

The effect of pornography use and sex education on rape myth acceptance

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I would like to thank everyone who took the time to participate in this study, this research would not have been possible without them. I sincerely thank my supervisor, Dr. Barry Coughlan for all his help and patience throughout this process – and all of the lecturers and supporting staff of NCI. Lastly, I would like to thank my friends and family for their constant support and encouragement during the last few years.

Abstract

Research investigating possible contributors to rape myth acceptance (RMA) has found that pornography use and sex education may have a significant impact on levels of RMA. The current study aimed to expand upon this topic by investigating how the interaction between pornography use and sex education affects RMA. The hypotheses presented were that both pornography use and sex education would have an impact on RMA and that the interaction between pornography use and sex education would impact RMA, all while controlling for demographic variables including gender, age, sexual orientation and ethnicity. Participants were recruited via social media (n=81). Participants completed an online survey including demographic information, the Problematic Pornography Use Scale, sex education type and the Updated Illinois Rape Myth Acceptance Scale. Results of a hierarchical regression analysis found no significant relationships between pornography use, sex education and RMA. This study suggests that the relationships between the variables may be more complex than previously thought and might require a more nuanced model. Policies aimed at promoting general media literacy might be more effective in reducing RMA than focusing specifically on pornography use. Focus should also be aimed at providing more resources and information about sex education both inside and outside of school.

Keywords: pornography use, sex education, rape myth acceptance, sexual violence

Table of Contents

Introduction.....	11
Pornography use.....	12
Sex education.....	12
Pornography use and rape myth acceptance.....	13
Sex education and rape myth acceptance	14
Pornography use, sex education and rape myth acceptance.....	16
Demographic variables.....	17
The Present Study	18
Hypotheses.....	19
Methods.....	20
Participants.....	20
Procedure.....	20
Design.....	22
Materials.....	22
Demographics.....	22

	10
Pornography use, sex education and rape myth acceptance	
Problematic pornography use scale.....	22
Sex education.....	23
Rape myth acceptance.....	23
Analysis.....	24
Results.....	26
Discussion.....	36
Limitations & Future research.....	41
Conclusion.....	43
References.....	44
Appendices.....	53

Introduction

Approximately 40% of Irish adults have experienced some form of sexual violence in their lifetime (CSO, 2023). The topic of sexual violence has become widely researched as awareness of the topic increases. Research has highlighted a culture of sexual violence in our society, meaning sexual violence is taught and normalised throughout our lives (Harnish, 2023). Rape myth acceptance (RMA) is one way in which sexual violence is normalised. Rape myths are beliefs that endorse false narratives about sexual assault (Burt, 1980). RMA causes blame to be placed on the victim of a sexual assault rather than the perpetrator (Payne et al., 1999). Identifying the factors which cause or worsen RMA is important for developing possible interventions to decrease sexual violence.

Some common rape myths include “she was asking for it”, “she is lying” or “she was drunk, so she is somewhat responsible” (McMahon & Farmer, 2011). RMA promotes victim blaming and confuses beliefs surrounding consent and healthy sexual communication (Sisler, 2022). RMA not only affects us at an individual level but is also present within legal and media institutions (Edwards et al., 2011). The media often promotes RMA in various ways, some of which include the portrayal of rape victims as promiscuous or as liars, excusing the perpetrator’s actions and suggesting rape is mostly carried out by crazed strangers (Thacker, 2017). Research has suggested that many young people turn to the media to answer their questions about sexuality (Brown, 2002). This is a cause for concern when false information such as rape myths have permeated the media.

Pornography use

Pornography use, sex education and rape myth acceptance

In 2023, a survey measuring internet usage in Ireland found that 100% of 16-29 year olds claimed to use the internet every day or every other day (CSO, 2023). Pornography use has significantly increased as the internet has advanced, allowing easy access and anonymity (Fisher & Barak, 2001, Price et al., 2016, Singh, 2019). Pornography consumption along with other sexual online experiences can affect young people's social perceptions and interactions (Maas et al., 2019). A meta-analysis of popular pornographic videos was done finding almost 90% of that content contained physical and verbal aggression (Bridges et al., 2010). People may view pornography and develop distorted ideas of sex and intimacy, trying to possibly reenact what they have viewed (Bridges et al., 2016, Wright, 2011). This highlights a need for sex education, particularly for young people as they are navigating new social and sexual relationships.

Sex education

School should be a reliable source to obtain sexual health information, however research suggests that only 9.3% of 17-year-olds cited school as their main source of sexual health information (Nolan & Smyth, 2020). Traditional, abstinence-based sex education does not equip young people with the tools needed to develop healthy sexual relationships (Harnish, 2023). These programmes teach young people to abstain from engaging in sexual activity and often neglect important sexual health information (Carpenter, 2017). Comprehensive sexuality education (CSE) was introduced in Europe in 2006, though definitions of comprehensive were unclear until 2018, due to multiple different interpretations of the word “comprehensive”, political and cultural resistance to the topics discussed and an absence of cohesion in early frameworks (Hague et al., 2018, Ketting et al., 2020). CSE still advises abstinence as the safest

Pornography use, sex education and rape myth acceptance

option but also provides information about sexual health, including topics such as contraceptives and sexually transmitted infections (Carpenter, 2017). CSE also teaches young people about developing healthy sexual relationships with themselves and others (Ketting et al., 2020).

A study published in 2020 found that out of 23 countries within the WHO European region, only nine taught CSE, ten taught a non-comprehensive program, and four had no sex education at all (Ketting et al., 2020). Many of these programs focused on the biological aspects of sex education, while neglecting topics such as sexual violence, consent and online media (Ketting et al., 2020). CSE is extremely important as it can help improve adolescent sexual behaviour, sexual attitudes and can help prevent sexual violence (Harnish, 2023). Many young people find school-based sex education insufficient and are left to find sexual health information on their own, often using the internet for answers (Carpenter, 2017).

Pornography use and rape myth acceptance

Since the internet has become more accessible, pornography use is steadily increasing (Price et al., 2016). Research found that “free rape porn” has become one of the quickest growing pornographic search terms since 2005, demonstrating the normalisation of sexual violence in the media (Makin & Morczek, 2015). Pornography use has been consistently linked to increased rape myth acceptance (RMA) (Coyne et al., 2019, Foubert et al., 2011, Guzman, 2015, Maas & Dewey, 2018, Seabrook et al., 2018). Internet pornography use and sexual media exposure can increase rates of RMA, as well as explicit magazines and sexual but non-pornographic images (Coyne et al., 2019, Maas & Dewey, 2018, Romero-Sánchez et al., 2016). Research suggests that pornography consumption is associated with stronger beliefs supporting

Pornography use, sex education and rape myth acceptance

violence against women (Horvath et al., 2011). Pornography use has also been linked to an increase in sexual aggression and rape proclivity (Abbey et al., 1998, Mouilso & Calhoun, 2013, Wright et al., 2015). This is a major cause for concern as pornography use doesn't just affect attitudes towards sexual violence, but may also increase sexually violent tendencies.

Although most of the research has found a significant relationship, some studies found insignificant or mixed results. Trussell (2022) and Vangeel et al. (2020) found insignificant results. Singh (2019) also found insignificant results for their participant group as a whole, however when separated by gender, they found a significant relationship in females, but not in males. For females, increased pornography use correlated with increased rates of RMA (Singh, 2019). Borgogna et al. (2022) found an insignificant relationship for males, but found a significant relationship for females between pornography use and two of the four subscales of rape myth acceptance ("she asked for it" and "she lied"), though the effect size was small. These mixed results highlight a need for more research to clarify these findings.

Sex education and rape myth acceptance

Research suggests that the effect of pornography use on RMA may be stronger for adolescents than adults (Coyne et al., 2019). Since pornography is often used by young people as a source of sex education, they may be taught harmful information about sexual health and relationships (Coyne et al., 2019). Abstinence-only and comprehensive sex education programs both often lack information about sexual consent, which may lead to increased rates of RMA (Griffin, 2021). Multiple studies have found a negative relationship between sex education and RMA rates, meaning more comprehensive levels of sex education are associated with lower

Pornography use, sex education and rape myth acceptance

levels of RMA and lower levels of sex education are associated with higher levels of RMA (Caulfield et al., 2024, Fay & Medway, 2006, Griffin, 2021, Sisler, 2022). A comprehensive-plus sex education program may be the best option as it includes information regarding sexual health, sexual relationships, sexual consent and more (Griffin, 2021). Sisler (2022) found a correlation between comprehensive sex education, which includes information about sexual consent, and lower rates of RMA. Fay and Medway (2006) found that RMA rates decreased following a rape education program delivered to students. These studies suggest that education about sexual health, including sexual consent, may be extremely effective in reducing RMA rates and is a vital part of overall education.

