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Recommendations for Responding to Survivors of Sexual Assault: A Qualitative Study of Survivors and Support Providers

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Abstract

Empirical research has repeatedly examined the social reactions survivors receive from informal and formal support providers. This research has also provided an understanding of social reactions survivors perceive as helpful and hurtful. Advocacy agencies provide supplemental information instructing support providers how to respond to survivors in a positive way. However, these sources—to our knowledge—have not specifically asked survivors how they want to be responded to when disclosing assault and what they need in the aftermath of assault. Furthermore, studies have not asked support providers about how to respond to survivors in a positive way. Thus, the information provided to survivors and support providers on positive support may not be “survivor informed.” This study examined recommendations for responding to survivors from two methods. First, as a broader approach, open-ended survey responses from $N = 1,863$ survivors were examined for unprompted recommendations on what survivors need following assault. Second, in a sample of 45 informal support dyads, survivors and support providers were specifically asked to provide recommendations on responding to survivors in a positive way. Results include recommendations from survivors to informal supporters, formal service providers, and other survivors on what is needed in the aftermath of sexual assault. Results also include recommendations on responding to survivors in a positive way from interviewed support providers to other supporters.

Sexual assault survivors often turn to their loved ones and friends for help in the aftermath of an unwanted sexual experience. Research on sexual assault and social support to date has examined the social reactions and support sexual assault survivors receive when they disclose to others. While there is much research to date and information available from service providers on how to respond to survivors, a substantial number of survivors still receive negative social reactions (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Filipas & Ullman, 2001). Negative reactions can result in poorer psychological symptom outcomes (Campbell, Ahrens, Sefl, Wasco & Barnes, 2001; Ullman & Filipas, 2001), underscoring a need to conduct research aimed at improving the responses survivors receive when they disclose. Yet little research has specifically asked survivors about what they want from the support providers they disclose to.

Several studies to date examined social reactions to survivors who disclose. Filipas & Ullman (2001) examined positive and negative social reactions received by survivors who disclosed their assault to formal and informal support providers. Qualitative and quantitative analyses revealed that survivors receive a variety of positive and negative reactions. Research has also identified the reactions that survivors perceive as helpful and hurtful. For example, Ullman & Filipas (2001) found that friends sharing their own sexual assault experiences and being listened to were perceived positively by survivors. However, not all survivors perceive social reactions the same way. Reactions such as distraction and taking control are considered negative by some survivors but positive by others (Campbell et al., 2001). This underscores the importance of considering survivors' perceptions and opinions when assessing how to provide support in the aftermath of assault.

Feminist efforts to start the first rape crisis centers in the United States were led by survivors who participated in discussion groups. Some of these participants helped to design services and put together information recommended and requested by survivors (Rape Crisis Center, 1972). This grassroots, survivor-led approach to designing services and interventions is important to continue. Many organizations provide information on their websites about what support providers can do to help survivors and respond to them in a positive way. For example, the Rape Abuse Incest National Network (RAINN) website posted articles about how to respond to survivors and how to help someone who has endured trauma (RAINN, 2016a; 2016b). Support providers who need assistance on how to respond to survivors can also access news stories written to help support providers care for survivors. For example, in 2014 the Huffington Post published an article titled "What to do if your friend has been sexually assaulted" (Scherker, 2014) and in 2015, The Guardian published an article about how to respond if someone discloses sexual assault (Westmarland, N., 29 July 2015). Where community resources do not appeal to college student populations, universities are more commonly posting resources for students about responding to survivors. For example, the University of Chicago provides several resources for survivors and support providers, including a page for survivors on recovering from sexual assault ("Recovery and Resources", n.d.), pages for helping friends who have been assaulted ("What can I do?", n.d.; "What not to Say", n.d.), a page on supporting support providers ("Supporting those Close to the Survivor", n.d.), and information on available services. These pages are informative, inclusive, and easily accessible on the university website. Thus, a quick Google search can return a list of resources for support providers who need guidance on how to respond to survivors. However, it is unclear where the information on these pages comes from and even further, whether this information is informed by survivors and support providers.

