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SOCIAL REACTIONS TO SEXUAL ASSAULT DISCLOSURE: A QUALITATIVE STUDY OF INFORMAL SUPPORT DYADS

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Abstract

This interview study examined 45 informal support dyads where sexual assault was disclosed. Analysis showed social reactions and appraisals of reactions varied by relationship type (family, friend, significant other). Themes identified were: role reversal or “parentification” of supporters, reactions of anger and aggression toward perpetrators, supporters using their own trauma experiences to respond to survivors, and reactions of betrayal. Results revealed the potential for identifying relational patterns and dynamics occurring in social reactions through dyadic analysis not otherwise captured by a survivor-only perspective. This approach helps understand and address distinct relationship contexts to improve supporters’ reactions to sexual assault disclosure.

Keywords

sexual assault; disclosure; qualitative dyad research

About two-thirds of sexual assault survivors disclose their assault with many choosing to tell family, friends, and significant others (Ahrens, Campbell, Ternier-Thames, Wasco, & Self, 2007; Campbell, Ahrens, Self, Wasco, & Barnes, 2001; Filipas & Ullman, 2001; Fisher, Daigle, Cullen, & Turner, 2003; Starzynski, Ullman, Filipas, & Townsend, 2005). In general, reactions from informal support providers are perceived more positively than formal ones (e.g., legal, medical, mental health; Filipas & Ullman, 2001). Still, informal supporters also engage in overtly negative social reactions like blame (Davis, Brickman, & Baker, 1991; Relyea & Ullman, 2015). Other reactions that may be well-intentioned, such as acknowledging the assault but not providing any support, are also perceived negatively (Relyea & Ullman, 2015). Such negative reactions may cause survivors to be reluctant to disclose in the future, missing out on potential social support that is necessary for recovery. Furthermore, these reactions likely vary according to the survivor-support provider relationship type (Filipas & Ullman, 2001). While survivors receive myriad positive, negative or mixed social reactions from supporters, research is largely lacking on how survivors actually perceive these reactions from various support sources and how the support providers interpret their reactions as well. Thus, a key component to understanding social reactions is examining them from both perspectives of the survivor and support provider.

While a couple of studies of informal supporters exist (Ahrens & Aldana, 2012; Dworkin, Pittenger, & Allen, 2016), to our knowledge, none have collected data on social reactions from both members of the support dyad (survivor-support provider).

Most studies on social reactions to date focus on the survivor, but also examine social reactions from various informal sources. Research shows friends tend to provide most positive social reactions (e.g., emotional support, tangible aid), and friends' responses to disclosure are mostly perceived as healing (Ahrens, Cabral, & Abeling, 2009; Filipas & Ullman, 2001). Family members and significant others are typically more mixed, providing positive, but also more negative social reactions such as blame, disbelief, control, distraction, and egocentric responses than friends (Filipas & Ullman, 2001). Negative social reactions from partners and family are viewed more negatively by survivors, and therefore may result in worse recovery (Filipas & Ullman, 2001). Family members and friends may also feel helpless, inadequate, angry, and frustrated - all of which may negatively affect their relationships with the survivor (Ahrens & Campbell, 2000; Milliken et al., 2016), although female friends tend to be viewed as most supportive. Men are typically more uncertain about how to help (Ahrens & Campbell, 2000; Banyard et al., 2010), while women are more distressed by the disclosure (Banyard et al., 2010). Women are perceived as more supportive than men in various studies of responses to survivors (Dworkin et al., 2016).

Ahrens and colleagues (2009) interviewed 103 female sexual assault survivors from a West coast city and found that emotional support and tangible aid were perceived as more healing from counselors and friends, but reactions of control, distraction, and being treated differently were more harmful from significant others and family. They reported that negative social reactions from significant others were related to worse recovery than from other support sources, but noted that the study was limited by not asking about support provider gender, which is often confounded with support provider type. Ahrens and Aldana (2012) reported in another study using the same data that such perceptions may be driven by the quality and type of relationship prior to the sexual assault disclosure. Specifically, they looked at 76 survivors' perceptions of relationship quality before, during, and after 153 different disclosures to informal supporters (e.g., friends, family, significant others), and found most relationships grew closer. Yet, it was concluded that prior relationship quality and social reactions were not significantly related. Most disclosures involved all positive or mixed social reactions, which survivors saw as having a positive impact on the relationship and two-thirds of disclosures involving only negative reactions had a harmful impact.

Ahrens & Aldana (2012) noted that it was rare for women to interpret positive reactions like emotional support, tangible aid, and sharing one's own experience of assault negatively, but more common for women to interpret negative reactions in a positive light. As an example, they noted that most often egocentric reactions (i.e., focusing on oneself or own needs at the expense of the survivor) were often interpreted positively for those with close relationships to support providers. They found negative reactions, such as taking control (e.g. "she basically told me what she thought I should do.") rather than allowing survivors to make their own choices, were often accompanied by positive reactions of emotional support and/or aid. This led survivors to focus on the positive and gloss over negative aspects. Except for being treated differently (stigmatized) which was almost always interpreted negatively, other

negative reactions were interpreted positively 25–50% of the time. They found that those receiving mostly positive or mostly negative reactions had relationships that were either positive or negative respectively prior to assault, suggesting that survivors may consider the relationship or their understanding of the support provider when interpreting these reactions. Ahrens and Aldana (2012) concluded that women with a history of negative interaction with their network members may benefit from not disclosing to them as receiving many negative and few positive social reactions resulted in relationships suffering over time. However, their research focused primarily on the perspective of the survivor without considering the experience of the individuals to whom survivors disclosed. Exploring the side of the support provider may provide further insights into the relationships and how the support provider intended and interpreted the social reactions they provided.