Though most research has found that more comprehensive sex education leads to lower rates of RMA, other research has yielded mixed results. Trussell (2022) found an insignificant result. Carpenter (2017) found that abstinence only sex education correlated with the highest RMA, however, abstinence plus sex education correlated with the lowest RMA, which opposes research suggesting comprehensive sex education should correlate with the lowest RMA. They also found that participants who were taught more sex-positive information, scientifically accurate information and who learned the definition of sexual consent in their sex education programme all had higher rates of RMA (Carpenter, 2017). Lichty and Gowen (2018) found that high school students who had received a comprehensive sex education programme still demonstrated use of rape myths when trying to comprehend rape scenarios. These mixed results suggest the relationship between sex education and RMA may not be as straightforward as thought and should be explored further for clarification.

Pornography use, sex education and rape myth acceptance

Pornography use, sex education and rape myth acceptance

Comprehensive sex education (CSE) programmes are currently not required to include the topic of pornography (Harnish, 2023). Pornography is a major part of young people's sexual development, with research showing a quarter of 18-24 year olds reporting that pornography was the best source of sexual information (Rothman et al., 2021). This may suggest that these young people view pornography as realistic, which could result in pornography affecting their expectations and beliefs of sex and consent (Harnish, 2023). This is concerning considering the often violent and degrading nature of mainstream pornography, which normalises coercion, disrespect and harmful attitudes towards sex. Including the topic of pornography within sex education is vital to help equip young people with the necessary tools to engage or disengage safely with pornography and to help prevent internalisation of the harmful themes seen in porn. When sex education lacks information about consent, pornography and general sexual health, pornography may fill the gaps (Harnish, 2023). Sex education could possibly mitigate the effects of pornography on rape myth acceptance (Trussell, 2022). Education about consent has been shown to decrease RMA rates (Fay & Medway, 2006, Sisler, 2022). It is possible that sex education could help pornography users to understand consent and decrease RMA rates which are often exacerbated by pornography. (Trussell, 2022).

Although many studies support the contribution of pornography towards RMA and a lack of sex education towards RMA, there are very few studies that research all three topics together. Trussell (2022) researched the effects of pornography and sex education on RMA but found no significant relationship for the effect of either pornography or sex education on RMA. This could be due to limitations such as small sample sizes for people who received no sex education, a lack of clarity when explaining the different forms of sex education to the participants, or possibly other methodological limitations (Trussell, 2022). Clear definitions of the different forms of sex

Pornography use, sex education and rape myth acceptance

education and topics within them should be provided to ensure participants choose the correct one.

Demographic variables

Multiple studies have found that pornography use can increase rates of rape myth acceptance (Coyne et al., 2019, Maas & Dewey, 2018). However, Singh (2019) found that while pornography use was linked to increased RMA in females, there was no significant association in males. This may be due to a lack of diversity within the sample and a small sample size (Singh, 2019). Studies have also found that lower levels of sex education can increase RMA (Griffin, 2021, Sisler, 2022), however Carpenter (2017) found inconsistent results between sex education and RMA. This study also had a small sample size which was majority female (Carpenter, 2017). It is important to have a representative sample as previous studies have found that male rates of RMA have been higher than female rates (McMahon & Farmer, 2011, Singh, 2019, Zidenberg et al., 2019). This is the reason why the current study will control for the effect of gender on RMA.

This study will also control for the effects of age, sexual orientation and race. Multiple studies have found that older participants tend to demonstrate higher RMA levels than younger participants (Elias-Lambert et al., 2023, Kassing et al., 2005, Lalinde et al., 2023, Trottier et al., 2019). Previous literature has found that heterosexual boys have a greater endorsement of RMA than heterosexual girls and sexual minority girls (Hunter et al., 2023). Sexual minority participants have shown lower levels of RMA (Wilson & Newins, 2019). Multiple studies found varying interactions between race and RMA (Baldwin-White & Elias-Lambert, 2016, Jimenez & Abreu, 2003, Navarro & Ratajczak, 2022). These variables have a considerable volume of

Pornography use, sex education and rape myth acceptance literature supporting their effects on RMA, demonstrating the importance of including them as control factors for this study.

The present study

Existing research suggests that pornography use and sex education may have a vital influence on rape myth acceptance. Pornography often contains violent themes which can blur the lines of consent, possibly causing viewers to internalise harmful views and attitudes towards sex (Harnish, 2023). Sex education including topics of consent and pornography could possibly mitigate these harmful effects and decrease RMA rates (Fay & Medway, 2006, Sisler, 2022). Though studies suggest that pornography use and sex education may be significant contributors towards RMA, research investigating all three topics together is lacking. Trussell (2022) examined the effects of pornography and sex education on RMA but no significant relationships were found between the variables. This study and most of the other studies on this topic have been carried out in the United States, but it is important to represent other countries. Research suggests that Ireland appears to have a discrepancy between legal regulations which call for comprehensive sex education programs and the practice of sex education, which is often abstinence-only programs (Ketting et al., 2020). Considering this, it may be useful to study this topic within Ireland.

The lack of research studying both the effects of pornography and sex education on RMA and the lack of cultural representation suggest that it may be useful to fill this gap and conduct a study on this topic within Ireland. Findings of previous research seem to be mixed and require

Pornography use, sex education and rape myth acceptance

further exploration and clarification. The current study aims to address gaps in previous research by examining the effect of both pornography use and sex education on RMA and by examining the possible interactions between pornography use and sex education. This research will also control for gender, age, sexual orientation and race. Further research in this topic is important to help clarify previous inconsistent results and hopefully contribute to developing effective interventions for sexual violence.

Hypotheses

1. There is a significant relationship between pornography use and levels of rape myth acceptance, controlling for gender, age, sexual orientation and ethnicity.
2. There is a significant relationship between type of sex education received and levels of rape myth acceptance, controlling for gender, age, sexual orientation and ethnicity.
3. The interaction between pornography use and sex education will have a significant impact on rape myth acceptance levels, such that more comprehensive sex education will lower the magnitude of the relationship between pornography use and rape myth acceptance, controlling for gender, age, sexual orientation and ethnicity.

Methods

Participants

A total of 81 participants were included in this study. Participants consisted of 62 (78.5%) females and 17 (21.5%) males. Regarding sexual orientation, 54 (66.7%) participants identified as straight and 27 (33.3%) identified as LGBTQ+. Regarding ethnicity, 69 (85.2%) participants were white and 12 (14.8%) were of diverse ethnic backgrounds. Participant age ranged from 19 to 55 ($M=24.64$, $SD=8.212$, $median=21.00$). Detailed sociodemographic information is presented in Table 1, in the results section. See appendix L for raw descriptives. A G-power analysis was run which determined a minimum of 72 participants needed (See appendix G). Ethical approval was obtained before beginning the recruitment process (Ethics Approval Number: 18112024x22342953, see appendix K). Inclusion criteria consisted of anyone aged 18 and above and anyone with decent English language skills. Exclusion criteria consisted of anyone below the age of 18 and anyone with limited English skills. Participants were recruited using convenience sampling and snowball sampling via social media. A link to the survey was posted on Instagram, snapchat and WhatsApp, along with information on the name of the researcher, how long the questionnaire should take (approximately 10-15 minutes) and assuring anonymity (see appendix I for the social media recruitment post). Participants were invited to share the survey with friends and family.

Procedure

The participants discovered this study through social media. The survey was made on Google forms (see appendix J). Along with a link to the survey, information was provided on the name of the researcher, how long the questionnaire should take (approximately 10-15 minutes) and assuring anonymity (see appendix I for the social media recruitment post). They were told

Pornography use, sex education and rape myth acceptance

the survey would be measuring the effect of pornography use and sex education on attitudes towards sexual violence. There was also a content warning included advising participants of the sensitive nature of the study. This warning advised participants of topics discussed such as sex, sexual assault, rape and pornography. The participant was first asked to read through the information sheet (see appendix A), followed by the consent form and click a button to agree that they have read and understand the information provided and click another button to agree that they consent to participate in the research (see appendix B). The participant was then asked demographic questions including gender, age, sexual identity and ethnicity. Next, they were asked to fill out the Problematic Pornography Use Scale which included 12 questions (Kor et al., 2014). They then read through explanations of different types of sex education and chose which type best describes the sex education they received in school. Then they were asked to fill out the Updated Illinois Rape Myth Acceptance Scale (UIRMA), consisting of 22 questions (McMahon & Farmer, 2011). Lastly, the participants read the debrief sheet and submitted their answers (see appendix H).

Considering the sensitive nature of the topics in this study, participants were assured of anonymity multiple times throughout the survey, a content warning was provided along with the link to the study and information about external support services was provided in the debrief sheet should the participant feel distressed. External support services included Spunout, National 24-hour Rape Crisis Helpline, Pieta and Samaritans. Before collecting data, the draft questionnaire for this study was piloted on two people, under supervision of the supervisor of this study, to ensure people could easily access the questionnaire and understand the process, and to gauge the length of the questionnaire. Feedback was sought from these participants and their

Pornography use, sex education and rape myth acceptance

data was deleted promptly. The pilot participants had no issues with the survey and advised it took them 10-15 minutes to complete.

