

# Attachment Anxiety, Rape Myth Acceptance, and Sexual Compliance

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Gayle Brewer, PhD<sup>1</sup>   
and Anna Forrest-Redfern, BSc<sup>1</sup>

## Abstract

People may consent to sexual activity with a partner when they do not desire it (i.e., sexual compliance), and such behavior is particularly prevalent in women. Despite the negative consequences of unwanted sex, (e.g., guilt and poor health), few studies have considered those factors influencing sexual compliance. Attachment anxiety is characterized by overestimation of relationship threats and sensitivity to romantic rejection and rape myths are beliefs about rape that deny, trivialize, or justify sexual aggression and assault. In the present study both attachment anxiety and rape myth acceptance were hypothesized to influence perceptions of unwanted sex and personal experience of sexual compliance. Heterosexual women ( $N = 158$ ) completed a series of online standardized self-report measures. Hierarchical multiple regressions were conducted to determine whether attachment anxiety and rape myth acceptance predicted women's perceptions of unwanted sex (perpetrator blame, victim blame, no blame, compliance, confrontation, and ignore) and personal experience of sexual compliance, while controlling for participant age and length of their current romantic relationship. Women high on attachment anxiety were less likely to endorse confrontation of a partner and were more likely to report personal experience of unwanted sex. Those accepting rape myths were more likely to endorse compliance and less likely to blame perpetrators or endorse confrontation of the partner. Future research

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<sup>1</sup>University of Liverpool, UK

## Corresponding Author:

Gayle Brewer, School of Psychology, University of Liverpool, Liverpool L69 7ZA, UK.  
Email: [gbrewer@liverpool.ac.uk](mailto:gbrewer@liverpool.ac.uk)

should consider the consequences of unwanted sex and experiences of sexual compliance in nonheterosexual relationships and those who do not identify as women.

### **Keywords**

anxiety, attachment, rape myths, sexual compliance, unwanted sex

Sexual activity is an important aspect of romantic relationships. For example, sexual satisfaction and satisfaction with the relationship itself are closely related (McNulty et al., 2016). People may, however, experience sexual contact with a partner when they do not desire it. Such behavior may include rape (i.e., the person does not provide consent) and sexual compliance (i.e., the sex is unwanted but the individual provides consent). While a substantial body of research has investigated perceptions and predictors of rape, relatively few studies have addressed sexual compliance. Therefore, the present study investigates the influence of attachment anxiety and rape myth acceptance on perceptions of unwanted sex and personal experience of sexual compliance.

Consensual engagement in unwanted sexual activity, also described as sexual compliance, refers to “situations in which a person freely consents to sexual activity with a partner without experiencing a concomitant desire for the initiated sexual activity” (O’Sullivan & Allgeier, 1998, p. 234). Therefore, sexual compliance differs from sexual coercion where one partner explicitly “pressures the other for sex” (Katz & Tirone, 2009, p. 348). People may consent to unwanted sex for a range of reasons. These include a sense of obligation, not wanting to disappoint a partner, fear that their partner will terminate the relationship, and to avoid conflict (Basile, 1999; Muehlenhard & Cook, 1988; Shotland & Hunter, 1995). Although sexual compliance involves consent, compliance with unwanted sex is associated with a range of negative consequences including low relationship and sexual satisfaction, increased stress and poor physical health (e.g., Hartmann & Crockett, 2016). It is, therefore, important to understand predictors of sexual compliance and perceptions of unwanted sex in others. As research indicates that women are more likely to be sexually compliant than men (Flack et al., 2007), the present study focuses on women’s experiences of sexual compliance.

### **Attachment Anxiety**

According to attachment theory (Bowlby, 1973, 1980, 1982), early interactions with caregivers shape the development of cognitive frameworks (i.e.,

internal working models) containing beliefs and expectations of the caregiver (e.g., if they are caring and responsive). These internal working models also provide a template for future relationships in adulthood, informing perceptions of the self (e.g., whether deserving of love), others (e.g., if others are reliable and supportive), and relationships between the self and others.