Other research and practical efforts on responding to survivors have taken a trauma-informed approach. Trauma-informed services are those in which service delivery is influenced by an understanding of the impact of victimization on the individual's life (Elliott et al., 2005). In trauma-informed approaches, it is emphasized that service providers understand the impact violence has on the individuals being served to minimize retraumatization (Elliott et al., 2005). Specifically, trauma-informed care is built on six principles: safety, trust, choice, collaboration, empowerment, and cultural competence (NSVRC, 2013). Further, while the six principles of trauma-informed approaches may be

present in the information provided to survivors and services providers, it is still important to collect data directly from survivors, thus making the approach “survivor informed”. There may be gaps in a trauma-informed approach that could be filled by asking survivors what is missing from the responses they receive.

Current Study

Overall, there is a plethora of research that examines social reactions. Yet few studies collect information from survivors about what they want out of social reactions or what they feel might have been missing from the social reactions they received. Further, support providers have experience assisting survivors and may have their own trauma experiences, but research has not explored what recommendations support providers may have for other support providers on how to respond to a survivor who discloses to them. The present study sought to address this gap by exploring survivor and support provider recommendations for responding to and caring for survivors. Two methods were used in this exploration. The first method includes a broader examination of what survivors need; the second looks specifically at what survivors feel they need in terms of social reactions from supporters and what support providers recommend for others providing support. First, open-ended survey responses from survivors were examined for unprompted recommendations on what survivors feel they need in the aftermath of sexual assault. Second, in a sample of 45 informal support dyads, survivors and support providers were asked to provide recommendations on responding to survivors in a positive way.

Method

Participants

The sample of this study included adult female sexual assault survivors who disclosed their assault to an informal support provider. 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). 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.

Survey Participants—The average age of survivors who participated in the survey was 36 years old. Approximately 65% the participants were non-White (African American, Latina, Native American, or multi-racial) and 35% were White. Slightly over half (57%) of women were unemployed and most (68%) reported household incomes below \$30,000. Approximately 32% had a college degree or higher, 42% had some college experience, and 26% had a high school diploma or less.

Interview Participants—Interview participants were a subset of 45 survivors who participated in the surveys. The average age of survivors who participated in interviews 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 survivors 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.

Procedures

Survey participants included adult women from the Chicago metropolitan area who responded to a self-report mail survey regarding unwanted sexual experiences previously disclosed to others. Women were paid \$25 for their participation. Women were asked to consider their most serious unwanted sexual experience when completing the survey, and the disclosure of this experience. 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. The research team approached each interview through a feminist framework that allowed open communication in a supportive and safe environment (Reinharz & Davidman, 1992). Interviewers maintained confidentiality between the survivors and their support providers- no information was shared from one party to another. All interview participants were informed of this confidentiality. If a survivor's support provider was present when the researcher arrived to conduct the interview, they were asked to reschedule for a time when the support provider would not be present or to relocate to a different location. This occurred in only a few instances. All interviews were conducted in compliance with the university's Institutional Review Board (IRB).

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

For the present study, the only question from the survey used was the final question: "Is there anything else you would like to tell us about your experience? If so, please use this space for that purpose. Any comments you make that you think might help us in future efforts to understand what women need in dealing with unwanted sexual experiences will be

appreciated, either here or in a separate letter.” Qualitative responses to this question were extracted for analysis. As this question is rather broad, we received a vast array of responses – many of which were recovery focused and related to participating in the study. Thus, for the present study, responses pertaining to what survivors need in general (i.e., not just social reactions, but also in terms of resources and services) were extracted and included in the Results section below.

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: recommendations for responding to survivors in a helpful and positive way. At the end of the interview survivors and support providers were asked to provide any recommendations they have – based on their experience as a survivor/support provider – for future support providers and survivors to help improve the post-assault experiences for survivors. While the bulk of these responses pertained to social reactions, responses related to what survivors need more generally were also used in analysis.