Design

This quantitative, cross-sectional study investigated the association between pornography use, sex education and rape myth acceptance. Pornography use, sex education, gender, age, race and sexual orientation were the independent variables and rape myth acceptance was the dependent variable. The control variables included gender, age, ethnicity and sexual orientation.

Materials

Demographics

Demographic information was assessed by asking gender, age, sexual orientation and ethnicity at the start of the questionnaire (See appendix C).

Problematic Pornography Use Scale

Pornography use was assessed using the Problematic Pornography Use Scale (PPUS) (Kor et al., 2014). This is a 12-item scale answered with a 7-point Likert scale, ranging from 1 (Strongly disagree) to 7 (Strongly agree). Scores are totalled and higher scores equate to higher levels of problematic pornography use. The minimum score is 12, indicating no evidence for problematic pornography use, and the maximum score is 84, indicating the highest possible level of problematic pornography use. There was no cutoff score provided to differentiate problematic and nonproblematic pornography use. This scale measures 4 domains of problematic pornography use including “distress and functional problems”, “excessive use”, “control difficulties” and “use for escape/avoid negative emotions”. Examples of questions include “I

Pornography use, sex education and rape myth acceptance risked or put in jeopardy a significant relationship, place of employment, educational or career opportunity because of the use of pornographic materials” (factor 1), “I often think about pornography” (factor 2), “I feel I cannot stop watching pornography” (factor 3), “I watch pornographic materials when am feeling despondent” (factor 4). Cronbach’s alpha of the four domains ranged from .79 to .92, indicating good to excellent reliability (Kor et al., 2014). The scale also showed high overall internal reliability ($\alpha = .93$) (Kor et al., 2014). Internal validity was reliable as a significant association was found between higher total PPUS scores and poorer self-esteem and higher levels of emotional insecurities (Kor et al., 2014) (See appendix D). Cronbach’s alpha for the current study was .92, indicating excellent reliability.

Sex education

Sex education level will be assessed by giving a description of the different types of sex education programmes and asking participants which one best fits the sex education they received in school. The different types of sex education were: 1. No sex education, 2. Abstinence-only sex education, 3. Abstinence-plus sex education, 4. Comprehensive sex education, 5. Comprehensive-plus sex education (See definitions in appendix E). Similar scales have been used in previous studies involving sex education levels (Carpenter, 2017, Griffin, 2021, Trussell, 2022). Information for definitions was found from previous research (Carpenter, 2017, Griffin, 2021, Trussell, 2022). An ‘other’ option was added to allow for participants who felt none of the descriptions matched their experience. A description box was added below for participants to describe their sex education experience if they ticked ‘other’. See appendix E

Rape myth acceptance

Pornography use, sex education and rape myth acceptance

Rape myth acceptance will be measured using the Updated Illinois Rape Myth Acceptance Scale (UIRMA) (McMahon & Farmer, 2011). This is a 22-item scale answered with a 5-point likert scale, scores range from 1 (strongly agree) to 5 (strongly disagree). Scores are totalled and higher scores equate to lower levels of RMA. This scale included 4 subscales: “She asked for it”, “He didn’t mean to”, “It wasn’t really rape” and “She lied”. Examples of questions include “If a girl acts like a slut, eventually she is going to get into trouble” (subscale 1), “If both people are drunk, it can’t be rape” (subscale 2), “If a girl doesn’t say “no” she can’t claim rape” (subscale 3), and “Rape accusations are often used as a way of getting back at guys” (subscale 4). Cronbach’s alpha for this scale is .87, indicating good internal reliability (McMahon & Farmer, 2011). Internal validity was reliable as it was found that men’s acceptance of rape myths is higher than women’s (McMahon & Farmer, 2011) and greater hostile sexism towards women was significantly associated with greater acceptance of each rape myth (Rollero & Tartaglia, 2018) (See appendix F). Cronbach’s alpha for the current study was .83, indicating good reliability.

Analysis

IBM SPSS Statistics 29 Software was used for data analysis. A hierarchical regression analysis was conducted to investigate the relationships between sex education and RMA, pornography use and RMA and the interaction between sex education and pornography use and its effects on RMA. Control variables were added to block one, which included gender, age, sexual orientation and ethnicity. Sex education and pornography use were added to block two.

Pornography use, sex education and rape myth acceptance

Lastly, the interaction terms for pornography and sex education were added to block three. Some changes were made during the data cleaning process. One outlier was identified in the dependent variable, rape myth acceptance, which was then removed as it violated the assumptions of normality. Two participants entered data into the 'prefer to self-describe' box despite already providing a response of male or female. This data was deleted due to a response already being provided. There were two participants who identified as neither male nor female. It was decided to exclude this data due to the low number which would likely not yield significant results.

Gender was made into a dichotomous variable of 'male' and 'female'. All the categorical demographic variables were made into dichotomous variables to simplify the statistical analysis and increase the statistical power. The possible limitations of this grouping will be discussed in the limitations section of the paper. Sexual orientation became 'straight' and 'LGBTQ+'.

Ethnicity was made into 'white' and 'diverse ethnicities'. Sex education was categorised into three groups instead of six. These groups included 'no sex education', 'abstinence-based sex education' and 'comprehensive sex education'. There were two responses in the description box provided to describe sex education received. One of these responses was deleted as this participant already ticked the box for 'no sex education'. The other response was excluded as it did not fit into any of the three groups for sex education.

Results

Descriptive statistics for demographic variables and sex education are presented in Table 1. 21.5% of participants were male (n=17) and 78.5% were female (n=62). Regarding sexual orientation, 66.7% of participants were straight (n=54) and 33.3% were LGBTQ+ (n=27). Regarding ethnicity, 85.2% of participants were white (n=69) and 14.8% were of ethnically diverse backgrounds (n=12). 8.8% of participants received no sex education (n=7), 41.3% received abstinence-based sex education (n=33) and 50% received comprehensive-based sex education (n=40). Raw descriptives for demographics can be seen in appendix L.

Table 1

Frequencies for demographic variables and sex education (N = 81)

Variable	Frequency	Valid %
Gender		
Male	17	21.5
Female	62	78.5
Sexual orientation		
Straight	54	66.7
LGBTQ+	27	33.3
Ethnicity		
White	69	85.2
Diverse ethnicities	12	14.8
Sex education		
No sex education	7	8.8

Pornography use, sex education and rape myth acceptance

Abstinence-based sex education	33	41.3
Comprehensive-based sex education	40	50

Descriptives of all continuous variables can be seen in table 2. Participants had a mean age of 24.64 years ($SD=8.21$), ranging from 19-55. Significance of the Kolmogorov-Smirnov statistics was found to be less than 0.05 for all continuous variables, indicating non-normally distributed data. Inspection of the histograms showed that rape myth acceptance was negatively skewed and both age and pornography use were positively skewed. However, the central limit theorem suggests that if the sample size is large enough, the sampling distribution of the mean will be normal, even if the data is non-normally distributed (Kwak & Kim, 2017). One outlier was identified in the dependent variable, rape myth acceptance, which was then removed as it violated the assumptions of normality.

Table 2

Descriptive statistics for all continuous variables (N=81)

Variable	<i>M</i> [95% CI]	<i>SD</i>	Range	median
Age	24.64 [22.83, 26.46]	8.21	19-55	21
Pornography use	23.11 [20.09, 26.13]	13.67	12-67	19
Rape myth acceptance	100.74 [99.07, 102.4]	7.49	77-110	103

Hierarchical multiple regression was used to assess the association between pornography use and RMA, sex education and RMA and the interaction between pornography use and sex

Pornography use, sex education and rape myth acceptance education, and its impact on RMA. Preliminary analyses were conducted to measure the assumptions of normality, linearity, multicollinearity and homoscedasticity. In block three of the model, pornography use, abstinence sex education, comprehensive sex education and the two interaction terms ‘pornography use x abstinence sex education’ and ‘pornography use x comprehensive sex education’ were found to have tolerance values lower than .1 and VIF values exceeding 10, indicating a potential issue of multicollinearity. However, correlations between predictor variables did not exceed .9, suggesting multicollinearity was not severe enough to cause issues for model stability (see table 3). In an attempt to reduce possible multicollinearity, the pornography use variable was mean centred. This reduced the severity of tolerance and VIF scores and reduced the number of variables affected from five to three. However, when the analysis was run again after this, there were no major differences in results. For this reason, the original analysis was kept, and the mean centred variable was disregarded. No violations of the assumptions of normality, linearity and homoscedasticity were found. The standardised residual scatterplot contained one outlier above the value of 3.3. However, this response was found to be valid and within the range of possible scores and was therefore included in analysis. The influence of gender, age, sexual orientation and ethnicity were controlled for. These demographic variables were entered in block 1, explaining 12.1% of the variance in rape myth acceptance ($R^2 = .121$, $F_{(4, 73)} = 2.52$, $p = .048$).

