were somewhat different from the original subscales. Construct validity in relation to other variables was assessed using convergence evidence between the SATAQ-3 subscales and the Ideal Body Internalization Scale-Revised (IBIS-R; Stice, 2001) and the Eating Disorders Inventory (EDI; Garner, 1991). These correlations had positive convergent validity for all SATAQ-3 subscales, with higher correlations for the Internalization- General subscale.

**Positive body image.** Positive body image was measured with the Body Appreciation Scale (BAS; Avalos, Tylka & Wood-Barcalow, 2005; see Appendix C). The BAS is designed to assess positive body image, and it has been positively related to body esteem and psychological well-being, and negatively related to body surveillance and body shame. This is a 13-item self-report scale, and items are rated along a five-point scale (i.e., 1 = never, 2 = seldom, 3 = sometimes, 4 = often, 5 = always). Scores are averaged to obtain an overall body appreciation score, and higher scores are interpreted as a greater body appreciation.

Avalos, et al. (2005) validated the BAS in a set of four studies, with a combined sample of 1,154 female college students. The authors provided evidence of internal consistency reliability of the instrument yielding a .94 Cronbach's alpha, and corrected item total correlations ranged from .41 to .88. Test-retest reliability indicated that BAS scores demonstrated adequate temporal stability over a 3-week period ( $r = .90, p < .001$ ). The internal consistency of BAS for the current sample was .94 for total scale.

Avalos et al. (2005) conducted an initial exploratory factor analysis to evaluate internal structure validity provided evidence for the unidimensionality of the BAS. Validity evidence based on content was provided by a panel of experts who create and reviewed the items based on extensive literature research. Construct and incremental validity were assessed by a series of hierarchical regressions, which supported that the BAS predicted self-esteem ( $\beta = .45, t = 4.21, p < .001, DR2 = .06$ ), optimism ( $\beta = .46, t = 3.89, p < .001, DR2 = .07$ ), and proactive coping ( $\beta = .37, t = 3.30, p < .01, DR2 = .04$ ) after other scales were entered. Convergent and discriminant validity were assessed by correlations calculated between BAS and the Body Esteem Scale, the body surveillance and body shame subscales of the Objectified Body Consciousness Scale, Rosenberg Self-Esteem Scale, the Proactive Coping Inventory, and the Life Orientation Test-

Revised, the Multidimensional Body Self-Relations Questionnaire, The Body Shape Questionnaire-Revised-10, the body dissatisfaction subscale of the Eating Disorder Inventory-2, The Eating Attitudes Test-26, and The Balanced Inventory of Desirable Responding-6.

**Self-objectification.** Self-objectification was measured in this study with the Self-Objectification Questionnaire (SOQ; Noll & Fredrickson, 1998; see Appendix D). The SOQ was designed to assess the extent to which people self-objectify their bodies (i.e., the extent to which they view their bodies as observable and based on appearance). This instrument quantifies individual differences in self-objectification through self-report without an evaluative component, based on the assumption that self-objectification occurs regardless of individuals' levels of satisfaction with their bodies, which distinguishes it from other body esteem scales. The SOQ asks respondents to rank a list of 12 body attributes in ascending order of how important each is to their physical self-concept, from most impact (rank = 1) to least impact (rank = 12). The attributes are divided into six appearance based attributes (i.e., physical attractiveness, coloring, weight, sex appeal, measurements, muscle tone) and six competence based attributes (i.e., muscular strength, physical coordination, stamina, health, physical fitness, physical energy level). Scores are obtained by calculating the difference between the sum of the appearance rankings and the sum of the competence rankings, ranging from -25 to 25. Positive scores indicate a greater emphasis on appearance, which is interpreted as greater self-objectification (Noll & Fredrickson, 1998).

Due to the nature of the scoring system for the SOQ, traditional internal consistency reliability estimates cannot be computed, as the instrument's score is determined by correlating the sum of the appearance ranks and the sum of the competence ranks. A strong negative correlation was demonstrated between appearance and competence rankings in a population of

200 British college students, indicating good reliability of scores ( $r = -.88$ ; Calogero & Jost, 2011). A strong negative correlation between appearance and competence rankings was also present in the current study ( $r(100) = -1.0, p < .001$ ).

The SOQ has validity evidence based on content due to extensive literature search and expert panel on the construction of the scale (Noll & Fredrickson, 1998). Satisfactory construct validity evidence has been provided based on positive correlations between SOQ scores and the Appearance Anxiety Questionnaire scores ( $r = .52, p < .01$ ) and the Body Image Assessment scores ( $r = .46, p < .01$ ), demonstrating convergent validity evidence for a college student sample.

**Rape myths acceptance.** The Updated Illinois Rape Myth Acceptance Scale (IRMAS; McMahon & Lawrence, 2011; see Appendix E) was designed to measure rape myths acceptance, or the extent to which a person presents false but commonly and persistently held attitudes and beliefs that deny or justify male sexual aggression against women (Payne, Lonsway & Fitzgerald, 1999). The Updated IRMAS was used to measure rape myths acceptance in this study. The Updated IRMAS is a 22-item scale, divided into four subscales: (a) She asked for it (6 items); (b) He didn't mean to (6 items); (c) It wasn't really rape (5 items); and (d) She lied (5 items). The score values range is a 5-point response scale, where 1 = strongly agree and 5 = strongly disagree. A lower score on the Updated IRMAS suggests a higher endorsement of rape myths.

McMahon and Lawrence (2011) developed an Updated version of the IRMAS to contain an updated and relevant language to the college student population, and capture subtle rape myths. Internal consistency reliability of the Updated IRMAS was obtained with an overall Cronbach's alpha of .87. The correlations among the factors were all statistically significant,

ranging from .39 to .67. Construct validity was assessed using exploratory structural equation modeling, yielding the expected four-factor model. Criterion validity was assessed by comparing potential differences in levels of rape myths when gender, prior experience with sexual assault education programming, and knowledge of someone who has been sexually assaulted were considered. The internal consistency of BAS for the current sample was .89 for total scale.

