

# Emergency and SANE Nurses’ Acceptance of Drug-Facilitated Sexual Assault Myths

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## Abstract

Sexual Assault is a pervasive problem in our society. Acceptance of rape myths, such as a belief that rape victims who are intoxicated deserve to be assaulted, adversely affect victims and discourage reporting for treatment. In this mixed-method, descriptive study, 581 emergency nurses and sexual assault nurse examiners were surveyed to examine acceptance of rape myths and to determine if differences exist between the acceptance of rape myths and sexual assault training, gender, and education. Emergency department and SANE nurses do not accept rape myths, compared to the general population, with a mean o t(581)=72.405,P<.001. Nurses with SANE training were less likely to accept rape myths than nurses without SANE training, with a mean o t(581)=3.63,p<.002. No significant differences existed in the acceptance of rape myths by gender or level of education. Themes discovered include that rape is about violence, not sex; feelings of blame and guilt; a loss of control; questions that are hard to answer; and a need for education. Awareness and education regarding rape myths can improve clinical care and may decrease incidence of sexual assault and violence against vulnerable groups.

## Purpose

The purpose of this study was to examine the acceptance of rape myths of emergency and SANE nurses, and to compare responses among sub-groups of nurses by sexual assault training, by gender, and by education. Answers to these questions may increase awareness, improve patient satisfaction, affect SANE program development, and increase victim reporting rates.

## Methods

- Concurrent embedded mixed method study, with quantitative portion using Revised Illinois Rape Myth Acceptance Scale, and qualitative portion involving open-ended questions to inform responses
- Sample consisted of members of the International Association of Forensic Nurses (IAFN) and those visiting the Emergency Nurses’ Association website, identifying as an ER or SANE nurse.

- Sample size was 581 nurses

- IRB approval was obtained

Category	%	N
<b>Gender</b>		
Male	3.4	20
Female	84.2	489
<b>SANE Training</b>		
Yes	73.0	424
No	13.1	76
<b>Level of Education</b>		
Associate’s degree	19.1	111
Bachelor’s degree	38.9	226
Master’s degree	23.1	134
Doctorate degree	5.2	30
Non-nursing or other degree	1.4	8
<b>Years in nursing</b>		
<2 years	2.2	13
2 – 5 years	7.6	44
6 – 10 years	15.1	88
>20 years	42.0	244

Demographics related to research questions.

Category	%	N
<b>Residence</b>		
Eastern U.S.	26.3	153
Northern U.S.	19.6	114
Southern U.S.	17.7	103
Western U.S.	16.4	95
Other than U.S. (International)	21.3	29
<b>Classification of residence</b>		
Urban	32.2	187
Suburban	31.8	185
Rural	21.3	124

Demographics unrelated to research question.

## Results

Statement	Mean	N	SD
1. If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.	4.57	452	0.749
2. When girls go to parties wearing slutty clothes, they are asking for trouble.	4.60	451	0.715
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.	4.75	451	0.505
4. If a girl acts like a slut, eventually she is going to get into trouble.	4.16	451	1.003
5. When girls are raped, it’s often because the way they said “no” was unclear.	4.55	451	0.769
6. If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.	4.07	449	1.102
7. When guys rape, it is usually because of their strong desire for sex.	4.79	451	0.617
8. Guys don’t usually intend to force sex on a girl, but sometimes they get too sexually carried away.	4.90	450	0.341
9. Rape happens when a guy’s sex drive gets out of control.	4.93	451	0.269
10. If a guy is drunk, he might rape someone unintentionally.	4.53	451	0.836
11. It shouldn’t be considered rape if a guy is drunk and didn’t realize what he was doing.	4.25	447	0.886
12. If both people are drunk, it can’t be rape.	4.38	450	0.806
13. If a girl doesn’t physically resist sex – even if protesting verbally – it can’t be considered rape.	4.64	450	0.594
14. If a girl doesn’t physically fight back, you can’t really say it was rape.	3.72	451	1.117
15. A rape probably didn’t happen if the girl has no bruises or marks.	4.40	452	0.830
16. If the accused rapist doesn’t have a weapon, you really can’t call it a rape.	4.21	452	0.918
17. If a girl doesn’t say “no,” she can’t claim rape.	4.58	451	0.686
18. A lot of times, girls who say they were raped agreed to have sex and then regret it.	4.14	451	1.046
19. Rape accusations are often used as a way of getting back at guys.	4.66	452	0.595
20. A lot of times, girls who say they were raped often led the guy on and then had regrets.	4.55	451	0.733
21. A lot of times, girls who claim they were raped have emotional problems.	4.92	451	0.275
22. Girls who are caught cheating on their boyfriends sometimes claim that it was a rape.	4.34	453	0.872

Differences per SANE training are statistically significant in 18 out of 22 subscales, with mean t-test scores from 2.416 to 6.950, with mean p-values from .000 to .032
Differences per gender were statistically significant in only 6 of the 22 subscales, with a mean t-test of 1.45 and mean p-value of .24
Differences per educational level were statistically significant in 5 out of 22 subscales, with a mean t-score of 1.25, and mean p-value of .308

Qualitative Themes:
1) Rape is about violence, not about sex
2) Feelings of blame and guilt
3) Loss of control
4) Questions hard to answer
5) Need for education

## Discussion

Emergency and SANE nurses do not accept drug-facilitated sexual assault myths, as compared to the general population (t-tests ranging from 16.13609 to 190.151, all subscales statistically significant). Nurses with SANE training were less likely to accept sexual assault myths (t-scores ranging from -2.416 to -6.950, with p-values ranging from .000 to .032. No differences in acceptance of sexual assault myths were found in regard to gender or level of education. The qualitative responses further informed the quantitative responses, and mixed-method analysis was congruent

## Conclusion

Emergency and SANE nurses do not accept myths such as that women who are drunk deserve to be raped. These findings have clinical, leadership, and research implications

## Thank you

To all of the Emergency Nurses and Sexual Assault Nurse Examiners who took time out of their busy lives to participate in this study