Abstract
Sexual Assault is a pervasive problem in our society. Acceptance of rape myths, such as a belief that rape victims who are intoxicated deserve to be assaulted, adversely affects victims and discourages reporting for treatment. In this mixed-method, descriptive study, 581 emergency nurses and sexual assault nurse examiners were surveyed to examine acceptance of rape myths and to determine if differences exist between the acceptance of rape myths and sexual assault training, gender, and education. Emergency Department and SANE nurses do not accept rape myths, compared to the general population, with a mean of 0.686. No significant differences existed in the acceptance of rape myths by gender or level of education. Themes discovered include that rape is about violence, not sex; feelings of blame and guilt; a loss of control; questions that are hard to answer; and a need for education. Awareness and education regarding rape myths can improve clinical care and may decrease incidence of sexual assault and violence against vulnerable groups.

Methods
- Concurrent embedded mixed method study, with quantitative portion using Revised Illinois Rape Myth Acceptance Scale, and qualitative portion involving open-ended questions to inform responses
- Sample consisted of members of the International Association of Forensic Nurses (IAFN) and those visiting the Emergency Nurses’ Association website, identifying as an ER or SANE nurse.
- Sample size was 581 nurses
- IRB approval was obtained

Results
- Differences per SANE training are statistically significant in 18 out of 22 subscales, with mean t-test scores from 4.90 to 4.51, with ride p-values from .000 to .032
- No differences in acceptance of sexual assault myths were found in regard to gender or level of education
- The qualitative responses further informed the quantitative responses, and mixed-method analysis was congruent

Discussion
Emergency and SANE nurses do not accept drug-facilitated sexual assault myths, as compared to the general population (t-tests ranging from 16.136 to 190.151, all subscales statistically significant).
Nurses with SANE training were less likely to accept sexual assault myths (t-scores ranging from -2.416 to -6.950, with p-values ranging from .000 to .032).
No differences in acceptance of sexual assault myths were found in regard to gender or level of education.
The qualitative responses further informed the quantitative responses, and mixed-method analysis was congruent.

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

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