Payne et al. (1999) provided reliability evidence for the original IRMAS in a population sample of 780 college students, and observed good immediate test-retest reliability ( $r = .90, p < .001$ ). Concurrent validity was evidenced by IRMAS scores being positively correlated when examined in relation to measures of sex-role stereotyping, sexism, adversarial sexual beliefs, hostility toward women, and acceptance of violence (ranging from  $r = .47, p < .001$ , to  $r = .74, p < .001$ ). Construct validity was further evidenced by administering the IRMAS to two different groups that had been theorized and demonstrated to have higher levels of rape myths acceptance (i.e., police officers) and lower levels of rape myths acceptance (i.e., rape advocates), and the two groups differed significantly on their IRMAS scores,  $t(66) = 5.2, p < .001$ .

## **Procedure**

**Data collection.** Participants were recruited from the Introduction to Psychology class subject pool, and received course credit for participation. When the participants signed up, the Qualtrics research system randomly assigned them to an experimental condition (i.e., sexualized content, consent content, or control). Assignment was made using a partial blind strategy, in which the researcher did not know which experimental condition the participant was assigned to, and the participants were naïve to the real purpose of the study. This strategy was used to reduce experimenter and participant bias. This strategy was possible by using the Randomizer tool in the online survey server Qualtrics, which allows for equivalent *ns* in each experimental condition.



Media exposure had three categories: (a) media-ideal sexualized content, characterized by a three-minute video depicting media-ideal sexualized images and topics typically seen on broadcast television; (b) consent content, characterized by a three-minute video about the meaning of consent and with no depiction of media-ideal images; and (c) control, characterized by a control video about the abstract concept of ideas, with no media-ideal or consent messages or images.

Data was collected in a single survey session, with an online version of the questionnaire. Participants took in average 13 minutes to complete the survey. They first watched a three-minute video pertaining to the experimental condition to which they were randomly assigned to, then answered the survey, and lastly completed the demographic questionnaire. The survey contained standardized measures of variables of interest (i.e., negative and positive body image, self-objectification, rape myths acceptance). The instruments were counter-balanced to reduce order effects, however, the demographic questionnaire was included last consistently, as not to prime the participants on answering the instruments.

There was a manipulation check at the end of the demographic questionnaire, in which participants were asked to categorize the video they had watched, and there was an 89.1% rate of correct categorization of the video. The incorrectly categorized videos did not follow any pattern of miscategorization, with the highest frequency ( $n = 3$ ) being control video categorized as sexualized content video.

**Data Analysis.** The data analysis was conducted in different stages. First, descriptive statistics were reported for the overall sample, in order to characterize it, and for all variables, namely body image, self-objectification, and rape myths acceptance. The descriptive analyses were accompanied by internal consistency analyses for the measures. Second, correlations

among variables were calculated, to both confirm and verify the validity of scales used, and to check how all variables are related.

To test the overall difference in self-objectification, body image and RMA in this sample, a Multivariate Analysis of Variance (MANOVA) was conducted, with the independent variable of media exposure (sexualized, consent, control). The multivariate main effect was tested with Wilks- $\lambda$ . Univariate follow up by means of one-way analysis of variance (ANOVA) were conducted to understand the meaning of the MANOVA results.

Two mediation models were tested: (a) the mediation model in which self-objectification was hypothesized to mediate the relationship between media exposure and body image, and (b) the mediation model in which self-objectification is hypothesized to mediate the relationship between media exposure and rape myths acceptance. In order to test these mediation models, a bootstrapping technique, as suggested by Preacher and Hayes (2004), was conducted.

## CHAPTER 4

### RESULTS

As part of the demographic questionnaire, participants were asked questions about their previous experience with the topics of the study. Participants were asked if they had completed the required SIU consent and bystander intervention training, to which 48.5% of participants said they had completed the training, 41.6% said they had not completed the training, and 9.9% did not remember. At Southern Illinois University – Carbondale all students are required to complete the Consent and Respect Training, which addresses issues of sexual violence and bystander intervention, annually and within 45 days after first coming to SIU. Students that do not complete the training have holds on their records and are not able to register for classes (Office of Equity and Compliance, 2017). At the time of the study, all participants were expected to have completed the required training, especially upperclassmen who also reported not completing the training. Moreover, participants were also asked to report previous work and/or volunteer experiences they had on rape crisis, domestic violence, and/or advocacy services, and most of the sample (86.1%) reported not having any previous experience in the field. Participants also answered if they knew what rape culture was, to which 45.5% of the sample answered “yes”, 36.6% of the sample answered “I think so” and 17.8% answered “I have no idea”.

#### **Descriptive Statistics for the Measures**

Means, standard deviations, internal consistency coefficients for the measures and comparisons to the normative sample are presented in Table 2. The internal consistency coefficients were calculated for the body image and rape myths acceptance measures and were all acceptable, ranging from 0.89 to 0.94. The internal consistency coefficient for the Self-Objectification Scale (SOQ) cannot be calculated due to the nature of scoring, but the correlation

between appearance rankings ( $M = 28.75$ ,  $SD = 6.74$ ) and competence rankings ( $M = 26.25$ ,  $SD = 6.74$ ) in this sample was strongly negative ( $r(100) = -1.0$ ,  $p < .001$ ). This is a stronger correlation than Calogero and Jost (2011) found in a sample of British college students ( $r = -.88$ ), indicating good reliability of scores according to the authors.

Correlations among all measures are presented in Table 3. As expected, the negative body image measure (SATAQ-3) was significantly negatively correlated with positive body image (BAS,  $r(100) = -.54$ ,  $p < .001$ ). This further contributes to the evidence of the instruments validity, given that high scores on SATAQ-3 indicate higher negative body image and high scores on BAS indicate higher positive body image. Interestingly, self-objectification was not significantly correlated with any of the other study variables. However, these participants exhibited a relatively low level of self-objectification compared to the SOQ normative sample. Relations among other study variables will be discussed in the context of the study hypotheses.

### **Tests of the Study Hypotheses**

**Hypothesis 1.** The first hypothesis was that there would be a difference in self-objectification, negative body image, and RMA between participants exposed to sexualized content in media and those exposed to consent content in media. A multivariate analysis of variance was conducted to assess if there were differences between the three experimental conditions (i.e., sexualized, consent, control) on positive body image, negative body image, self-objectification, and rape myths acceptance. The assumptions of independence of observations and homogeneity of variance/covariance were checked and met. There were no statistically significant differences between the groups, Wilks'  $\lambda = .97$ ,  $F(8,188) = .36$ ,  $p = .94$ , multivariate  $\eta^2 = .015$ , indicating there were no differences in body image, self-objectification, and rape myths acceptance scores between participants that watched the sexualized video, consent video

or control video. Thus, it does not appear that the experimental exposure to sexualized and consent content had the hypothesized impact. Given the non-significant MANOVA, follow-up univariate tests are not considered.