Table 3

Correlations between all variables

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
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Pornography use, sex education and rape myth acceptance

1. rape myth acceptance	1									
2. gender	.31	1								
3. age	-.06	-.03	1							
4. sexual orientation	.21	.29	-.30	1						
5. ethnicity	-.12	-.06	-.06	.00	1					
6. pornography use	-.18	-.29	-.14	-.11	.18	1				
7. abstinence sex ed	.06	.05	-.10	.10	.00	-.08	1			
8. comprehensive sex ed	-.11	-.08	.04	-.13	-.07	.09	-.84	1		
9. pornography x abstinence	-.07	-.05	-.14	.14	.31	.32	.79	-.66	1	
10. pornography x comprehensive	-.16	-.22	-.07	-.20	-.12	.54	-.64	.77	-.51	1

Hypotheses 1 and 2

1. There is a significant relationship between pornography use and levels of rape myth acceptance, controlling for gender, age, sexual orientation and ethnicity.
2. There is a significant relationship between type of sex education received and levels of rape myth acceptance, controlling for gender, age, sexual orientation and ethnicity.

Pornography use, sex education and rape myth acceptance

To determine the effect of pornography use on levels of rape myth acceptance and sex education on levels of rape myth acceptance, controlling for gender, age, sexual orientation and ethnicity, a hierarchical multiple regression was conducted. After entering pornography use and sex education into block 2, the total variance explained by the model as a whole was 13.7% ($R^2 = .137$, $F_{(7, 70)} = 1.59$, $p = .152$). Pornography use and sex education explained an additional 1.6% of the variance in rape myth acceptance, after controlling for the demographic variables, R squared change = .016, F change (3,70) = .429, $p = .733$. Neither pornography use ($\beta = -.08$, $p = .52$), abstinence sex education ($\beta = -.13$, $p = .53$) or comprehensive sex education ($\beta = -.18$, $p = .38$) were statistically significant (see table 4 for full details). A bar chart portraying RMA scores for each sex education group can be seen in figure 1. A scatterplot demonstrating relationships between pornography use scores and RMA scores can be seen in figure 2.

Table 4

Hierarchical regression model predicting rape myth acceptance

Variable	R^2	R^2 Change	B	SE	β	t	p
Step 1	.12						
Gender			4.83	2.08	.27	2.32	.02
Age			-.03	.11	-.03	-.24	.81
Sexual orientation			1.91	1.90	.12	1.01	.32
Ethnicity			-2.18	2.31	-.10	-.95	.35
Step 2	.14	.02					
Gender			4.37	2.18	.24	2.00	.05
Age			-.05	.11	-.05	-.42	.68

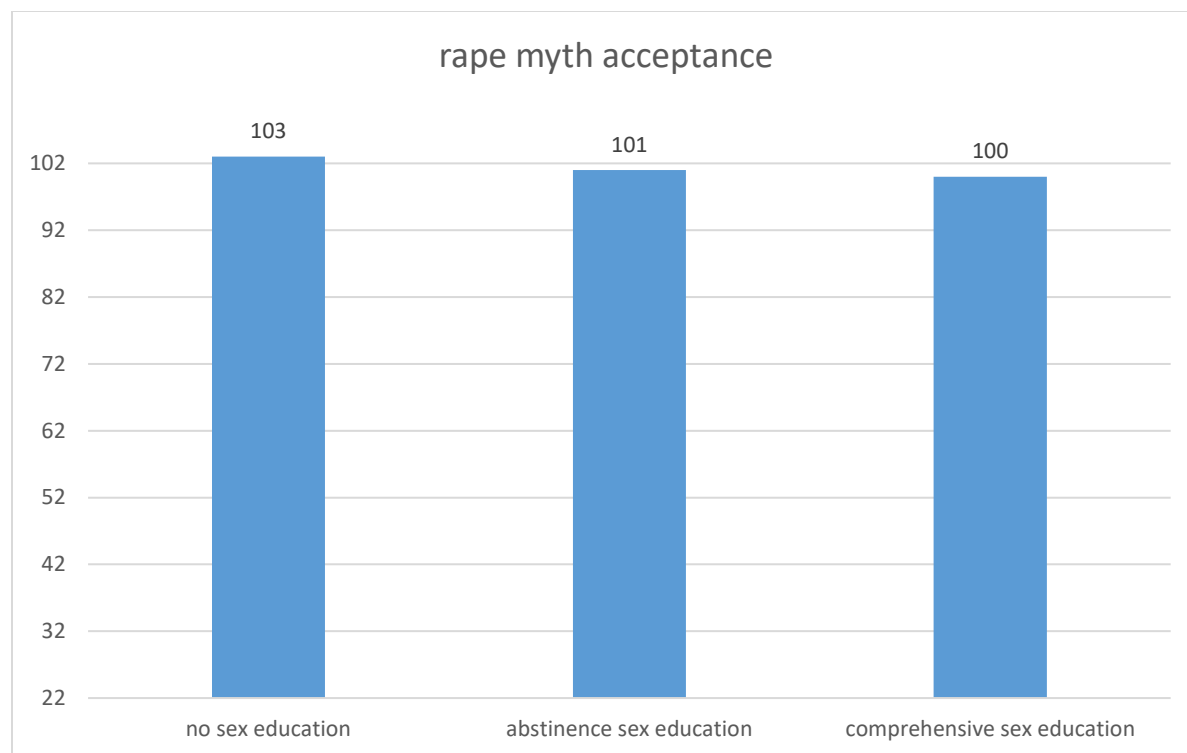
Pornography use, sex education and rape myth acceptance

Sexual orientation			1.61	1.94	.10	.83	.41
Ethnicity			-2.20	2.39	-.11	-.92	.36
Pornography use			-.04	.07	-.08	-.65	.52
Abstinence sex ed			-1.97	3.12	-.13	-.63	.53
Comprehensive sex ed			-2.72	3.09	-.18	-.88	.38
Step 3							
	.19	.05					
Gender			4.23	2.15	.23	1.97	.05
Age			-.07	.12	-.07	-.61	.55
Sexual orientation			2.43	1.98	.15	1.23	.22
Ethnicity			-.03	2.76	-.00	-.01	.99
Pornography use			.50	.28	.92	1.80	.08
Abstinence sex ed			12.79	7.76	.85	1.65	.10
Comprehensive sex ed			9.67	7.20	.65	1.34	.18
Pornography x abstinence			-.66	.32	-1.20	-2.07	.04
sex ed							
Pornography x			-.54	.29	-1.14	-1.87	.07
comprehensive sex ed							

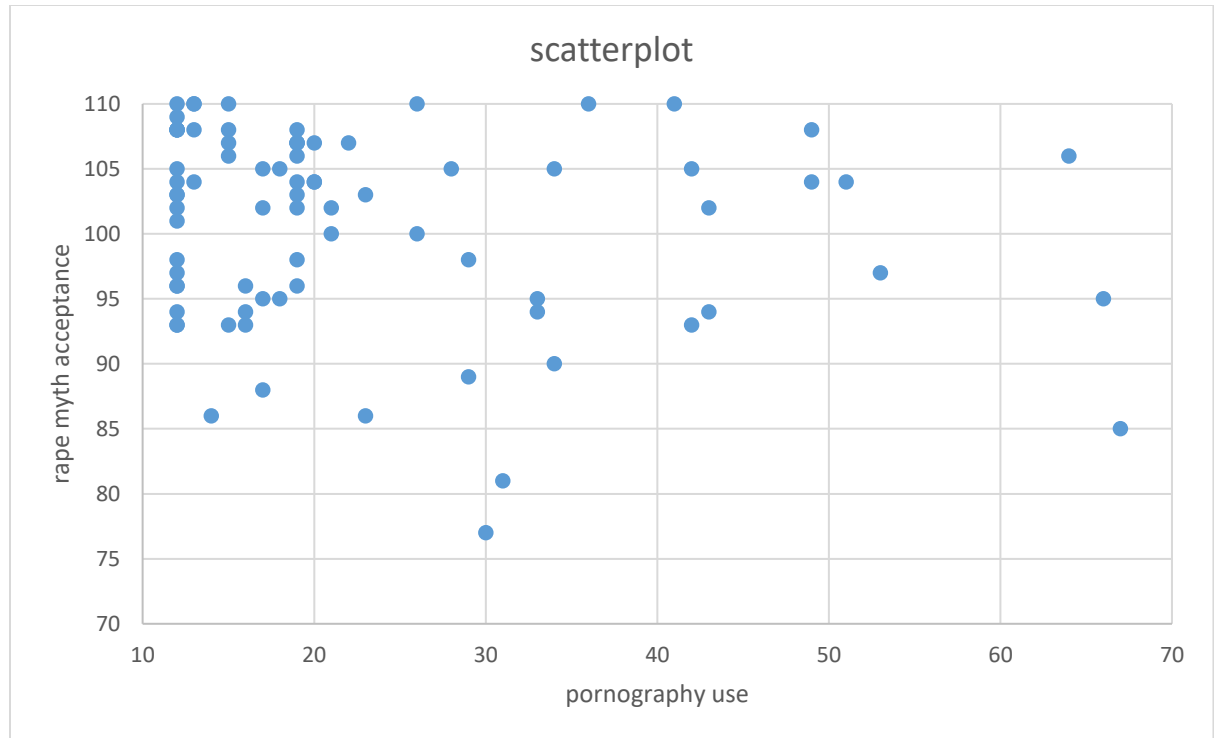
Figure 1

Rape myth acceptance scores for sex education groups

Pornography use, sex education and rape myth acceptance

**Figure 2**

Relationship between pornography use scores and rape myth acceptance scores



Hypothesis 3

3. The interaction between pornography use and sex education will have a significant impact on rape myth acceptance levels, such that more comprehensive sex education will lower the magnitude of the relationship between pornography use and rape myth acceptance, controlling for gender, age, sexual orientation and ethnicity.