Hazan and Shaver (1987) conceptualize romantic love as an attachment process. They identify three main attachment styles; secure (those who find it easy to become close to others and do not fear being abandoned or unloved), avoidant (those experiencing discomfort when close to others), and anxious/ambivalent (those fearing abandonment and reporting that their partners are reluctant to become as close as they would like). Attachment anxiety is associated with overestimation of relationship threats and underestimation of the partner's commitment (Collins, 1996; Fraley & Shaver, 2000). Those high on attachment anxiety also display stronger reactions to perceived romantic rejection or partner criticism (Besser & Priel, 2009; Overall et al., 2014). In contrast, attachment avoidance is characterized by a preference for emotional and psychological distance and discomfort with intimacy and dependency (Brennan et al., 1998; Hazan & Shaver, 1994).

Research indicates that fear of abandonment is associated with sexual compliance (Willis & Nelson-Gray, 2017) and those high on attachment anxiety are vulnerable to other forms of unwanted sex such as sexual coercion (Karantzas et al., 2016). Hence those high on attachment anxiety (characterized by fear of abandonment and sensitivity to rejection) may be more likely to endorse sexual compliance and less likely to endorse resistance. Research employing hypothetical scenarios suggests that women high on attachment anxiety are more likely to consent to unwanted sex and do so to prevent a partner from losing interest or to reduce relationship tension (Impett & Peplau, 2002). Asking people to predict how they may respond to a hypothetical situation may not, however, provide an accurate indication of personal engagement in unwanted sex. For example, though women typically report that they are comfortable saying no to sexual activity with a dating partner, they also report engaging in unwanted sex (Sandberg et al., 1987). Hence, the present study builds upon existing research to consider attachment anxiety in relation to both perceptions of unwanted sex in others and personal experience of sexual compliance.

## **Rape Myths**

Rape myths are beliefs about rape that deny, trivialize, or justify sexual aggression and assault. These myths often minimize the importance and impact of rape (e.g., it is not traumatic), blame the victim (e.g., suggesting

that the victim's appearance or behavior contributed to the assault), or are sympathetic to the perpetrator (e.g., the perpetrator could not control their sexual behavior). Rape myth acceptance research typically focuses on the association between acceptance of rape myths and men's rape proclivity (Bohner et al., 2006). However, attitudes toward rape and rape myth acceptance also influence women's behavior and personal vulnerability (Bohner & Lampridis, 2004).

For example, women who are more accepting of rape myths are more tolerant of other forms of hostility and violence against women such as sexual harassment (Anderson et al., 1997) and less likely to accept that a rape has occurred (Mason et al., 2004). Furthermore, women who endorse rape myths are less likely to label their own sexual assault as rape (LeMaire et al., 2016; Peterson & Muehlenhard, 2004) or report their own rape to police (Heath et al., 2013). The relative influence of rape myths on women's perception of pressure to have unwanted sex from romantic partners is less clear. We predict that women who are more accepting of rape myths will be less likely to blame the men who pressurize their partners (subsequently referred to as perpetrators) and more likely to blame women who experience unwanted sex (subsequently referred to as victims). Acceptance of rape myths is also expected to predict greater and lesser endorsement of compliance and confrontation of the partner respectively and greater personal experience of unwanted sex.

Therefore, though previous research has demonstrated important relationships between attachment anxiety, rape myth acceptance, and sexual coercion, the relationships between attachment anxiety, rape myth acceptance, and sexual compliance remain unclear. The present study addresses this gap in our current understanding and investigates women's perceptions of unwanted sex and their personal experience of sexual compliance. We hypothesize that women high on attachment anxiety will be (a) more likely to endorse compliance, (b) less likely to endorse confrontation of the partner, and (c) more likely to report personal experience of sexual compliance. We also hypothesize that women who are more accepting of rape myths will be (a) less likely to blame perpetrators and (b) more likely to blame victims, (c) more likely to endorse compliance and (d) less likely to endorse confrontation of the perpetrator, (e) more likely to report personal experience of sexual compliance.

## Method

### *Participants*

Heterosexual women ( $N = 158$ ) aged 18 to 60 years ( $M = 26.78$ ,  $SD = 8.66$ ) were recruited via advertisements placed on researchers' social networking

sites (e.g., Facebook) and a British University participation point scheme. Advertisements referred to “relationship experiences, beliefs about sexual assault, and responses to unwanted sexual advances.” All participants were in a romantic relationship of at least 3 months duration at the time of the study ( $M = 66.61$ ,  $SD = 71.92$ ). No further demographic details were obtained.