Little research has examined social reactions to sexual assault survivors from the perspectives of both the survivor and support provider. Davis and colleagues (1991) collected data from a victim services agency on survivors and their significant others. However, the sample included sexual assault (focusing primarily on stranger assaults) and non-sexual assault survivors, but did not assess social reactions with a comprehensive measure, and did not disaggregate effects of social reactions from family, friends, and partners. Their study showed that while supporters and survivors judged positive support similarly, they differed regarding unsupportive behavior, which survivors appraised as more common than supporters did (Davis & Brickman, 1996; Davis, Brickman, & Baker, 1991). This divergence may be due to difficulties significant others have in dealing with hearing about sexual assault which can be more threatening and distressing, as they may feel angry and upset which may negatively impact the relationship (Connop & Petrak, 2004; Davis, Taylor, & Bench, 1995; Remer & Ferguson, 1995; Smith, 2005). In terms of informal supporters' perspectives, some friends and family feel able to help and report positive relationship changes after disclosure (Ahrens & Campbell, 2000; Banyard et al., 2010), which may be more common for friends in longer relationships and friends who also have a history of sexual assault (Ahrens & Campbell, 2000).

Past studies show that the impact of disclosures differ according to relationship quality, who survivors tell and the social reactions they receive, with an interaction between social reactions and type of informal support provider told. Research to date has been limited by only collecting data from survivors or support providers, but not both members of a dyad. Examining the perspectives of both survivors and support providers is a necessity, as they do not always perceive the disclosure in the same way (Davis & Brickman, 1996). Examining social reactions from both perspectives may lend greater explanation to how survivors frame and respond to reactions and how support providers interpret the reactions they provide. Ahrens and Aldana (2012) examined the impact of multiple sexual assault disclosures on survivors' relationships with friends, family members, and significant others from the perspective of the survivor, and have called on researchers to examine the disclosure and social reaction experiences from the perspectives of both survivors and support providers.

CURRENT STUDY

Studies are needed of matched pairs of survivors and their informal supporters to better understand both sides of relationships in which disclosures and reactions unfold post-assault. Research indicates that survivors often receive an assortment of positive, negative, and mixed social reactions, but this is often from the sole perspective of the survivor. Examining social reactions from perspectives of both the survivor and support provider may provide a nuance to understanding how support providers react and how survivors interpret these reactions. This exploration can provide further insight into the thought process behind providing particular social reactions, and an in-depth understanding of how survivors interpret these reactions, and if these interpretations differ based on the relationship to the support provider. Considering the variation in social support by relationship type, and identifying the patterns of support are necessary to facilitate a deeper understanding of the ways relationships can contribute to the support and recovery of survivors. Exploring the dynamics of social support and relationships from both perspectives not only addresses gaps in the literature, but can have practical implications for improving the immediate and ongoing support survivors receive in the aftermath of sexual assault. The current study analyzed dyadic qualitative interview data from survivor-informal support provider matched pairs. Specifically, the current study examined disclosures, social reactions and recovery in survivor-support provider dyads to better understand disclosure and reactions, and how they are appraised, including the context and history of disclosure in the relationship and how may vary by relationship type (friend, family, significant other). Specific research questions guided this study: 1) what are survivors' and support providers' perceptions of social reactions survivors received following sexual assault disclosure? 2) how are survivors and support providers different and similar in their perceptions of these social reactions? and 3) what can a dyadic analysis contribute to knowledge on social reactions and disclosure across different relationship types?

METHOD

Participants

Adult female sexual assault survivors who disclosed their assault to an informal support provider were the sample for this study. Survivors had previously participated in a 3-year longitudinal survey ($N=1,863$) regarding unwanted sexual experiences and social reactions they received when disclosing these experiences (see Peter-Hagene & Ullman, 2016 for study description). Those indicating interest in being contacted for interviews were asked to provide contact information for a friend, family member, or significant other that they told about an unwanted experience. Support providers were contacted later for a separate interview that focused on their experience helping the survivor. Separate interviews with survivors and support providers ($N=90$) took place over two years, resulting in a sample of $N=45$ matched pairs of survivor and support provider interviews.

Procedures

Semi-structured face-to-face interviews were conducted by one of three trained interviewers on the research team. Interviews ranged from 30 minutes to 3 hours (average 1 hour).

Participants were paid US\$30 for the interview portion of the study. After each interview, interviewers created “summary” documents including interesting points, questions raised, final thoughts, and unanticipated feelings emerging from the interview. Interviews were audio-recorded, transcribed, and checked by other members of the research team. The transcription process included adding brief summaries and identified patterns. Interviewers did the final review of their transcripts. Following transcription, interviewers and other team members met to discuss emerging themes and patterns, later used to develop a coding scheme.

Measures

The interview protocol for survivors and support providers focused on disclosure of the unwanted sexual experience, social support provided/received, and appraisals of the relationship. Each social reaction in the interview was coded as positive, negative, or mixed in accordance with the social reactions literature and coded for the survivor’s and/or support provider’s appraisal of the reaction (e.g., did the support provider feel that they reacted to the survivor positively?). In the current study, we focused on just one aspect of the interviews: social reactions to disclosure and appraisals of the reactions. Overall, there were 18 specific codes under the umbrella of the “social reactions” family. We focused on 8 relevant codes: 1–3) positive, negative, and mixed social reactions; 4–6) positive, negative, and mixed social reaction appraisals; 7) social reaction changes over time; and 8) nonverbal social reaction (e.g. hugging, crying).

Data Analyses

Interview transcripts were summarized to identify patterns and themes that were discussed amongst the research team in a process similar to that of thematic analysis (Braun & Clarke, 2006). The research team conducted several trials of interview coding and refinement to develop a codebook covering individual interviews and themes reflecting matched pair relationships. Coding trials resulted in several revisions of the codebook whereby codes were added, renamed, redefined, and/or combined. The codes are descriptive in nature, summarizing the primary topic of the excerpt (Saldana, 2012). We examined the context of codes by reviewing the transcripts and interviewer summaries when identifying relevant quotes.