To investigate the interaction between sex education and pornography use and the impact of that interaction on rape myth acceptance, controlling for gender, age, sexual orientation and ethnicity, a hierarchical multiple regression was conducted. After entering the two interaction terms 'pornography use x abstinence sex education' and 'pornography use x comprehensive sex education' into block 3, the total variance explained by the model as a whole was 18.9% ($R^2 = .189$, $F_{(9, 68)} = 1.76$, $p = .093$). These interactions explained an additional 5.1% of the variance in

Pornography use, sex education and rape myth acceptance

rape myth acceptance, R^2 change = .051, F change (2,68) = 2.15, p = .124. Neither ‘pornography use x abstinence sex education’ (β = -1.20, p = .04), or ‘pornography use x comprehensive sex education’ (β = -1.14, p = .07) were statistically significant (see table 4 for full details).

Table 4

Hierarchical regression model predicting rape myth acceptance

Variable	R^2	R^2 Change	B	SE	β	t	p
Step 1	.12						
Gender			4.83	2.08	.27	2.32	.02
Age			-.03	.11	-.03	-.24	.81
Sexual orientation			1.91	1.90	.12	1.01	.32
Ethnicity			-2.18	2.31	-.10	-.95	.35
Step 2	.14	.02					
Gender			4.37	2.18	.24	2.00	.05
Age			-.05	.11	-.05	-.42	.68
Sexual orientation			1.61	1.94	.10	.83	.41
Ethnicity			-2.20	2.39	-.11	-.92	.36
Pornography use			-.04	.07	-.08	-.65	.52
Abstinence sex ed			-1.97	3.12	-.13	-.63	.53
Comprehensive sex ed			-2.72	3.09	-.18	-.88	.38
Step 3	.19	.05					
Gender			4.23	2.15	.23	1.97	.05

Pornography use, sex education and rape myth acceptance

Age	-.07	.12	-.07	-.61	.55
Sexual orientation	2.43	1.98	.15	1.23	.22
Ethnicity	-.03	2.76	-.00	-.01	.99
Pornography use	.50	.28	.92	1.80	.08
Abstinence sex ed	12.79	7.76	.85	1.65	.10
Comprehensive sex ed	9.67	7.20	.65	1.34	.18
Pornography x abstinence sex ed	-.66	.32	-1.20	-2.07	.04
Pornography x comprehensive sex ed	-.54	.29	-1.14	-1.87	.07

Discussion

Rape myth acceptance (RMA) is a major issue in today's society, especially with the growing popularity of media use across the world. There are countless variables that can affect RMA. Research suggests that pornography use, and sex education are two major contributors to RMA. Pornography use teaches and normalises sexual violence and insufficient sex education can lead to a lack of knowledge around topics of sexual violence (Bridges et al., 2016, Harnish, 2023, Wright, 2011). The purpose of the current study was to investigate the effects of pornography use and sex education on RMA levels and the interaction between pornography use and sex education and the effect of that interaction on RMA levels, all while controlling for demographic variables including gender, age, sexual orientation and ethnicity. The hypothesis that there would be a significant relationship between pornography use and RMA, controlling for demographic variables and that there would be a significant relationship between sex education and RMA, controlling for demographic variables were both not supported. Similarly, the hypothesis that the interaction between pornography use and sex education will have a significant impact on RMA levels, controlling for demographic variables was not supported.

Pornography use was not significantly associated with RMA, which does not align with the majority of previous research, finding a positive relationship between pornography use and RMA (Coyne et al., 2019, Foubert et al., 2011, Guzman, 2015, Maas & Dewey, 2018, Seabrook et al., 2018). However, some recent studies found insignificant or mixed results. Trussell (2022) and Vangeel et al. (2020) did not find a significant relationship between pornography use and RMA. Singh (2019) also found insignificant results for their participant group as a whole, however when broken down by gender, a significant relationship was found in females, but not males. For females, higher frequency of pornography use correlated with higher levels of RMA

Pornography use, sex education and rape myth acceptance

(Singh, 2019). Borgogna et al. (2022) found an insignificant relationship for males, but found a significant relationship for females between pornography use and two of the four subscales of RMA (“she asked for it” and “she lied”), though the effect size was small. The current research adds to these mixed findings, which may suggest the relationship between pornography use and RMA is not as straightforward as once thought.

A potential reason for the null findings of this study may be that participants overall reported little pornography use, despite previous research suggesting an increase in pornography use as the internet has advanced (Price et al., 2016). It is possible that participants may have understated their pornography use due to the taboo nature of the topic. There was also little variance in RMA levels, with most scores falling on the high end of the scale, meaning most participants had low RMA. The limited variance in pornography use and RMA may have made it difficult to detect a significant relationship. The method of measurement for pornography use in this study may also have contributed to the insignificant results. The current study highlights a possible need to investigate other methods of measurement such as types of pornography consumed. Previous research found a significant association between consumption of specific types of pornography, including genres that are taboo, violent or portray rape, and both RMA and behavioural intent to rape (Foubert, et al., 2011). Another useful method of measurement for pornography use could be to assess motivation for consumption. Emmers-Sommer (2018) found that both men and women who use pornography for masturbation were less accepting of rape myths than participants who used pornography for other reasons. The genre of pornography consumed and motivation for pornography consumption may be more significant contributors to RMA and should be explored further.

Pornography use, sex education and rape myth acceptance

There could also be several confounding variables affecting the relationship between pornography use and RMA. Seabrook et al. (2019) found that objectification mediated the relationship between pornography use and RMA. Borgogna et al. (2022) found a significant relationship between hostile sexism and RMA and also found that hardcore pornography viewing exacerbated this relationship. Variables such as objectification and hostile sexism could potentially confound the relationship between pornography use and RMA and should be explored further. It is also possible that the results of this study may reflect a shift in societal views. Since pornography use has become more prevalent and common in modern society, this could be causing a saturation effect (Borgogna et al., 2022). Nowadays, most people have viewed pornography at some point in their lives and this may be causing a loss in the predictive validity of pornography use in connection to RMA (Borgogna et al., 2022). The current study emphasises a need for more research examining the complex relationship between pornography use and RMA.

Along with pornography use, sex education was also not significantly associated with RMA in the present study. Past research on this relationship has mostly found a negative relationship between sex education and RMA rates, meaning more comprehensive levels of sex education are associated with lower levels of RMA (Caulfield et al., 2024, Fay & Medway, 2006, Griffin, 2021, Sisler, 2022). However, other research has yielded mixed results. Trussell (2022) found an insignificant result. Carpenter (2017) found that participants who received abstinence only sex education had the highest RMA, however those who received abstinence plus sex education had the lowest RMA, which goes against other research suggesting participants who received comprehensive sex education should have the lowest RMA. They also found that participants who received more sex-positive information, scientifically accurate information and

Pornography use, sex education and rape myth acceptance

who learned the definition of sexual consent in their sex education programme all had higher RMA (Carpenter, 2017). Lichty and Gowen (2018) found that high school students who had received a comprehensive sex education programme still used rape myths when trying to make sense of rape scenarios. This research along with the current study contradict the idea that comprehensive sex education should correlate with lower RMA and suggests maybe there are other factors at play.