**Hypothesis 2.** The second hypothesis was that negative body image and rape myths acceptance would be positively correlated. Higher scores on SATAQ-3 indicate higher levels negative body image, and lower scores on IRMAS indicate higher levels of rape myths acceptance. As seen on Table 3, negative body image (i.e., higher scores on the SATAQ-3) was associated with high levels of rape myths acceptance (i.e., lower scores on IRMAS;  $r = -.32, p = .001$ ). This result confirms this hypothesis, suggesting that high levels of negative body image are positively related to high levels of rape myths acceptance. Similarly, the results revealed that positive body image (i.e., higher scores on BAS) was associated with lower levels of rape myths acceptance (i.e, higher scores on IRMAS;  $r(100) = .23, p = .019$ ).

**Hypothesis 3.** The third hypothesis was that self-objectification would mediate media exposure and body image. Self-objectification was not significantly associated with any of the other variables in this study, so self-objectification cannot function as a mediating variable. Thus, it was not possible to test this hypothesis.

**Hypothesis 4.** The fourth hypothesis was that self-objectification would mediate media exposure and rape myths acceptance. Self-objectification was not significantly associated with any of the other variables in this study, so self-objectification cannot function as a mediating variable. Thus, it was not possible to test this hypothesis.

### **Exploratory Analyses**

An exploratory analysis was conducted to investigate the difference in rape myths acceptance, body image, and self-objectification between participants who remembered taking

the SIU required training and those who did not remember. This distinction was thought to reflect the potential impact of the required sexual violence related training, given that all participants can be assumed to have taken the SIU training, due to it being a requirement for registration. I split the sample between participants who remembered completing the training ( $n = 49$ ) and those who did not remember completing it, which included participants who answered that they did not remember and those who answered that they did not take the training ( $n = 52$ ).

A multivariate analysis of variance was conducted to assess whether there were differences between the two groups on rape myths acceptance, body image and self-objectification. A statistically significant difference was found Wilks'  $\lambda = .91$ ,  $F(4,95) = 2.47$ ,  $p = .05$ , multivariate  $\eta^2 = .094$ . Follow-up univariate ANOVAs indicated that only rape myths acceptance, when examined alone, was statistically significantly different for participants who remembered and those who did not remember the SIU required training,  $F(1,98) = 8.18$ ,  $p = .005$ . Results of the univariate analysis can be seen on Table 4.

Given that there are different kinds of rape myths, which access differing attitudes and beliefs, further ANOVAs were conducted to investigate the specific IRMA's subscales contributions to the difference between the groups. The results indicate that only the subscales "He didn't mean to",  $F(1, 98) = 3.14$ ,  $p < .001$ , and "She lied",  $F(1, 98) = 4.53$ ,  $p = .04$ , were significantly different between groups. The subscales "She asked for it",  $F(1, 98) = 3.137$ ,  $p = .08$ , and "It wasn't really rape",  $F(1, 98) = 1.01$ ,  $p = .32$ , were not significantly different between groups. This indicates that participants who remembered the SIU required training scored differently on items related to believing the perpetrator's responsibility for the rape and items related to the victim's responsibility for the rape than participants who did not remember the training.

Therefore, there was a significant difference in RMA between those participants who had remembered the consent training and those who had not remembered. There was also a significant correlation between RMA and positive body image ( $r = .23, p = .019$ ), and negative body image ( $r = -.27, p = .005$ ). A regression analysis was conducted to further investigate whether remembering the training or not contributed to the explanation of body image after controlling for the RMA scores. The same analysis was conducted for positive body image. In the first regression, remembering the training was not a significant predictor of negative body image after controlling for RMA ( $t(99) = -.300, p = .764$ ). In the second regression, remembering the training was not a significant predictor of positive body image ( $t(99) = 1.172, p = .244$ ) after controlling for RMA.

## CHAPTER 5

### DISCUSSION

In this chapter, I discuss the results of this study as they relate to repeated media exposure and mental health impact of high levels of self-objectification, body image and rape myths. Further, prevention and intervention strategies to reduce the effect of these variables in female college students will be discussed. Following the discussion of the results, its implications and limitations regarding research and practice will be delineated.

#### **Self-Objectification, Body Image and Rape Myths Acceptance in College Women**

Although self-objectification was not correlated to body image and rape myths acceptance, there were high levels of self-objectification throughout the sample, independent of experimental group condition. The levels of self-objectification found in this sample of female college students was higher than levels found in the same population (Slater & Tiggemann, 2015), even when participants were primed to self-objectify (Noll & Fredrickson, 1998). Furthermore, the level of self-objectification was high regardless of experimental condition, and there was no significant association between self-objectification and body image. These findings seem to confirm that self-objectification occurs regardless the person's levels of satisfaction with their bodies and immediate media exposure.

Girls and women are likely to internalize messages of sexualized behavior and appearance, if they learn that they are approved of and rewarded for such appearance and behavior by society and people around them (e.g., family, peers). Such internalized messages are thought to lead to self-objectification, as women perceive not only other women's bodies as sexually objectified, but their own as well. Hanna et al. (2017) found that the relationship between Facebook use and psychological well-being (i.e., self-esteem, mental health, body



shame) was mediated by self-objectification and social comparison in a sample of undergraduate students. The authors found that Facebook use, even among those who used it moderately (i.e., 30-60 minutes a day) was associated with diminished well-being.

Self-objectification has been associated to lower self-esteem, poorer mental health, greater body shame, and decreased sexual assertiveness in young adult women (e.g., Fredrickson & Roberts, 1997; Manago, Ward, Lemm, Reed & Seabrook, 2015; Hanna et al., 2017). Given the high consumption of media in youth and mental health risks related to self-objectification, the high levels of self-objectification found among the college women in this sample may cause concern. There might be a need to address self-objectification within the university setting, as a measure to prevent the development of mental health issues related to self-esteem and body image concerns in college women. The implementation of public communications and workshops about self-objectification and media literacy for both students and staff might be beneficial. These workshops should address specific skills related to consuming media in a healthy and critical manner.