Coding and analysis took place in Atlas.ti Version 7 qualitative analysis software. We identified codes that made the most analytic sense of the data (termed “focused” coding; Charmaz, 2006) and used them to code segments of the transcripts. Specifically, we selected codes that best represented what was happening in the text. We coded the data separately and compared our interpretations on an ongoing basis to achieve consensus (Eisikovits & Koren, 2010). This process took place in several stages. First, pairs of coders separately coded each interview matched pair using the codebook. Second, one coder in the pair then reviewed both coded transcripts to identify any inconsistencies in assigned codes. Third, disagreements were discussed by coders until reaching a joint consensed version by both parties (Patton, 2002). In cases where agreement was not obtained, double coding (i.e. simultaneous coding; Saldana, 2009) was used as a compromise between the two codes. Fourth, the coded transcript was reviewed by the original interviewer for agreement with

assigned codes, and coders discussed any disagreements and corrected coded transcripts, until reaching consensus. During the coding process, researchers created memos within transcripts to highlight relationships or inconsistencies within and between the survivor and support provider interviews, or to capture unanticipated themes in the data (Charmaz, 2006). Inclusion of memos allowed coders to pay attention to relationships between different matched pair interviews.

Analysis took place using an iterative process in several stages after completion of coding. We analyzed interviews at both the individual level and at the level of matched pairs (i.e. dyadic). First, queries were conducted in Atlas.ti software to identify the number of times each interviewee endorsed a specific code related to social reactions, appraisals of each reaction, and the relationship between survivors and support providers (i.e. friend, family member, or significant other; see Table 1). Second, like that of thematic analysis, members of the research team individually reviewed the quotes for each query in search of patterns and noteworthy findings (Braun & Clarke, 2006). Third, the team met several times to review the identified themes and patterns. During this process, we looked for similarities and contrasts within and between the 45 matched pairs. Finally, as in the final stage of thematic analysis, we named and described the identified themes, which are discussed below.

RESULTS

To answer primary research questions, first, simple descriptions and summaries of the social reaction codes within each type of relationship (i.e. friends, family, significant others) are presented. Second, we present four patterns found through thematic analysis of the matched pair interviews.

Descriptive Findings

The average age of survivors was 43 years old. Race/ethnicity of survivors was diverse: 75% non-White (African American, Latina, Native American, or multi-racial), 18% were White, non-Hispanic, and 7% did not report their race/ethnicity. Approximately 60% of survivors had children. About 76% of survivors had attended or graduated from college; 24% were currently enrolled in school, and 38% were currently employed.

The average age of support providers was the same as survivors, 43 years old. Two-thirds (64%) of support providers were female, and 64% had children. Approximately 66% of support providers were non-White (African American, Latino, Native American, or multi-racial), 19% were White, non-Hispanic. Most support providers had attended or graduated from college (66%) and were currently employed (60%). About half of support providers were friends (51%), family (33%) or significant others (16%) of survivors.

Survivors and support providers tended to be similar in terms of gender, race/ethnicity, and education. Approximately 64% (n=29) of matched pairs were both female. Almost all the pairs were matching in race (82%; n=37). Of pairs comprised of different races, two were African American/White, four were African American/Mixed-race, and one was African American/Native American. Twelve pairs (27%) differed in terms of Hispanic/Non-Hispanic ethnicity. Slightly over half (58%; n=26) pairs indicated the same level of education.

Of the 45 matched pairs, survivors disclosed to an average of seven people overall ($M=7.3$, $SD=15.8$). These disclosures tended to take place on individual occasions, rather than the survivor disclosing to multiple people at the same time. Disclosures took place an average of 17 years ago ($M=17.3$, $SD=13.4$) at the time the survey phase of the study was completed (for further discussion, see Limitations section). Half ($n=23$) of survivors and support providers described their relationship as: “friend,” followed by 33% ($n=15$) “family,” and 16% ($n=7$) “significant other”. Table 1 shows social reactions survivors received (i.e. positive, negative, mixed, nonverbal), by relationship type (significant other, friend, family).

Significant Others—Seven matched pairs were significant others and all were male. Three significant others were African American (43%), three were White (43%), and one did not report race (14%). Approximately 57% ($n=4$) of survivors were African American, one was White, one American Indian, and one did not know/report their race. Three (43%) of significant other pairs were married at the time of the interview. Two survivors in these pairs described relationship issues they said would likely result in separation or divorce. Yet, only one of the male partners in these pairs also mentioned relationship issues when asked about the quality of the relationship. As shown in Table 1, survivors in these pairs all received at least one positive reaction, four received negative reactions (57%), five received mixed reactions (71%), and three received nonverbal reactions (43%).

Friends—Of 23 interviewed friend support providers, a majority ($n=7$; 30%) were African American, six White (26%), three multi-racial (13%), two American Indian (8%), and five unknown or unreported race/ethnicity (22%). Similarly, most survivors were African American (52%; $n=12$), 22% ($n=5$) White, four (17%) multi-racial, and two did not know/report race. Approximately 74% ($n=16$) of interviewed support providers in this category were female. Most survivors in this category received positive reactions ($n=20$; 87%), followed by negative reactions ($n=11$; 48%), mixed reactions ($n=9$; 39%), and slightly less than half ($n=10$; 43%) received nonverbal reactions from friends.

Family—Fifteen pairs were family relationships. The majority (80%; $n=12$) of support providers in this category were female. Eleven were African American, two (13%) White, one multi-racial (6%) and one support provider did not know/did not disclose their race (6%). Similarly, 80% ($n=12$) of survivors were also African American, followed by White ($n=2$; 13%), and multi-racial ($n=1$; 6%). Parent-child relationships represented 73% of the familial matched pairs ($n=11$), with sons or daughters as support providers in eight of these pairs (72%), and mother support providers in three (27%). Twelve survivors received positive reactions from family (80%), seven negative reactions (46%), six received mixed reactions (40%), and five received nonverbal reactions (33%) from family member supporters.

Social Reactions Patterns Across Dyads

Moving beyond descriptions of social reactions received from support providers for each relationship type, we explored patterns in social reactions between different relationship types. In the descriptive results, we found that within each relationship type survivors receive positive, negative, mixed and nonverbal reactions, congruent with previous research.