There could be numerous confounding variables which may affect the relationship between sex education and RMA. Sisler (2022) found that perceived effectiveness of sex education received was significantly correlated to RMA. The more effective participants deemed their sex education to be, the less likely they were to accept rape myths (Sisler, 2022). Perceived effectiveness could potentially be more impactful than type of sex education received or could affect the relationship between type of sex education received and RMA and should be further explored. Lichty and Gowen (2018) outlined potential barriers to supporting victims of sexual violence indicated by participants, some of which included access to resources and information availability. Perhaps a general lack of resources and information could more strongly contribute to RMA and an alternative method of sex education outside of the classroom should be explored (Lichty & Gowen, 2018). Another possible reason for the insignificant results in the present study is the small and unequally distributed sample sizes for each of the sex education groups. There were significantly less participants in the ‘no sex education’ group (n=7). The insignificant result could potentially be attributed to a lack of power. The current study adds to the mixed results of previous research and suggests a possibly more complex relationship between sex education and RMA.

Pornography use, sex education and rape myth acceptance

The final hypothesis suggesting the interaction between pornography use and sex education would have a significant impact on RMA levels was also not supported. To the researcher's knowledge there has only been one other study assessing all three of these variables. This study also found insignificant results (Trussell, 2022). It may be beneficial to investigate the relationships between the key variables and each subscale of the UIRMA instead of the total scale. Borgogna et al. (2022) found that the effects of hardcore pornography consumption were stronger in relation to "she asked for it" rape myths. This suggests that there may be differences in the relationships between each of the subscales and a more detailed examination should be explored.

The insignificant results of the present study might suggest that the relationships between pornography use, sex education and RMA are more complex than previously thought. It is possible that various other factors could be influencing these relationships, and a more nuanced model may be needed in future research. This study highlights a need for more comprehensive and inclusive sex education programmes in schools, with half of the participants having received either no sex education or abstinence-based sex education. Policymakers should review current sex education programmes and ensure an inclusive and informative programme is being delivered. It may also be useful to look into providing more resources, information or programmes about sexual wellbeing for young people, especially if school isn't a reliable source of information for them (Lichty & Gowen, 2018). The results of the current study may also suggest that solely focusing on the regulation of pornography may not be sufficient and policymakers should consider a more holistic approach to media literacy. Hedrick (2021) found a significant relationship between media consumption and RMA; such that increased media consumption was correlated with increased RMA. To decrease RMA and support victims of

Pornography use, sex education and rape myth acceptance sexual violence, it may be vital that policymakers address these concerns, and that future research further explores the complex relationships that might contribute to a culture of sexual violence.

Limitations and future research

One of the strengths of the present study is that it aims to explore the topic of sexual violence in a novel manner. To the researcher's knowledge, there is a major lack of research examining all three of the variables in this study, which include pornography use, sex education and rape myth acceptance (RMA). This study found no significant results in the various relationships between the variables, which may suggest these relationships are more complex than previously thought. This study helps expand on its topic and attempts to inform future research on the potential next steps in this field. However, the limitations of the current study must also be considered.

Firstly, since this study utilised a cross-sectional design, causality cannot be inferred. However, this is not a major issue as no statistically significant results were discovered. Future research might employ a longitudinal design. Longitudinal research could be helpful in assessing if attitudes of RMA change overtime, if pornography use has more of an impact at certain ages and if the effects of sex education change after leaving school. Another possible limitation is the little variance in pornography use and RMA scores, with most participants reporting low pornography use and low RMA. This may have obstructed the detection of significant results. The taboo nature of the topics explored may have caused participants to understate their beliefs in rape myths or their pornography use.

Pornography use, sex education and rape myth acceptance

Another possible limitation was the underrepresentation of some minority groups. The ethnicity of the participants was predominantly white which may cause limited generalisability and cultural bias. Age and gender were also skewed with most participants being in their 20s and being female. This could be an issue as some research suggests differences in rates of RMA between ethnicities, ages and genders. Multiple studies have found that older participants tend to demonstrate higher RMA levels than younger participants (Elias-Lambert et al., 2023, Kassing et al., 2005, Lalinde et al., 2023, Trottier et al., 2019). Various interactions have been found between race and RMA (Baldwin-White & Elias-Lambert, 2016, Jimenez & Abreu, 2003, Navarro & Ratajczak, 2022). Previous research has also found that males display higher RMA rates than females (McMahon & Farmer, 2011, Singh, 2019, Zidenberg et al., 2019). Adding to this limitation, the present study also grouped ethnicity, gender and sexual orientation into dichotomous variables to simplify statistical analyses and increase the statistical power. This may oversimplify these important demographic variables and the nuanced effects each identity might cause. Future research should try to represent minority groups better and investigate how different identities uniquely affect relationships between variables.

Another limitation of the present study is the small and unequally distributed sample sizes for each of the sex education groups. There were significantly less participants in the 'no sex education' group ($n=7$). The insignificant result could potentially be attributed to a lack of power. Future research should try to obtain more equally distributed groups and larger sample sizes. The final limitation which also may have contributed to the insignificant results is the effects of confounding variables which weren't accounted for, such as objectification, sexism and perceived effectiveness of sex education received (Borgogna et al., 2022, Seabrook et al., 2019, Sisler, 2022). These variables may have affected the relationships between pornography

Pornography use, sex education and rape myth acceptance

use, sex education and RMA in multiple ways, including possibly weakening the effects of the variables and making it difficult to detect significant correlations. More research is needed examining these confounding variables and investigating the possible effects they have on each relationship between variables.

Conclusion

The present study aimed to explore the relationships between pornography use, sex education and rape myth acceptance (RMA). However, no significant results were found. Though previous research mainly found that sex education and pornography use can be significant contributors to levels of RMA, the results of this study suggest these relationships may be more nuanced than previously thought. Since no significant correlation was found between pornography use and RMA, policies aimed at improving general media literacy may be more effective in combatting negative views towards sexual violence. Considering the insignificant relationship between sex education and RMA, policies might aim to provide more resources and information regarding sex education both inside and outside of the classroom. While the current study attempted to explore the topic of sexual violence in a novel manner, future research might benefit from utilising a longitudinal design, accounting for confounding variables and ensuring representation of minority groups.

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Appendices**Appendix A: Participant Information Leaflet****The effect of pornography use and sex education on rape myth acceptance**

You are being invited to participate in a research study. Please take some time to read through this document before continuing. This document explains why this research is being done and what it will involve for you. If you have any questions about this information, please contact me using the details at the end of this sheet.

What is this study about?

My name is Juliet Webb. I am a final year student at National College of Ireland in the BA psychology programme. As part of the final year of our degree we must conduct an independent research project. The aim of this study is to investigate whether pornography use and sex education will have an effect on attitudes towards sexual violence. This project will be supervised by Dr Barry Coughlan.

What will taking part in the study involve?

If you decide to take part in this research, you will be asked to fill out some demographic information including age, gender, sexual orientation and race. You will then be asked to

Pornography use, sex education and rape myth acceptance

indicate how often you view pornography intentionally from a list of options. Next you will be asked to indicate what type of sex education you received in school from a list of options which will be clearly explained. Next you will be asked to complete a questionnaire which will measure your attitudes towards sexual violence.

Who can take part?

You can take part in this study if you are aged 18 or above.

Do I have to take part?

Participation in this research is voluntary, you have the right to refuse participation without any consequences to you. You have the right to withdraw at any point during participation by closing the webpage, information will not be taken until you press submit. You do not have to answer any questions you feel uncomfortable with. Once you have submitted your answers you cannot withdraw as all data is anonymous and confidential.

What are the possible risks and benefits of taking part?

There are no direct benefits to you for taking part in this research. However, the information gathered will contribute to research that helps us to gain a deeper understanding of

Pornography use, sex education and rape myth acceptance

possible factors that contribute to attitudes towards sexual violence, including pornography use and sex education. Given the sensitive nature of the topics in this research, there is a possible risk that some questions within this study may cause distress to some participants. If you feel any distress during participation, you are free to stop at any time and exit the questionnaire. Contact information for relevant support services are provided at the end of the questionnaire should you need them.

Will taking part be confidential and what will happen to my data?

The questionnaire is completely anonymous and confidential. It is not possible to identify a participant based on their responses to the questionnaire. Responses to the questionnaire will be stored securely in a password protected/encrypted file on the researcher's computer. Only the researcher and their supervisor will have access to the data. Data will be retained for 5 years in accordance with the NCI data retention policy. Anonymised data will be stored on NCI servers in line with NCI's data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary data repository to facilitate validation and replication, in line with Open Science best practice and conventions.

What will happen to the results of the study?

Pornography use, sex education and rape myth acceptance

The results of this research will be presented in my final dissertation, which will be submitted to National College of Ireland. The results obtained may also be used for examination, submission, publication, presentation and other academic outputs including peer reviewed journal articles.

Who should you contact for further information?