Frederick, Sandhu, Scott and Akbari (2016) have found that adding disclaimer labels or subvertising messages (i.e., social commentary to undermine the message of the advertisement) to thin-ideal images in media and advertisement that have been digitally altered did not affect levels of body dissatisfaction or drive for thinness in women. This suggests that there is a need for more than just disclaimers in media when objectified images of women are portrayed. Promoting workshops in universities that actively teach students skills on how to properly consume and criticize sexualized media could impact self-objectification and beliefs about women's bodies.

Posavac, Posavac, and Weigel (2001) reported that interventions developed to discourage comparison to media images have been shown to reduce levels of body image disturbance in college women. The authors developed and tested two targeted interventions addressing artificial beauty standards in media (i.e., exposing participants to techniques used by the media industry to modify images) and unrealistic weight expectations (i.e., addressing genetic predispositions of weight in women). Both interventions, as well as a version that combined the interventions, were effective in reducing levels of body image disturbance in college women. Workshops that teach skills to critically analyze objectification in media could also be beneficial for university professors and staff, with the intention of increasing their awareness of these issues and promoting open conversations with students.

Negative and positive body image were significantly negatively correlated in the sample, and the levels were consistent with findings from other research with this population (Thompson et al., 2004; Avalos et al., 2005). It is important to note, however, that although both were inversely correlated, levels of negative body image and positive body image were relatively high in this sample. This indicates that a person does not need an absence of negative body image to experience positive body image, although the more positive body image one has regarding their body, the less negative body image they are likely to hold. This contributes to the understanding that negative and positive body image should be treated as separate constructs, and that low negative body image does not mean positive body image (Tylka, 2011). Although college women may hold negative views of their bodies and feel pressured by media outlets to conform to a Western beauty ideal, they may also hold adaptive and accepting attitudes towards their bodies or parts of their bodies.

There was evidence of some positive body image among college women in this study, however, the setting in which the survey was administered might have influenced these responses. Social desirability bias (i.e. tendency for participants to present themselves in a favorable way) has been shown to be present involving topics related to body image, dietary practices and sexual activity (Van de Mortel, 2008). Furthermore, the fact that participants completed this study in a university lab might have influenced their responses, given universities are settings that focus on competence as opposed to attractiveness (Cash et al., 2004)

There was also evidence of negative body image in college women, which has been associated with negative affect, disordered eating, and symptoms of eating disorders (American Psychological Association, 2013; Crowther & Williams, 2011). Levels of negative body image found in this study might indicate that women in this sample are particularly vulnerable to mental and physical health risks, including the development of eating disorders.

Participants from all experimental conditions endorsed rape myths acceptance at a higher level than participants in other studies with the same population have (e.g., McMahon & Lawrence, 2011). All of the types rape myths were endorsed by the students (i.e., she asked for it, it wasn't really rape, he didn't mean to, she lied), indicating a high level of victim blaming by female college women. Although there was a difference in rape myths endorsement among those who remembered and did not remember the university training, this difference only reflected that some students endorsed rape myths less than others, it does not mean they did not endorse them.

Some studies have shown immediate effects of media on rape myths acceptance (Fox et al., 2015), however, there were no differences between rape myths acceptance in different media exposure conditions in this sample. Given the high endorsements of rape myths among this population, and the high incidence of sexual assault in college campuses (Cantor et al., 2015),

the implication of continued exposure to media and interventions to reduce sexual assault in college campuses should be further explored.

### **Immediate and Long-term Media and Training Effects**

Exposure to short video clips reflecting different media content (i.e., sexualized, consent, control), with the intent to prime participants in the different experimental conditions, did not influence scores on self-objectification, negative and positive body image and RMA. Most importantly, even participants who were primed with the consent condition retained high levels of self-objectification and rape myths acceptance. There are two major implications that can be drawn from this finding: (a) there was no immediate media effect on the variables; and (b) watching the consent content video, the same one used by the University to explain consent to students (available on Southern Illinois University – Carbondale’s Safety Awareness Facts and Education website) did not have any significant effect on the high levels of RMA in this student sample.

Regarding the absence of immediate media effect on the variables, the effect of repeated media exposure might explain high levels of self-objectification, negative body image and RMA. With the exception of sleeping and school, children and adolescents spend a majority of their time with entertainment media (Roberts et al., 2005), and this massive exposure throughout developmental stages among youth creates potential for exposure to sexualized portrayals of women (APA Task Force on Sexualization of Girls, 2010). Furthermore, adults spent approximately 12 hours per day engaged in major media (U.S. Department of Commerce, 2016). Repeated exposure to sexualized media and media ideal internalization has been found to be associated with self-objectification (Dakanalis et al., 2015; Slater & Tiggemann, 2015; Vandebosch & Eggermont, 2012), negative body image (Grabe et al., 2008; Littleton &

Ollendick, 2003; Swami et al., 2010), and rape myths acceptance (Hust et al., 2013; Kahlor & Eastin, 2011). The fact that the high levels of self-objectification, negative body image, and rape myths acceptance among participants did not change, regardless of the priming received, might demonstrate the pervasive, long-lasting and resilient effects of repeated exposure to sexualized media on women's attitudes and beliefs about their own bodies.

The effects of repeated media exposure suggests that interventions promoting healthy, body competent images and demystifying the sexual objectification of women in media are not only necessary, but must be implemented systematically to achieve any change in young women's self-objectification, body image and rape myths acceptance. Therefore, single interventions and trainings aimed at improving these variables, may not be effective, given the pervasiveness and long-time exposure to media content.

The Campus Sexual Violence Elimination Act (SaVE Act) provision, enacted in 2013 under the Violence Against Women Reauthorization Act (VAWA), requires that universities offer students and employees prevention and awareness programs that focus on rape, acquaintance rape, domestic violence, dating violence, sexual assault, and stalking. Although all students are required to take SIU's Consent and Respect online training to register for classes, a little over half of the participants did not remember completing the training. This may be related to the effectiveness of the program in engaging students and promoting lasting change in attitudes and behaviors. Furthermore, prevention and educational programs regarding sexual assault have been consistently implemented on college campuses over the past few years, yet rates of sexual assault have not declined over the last five decades (Jozkowski, 2015).