Looking at these different reactions through a dyadic lens, it was evident that survivors and support providers were not always consistent in how they interpreted social reactions. Furthermore, social reactions were not always as clear-cut as positive, negative, or mixed, and differed across relationship types. We found four patterns during our analysis that extended beyond typical positive, negative, or mixed social reactions: role reversal or parentification of support providers, reactions of anger or aggression toward the perpetrator, support providers who used trauma experiences to respond to survivors, and reactions of betrayal. Each of these patterns falls under the umbrella of positive, negative, or mixed reaction but also illustrate a nuanced type of social reaction unique to dyadic matched pair analysis. We describe these patterns below and present the number of pairs demonstrating these patterns in Table 1.

Role Reversal or “Parentification”—Eleven of fifteen familial matched pairs involved parent-child relationships (73%), with survivors disclosing to daughters or sons. In five of these cases (45%) we observed a role reversal or “parentification” effect, as the child felt obligated to take on adult or parent responsibilities before they were emotionally ready to do so. Specifically, sons who were disclosed to expressed in their interviews a need to take care of their mothers and talked about the quick maturation they felt they needed to achieve after hearing what their mothers went through. Despite mixed emotions from hearing their mother’s disclosures, sons and daughters reacted positively and supportively.

Three mother-child matched pairs were survivors disclosing to their sons. One mother disclosed to her son when he was a teenager, not realizing the emotional impact disclosure would have on him, as he experienced ongoing hurt and anger afterward. Similarly, another son support provider reacted with shock about what people in the world are capable of. As a result, the survivor questioned whether she should have disclosed to her son because she saw how he had changed as a result of disclosure (e.g., how he responded to men, was protective of women). She discussed how she put a significant emotional burden on her son by disclosing to him. On the other hand, her son discussed in his interview that his mother’s disclosure highlighted the importance of boundaries and consent. In another pair, the survivor’s unwanted sexual experience occurred when her son was 10 and the survivor disclosed to him shortly after the assault. Following the assault, the survivor’s ex-husband and son both encouraged the survivor to go to the hospital. The survivor’s son discussed in his interview how – due to his mother’s victimization – he had to mature quickly and assumed a caregiver role for his mother (he was 31 at the time of the interview). Similarly, in her interview, the survivor discussed how she felt that part of her son’s childhood was taken away, and that he had to grow up quickly, having learned about her experience and being present in their home when it happened.

Other parentification patterns occurred when the trauma of sexual assault was coupled with another trauma disclosure. One survivor first disclosed her unwanted sexual experience to her 9-year-old daughter, so the daughter did not recall many details. The disclosure occurred in the context of a family discussion where the mother also revealed her status as HIV positive. The bulk of what the daughter discussed during the interview was her motivation to help her mother survive HIV, including providing ongoing emotional support, beginning the moment her mother told her. The daughter also explained in her interview that she had

sacrificed many of her own life goals (e.g., having a family, going to school, and moving away) to care for her mother physically and emotionally. This extreme support from daughter to mother typifies many parent-child relationships where a parent is living with HIV/AIDS (Stein, Reidel, & Rotheram-Borus, 1999). Despite the support her daughter spoke about, the survivor appraised the first social reaction she received from her children – including the daughter support provider – negatively:

“And when I tried to tell my sisters and daughters at first they laughed and made fun. And you know now I’m angry at them, you know, and I cursed them out of course.” – Survivor

Later in the interview, the mother described a positive reaction from her daughter when older:

“We sat down and we talked and she gave me the confidence, ‘ma, you can do this’. you know, you good ma, you know, okay that was your past let it go...she said don’t hold onto it, don’t let it hinder me from growing.” – Survivor

The survivor explained that she found this ‘tough-love’ reaction from her daughter supportive, because, as her mother she knew the support provider’s good intentions, and the daughter discussed in her interview that this reaction typified her ongoing care for her mother for several years. Another mother disclosed an unwanted sexual experience to her daughter, also disclosing that her daughter’s younger brother was a byproduct of her rape. The survivor’s daughter seemed to have been deeply emotionally affected by her mother’s disclosure. Her young age at the time of disclosure (12) made it difficult for her to fully comprehend what had happened to her mother as it seemed difficult for her to imagine something so awful happening to her mother:

“I think I knew what rape was, but I didn’t know like...you know, by seeing it on the TV I knew what rape was...I knew that but I just couldn’t see my mama getting raped...and when she told me about it both of us started crying.” – Support provider

As an added component to the assault disclosure, the daughter support provider had to cope with learning her brother was an outcome of her mother’s rape. She explained that she provided empowerment and encouragement to her mother, and discussed her role of having to take care of her mother during this time, beginning with this initial reaction of encouragement to her mother and helping her mother overcome her self-blame.

One mother lamented that she had to cross the boundary of typical parent-child relationships to share more personal information than she wanted because she had no one else she could trust. Similarly, her (young adult) daughter described feeling uncomfortable discussing her mother’s unwanted sexual experience, but reacted supportively:

“So, it was kind of shocking because you don’t think something like that happening to your mom because it’s something most women don’t tell their daughters. So, I was like whoa...I was wondering why she was so withdrawn sometimes...but the only thing I could tell her I know is I was there for her...at the time all I could do was give her a hug.” – Support provider

In this situation, the daughter served as a source of emotional support for her mother because her mother had nobody else to talk to about this issue. While the mother acknowledged that it was not preferable to disclose to her daughter because of boundary issues, she decided to anyway because she felt she needed to talk with someone. The daughter, who may have been aware of this, overcame her discomfort to respond supportively to her mother.

In matched pairs of parent survivors disclosing to their child support providers, we found that learning of their mother's sexual assault experience(s), children needed to quickly transition into a caregiver role for their mother. In some circumstances, the child was already in that role, but learning of their mother's assault clarified why they were put in that place. Mothers were often unaware of the effect of their disclosure on their children, or noticed a change in their child's behavior after the disclosure. Conversely, children responded to their mother positively but internally felt they needed to take on this role. Thus, the parentification effect was discovered through support provider interviews of children discussing how learning of their mother's sexual assault affected them and their social reactions to their mothers.