### *Materials and Procedure*

Participants completed the attachment anxiety subscale of the Experiences in Close Relationships—Revised Questionnaire (Fraley et al., 2000), revised Illinois Rape Myth Acceptance Scale (McMahon & Farmer, 2011), amended Sexual Harassment Attitudes Questionnaire (Malovich & Stake, 1990), and sexual compliance questions created by the researchers. All questionnaires were completed online. The Experiences in Close Relationships—Revised Questionnaire (Fraley et al., 2000) is a 36-item measure of attachment-related anxiety. The measure contains two subscales, attachment anxiety and attachment avoidance. The present study included the 18-item attachment anxiety subscale only. Example items include “I’m afraid that I will lose my partner’s love” and “I often worry that my partner doesn’t really love me.” Participants respond on a 7-point Likert-type scale (1 = *strongly disagree* to 7 = *strongly agree*). Relevant items were reverse-coded such that higher scores indicated greater attachment anxiety. For the current study, Cronbach’s alpha was  $\alpha = .93$ .

The revised Illinois Rape Myth Acceptance Scale (McMahon & Farmer, 2011) is a 22-item measure of individual endorsement of frequently held rape myths. The questionnaire contains four subscales: she asked for it (six items); he did not mean to (six items); it was not really rape (five items); and she lied (five items). All items are answered on a 5-point Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*), such that higher scores indicate greater endorsement of rape myths. Example items include “If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped” (she asked for it), “Guys don’t usually intend to force sex on a girl, but sometimes they get too sexually carried away” (he did not mean to), “If the accused “rapist” does not have a weapon, you really can’t call it a rape” (it was not really rape), and “Rape accusations are often used as a way of getting back at guys” (she lied). For the present study, Cronbach’s alphas were: she asked for it  $\alpha = .79$ ; he did not mean to  $\alpha = .76$ ; it was not really rape  $\alpha = .81$ ; and she lied  $\alpha = .92$ .

The original Sexual Harassment Attitudes Questionnaire (Malovich & Stake, 1990) contains two sexual harassment scenarios. For the present study, one scenario was included (to reduce participant fatigue) and

amended to describe unwanted sex in the context of an existing romantic relationship. Participants then respond to 12 questions on a 6-point Likert-type scale (0 = *strongly disagree* to 5 = *strongly agree*). Two items relate to perpetrator blame, two measure victim blame, and two assess no blame. Example questions include “The boyfriend is using the relationship unfairly to pressure the girlfriend into getting physically intimate with him” (perpetrator blame), “The girlfriend is most likely a flirtatious type who enjoys leading her boyfriend on” (victim blame), and “The boyfriend probably meant no harm so it should not be taken too seriously” (no blame).

The remaining questions address the perceived appropriateness of responses to the incident. Two items relate to compliance, two describe confrontation, and two items measure ignoring the behavior. Example items include “Engage in some light forms of physical intimacy with her boyfriend on a regular basis if he is interested as it may help their relationship” (compliance), “Tell the boyfriend that she is not ready for a sexual relationship yet, and that this should have nothing to do with the quality of their relationship” (confrontation), and “Change the subject and try to forget about the conversation” (ignore). Higher scores indicate greater blame or endorsement of the response. As there were two items per subscale, Cronbach’s alphas were not calculated.

To measure participant’s own compliance with unwanted sex, three questions were created by the researchers. These were “I have sometimes let my partner have sex with me even when I do not want to,” “I do not let my partner have sex with me if I do not want it,” and “Sometimes, sex is more about fulfilling a duty to a partner than for fulfilling mutual desire.” Participants responded on a 7-point Likert-type scale (1 = *not at all like me* to 7 = *very much like me*), with one item reverse coded such that higher scores indicate greater sexual compliance. Cronbach’s alpha was .77.