Although the different priming interventions in this study did have an effect on rape myths acceptance among these participants, there was a significant difference in RMA between

those that remembered completing SIU's required training and those who did not. More specifically, participants differed in scores in the "He didn't mean to" and "She lied" subscales of IRMAS, which are comprised of items related to believing the perpetrator's responsibility for rape. The subscales "She asked for it" and "It wasn't really rape" did not differ between those who remembered and did not remember taking the training.

Peterson and Muehlenhard (2004) found that for two rape myths, college women who accepted the myth and who had experiences that corresponded to the myth were less likely to name and acknowledge their experience as rape when compared to other women. These were the rape myths of not fighting back (e.g., "if a woman does not physically fight back, you cannot really say it was rape"), from the "It's not really rape" subscale, and rape myths of sexually teasing (e.g., "when a woman is a sexual tease, eventually she is going to get into trouble"), from the "She asked for it" subscale. These myths are from the same subscales that did not differ according to memory of the training in students in this sample. This might indicate students in the sample studied might have had more personal experiences with these myths, either by being more exposed to this belief in the media or in the college culture.

This difference in rape myths acceptance between participants that remembered and did not remember the training indicates that components of the training might be working to reduce rape myths among some female students. Further investigation of personal or individual variables that might influence whether or not participants remembered the training might be warranted.

Burnett et al. (2009) conducted a qualitative phenomenological study with nine focus groups of college students from a Midwestern university. They investigated how college students describe and experience rape and how communication of what rape and consent are can foster a

rape culture in college campuses. The authors concluded that the inability to define consent and date rape silences victims and college students who want to communicate about these issues.

Due to this not knowing how to define consent, victims tended to be silenced after being sexually assaulted, and rape myths contributed to not reporting the assault. This finding further corroborates to the importance of effective training with college students regarding consent and sexual assault, and its direct connection to rape and underreporting in college campuses.

VAWA requires universities to provide training programs that include: (a) an institutional statement prohibiting rape, acquaintance rape, domestic violence, dating violence, sexual assault, and stalking, (b) the definitions of those offenses according to appropriate jurisdiction, (c) definition of consent, (d) options for bystander intervention that are safe, (e) recognition of signs of abusive behavior, and (f) ongoing awareness and prevention campaigns for faculty and students. Universities should not only comply with VAWA requirement, but ensure that the training provided has the desired effect of awareness and prevention on students. Implementing training that requires a greater level of student interaction (e.g., in person training as opposed to online, having discussion groups to encourage active processing of the information, answering to case vignettes) might be more effective in changing students' beliefs and attitudes regarding sexual assault (Palm et al., 2015). Longer training (e.g., semester long courses) has also been shown to be more effective than single interventions at preparing students to recognize social determinants of sexual assault in the college environment (Jozkowski, 2015). Additionally, empathy-based training (e.g., using the discussion of male-on-male sexual assault, asking men to imagine women they know as victims) targeted at populations at risk for perpetrating sexual assault (e.g., fraternity and athlete men) have been shown to decrease rape myth acceptance, likelihood of raping, and likelihood of committing sexual assault (Foubert & Newberry, 2006).

### **Rape Myths Acceptance and Body Image**

Negative body image has been associated with exposure to sexualized images in media and self-objectification (Dakanalis et al., 2015). Rape myths acceptance has also been associated with sexualized images in media and self-objectification (Fox et al., 2015). However, the relationship between rape myths acceptance and body image has not been explored in the literature. In this study, higher levels of negative body image were associated with higher levels of rape myths acceptance. Inversely, higher levels of positive body image were associated with lower levels of rape myths acceptance.

Rape myths are beliefs, attitudes, and behaviors maintained and perpetuated by media, peers, and societal norms in the personal, social and institutional levels. Given the pervasiveness of these messages, it is no surprise that they influence body image. Body image has been vastly demonstrated to be influenced by media exposure (Grabe et al., 2008; Littleton & Ollendick, 2003; Swami et al., 2010), hence the internalization of these rape myths (e.g., she deserved to be raped due to the clothes she was wearing) present in the media might further influence how one evaluates their own body. Therefore, trainings that focus on consent and reduction of rape myths might also influence negative and positive body image levels in college student populations.

### **Implications of This Study**

The current study might have several important implications for research, practice, and advocacy. One important implication of the current study is that immediate media exposure to different content did not have a significant impact on participant's scores on self-objectification, body image, and rape myths acceptance. Neither the sexualized nor consent based content had an impact on the objectification, rape myths acceptance, or body image. This homogeneity among the scores might indicate that short-term, media based interventions, as commonly used,



might not be an effective way to prevent endemic levels of negative body image, self-objectification, and rape myths acceptance among female college students. The lack of effectiveness of a short intervention might be due to the fact that repeated exposure to objectifying and sexualized media content throughout a woman's life can create pervasive, long-lasting, and resilient attitudes and beliefs about one's body. Such ingrained attitudes and beliefs just might not be susceptible to change after short-term, passive and single interventions.

It may not be appropriate to treat university trainings required by VAWA with the goal to raise awareness about rape as preventive, given that rape myths acceptance and body image are beliefs and attitudes already present and consolidated in young adults entering college. It may be more effective to develop interventions aimed at changing attitudes, as opposed to simply providing information. Further research should be conducted exploring the effectiveness of interventions focused on changing explicit and implicit attitudes about rape and consent.

Another important implication is the novel finding that the endorsement of rape myths was a directly correlated to body image. These two variables have been historically treated as separate constructs in the body image literature, usually ignoring a common factor between them – that they are both related to women's bodies. Given that both rape myths acceptance and body image are related to women's health, further research on the relationship between these variables might help develop more effective and holistic public health policies and interventions.

It is also important to highlight the high scores of self-objectification and rape myths acceptance found in this sample of college women. These high scores might indicate high vulnerability for negative affect, body shame, and sexual assault among this sample. This heightened vulnerability warrants further implementation of workshops and training addressing

media literacy and consent in the college campus. Additionally, research on the effectiveness of training interventions for college women and men must be assessed.

### **Limitations of the Study**

Although the findings of the study have important implications for women's health and intervention, some limitations must be noted. First, there may be factors limiting the generalizability of these findings. The sample consisted of women from a midsized Midwestern university, which might not be generalizable to other universities that have different demographics. Additionally, the sample was primarily heterosexual (81.2%), and these findings might also not be applicable to people with other sexual orientations.