Reactions of Anger and Aggression Toward the Perpetrator—In several matched pairs (n=12; 26%), we noted reactions of anger and aggression directed at the perpetrator. Typically, this type of reaction is referred to as a form of negative reaction – an egocentric response (Relyea & Ullman, 2015). While we found support for egocentric reactions via anger and aggression at the perpetrator, examination of the matched pairs allowed us to explore beyond the typical negative or egocentric reaction. Specifically, how survivors interpreted and responded to these reactions, as well as hearing accounts from support providers who had these aggressive reactions but made the decision to internalize them for the benefit of the survivor. These two nuances to the negative social reaction are discussed below.

This type of reaction was manifested as threats of violence toward perpetrators and/or anger on behalf of survivors. One husband supporter discussed anger at the perpetrator, saying that he would even use physical violence to protect the survivor from the perpetrator, who was her ex-boyfriend. In couples, we observed jealousy along with anger and aggression. For example, one survivor explained that her husband reacted by demanding the name of the perpetrator, but she would not tell out of fear her husband would “do something stupid”. When she refused, the support provider accused her of “protecting them [the perpetrators]” and she explained to him:

“I’m not protecting them. I’m protecting you. I said because I know right now you want to go find them...you’d go either kick their ass or kill ‘em. I said that’s not gonna do nothing for me, that is only for you...physically you can’t do anything [providing support], but mentally you can.” – Survivor

Here, the husband supporter reacted in an over-protective, aggressive manner, when the survivor viewed his need to harm the perpetrator as more self-serving (likely egocentrically motivated) than helpful to her. He did not mention this in his interview of how he reacted, but just said he encourages the survivor to move on. However, the survivor explained that his lack of support and her inability to “move on” strains their relationship. In one couple, a

husband supporter described how he reacted with anger in his mind, stating, “I just wanted to do something, tear his head off,” but acknowledged that this aggressive reaction would not be beneficial to his wife. Due to this self-awareness, this husband actually reacted positively and supportively to the survivor. Another husband reacted positively to his wife, but recalled seeing the perpetrator (who was an ex-significant other of the survivor) and thinking “get up and stab this dude in the neck” but refrained from doing this because he did not want to end up in prison. Similarly, one daughter support provider who learned that her mother was sexually assaulted recalled being angry and wanting to retaliate at the time, but did not express those feelings to her mother. Rather, the daughter responded in the moment by stopping the conversation when her mother seemed overwhelmed and moved on to reassurance and empowerment (saying “don’t be ashamed”). One son support provider who was a teenager at the time of disclosure explained his anger about his mother’s victimization:

“To know that somebody had taken advantage of my mom like that, it’s there’s nothing you could do about it but it still makes you angry cause you know there’s things that happen that people don’t forget.” – Support provider

It appeared her son did not display anger, but rather reacted to his mother positively by listening. Another son support provider (who was 12 at the time of disclosure) did not verbally express the aggression he had toward the perpetrator to his mother, or during his interview, but the survivor shared in her interview that she felt her son was trying to seek revenge on the perpetrator for a considerable amount of time following disclosure.

Finally, one male friend of a survivor briefly reacted with aggression toward the perpetrator through threats of revenge, exclaiming he wanted to “kick his ass,” but the survivor explained that he also reacted with genuine empathy. Thus, overall she interpreted her friend’s reaction positively. The friend did not recall his ‘revenge response’ and even said that there was no way he would have considered revenge (not prompted by the interviewer – all responses were confidential). Rather, he recalled reacting with ‘filler supportive stuff.’

Several supporters, primarily significant others, reacted to survivors with anger and aggression toward the perpetrator. While this anger was not directed at survivors, it is generally considered a negative (egocentric) social reaction. Conversely, a few supporters reacted with this aggression only internally, while reacting positively to the survivor, something that we would be unaware of without having interviewed support providers. Supporters who reacted with aggression toward the perpetrator often did not evaluate their reaction negatively and the survivors tended to positively reframe these reactions. Overall, this supports previous research documenting egocentric reactions but shows these aggressive reactions are more complicated.

Using Traumatic Experiences to Respond to the Survivor—Several supporters discussed in interviews how they were better able to respond to survivors because of their personal traumatic experiences (n=21; 46%). This information was volunteered by supporters (who were not asked about their own SA histories) in their interviews, particularly friends (n=14; 61%; for a breakdown of this pattern by relationship type, see Table 1). Specifically, a majority of female support providers discussed their use of their

own experiences of sexual assault to respond to survivors, whereas two male significant others used their experiences of women in their lives being assaulted to care for the survivor. Often the support provider did not actually disclose their trauma history to the survivor, but simply used their understanding of trauma experiences to react positively to the survivor. This type of reaction extends beyond typical positive reactions, because as evidenced in the support provider's interviews, they recalled their own experiences of coping with sexual assault trauma to anticipate negative feelings the survivor might be feeling (e.g. blame) and tried to combat that in their reaction, and also provide truly empathetic and understanding reactions. Thus, these support providers know from experience what elements of a social reaction are particularly helpful and tailor their reactions to meet that, to best respond to the survivor. For example, in one pair the support provider gave her friend a deeply empathetic reaction. The survivor described how it was apparent that her friend shared her pain:

“All she could do was grab me and hug me. And apologized...I told her what happened. and she cried just as much as I cried. So, I think she could feel my pain.”
- Survivor

One male support provider witnessed his father abusing his mother growing up and explained in his interview that it was because of this experience that he knew how to approach his girlfriend when she disclosed to him. A female friend of a survivor remarked in her interview how having gone through a similar experience allowed her to react better to the survivor:

“I felt her pain, and I had told her what I did to get over it because it took me a long time to get over it...I was glad that she shared it with me because I was able to communicate with her and understand what she was going through.” – Support provider

Many friends explained that the most helpful responses they could give was reassuring the survivor that the unwanted sexual experience was not their fault. One supporter explained that she responded to her friend in a way she knew would help the survivor stop blaming herself:

“She would always be like pretty hard on herself and say it was her fault and she was like a shitty person and deserved this. So, um, I felt like my piece in that was I was just always trying to tell her like ‘you don’t deserve to be treated that way’.” – Support provider

This friend explained in her interview that she was better able to respond to the survivor because of her own unwanted sexual experiences. Like this friend, other supporters anticipated survivors might be engaging in self-blame.