## Results

Pearson’s correlations were conducted to explore relationships between attachment anxiety, rape myth acceptance (she asked for it, he did not mean to, it was not really rape, and she lied), perceptions of unwanted sex (perpetrator blame, victim blame, no blame, compliance, confrontation, and ignore), and personal experience of sexual compliance. A number of significant correlations were identified. Attachment anxiety was significantly negatively correlated with perpetrator blame and confrontation and significantly positively correlated with no blame, compliance, and personal experience of sexual compliance. Women high on attachment anxiety were less likely to

blame perpetrators or believe victims should confront a partner but were more willing to assign no blame, endorse victim compliance, and had greater personal experience of sexual compliance.

All rape myths (she asked for it, he did not mean to, it was not really rape, and she lied) were negatively related to perpetrator blame and confrontation and positively related to no blame, compliance, and personal experience. Women accepting these rape myths were less likely to blame perpetrators or endorse confrontation, they were also more likely to not assign blame, endorse compliance, and report personal experience of sexual compliance. In addition, acceptance of the “it wasn’t really rape” and “she lied” rape myths were positively related to victim blame. Acceptance of the “it wasn’t really rape” myth was also positively associated with endorsing ignoring the incident. Women accepting the “it wasn’t really rape” myth were more likely to blame victims and believe that women should ignore their partner’s behavior. Similarly, women accepting the “she lied” myth were more likely to blame women who were pressured to engage in unwanted sex. These data are shown in Table 1.

Hierarchical multiple regressions were conducted to determine whether attachment anxiety and rape myth acceptance (she asked for it, he did not mean to, it was not really rape, and she lied) predict women’s perceptions of unwanted sex (perpetrator blame, victim blame, no blame, compliance, confrontation, and ignore) and personal experience of sexual compliance, while controlling for participant age and relationship length.

The first regression revealed that at Stage 1, participant age and relationship length did not contribute significantly to perpetrator blame,  $F(2, 155) = 2.93, p = .057$ . Inclusion of attachment anxiety and rape myth acceptance variables at Stage 2 explained 21.5% of perpetrator blame variance, and this change in  $R^2$  was significant,  $F(7, 150) = 5.87, p < .001$ . When all seven predictors were entered in stage two of the model, age ( $b = -.31, t = -3.03, p = .003$ ) and it was not really rape ( $b = -.30, t = -2.85, p = .005$ ) were the only significant individual predictors. Older women and those accepting the “it wasn’t really rape” myth were less likely to blame men who pressured their partners to engage in unwanted sex. For victim blame, at Stage 1, age and relationship length were not significantly predictive,  $F(2, 155) = 0.55, p = .577$ . Inclusion of attachment anxiety and rape myth acceptance at Stage 2, was also non-significant,  $F(7, 150) = 1.89, p = .075$ .

The third regression revealed that at Stage 1, participant age and relationship length did not contribute significantly to no blame,  $F(2,155) = 2.47, p = .088$ . Inclusion of attachment anxiety and rape myth acceptance variables at Stage 2 explained 28.6% of no blame variance, and this change in

**Table 1.** Correlations Between Attachment Anxiety, Rape Myth Acceptance, Perceptions of Sexual Compliance, and Personal Experience of Unwanted Sex.

	M	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1. Attachment anxiety	54.42												
2. She asked for it	9.83	.13											
3. He did not mean to	11.31	.12	.64**										
4. It was not really rape	6.54	.13	.69**	.59**									
5. She lied	10.32	.08	.53**	.51**	.46**								
6. Perpetrator blame	7.69	-.16*	-.33**	-.25**	-.37**	-.16*							
7. Victim blame	4.68	-.02	.11	.08	.21**	.20*	-.06						
8. No blame	4.45	.17*	.39**	.42**	.43**	.31*	.62**	.28**					
9. Compliance	5.52	.19*	.34**	.32**	.22**	.26**	-.21**	.13	.43**				
10. Confrontation	8.62	-.24**	-.33**	-.28**	-.38**	-.21**	.62**	.01	-.45**	-.32**			
11. Ignore	4.43	.00	.14	.17*	.23**	.11	-.20*	.32**	.38**	.32**	-.17*		
12. Personal experience	9.25	.48	.23**	.21**	.23**	.19*	-.12	.12	.23**	.22**	-.19*	.07	

\*p < .05. \*\*p < .01.