The experimental intervention in this study was not sufficient to affect the variables of interest. The short length of the video which participants were primed with in each experimental condition might have influenced the outcome. Perhaps a longer video or social media priming would have provided different results.

Another important limitation of the study was that previous media exposure was not measured or controlled for in the participants. Previous media exposure, including type of media, frequency, and content, might have affected the results. Additionally, previous victimization was not assessed in this sample, and participant's previous experience with sexual violence could have influenced scores on self-objectification, body image and RMA. Furthermore, effects of previous victimization could be associated with remembering or not remembering the required sexual assault training.

Rape myths acceptance was significantly directly related to body image in this study. However, it is not the only phenomenon that is directly correlated to body image. Further research is required to identify how RMA is related to predictors and possible outcomes of

negative and positive body image. Other variables, such as the measure of repeated media exposure and media-ideal internalization might have provided a more encompassing picture of the relationship between self-objectification, body image, and RMA (e.g., Hust et al., 2013; Slater & Tiggemann, 2015; Littleton & Ollendick, 2003).

Another limitation of this study concerns the generalizability of the findings regarding the training effect on rape myths acceptance in this sample of college women. Due to the non-standardization of sexual assault and consent trainings that universities are required to provide for students and staff, the effects of remembering the training on rape myths acceptance can only be generalized to students that have received the same Respect and Consent training provided by Southern Illinois University.

Although the measures used in this study had good validity and internal consistency for this sample, the use of only one measure to capture each of these complex variables might have affected construct validity, limiting the results of the study. Future research should include multiple instruments to measure the constructs (Heppner, Wampold & Kivlighan, 2008). Moreover, social desirability bias might have impacted the validity of this research, given the study was completed in the university setting and it involved topics related to body image and sexual activity (Van de Mortel, 2008). Future research should include measures of social desirability to detect and control for social desirability bias.

### **Future Directions**

The high incidence of sexual assault in college campuses (Cantor et al., 2015) and the high endorsement of rape myths, negative body evaluation, and self-objectification in this sample warrant further research on preventive consent and sexual assault training offered in college campuses. Specifically, future research should focus on the effectiveness of preventive training

created to provide information for students as opposed to training developed to change existing attitudes and beliefs about rape and consent. Additionally, there is a need for systematic implementation of sexual assault prevention training in college campuses that might include media literacy and a greater level of student interaction.

Furthermore, given rape myths endorsement was associated with positive and negative body image, more research on the interaction of these variables with larger samples that include more than just college women is important to the development of holistic interventions for women's health. Understanding the intersectionality between rape myths acceptance and body image, as well as women's health concerns related to these variables (e.g., victim blaming, body shame, disordered eating) can lead to the development of better prevention strategies on sexual assault and eating disorders. Specifically, creating sexual assault and eating disorder prevention strategies that target and address both societal factors (e.g., rape myths acceptance, media literacy, providing information, sexualization of women) and internal and individual factors (e.g., body image, self-objectification, body shame) might increase effectiveness and reach of these interventions.

### **Summary and Conclusions**

The present study revealed that short video priming with sexualized content, consent content, and control content did not significantly impact levels of rape myths acceptance, self-objectification, and body image in young adult college women. Self-objectification and rape myths acceptance were very high in this sample of college women. Additionally, although self-objectification was not related to the other variables studied, rape myths acceptance was found to be significantly associated with both negative and positive body image. These findings support the need for more research on sexual assault and consent training on college campuses, moving

the focus to attitude change rather than providing information. These findings also encourage more research on the relationship between rape myths acceptance and body image, to better address the intersectionality of these variables in women's health issues. Overall, this study addressed the presence and immediate media effects on self-objectification, body image, and rape myths acceptance in a population of college women.

Table 1

*Sample Demographic Information*

	n	%
<b>Sexual Orientation</b>		
Heterosexual	82	81.2
Bisexual	10	9.9
Self-Identify	5	5
Lesbian	4	4
<b>Ethnicity</b>		
White	46	45.5
African-American	38	37.6
Latina	7	6.9
Multi-ethnic	7	6.9
Middle Eastern	1	1
Asian-American/Pacific Islander	1	1
Other	1	1
<b>Social Class</b>		
At or below the poverty line	5	5
Lower class	9	8.9
Working class	12	11.9
Lower-middle class	14	13.9
Middle class	48	47.5
Upper-middle class	13	12.9
<b>Current year in college</b>		
Freshman	74	73.3
Sophomore	19	18.8
Junior	6	5.9
Senior	2	2

Table 2

*Scales Internal Consistency, Means and Standard Deviations*

	Normative Sample		Current Sample	
	Cronbach's $\alpha$	M(SD)	Cronbach's $\alpha$	M(SD)
Positive Body Image (BAS)	.94	3.45(.66)	.938	3.83(.83)
Negative Body Image (SATAQ-3)	.96	85.15	.931	90.86(22.97)
Information		28.67		26.87(8.59)
Pressures		17.98		22.26(7.39)
Internalization – Gen.		23.76		26.33(9.06)
Internalization – Ath.		14.74		15.38(4.67)
Rape Myths Acceptance (IRMAS)	.87	3.51	.888	1.91(.59)
She asked for it		3.34(1.11)		1.85(.77)
He didn't mean to		3.44(1.08)		2.18(.76)
It wasn't really rape		4.03(.97)		1.30(.51)
She lied		3.26(.96)		2.31(.93)
Self-Objectification (SOQ)	-	0.82(15.28)	-	2.50(13.48)

Table 3

*Correlations Between Study Variables*

		BAS	SATAQ-3	IRMA	SOQ
BAS <sup>a</sup>	Pearson Correlation				
	Sig (2-tailed)	-			
SATAQ-3 <sup>b</sup>	Pearson Correlation	-.537**			
	Sig (2-tailed)	.00	-		
IRMAS <sup>c</sup>	Pearson Correlation	.234*	-.316**		
	Sig (2-tailed)	.019	.001	-	
SOQ <sup>d</sup>	Pearson Correlation	-.119	-.039	.099	
	Sig (2-tailed)	.237	.696	.327	-

<sup>a</sup> Body Appreciation Scale. <sup>b</sup> Sociocultural Attitudes Towards Appearance Scale-3. <sup>c</sup> Updated Illinois Rape Myth Acceptance Scale. <sup>d</sup> Self-Objectification Questionnaire.

\*\*Correlation is significant at the 0.01 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).