Mutual disclosures of unwanted sexual experiences also took place in seven of the twenty-one matched pairs where support providers used their own trauma experiences to respond to the survivor (33%). One friend of a survivor explained in her interview that she disclosed a similar experience that she had not told anyone else, which she felt brought her closer to the survivor and allowed them to better support one another. Both women described the value of having a friend to discuss these experiences with in a supportive environment, given that they both grew up in households with little support. While the bulk of the matched pairs that

involved mutual disclosures were friends (71%), we also observed this pattern among two family matched pairs, but among no significant others. In one such pair, the survivor and her sister discussed in their interviews their history of child sexual abuse (CSA). The survivor explained that she was assaulted in college and disclosed to her sister because she knew her sister would understand, given their shared abuse experiences. Indeed, her sister discussed how she was better able to respond to the survivor because she knew what it was like to be disbelieved, as their mother did not believe them when they disclosed their CSA.

Overall, several supporters – primarily friends - used experiences of previous trauma in their reaction to survivors. In previous literature, this is referred to as “sharing one’s experience,” but these reactions extend beyond that, as we learned through support provider interviews that many supporters did not actually share their experience, but rather used their own experience and understanding of supportive reactions to respond to survivors in a positive way. While survivors interpreted these reactions as highly supportive, not all supporters reacted this way.

Reactions of Betrayal—Some survivors were betrayed by individuals they told, and this pattern was particularly prevalent among survivors with CSA histories. This is termed “betrayal trauma” and occurs when the people on which a person depends significantly violate that person’s trust or well-being (Freyd, 2008) and extends beyond negative or blaming reactions because reactions of betrayal can revictimize the survivor and damage or strain the relationship with the support provider. Several survivors mentioned receiving these types of reactions when disclosing to family members, and were reluctant to tell their significant others (who were interviewed in this study) out of fear of hurtful or revictimizing reactions. In some matched pairs, it took multiple years before the survivor was ready to disclose to their significant other. We found betrayal reactions in six of the matched pairs (14%), particularly in friend and family matched pairs. Again, for a breakdown of betrayal reactions, see Table 1.

In one pair, the survivor and her younger brother were sexually assaulted by a neighbor and did not disclose to their mother until they were about twenty years old. When the survivor disclosed the CSA experience to her mother, she reacted with anger and frustration at her daughter’s delayed disclosure. The daughter explained in her interview that she and her mother had a fraught relationship that colored the social reaction she received from her mother. Her mother discussed her concern about her daughter not seeking counseling:

“I said something about being angry and I always try clarifying that because my anger wasn’t that it happened to them. The anger was that by not listening to me they had brought something on in their lives that would impact them for a very long time possibly for their entire life if they didn’t seek the right kind of help – Support provider.”

As the survivor explained, her mother pushed her to seek formal counseling and felt her mother blamed her for her slow recovery. Consequently, their relationship was further strained. In a matched pair of sisters, both discussed in their interviews that they disclosed CSA to their mother when they were young, but were not believed. Extending beyond a blaming reaction, the survivor described her mother as not trusting her judgment in people.

Thus, betrayal in this instance was demonstrated not only as the mother not believing the survivor but her mother demonstrating that she thinks her daughter is a bad judge of people's character. In another interview, a survivor discussed how she was assaulted by a man who was (prior to the assault) a mutual friend of the survivor and support provider. Upon disclosure, the supporter blamed the survivor for ruining their friendship with the perpetrator. As the friend explained in her interview, it was "really difficult for me to believe her...I was also pretty angry because like we had all been good friends". Betrayal in this instance is demonstrated by the friend initially prioritizing her friendship with the perpetrator over the survivor's well-being, leaving the survivor feeling abandoned. This friend went on to explain the impact of the assault on their friendship, suggesting that the survivor was forcing her to choose between the survivor and the perpetrator:

"I finally confronted her and just said I feel uncomfortable that you're making us choose and it's really difficult...this is just kind of getting out of control...we kind of had this falling out for a couple months and didn't talk – Support provider."

One survivor received a blaming reaction from her friend when telling her she was physically attacked. The survivor was so hurt by this reaction she decided not to tell her friend about the sexual assault aspect of the incident, or subsequently anyone else until she was interviewed for this study several years later. Interestingly, the support provider explained in her interview that she withheld much of what she was thinking, including several sentiments about how the survivor should have known better and that men do not take too kindly to women who "change their mind [about sex]".

Some survivors received reactions that extend beyond negative and are considered betrayal reactions. Specifically, these reactions add to the trauma of being victimized and often result in damage to the survivor-supporter relationship. Interviews with survivors and support providers revealed betrayal reactions often fueled by strain deeply embedded in the relationship.

DISCUSSION

Sexual assault survivors most often disclose assaults to informal support sources including family, friends, and significant others. However, no studies have examined social reactions from informal support sources using data from both survivors and their informal supports told about the assault. In the current study of dyadic matched pairs, we found that support providers, regardless of the quality of the relationship with the survivor, responded to sexual assault disclosures with both positive and negative reactions (Ahrens & Aldana, 2012).

While Ahrens and Aldana's (2012) study of survivors showed that relationship quality was related to later receiving mostly positive or mostly negative social reactions following sexual assault disclosure, our study showed that support providers, regardless of the quality of the relationship, often reacted with both positive and negative reactions. Similar to Ahrens and Aldana (2012), we found that survivors tended to interpret any supportive or semi-supportive reaction positively. Even negative reactions were more likely to be interpreted by survivors in a positive light. While Ahrens and Aldana (2012) noted this latter pattern was typical for

those with closer relationships, we could not discern whether that was the case in this small sample.