If you have any questions you can contact me:

Juliet Webb

Researcher of this study

x22342953@student.ncirl.ie

Or

Dr Barry Coughlan

Supervisor of this study

Barry.Coughlan@ncirl.ie

Appendix B: consent form

In agreeing to participate in this research I understand the following:

Pornography use, sex education and rape myth acceptance

- The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.
- If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage by exiting my browser.
- I understand that once my participation has ended, I cannot withdraw my data as it will be fully anonymized.
- I have been informed as to the general nature of the study and agree voluntarily to participate.
- All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in National College of Ireland.
- I understand that my data will be retained and managed in accordance with the NCI data retention policy, and that the data obtained may also be used for examination, submission, publication, presentation and other academic outputs including peer reviewed journal articles.
- Anonymised data will be stored on NCI servers in line with NCI's data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary data repository to facilitate validation and replication, in line with Open Science best practice and conventions.
- No participants data will be identifiable at any point.

Pornography use, sex education and rape myth acceptance

- At the conclusion of my participation, any questions or concerns I have will be fully addressed.

☐ Please tick this box if you have read, and agree with all of the above information.

☐ Please tick this box to indicate that you are providing informed consent to participate in this study.

Appendix C: demographic information

1. Gender

☐ Woman

☐ Man

☐ Non-Binary

☐ Prefer not to say

☐ prefer to self describe: _____

2. Age

What age are you? _____

3. sexual identity

☐

straight

☐

gay

☐

lesbian

☐

bisexual

☐

queer

☐

other

4. ethnicity

☐

Black

☐

White

☐

Asian

☐

Hispanic or Latino

☐

Native American

☐

Pacific Islander

☐

Mixed race

☐

Other

☐

Prefer not to say

Appendix D: pornography use scale

Factor 1 — Distress and functional problems

1. Using pornography has created significant problems in my personal relationships with other people, in social situations, at work or in other important aspects of my life.
2. I risked or put in jeopardy a significant relationship, place of employment, educational or career opportunity because of the use of pornographic materials.
3. I continued using pornography despite the danger of harming myself physically (for example: difficulty getting an erection due to extensive use, difficulty reaching an orgasm in ways that do not include pornography).

Factor 2 — Excessive use

4. I often think about pornography
5. I spend too much time being involved in thoughts about pornography
6. I spend too much time planning to and using pornography

Factor 3 — Control difficulties

7. I feel I cannot stop watching pornography
8. I have been unsuccessful in my efforts to reduce or control the frequency I use pornography in my life
9. I keep on watching pornographic materials even though I intend to stop

Factor 4 — Use for escape/avoid negative emotions

10. I use pornographic materials to escape my grief or to free myself from negative feelings
11. I watch pornographic materials when am feeling despondent
12. I have used pornography while experiencing unpleasant or difficult feelings (for example: depression, sorrow, anxiety, boredom, restlessness, shame or nervousness)

Appendix E: sex education survey question

Read the following definitions carefully and choose which type of sex education best represents the type you received in school.

No sex education:

School did not have any formal sex education and did not promote abstinence (not having sex)

Abstinence-only sex education:

The focus was on avoiding sex, did not discuss sexual health including contraception (pregnancy prevention) and sexually transmitted infection (STI) information

Abstinence-plus sex education:

Focus on avoiding sex with some information provided about sexual health, such as contraception (pregnancy prevention) and sexually transmitted infection (STI) information

Comprehensive sex education:

Provided medically accurate information about sexual activity and sexual health including contraception (pregnancy prevention) and sexually transmitted infection (STI) information.

Comprehensive-plus sex education:

Pornography use, sex education and rape myth acceptance

Provided medically accurate information about sexual activity and sexual health including contraception (pregnancy prevention) and sexually transmitted infection (STI) information. Also discussed topics such as sexual relationships, healthy communication and sexual consent.

Choose the type of sex education that best represents the type you received in school:

- ☐ No sex education
- ☐ Abstinence-only sex education
- ☐ Abstinence-plus sex education
- ☐ Comprehensive sex education
- ☐ Comprehensive-plus sex education

Appendix F: Updated Illinois Rape Myth Acceptance Scale (UIRMA)

Subscale 1: She asked for it

1. If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand.
2. When girls go to parties wearing slutty clothes, they are asking for trouble.
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.
4. If a girl acts like a slut, eventually she is going to get into trouble.

Pornography use, sex education and rape myth acceptance

5. When girls get raped, it's often because the way they said "no" was unclear.

6. If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.

Subscale 2: He didn't mean to

7. When guys rape, it is usually because of their strong desire for sex.

8. Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.

9. Rape happens when a guy's sex drive goes out of control.

10. If a guy is drunk, he might rape someone unintentionally.

11. It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.

12. If both people are drunk, it can't be rape.

Subscale 3: It wasn't really rape

13. If a girl doesn't physically resist sex—even if protesting verbally—it can't be considered rape.

14. If a girl doesn't physically fight back, you can't really say it was rape.

15. A rape probably doesn't happen if a girl doesn't have any bruises or

Pornography use, sex education and rape myth acceptance marks.

16. If the accused “rapist” doesn’t have a weapon, you really can’t call it rape.

17. If a girl doesn’t say “no” she can’t claim rape.

Subscale 4: She lied

18. A lot of times, girls who say they were raped agreed to have sex and then regret it.

19. Rape accusations are often used as a way of getting back at guys.

20. A lot of times, girls who say they were raped often 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 G: G power sample size

Input parameters:

Effect size- 0.25

Alpha- 0.05

Power- 0.8

Pornography use, sex education and rape myth acceptance

Number of tested predictors- 9

Total number of predictors- 9

Output parameters:

Non centrality parameter- 18.00

Critical F- 2.0347738

Numerator df- 9

Denominator df- 62

Total sample size- 72

Actual power- 0.8039639

Appendix H: debrief sheet

Thank you for your participation in this research. The purpose of this research was to investigate the effect of pornography use and sex education on rape myth acceptance. You have the right to withdraw consent until you have submitted your answers.

If you have further questions please contact:

The researcher,

Juliet Webb,

x22342953@student.ncirl.ie

Pornography use, sex education and rape myth acceptance

Or

The supervisor of this study,

Dr Barry Coughlan,

Barry.Coughlan@ncirl.ie

If you are feeling any distress please reach out to external supports:

Spunout a free confidential 24 hour text line. To reach out text SPUNOUT to 50808

Or

National 24-hour Rape Crisis Helpline. Call 1800 77 8888

Or

Pieta 24-hour Crisis Helpline and text service. Call 1800 247 247 or text 'HELP' to 51444

Or

Samaritans a free confidential 24 hour phone service. Call 116 123

Appendix I: social media recruitment post

****Content warning****: sensitive topics are discussed including sex, sexual assault, rape and pornography!!

Hi everyone, my name is Juliet Webb and I am currently carrying out a research study as part of my undergraduate psychology degree. I am studying the impact of sex education and pornography use on attitudes towards sexual violence. Anyone aged 18+ with decent English language skills can take part. It is completely anonymous and voluntary. I would greatly

Pornography use, sex education and rape myth acceptance

appreciate if you could take the time to fill out my survey and if possible, feel free to share this survey around. Thank you very much!

(insert link)

Appendix J: survey

The effect of pornography use and sex education on rape myth acceptance

You are being invited to participate in a research study. Please take some time to read through this document before continuing. This document explains why this research is being done and what it will involve for you. If you have any questions about this information, please contact me using the details at the end of this sheet.

What is this study about?

My name is Juliet Webb. I am a final year student at National College of Ireland in the BA psychology programme. As part of the final year of our degree we must conduct an independent research project. The aim of this study is to investigate whether pornography use and sex education will have an effect on attitudes towards sexual violence. This project is supervised by Dr Barry Coughlan.

What will taking part in the study involve?

If you decide to take part in this research, you will be asked to fill out some demographic information including age, gender, sexual orientation and ethnicity. You will then be asked to fill out a questionnaire assessing your behaviours around pornography use. This questionnaire will ask you how strongly you agree or disagree with some statements regarding pornography use behaviours and effects of pornography on your life. Next you will be asked to indicate what type of sex education you received in school from a list of options which will be clearly explained. Next you will be asked to complete a questionnaire which will measure your attitudes towards sexual violence. This questionnaire will ask you to rate how strongly you agree or disagree with some statements regarding sexual violence.

Who can take part?

You can take part in this study if you are aged 18 or above and have decent English language skills.

Do I have to take part?

Participation in this research is voluntary, you have the right to refuse participation without any consequences to you. You have the right to withdraw at any point during participation by closing the webpage, information will not be taken until you press submit. You do not have to answer any questions you feel uncomfortable with. Once you have submitted your answers you cannot withdraw as all data is anonymous and confidential.

What are the possible risks and benefits of taking part?

There are no direct benefits to you for taking part in this research. However, the information gathered will contribute to research that helps us to gain a deeper understanding of possible factors that contribute to attitudes towards sexual violence, including pornography use and sex education. Given the sensitive nature of the topics in this research, there is a possible risk that some questions within this study may cause distress to some participants. If you feel any distress during participation, you are free to stop at any time and exit the questionnaire. Contact information for relevant support services are provided at the end of the questionnaire should you need them.