Table 4

*Means and Standard Deviations of Scales of Participants who Remembered and did not*

*Remember the Training*

Dependent Variable	Remembered Training Means(SD)	Did not Remember Training Means(SD)	<i>F</i> (1,98)
Self-Objectification	1.08(15.70)	3.74(11.06)	.967
Negative BI	92.44(23.29)	89.70(22.88)	.353
Positive BI	3.87(.74)	3.80(.91)	.202
RMA	2.07(.58)	1.74(.55)	8.186*

\*Significant at the .05 level (2-tailed).

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## APPENDICES

APPENDIX A  
DEMOGRAPHIC QUESTIONNAIRE

9 ITEMS

1. Age: \_\_\_\_\_
2. Gender:
  - a) Female
  - b) Male
  - c) Transgender
  - d) Other: \_\_\_\_\_
3. Sexual Orientation:
  - a) Heterosexual
  - b) Lesbian
  - c) Gay
  - d) Bisexual
  - e) Self-identify: \_\_\_\_\_
4. Ethnicity:
  - a) African American
  - b) Native-American
  - c) Asian-American or Pacific Islander
  - d) Hispanic/ Latino or Latina
  - e) Middle Eastern
  - f) White
  - g) Multi-ethnic (specify: \_\_\_\_\_)

- h) Other (specify: \_\_\_\_\_)
5. How would you characterize your social class growing up?
- a) At or below the poverty line
  - b) Lower class
  - c) Working Class
  - d) Lower-middle class
  - e) Middle class
  - f) Upper-middle class
  - g) Upper class
  - h) Other:\_\_\_\_\_
6. Current Year in College
- a) Freshman
  - b) Sophomore
  - c) Junior
  - d) Senior
  - e) International Student
  - f) Graduate Student (Specify program and year in program: \_\_\_\_\_)
7. Have you completed the SIU-C required bystander intervention and consent training (e.g. Haven, Step Up)?
- a) Yes
  - b) No
  - c) Don't remember
8. Have you had any previous work/volunteer experiences at any of the following settings:



- a) Rape Crisis Services
  - b) Domestic Violence Services
  - c) Crisis Hotlines
  - d) Advocacy Services
9. Do you know what rape culture is?
- a) Yes
  - b) I think so
  - c) I have no idea of what it is
10. Which category would best describe the content of the video you watched?
- a) Sexualized content
  - b) Consent content
  - c) Career content

## APPENDIX B

## SOCIOCULTURAL ATTITUDES TOWARDS APPEARANCE QUESTIONNAIRE-3

(SATAQ-3)

30 ITEMS

**Instructions:** Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

**Definitely Disagree = 1**

**Mostly Disagree = 2**

**Neither Agree Nor Disagree = 3**

**Mostly Agree = 4**

**Definitely Agree = 5**

1. TV programs are an important source of information about fashion and "being attractive."
2. I've felt pressure from TV or magazines to lose weight.
3. I do not care if my body looks like the body of people who are on TV.
4. I compare my body to the bodies of people who are on TV.
5. TV commercials are an important source of information about fashion and "being attractive."
6. I do not feel pressure from TV or magazines to look pretty.
7. I would like my body to look like the models who appear in magazines
8. I compare my appearance to the appearance of TV and movie stars.
9. Music videos on TV are not an important source of information about fashion and "being attractive."
10. I've felt pressure from TV and magazines to be thin
11. I would like my body to look like the people who are in movies

12. I do not compare my body to the bodies of people who appear in magazines.
13. Magazine articles are not an important source of information about fashion and "being attractive."
14. I've felt pressure from TV or magazines to have a perfect body
15. I wish I looked like the models in music videos
16. I compare my appearance to the appearance of people in magazines
17. Magazine advertisements are an important source of information about fashion and "being attractive."
18. I've felt pressure from TV or magazines to diet.
19. I do not wish to look as athletic as the people in magazines
20. I compare my body to that of people in "good shape."
21. Pictures in magazines are an important source of information about fashion and "being attractive."
22. I've felt pressure from TV or magazines to exercise
23. I wish I looked as athletic as sports stars
24. I compare my body to that of people who are athletic
25. Movies are an important source of information about fashion and "being attractive."
26. I've felt pressure from TV or magazines to change my appearance
27. I do not try to look like the people on TV
28. Movie stars are not an important source of information about fashion and "being attractive."
29. Famous people are an important source of information about fashion and "being attractive."
30. I try to look like sports athletes.

## APPENDIX C

## BODY APPRECIATION SCALE (BAS)

## 13 ITEMS

**Instructions:** Please read each of the following items carefully and indicate the number that best reflects how often you consider the statement.

**Never = 1    Seldom = 2    Sometimes = 3    Often = 4    Always = 5**

1. I respect my body.
2. I feel good about my body.
3. On the whole, I am satisfied with my body.
4. Despite its flaws, I accept my body for what it is.
5. I feel that my body has at least some good qualities.
6. I take a positive attitude toward my body.
7. I am attentive to my body's needs.
8. My self-worth is independent of my body shape or weight.
9. I do not focus a lot of energy being concerned with my body shape or weight.
10. My feelings toward my body are positive, for the most part.
11. I engage in healthy behaviors to take care of my body.
12. I do not allow unrealistically thin images of women/men presented in the media to affect my attitudes toward my body
13. Despite its imperfections, I still like my body

APPENDIX D  
THE SELF-OBJECTIFICATION QUESTIONNAIRE  
10 ITEMS

We are interested in how people think about their bodies. The questions below identify 10 different body attributes. We would like you to *rank order* these body attributes from that which has the *greatest impact* on your physical self-concept (rank this a "9"), to that which has the *least impact* on your physical self-concept(rank this a "0").

**Note:** It does not matter *how* you describe yourself in terms of each attribute. For example, fitness level can have a great impact on your physical self-concept regardless of whether you consider yourself to be physically fit, not physically fit, or any level in between.

Please first consider all attributes simultaneously, and record your rank ordering by writing the ranks in the rightmost column.

**IMPORTANT:** *Do Not Assign The Same Rank To More Than One Attribute!*

When considering your *physical self-concept* . . .