The social reactions among dyads varied according to relationship type. Ahrens and Aldana (2012) found that survivors focused on positive aspects of social reactions from informal support providers and this study found survivors engaged in positive reframing of social reactions across all types of relationship dyads analyzed in this study, with some variation. Friends provided more positive than negative responses and offered more positive responses overall compared to family and significant others. This affirms past research showing that friends tend to provide the most positive and often the best responses to survivors (Ahrens, Cabral, & Abeling, 2009; Filipas & Ullman, 2001). We found that female friends in particular reacted to survivors positively because of their own experiences with trauma, more often than male friends, significant others, and family. This suggests a need for more education efforts about sexual assault and support provision to survivors targeting male populations. While there were fewer mixed reactions from friends, there were instances of unsupportive acknowledgement (Relyea & Ullman, 2015) where friends acknowledged the harm of the assault but did not offer support. Notably, it was common for survivors to engage in positive reframing of these reactions from friends, or survivors who were hurt by reactions to still rely on these friends for support. Again, educational efforts are needed regarding provision of positive responses to survivors' disclosures and ongoing support following assault. We do not know if receiving unsupportive acknowledgement from friends is more or less harmful than receiving it from significant others or family members, and this should be explored in future research.

While survivors received reactions of blame, distraction, and egocentric responses, they were able to view these responses as expressions of care, especially if the support provider was a significant other. Significant others such as spouses or long-term romantic partners were given the benefit of the doubt even when they offered completely blaming responses. For example, one husband support provider responded to the survivor with a reaction that would typically be seen as negative and congruent with rape myth acceptance in the literature, badgering the survivor about whether she asked to be assaulted or not. Rather than being offended or upset by her husband's blaming reaction, the survivor simply responded by indicating that she did not ask to be assaulted and tried to educate her husband on why the assault was not her fault and explained that she still struggles with self-blame. Ultimately, she characterized his negative reaction as simply his inability to understand her experience. Survivors tended to consider the intentions of the support provider when interpreting the reactions received, and similar to other research, appraised these reactions as better than they actually were (Ahrens & Aldana, 2012) or focused on the positive aspects of the social reaction, while ignoring the negative. This is likely due to the fact that people in current relationships are motivated to see the best in their partner and to communicate to others that their relationships are supportive. Furthermore, support providers may take for granted survivors' understanding them, expecting them to interpret their reactions positively. For example, one husband reacted negatively by blaming the survivor about going to a particular neighborhood at night, but explained his assumption that the survivor would know what he meant and not be offended or upset by his reaction. The survivor did not discuss this particular reaction from her significant other, but overall indicated that she indeed did not

find his reactions to be helpful or supportive. Family members who gave survivors mixed or negative social reactions also benefitted from positive reframing by survivors, though the reactions tended to be more complex and layered due to longer and sometimes more troubled relationships. Reactions from family were often characterized by worry and concern, which the survivor sometimes perceived.

In addition to the characteristics of social reactions among each relationship type, we also found four distinct patterns in our matched pair data that are somewhat novel from previous research in how they manifested in dyads: role reversal or parentification of support providers, reactions of anger or aggression toward the perpetrator, support providers who use trauma experiences to respond to survivors, and reactions of betrayal. Several survivors disclosed to their young children. Knowing that children are being disclosed to and relied on for support after sexual assault has important implications for intervention. Practitioners should be aware of the possible emotional burden that children are carrying and be equipped to provide appropriate services, as learning of their mothers' sexual assault can have a considerable impact on children. Supporters in our sample who were disclosed to as children discussed emotional distress and cognitive changes they felt following disclosure, but the impact of disclosure on children is understudied in the field. Parentification emerged as a prevalent theme in parent-child pairs. Parentification refers to the phenomenon of role reversal in parent-child relationships and is associated with children taking on responsibilities inappropriate for their development stage (Jurkovic, 1998). We found several parentified adult children in our sample had to deal with their parents disclosing multiple traumas, such as HIV-status, in addition to sexual assault (Edwards, Irving, Amutah, & Sydnor, 2013). This is an important theme for researchers and practitioners to consider because support providers experienced parentification in addition to their secondary trauma. This suggests that the emotional impact of sexual assault disclosure on supporters can be complicated by other factors. While our study did not contain measures of parentification, our findings demonstrate the need for practitioners working with secondary survivors to be aware of this dynamic, as providers may need specific support around this issue. Parentified children may experience both adverse mental health outcomes and posttraumatic growth as adults, therefore it may be necessary to understand more about the parent-child dyads among sexual assault survivors (Hooper, Marotta, & Lanthier, 2008).

On a similar note, the impact of disclosure on children highlights the possible impact disclosure can have on support providers in general. Other findings from this same sample indicate that support providers are impacted by disclosure emotionally, including both negative (e.g. angry, sad) and positive (e.g. inspired by survivor) feelings (Lorenz, Kirkner, Ullman, & Mandala, under review). Being disclosed to can also reignite feelings of personal trauma experiences, or require supporters to engage in ongoing (and possibly draining) support to the survivor. However, support providers often do not seek help themselves or know how to effectively cope with feelings of secondary trauma (Lorenz et al., under review). Though this was beyond the scope of this present study, we recognize the importance of understanding how support providers are impacted by disclosure. Support providers have mental health needs of their own and the impact of disclosure on support providers can also affect the support they provide to survivors and relationship dynamics. As

such, this is something that should be further researched to inform interventions aimed at specifically at support providers.

Support providers commonly expressed anger toward perpetrators, typical of an egocentric response. We found this response in all types of relationship pairs but the majority of significant others provided this type of response. In significant other pairs, anger at the perpetrator was sometimes expressed through jealousy. This finding confirms previous findings that romantic partners (among heterosexual couples) are more likely to engage in egocentric reactions such as anger compared to other relationship types (Ahrens, Cabral, & Abeling, 2009). Looking further at this response type, we noticed disparities in the evaluation of such reactions, where the supporter appraised their negative and angry reaction was supportive in their interviews. Survivors in our sample tried to manage and reframe these responses for the supporters. This positive reframing tended to occur when survivors felt the supporter's advice or responses were well-intentioned. Some ended up instructing the support provider on what would be a better and more supportive response rather than anger and aggression toward the perpetrator. We do not know if this 'teaching' via reframing was empowering or draining for survivors but it would be a fruitful line of future inquiry. Some support providers knew not to express their anger and aggression (toward the perpetrator) directly to the survivor because they felt it would not be productive or supportive, but disclosed in their interview that they were thinking these angry thoughts. Future research should try to uncover how and why some support providers know this while others do not. The emotional awareness demonstrated by some significant others in our sample has implications for educating and supporting significant others faced with sexual assault disclosures. Finally, expressions of anger did not preclude support providers from also having empathic responses. We do not know what led some supporters to have a mixture of angry and empathic responses, but this should be examined in future research.