$R^2$  was significant,  $F(7, 150) = 8.58, p < .001$ . When all seven predictors were entered in Stage 2 of the model, relationship length ( $b = -.25, t = -2.46, p = .015$ ), he did not mean to ( $b = .21, t = 2.15, p = .033$ ), and it was not really rape ( $b = .26, t = 2.57, p = .011$ ) were significant individual predictors. Women in shorter term-relationships and accepting the “he didn’t mean to” and “it wasn’t really rape” myths were less likely to assign blame for the incident.

With regards to the perceived appropriateness of responses to pressure from romantic partners, at Stage 1, participant age and relationship length did not significantly predict endorsement of compliance,  $F(2, 155) = 2.19, p = .116$ . Inclusion of attachment anxiety and rape myth acceptance explained 17.9% of compliance variance, and this change in  $R^2$  was significant,  $F(7, 150) = 4.67, p < .001$ . When all seven predictors were entered in Stage 2 of the model, she asked for it ( $b = .25, t = 2.19, p = .030$ ) was the only significant individual predictor. Women accepting the “she asked for it” myth were more likely to believe that women should engage in unwanted sex when pressured by romantic partners.

Participant age and relationship length did not contribute significantly to endorsement of confrontation at Stage 1,  $F(2, 155) = 1.26, p = .286$ . Inclusion of attachment anxiety and rape myth acceptance at Stage 2 explained 21.7% of confrontation variance, and this change in  $R^2$  was significant,  $F(7, 150) = 5.61, p < .001$ . When all seven predictors were entered at Stage 2 of the model, attachment anxiety ( $b = -.18, t = -2.44, p = .016$ ) and it was not really rape ( $b = -.28, t = -2.66, p = .009$ ) were the only significant predictors. Women who were high on attachment anxiety or accepting the “it wasn’t really rape” myth, were less likely to endorse confronting a partner. At Stage 1, age and relationship length did not significantly predict endorsement of ignoring the partner  $F(2, 155) = 1.49, p = .229$ . Inclusion of attachment anxiety and rape myth acceptance at Stage 2, was also nonsignificant,  $F(7, 150) = 2.00, p = .058$ .

The final regression revealed that at Stage 1, participant age and relationship length did not predict personal experience of sexual compliance,  $F(2, 155) = 0.56, p = .570$ . Inclusion of attachment anxiety and rape myth acceptance at Stage 2 explained 28.7% of the variance in personal experience and this change in  $R^2$  was significant,  $F(7, 150) = 8.61, p < .001$ . When all seven predictors were entered in Stage 2 of the model, attachment anxiety ( $b = .47, t = 6.67, p < .001$ ) was the only significant predictor. Women high on attachment anxiety reported greater personal experience of sexual compliance.

## Discussion

The present study investigated women's perceptions of pressure to engage in unwanted sex and their personal experience of sexual compliance. We hypothesized that women high on attachment anxiety would be (a) more likely to endorse compliance, (b) less likely to endorse confrontation of partners, and (c) more likely to report personal experience of sexual compliance. Findings indicate that though women high on attachment anxiety are not more likely to endorse compliance, they are less likely to endorse confrontation of a partner and more likely to report personal experience of sexual compliance.

Findings are consistent with studies reporting an association between attachment anxiety and sexual coercion victimization (Karantzas et al., 2016), investigating sexual compliance using hypothetical scenarios (Impett & Peplau, 2002), and indicating that those high on anxious attachment are more likely to consent to unwanted sexting (Drouin & Tobin, 2014). Individuals may consent to unwanted sexual activity because they fear rejection or abandonment, are reluctant to disappoint their relationship partner, or wish to strengthen the relationship (e.g., Impett & Peplau, 2002; Katz & Tirone, 2009; Shotland & Hunter, 1995). These motivations may also inform their recommended responses to women experiencing pressure from a romantic partner. This behavior is consistent with the sensitivity to rejection, deference to a partner, and engagement in sex for reassurance (Besser & Priel, 2009; Davis et al., 2006) which characterize anxious attachment. Future research may consider the way in which women high or low on anxious attachment resist unwanted sex and the partner's perceptions of this resistance. For example, anxiously attached women may be less likely to employ direct messages which are the most threatening to rejected partners (Metts et al., 1992).