1 . . . what rank do you assign to *physical coordination*? \_\_\_\_\_

2 . . . what rank do you assign to *health*? \_\_\_\_\_

3 . . . what rank do you assign to *weight*? \_\_\_\_\_

4 . . . what rank do you assign to *strength*? \_\_\_\_\_

5 . . . what rank do you assign to *sex appeal*? \_\_\_\_\_

6 . . . what rank do you assign to *physical attractiveness*? \_\_\_\_\_

7 . . . what rank do you assign to *energy level (e.g., stamina)*? \_\_\_\_\_

8 . . . what rank do you assign to *firm/sculpted muscles*? \_\_\_\_\_

9 . . . what rank do you assign to *physical fitness level*? \_\_\_\_\_

10 . . . what rank do you assign to *measurements (e.g., chest, waist, hips)*? \_\_\_\_\_

9 = greatest impact
8 = next greatest impact
1 = next to least impact
0 = least impact

## APPENDIX E

## UPDATED ILLINOIS RAPE MYTH ACCEPTANCE SCALE (IRMA)

## 22 ITEMS

**Instructions:** Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

**Strongly Agree = 1**

**Somewhat Agree = 2**

**Neither Agree Nor Disagree = 3**

**Somewhat Disagree = 4**

**Strongly Disagree = 5**

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

11. It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.
12. If both people are drunk, it can't be rape.
13. If a girl doesn't physically resist sex—even if protesting verbally—it can't be considered rape.
14. If a girl doesn't physically fight back, you can't really say it was rape.
15. A rape probably doesn't happen if a girl doesn't have any bruises or marks.
16. If the accused "rapist" doesn't have a weapon, you really can't call it rape.
17. If a girl doesn't say "no" she can't claim rape.
18. A lot of times, girls who say they were raped agreed to have sex and then regret it.
19. Rape accusations are often used as a way of getting back at guys.
20. A lot of times, girls who say they were raped often led the guy on and then had regrets.
21. A lot of times, girls who claim they were raped have emotional problems.
22. Girls who are caught cheating on their boyfriends sometimes claim it was rape.

## APPENDIX F

## INFORMED CONSENT FORM

**Informed Consent Form**

My name is Catarina Alves. I am a graduate student in Counseling Psychology at Southern Illinois University-Carbondale.

I am asking you to volunteer your time to participate in my study if you are over 18 years of age, identify as a woman, and are currently enrolled as a student in SIUC. *The purpose of this study is to better understand what influences the way we think about our bodies.*

Participation is voluntary and you will be able to withdraw at any point during the survey. **Withdrawal from the survey will not affect the course credit you will receive.** If you choose to participate, it will take approximately 15 to 30 minutes of your time. You will be asked to watch a short video, and then asked to complete additional questions regarding your experiences and attitudes about different topics related to how you view your body, followed by demographic information.

All of your responses will be kept confidential, and will not be identified with you. Although you will be asked to identify yourself as a participant in order to receive course credit for participation, your name will not be connected with your responses. Only those directly involved with this project will have access to the data.

If you have any questions about the study, please contact myself or my advisor:

Catarina Alves, B.A. Department of Psychology, [catarina.alves@siu.edu](mailto:catarina.alves@siu.edu), (618) 534-4423

Kathleen Chwalisz, Ph.D. Department of Psychology, [chwalisz@siu.edu](mailto:chwalisz@siu.edu), (618) 453-3541

Thank you for taking the time to assist me in this study.

By completing and submitting the survey it indicates voluntary consent to participate and that you have read the information above. It also signifies that any questions you may have regarding the process of this study have been answered to your satisfaction. By participating, you are indicating that you know responses will be saved until the completion of the study. You also understand a copy of this form will be made available to you for the relevant information and phone numbers.

This project has been reviewed and approved by the SIUC Human Subjects Committee. Questions concerning your rights as a participant in this research may be addressed to the Committee Chairperson, Office of Sponsored Projects Administration, SIUC, Carbondale, IL 62901-4709. Phone (618) 453-4533. E-mail: [siuhsc@siu.edu](mailto:siuhsc@siu.edu).



## APPENDIX G

## DEBRIEFING FORM

*Thank you for participating in this study!*

Research shows there are high rates of negative body image and high incidence of sexual assault among college students (Hudson, Hiripi, Pope Jr. & Kessler, 2007; Cantor et al., 2015). The purpose of my study is to obtain more information on the ways media exposure might influence the way we see our body and beliefs in a social and cultural context. Your participation will allow for the continued development of this body of literature and betterment of future prevention intervention with college students. If you have any further comments or questions about any aspect of this study please feel free to contact me.

I also recognize that some of the themes addressed in this research might be triggering or stressful. If you would like to talk to someone about this, there are free university and community services you can reach out to:

**Counseling and Psychological Services**

Student Health Services  
374 East Grand Avenue  
Carbondale, IL 62901  
Phone: (618) 453-5371  
E-mail: [wcea@thewomensctr.org](mailto:wcea@thewomensctr.org)

Free sexual assault  
counseling for  
students!

**The Women's Center**

610 S. Thompson Street  
Carbondale, IL 62901  
Phone: (618) 549-4807  
24-hour hotline: 1-800-334-2094

Free sexual assault and  
domestic violence  
counseling and advocacy  
services!

**To file a report** and/or to learn more about Southern Illinois University – Carbondale’s policies on sexual harassment and sexual assault you can go to [safe.siu.edu](http://safe.siu.edu)

As stated in the consent form, all information gathered in this study will be confidential and will be used solely for research purposes. If you have any questions or concerns regarding this research project, please feel free to contact the primary investigator or her advisor:

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*Once again, thank you for helping me in my research efforts!*

## VITA

Graduate School  
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Catarina Durante Bergue Alves

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Bachelor of Arts, Psychology, December 2012

Thesis Title:

Influence of Media on Self-Objectification, Body Image, and Rape Myths Acceptance among College Students

Major Professor: Kathleen Chwalisz, PhD

Publications:

Camargo, B.V.; Justo, A.M.; Alves, C.D.B. (2014). Context effects on the social representations of the body. *Psicologia: Teoria e Pesquisa*, 30(3), 287-297.

Camargo, B.V.; Justo, A.M.; Alves, C.D.B.; Schlosser, A. (2013). Context and communication effects on social representations about the body. *Psychology and Social Knowing*, 2(1), 33-50.

Camargo, B.V. ; Justo, A.M. ; Alves, C. D. B. (2011). The social functions and representations of the body: a generational comparison. *Temas em Psicologia*, 19, 269-281.

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