We found some support providers were able to draw on their own trauma experiences to support survivors. Mostly female survivors engaged in this practice, although one male support provider recalled drawing on his experience witnessing domestic violence as a child to be supportive and reassuring to the survivor. Those who used their trauma experiences to respond were more aware of the potential for survivors to engage in self-blame and as a result were more likely to give survivors explicitly affirming messages. Those who drew on trauma also engaged in the practice of mutual disclosure and shared their stories with survivors, which past research has demonstrated as positive, especially in female friends (Ahrens et al., 2009; Filipas & Ullman, 2001). This practice is not recommended in advocacy training (i.e. training sexual assault advocates for one-on-one interactions with clients), as personal disclosures from advocates take the focus off the survivor and put the survivor in a position of having to respond empathically to the advocate (CALCASA, 1999). However, no survivors in this sample seemed adversely affected by a support provider's disclosure of trauma and many seemed to appreciate it. This is perhaps due to the relationship between the dyadic pairs where established rapport fostered a sense of safety. Nonetheless, this is an interesting finding as it somewhat contradicts the recommendations made by advocacy organizations. Survivors' positive interpretations of mutual disclosures may differ for informal and formal sources. This should be researched further to best inform advocacy training and educational efforts geared toward informal support sources.

We found a final theme of betrayal. This pattern was identified in all relationship types, but most frequently among familial pairs. One instance involved a mother expressing harsh doubts about her daughter's healing process and her ability to judge people's character. Another instance of betrayal trauma occurred when a friend initially chose her friendship with the perpetrator over her friendship with the survivor, though the two eventually reconciled. Regardless of the way the betrayal manifested in a relationship, these cases were deeply wounding for survivors and underscore the need for practitioners to provide support around the secondary trauma of betrayal that can be inflicted on survivors by loved ones and friends. We found no reactions of betrayal from significant other supporters, though we did find several negative or blaming reactions. Survivors often positively reframed negative reactions from significant others, and therefore may not have felt revictimized or betrayed by such negative reactions. We did not see a clear pattern in relationship quality and changes in the relationship after the assault, contrary to findings by Ahrens and Aldana (2012).

LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Although the current study provides support for previous research done on this topic, and includes dyadic findings that extend beyond past research, there are a number of limitations to this study. First, this study was a small, volunteer, convenience sample of dyadic matched pairs that most certainly were more positive in their relationships, disclosures, and social reactions by virtue of still being in relationships and willingness to participate in an interview on the topic. However, interviews still revealed negative appraisals of some aspects of relationships and quality of social reactions, although overall relationships were generally of better quality due to the survivors' selection of support providers to be interviewed.

Second, support providers were contacted through survivor-provided contact information to participate in an interview about the survivor's sexual assault experience and the disclosure and reactions received from others. Thus, the interview was primarily about their relationship with the survivor and her experience rather than the support provider's own experiences beyond helping survivors, given the nature of how they were recruited. Future research is needed on dyadic matched pairs of survivors and supporters recruited simultaneously with more balance by also asking supporters about their own experiences. Similarly, the methodology of interviewing survivors then their supporter separately limited our ability to return to survivors to ask clarifying questions or get elaboration from pairs due to resources and confidentiality/safety constraints.

Third, survivors often told multiple sources and may have received different reactions from different support providers, but because we only interviewed one support provider, we were unable to hear dyadic accounts of social reactions from these other disclosure recipients. However, limiting interviews to one support provider also allowed for survivors to provide more depth in responses related to that single support provider.

Finally, this study is limited by the retrospective design. Disclosures took place an average of 17 years prior to the survey phase of the study. This extensive period may have impacted the quality and accuracy of the information received from survivors and support providers in this study. Memory bias could have influenced accounts of social reactions received and

provided by matched pairs. Time elapsed since the assault and participating in this research may have influenced how women interpreted these reactions and how support providers recalled reacting to disclosures. Still, the retrospective design also allowed time for matched pairs to gain perspective on disclosures, social reactions, and relationships, which may have provided greater depth into understanding these experiences. Social support takes place on an ongoing basis; by not limiting study inclusion to participants who recently disclosed, we could understand changes in support and survivor-support provider relationships that occurred over time. Given the patterns of social reactions identified from these dyads, further studies of dyadic matched pairs over time are needed to understand survivors' disclosure decisions in the order that they unfold, social reactions, and their impact on recovery, future disclosures, relationship quality, and formal help-seeking. This is particularly important, as we know that initially receiving negative social reactions can lead survivors to be silenced and to stop disclosing (Ahrens, 2006; Ahrens, Stansell, & Jennings, 2010; Dworkin, & Allen, 2016). Despite these limitations, this study extends knowledge on social reactions to sexual assault disclosure by examining these experiences from the perspective of both survivors and support providers.

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Table 1

Patterns of Social Reactions Across Dyads

Social Reactions	Dyad Relationship Type		
	Significant others (n=7)	Friends (n=23)	Family (n=15)
Positive	7 (100%)	20 (87%)	12 (8%)
Negative	4 (57%)	11 (48%)	7 (46%)
Mixed	5 (71%)	9 (39%)	6 (40%)
Nonverbal	3 (43%)	10 (43%)	5 (33%)
Role reversal/"parentification"	0 (0%)	0 (0%)	5 (45%)*
Reactions of anger & aggression toward perpetrator	5 (71%)	1 (4%)	6 (40%)
Using trauma experiences to respond to survivors	2 (29%)	14 (61%)	5 (33%)
Reactions of betrayal	0 (0%)	3 (13%)	3 (20%)

*
n=11 parent-child familial relationships