We also hypothesized that women who are more accepting of rape myths would be (a) less likely to blame perpetrators, (b) more likely to blame victims, (c) more likely to endorse compliance in response to pressure, (d) less likely to endorse confrontation of the partner, and (e) more likely to report personal experience of sexual compliance. Findings indicate that rape myth acceptance influences women's perceptions of unwanted sex. Of the rape myths investigated, "it wasn't really rape" and "she asked for it" were most impactful. In contrast, acceptance of the "he didn't mean it" and "she lied" myths did not predict women's responses.

Women accepting the "it wasn't really rape" myth were less likely to blame men who pressured their partners to engage in unwanted sex though rape myth acceptance did not predict victim blame. Those accepting the "she asked for it" myth were more likely to endorse compliance while women accepting the "it wasn't really rape" myth were less likely to endorse confrontation of the

partner. Findings highlight the importance of women's rape myth acceptance for their perceptions of others, consistent with research indicating that women's rape myth acceptance influences their interactions with rape victims (Bohner & Lampridis, 2004). However, while rape myth acceptance predicted recommended responses to the incident and willingness to blame perpetrators, it did not influence victim blame. This is not consistent with previous research investigating perceptions of rape (Mason et al., 2004) and may reflect sex differences in the perception of sexual violence victims, with men displaying more negative attitudes toward victims than women (Hockett et al., 2016).

Contrary to predictions, rape myth acceptance did not predict personal experience of sexual compliance. This is surprising as rape myth acceptance influences personal responses to sexual assault (Heath et al., 2013) and perceptions of this experience (LeMaire et al., 2016; Peterson & Muehlenhard, 2004). This may indicate that rape myths do not influence contexts where the individual has greater control and clarity (i.e., the woman acknowledges that she does not want to engage in sexual activity but decides to provide consent). Additional research is required to explore women's sexual behavior and relationship-oriented beliefs and the extent to which they influence compliance with unwanted sex.

### *Limitations and Future Research*

The current study focused on perceptions of unwanted sex and personal experience of sexual compliance. Hypothetical scenarios were used to elicit perceptions of unwanted sex though future research may extend this to willingness to support women distressed by their experience. Researchers may also adopt more innovative forms of research such as asking women to provide a definition of sexual compliance or advise those who wish to resist pressure from a partner. Future research should extend our investigation of personal experience of compliance to include women's strategies for avoiding unwanted sexual activity and the consequences of the unwanted sex. In particular, researchers should consider whether strategies to avoid unwanted sex are successful and the impact of these strategies on women's relationship quality. For example, consequences of unwanted sex include unwanted memories and guilt (Flack et al., 2007) and such negative responses may be more prevalent in those high on attachment anxiety. Finally, it is important to note that the current study recruited heterosexual women only. Experiences of sexual compliance may differ in homosexual relationships and in those who do not identify as female (i.e., men and those who are nonbinary). There is a paucity of research in this area and additional research addressing this limitation and obtaining a more demographic detail (such as socioeconomic status) is, therefore, required.

To conclude, previous research has focused on experiences of unwanted sex that involve rape or sexual coercion. In contrast, those factors which contribute to sexual compliance (i.e., consent to sex that is not desired) remains unclear. The present study addresses this gap in our understanding and investigates the extent to which attachment anxiety and rape myth acceptance predict perceptions of unwanted sex and personal experience of sexual compliance. Findings indicate that both attachment anxiety and rape myth acceptance influence perceptions of unwanted sex, in relation to blame attribution and recommended responses to pressure from a partner. However, though attachment anxiety predicted personal experience of sexual compliance, rape myth acceptance did not.

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### ORCID iD

Gayle Brewer  <https://orcid.org/0000-0003-0690-4548>

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## Author Biographies

**Gayle Brewer**, PhD, is a senior lecturer in the School of Psychology, at the University of Liverpool. Her work focuses on romantic and sexual relationships, with particular emphasis on coercion and relationship conflict.

**Anna Forrest-Redfern**, BSc, is a graduate of the School of Psychology, at the University of Liverpool. Her research interests focus on aggressive and coercive behavior.