Will taking part be confidential and what will happen to my data?

The questionnaire is completely anonymous and confidential. It is not possible to identify a participant based on their responses to the questionnaire. Responses to the questionnaire will be stored securely in a password protected/encrypted file on the researcher's computer. Only the researcher and their supervisor will have access to the data. Data will be retained for 5 years in accordance with the NCI data retention policy. Anonymised data will be stored on NCI servers in line with NCI's data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary data repository to facilitate validation and replication, in line with Open Science best practice and conventions.

What will happen to the results of the study?

The results of this research will be presented in my final dissertation, which will be submitted to National College of Ireland. The results obtained may also be used for examination, submission, publication, presentation and other academic outputs including peer reviewed journal articles.

Who should you contact for further information?

If you have any questions you can contact me:

Juliet Webb

Researcher of this study

x22342953@student.ncirl.ie

Or

Dr Barry Coughlan

Supervisor of this study

Barry.Coughlan@ncirl.ie

participant consent form

In agreeing to participate in this research I understand the following:

- The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.
- If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage by exiting my browser.
- I understand that once my participation has ended, I cannot withdraw my data as it will be fully anonymized.
- I have been informed as to the general nature of the study and agree voluntarily to participate.
- All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in National College of Ireland.
- I understand that my data will be retained and managed in accordance with the NCI data retention policy, and that the data obtained may also be used for examination, submission, publication, presentation and other academic outputs including peer reviewed journal articles.
- Anonymised data will be stored on NCI servers in line with NCI's data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary data repository to facilitate validation and replication, in line with Open Science best practice and conventions.
- No participants data will be identifiable at any point.
- At the conclusion of my participation, any questions or concerns I have will be fully addressed.

★

☐

Please tick this box if you have read, and agree with all of the above information.

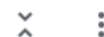
★

☐

Please tick this box to indicate that you are providing informed consent to participate in this study.

Section 3 of 7

demographic questions



please answer the following questions

gender *

- ☐ male
- ☐ female
- ☐ non-binary
- ☐ prefer not to say
- ☐ prefer to self describe

prefer to self describe gender

Short answer text

age *

Short answer text

Pornography use, sex education and rape myth acceptance

sexual identity *

- ☐ straight
- ☐ gay
- ☐ lesbian
- ☐ bisexual
- ☐ queer
- ☐ Other...

ethnicity *

- ☐ Black
- ☐ White
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ Native American
- ☐ Pacific Islander
- ☐ Mixed race
- ☐ Other...

pornography use scale

Using pornography has created significant problems in my personal relationships with other people, in social situations, at work or in other important aspects of my life.

I risked or put in jeopardy a significant relationship, place of employment, educational or career opportunity because of the use of pornographic materials.

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

I use pornographic materials to escape my grief or to free myself from negative feelings

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

I watch pornographic materials when am feeling despondent

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

I have used pornography while experiencing unpleasant or difficult feelings (for example: depression, sorrow, anxiety, boredom, restlessness, shame or nervousness)

1 2 3 4 5 6 7

strongly agree ○ ○ ○ ○ ○ ○ ○ strongly disagree

Section 5 of 7

sex education  

Read the following definitions carefully and choose which type of sex education best represents the type you received in school.

No sex education:

School did not have any formal sex education and did not promote abstinence (not having sex)

Abstinence-only sex education:

The focus was on avoiding sex, did not discuss sexual health including contraception (pregnancy prevention) and sexually transmitted infection (STI) information

Abstinence-plus sex education:

Focus on avoiding sex with some information provided about sexual health, such as contraception (pregnancy prevention) and sexually transmitted infection (STI) information

Comprehensive sex education:

Provided medically accurate information about sexual activity and sexual health including contraception (pregnancy prevention) and sexually transmitted infection (STI) information.

Comprehensive-plus sex education:

Provided medically accurate information about sexual activity and sexual health including contraception (pregnancy prevention) and sexually transmitted infection (STI) information. Also discussed topics such as sexual relationships, healthy communication and sexual consent.

Pornography use, sex education and rape myth acceptance

Choose the type of sex education that best represents the type you received in school based on the descriptions above: *

- ☐ No sex education
- ☐ Abstinence-only sex education
- ☐ Abstinence-plus sex education
- ☐ Comprehensive sex education
- ☐ Comprehensive-plus sex education
- ☐ Other (please fill out section below)

If you chose "other" above, please provide some detail on the kind of sex education you received. If you didn't choose "other" please leave this blank.

Long answer text

Rape Myth Acceptance Scale

If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand.

When girls go to parties wearing slutty clothes, they are asking for trouble.

1 2 3 4 5

strongly agree ○ ○ ○ ○ ○ strongly disagree

*

1

2

3

4

5

strongly agree

strongly disagree

*

1

2

3

4

5

strongly agree

strongly disagree

大

1

2

3

4

5

strongly agree

strongly disagree

★

1

2

3

4

5

strongly agree

○

○

○

○

○

strongly disagree

★

1

2

3

4

5

strongly agree

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strongly disagree

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strongly agree

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○

strongly disagree

*

1

2

3

4

5

strongly agree

○

○

○

strongly disagree

*

1

2

3

4

5

strongly agree

○

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○

strongly disagree

★

1

2

3

4

5

strongly agree

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○

○

○

strongly disagree

1 2 3 4 5

strongly agree ○ ○ ○ ○ ○ strongly disagree

1 2 3 4 5

strongly agree ☐ ☐ ☐ ☐ ☐ strongly disagree

1 2 3 4 5

strongly agree ○ ○ ○ ○ ○ strongly disagree

★

strongly agree

★

strongly agree

*

strongly agree

*

strongly agree

*

strongly agree

*

strongly agree

Pornography use, sex education and rape myth acceptance

A lot of times, girls who claim they were raped have emotional problems. *

	1	2	3	4	5	
strongly agree	☐	☐	☐	☐	☐	strongly disagree

Girls who are caught cheating on their boyfriends sometimes claim it was rape. *

	1	2	3	4	5	
strongly agree	☐	☐	☐	☐	☐	strongly disagree

Section 7 of 7

Debrief sheet



Thank you for your participation in this research. The purpose of this research was to investigate the effect of pornography use and sex education on rape myth acceptance. You have the right to withdraw consent until you have submitted your answers.

If you have further questions please contact:

The researcher,

Juliet Webb,

x22342953@student.ncirl.ie

Or

The supervisor of this study,

Dr Barry Coughlan,

Barry.Coughlan@ncirl.ie

If you are feeling any distress please reach out to external supports:

Spunout a free confidential 24 hour text line. To reach out text SPUNOUT to 50808

Or

National 24-hour Rape Crisis Helpline. Call 1800 77 8888

Or

Pieta 24-hour Crisis Helpline and text service. Call 1800 247 247 or text 'HELP' to 51444

Or

Samaritans a free confidential 24 hour phone service. Call 116 123

Appendix K: ethical approval letter



National College of Ireland
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Coláiste Náisiúnta na hÉireann
Sráid an Mhéara, IFSC
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Website: www.ncirl.ie

Date: 18.11.2024

Ref: Ethics Approval Number: 18112024x22342953

Proposal Title: *The effect of pornography use and sex education on rape myth acceptance*

Applicant: Juliet Webb

Dear Juliet,

Thank you for your application to the NCI Psychology Ethics Filter Committee, and for responding to clarification requests related to the application. I am pleased to inform you that the ethics committee has approved your application for your research project. Ethical approval will remain in place until the completion of your dissertation in part fulfilment of your BA Honours Degree in Psychology at NCI.

Please note that:

- Students are responsible for ensuring that their research is carried out in accordance with the information provided in their application.
- Students must abide by PSI ethics guidelines in completing their research.
- All procedures and materials should be approved by the supervisor prior to recruitment.
- Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made.

Sincerely,

Dr Robert Fox

Chairperson, Psychology Ethics Filter Committee

Ethics Committee members: *Dr Robert Fox (representative on the NCI Research Ethics Subcommittee), Dr Michelle Kelly, Dr Amanda Kracen, Dr Conor Nolan, Dr Lynn Farrell, Dr Fearghal O'Brien, Dr David Mothersill, Dr Michele Kehoe, Dr Barry Coughlan, Dr Conor Thornberry, Dr Brendan Cullen, Cassandra Murphy, Eden Bryan.*

Appendix L: raw descriptives

Pornography use, sex education and rape myth acceptance

Table 5

Raw descriptives for demographic variables

Variable	Frequency	Valid %
Gender		
Male	17	21
Female	62	76.5
Non-binary	2	2.5
Sexual orientation		
Straight	54	66.7
Gay	3	3.7
Lesbian	10	12.3
Bisexual	12	14.8
Questioning	1	1.25
Pansexual	1	1.25
Ethnicity		
White	69	85.2
Black	5	6.2
Asian	4	4.9
Mixed race	2	2.5
North African	1	1.2