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). Thematic analysis of interview data allowed us to investigate the meaning making of participants within the context of their narrative experiences rather than simply cataloguing recommendations. Several trials of interview coding and refinement were used 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 recommendations for informal and formal support providers on how to assist survivors of sexual assault (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.

Responses to the following open-ended survey question were compiled and coded: “Is there anything else you would like to tell us about your experience? If so, please use this space for that purpose. Any comments you make that you think might help us in future efforts to understand what women need in dealing with unwanted sexual experiences will be appreciated, either here or in a separate letter.” We focused on responses that were specific to the topic of ways in which survivors wanted to be supported- based on their experiences and reflections.

Results

Analyses were conducted to identify recommendations from survivors and support providers on how to help survivors and what survivors need in the aftermath of an unwanted sexual experience. Several patterns of recommendations were identified through analysis of open-ended survey responses, interviews with survivors, and interviews with support providers. Next to selected quotes, the source of that quote is identified as either “survey” or “interview”. The results section is organized as follows: 1) recommendations from survivors to survivors; 2) recommendations from survivors to support providers; 3) recommendations from survivors to formal support sources; and 4) recommendations from support providers to support providers (see Table 1).

Recommendations from Survivors to Survivors

Many survivors participate in research in order to help other survivors (Campbell & Adams, 2009). During interviews in this study and in the survey, survivors were asked what they would tell other survivors of sexual assault. Many in our sample eagerly and candidly shared their thoughts on how to survive the aftermath of a sexual assault and begin healing.

Many survivors recommended to other survivors the importance of talking to others about their trauma, stressing the need to reach out rather than keep things in or isolate from others

(n = 23). Several survivors voiced the idea that isolating oneself is harmful and counterproductive.

“Because the more you keep it inside the more, the more you punish yourself and the more you hurt yourself.” – S (interview)

“You should never want to try to keep this balled up cause it’s going to hurt.” – S (interview)

“Get help sooner than later. Don’t try and handle it by yourself...” – S (survey)

Others cited the importance of talking to others as a positive way to begin to heal (in contrast to noting the harmful effects of isolating and staying silent). They stressed the importance of taking the risk of being rejected because the alternative (silence, being alone) is worse than receiving a bad reaction from someone.

“Yeah I think talking to someone ultimately even despite the risk of them rejecting you, you just have to keep talking until someone listens to you.” – S (interview)

“Encouragement- that women should not be afraid to express the emotions they experience as a result of unwanted sexual experiences. It feels easier just to keep quiet, when ultimately, expressing the emotions will start the healing.” – S (survey)

“You have to talk about it and you’ve got to be willing to [] start to face it head on cause you can actually heal from it” – S (interview)

While many survivors underscored the importance of telling someone about their sexual assault in their recommendations for survivors, many also described the need for survivors to choose their disclosure partners carefully, including choosing people with specialized training in sexual assault and interpersonal violence (n= 56). Some said it mattered if the person was a professional (nurse, doctor, therapist) while others believed it mattered most that they had some kind of training in sexual assault issues even if they were not credentialed.

“I just would recommend talking to someone who is experienced in this kind of thing...even if they’re not exactly what you call professional. Someone who runs or leads a group or something.” – S (interview)

“I mean, well, sometimes it helps to tell a stranger if you’re, you know, if you’re afraid or, you know, psychiatrist, doctor, priest or rabbi” – S (interview)

“Utilize any and all counseling available to help you learn coping skills. Also therapy helps with dealing with any future intimacy issues which you may experience as I personally do even

Survivors also stated it was important to feel comfortable with the person they were telling and for some, this meant disclosing to people who they knew had experienced trauma themselves, even if the trauma was not specific to sexual assault. This supports the ideas expressed above that what matters is talking to someone who is perceived as having experience and/or specialized training in trauma.

“...It helped me so much more and I think talking to people that had been through things, even if it wasn’t any sort of sexual abuse, just talking to people that have been through traumas.” – S (interview)

“I liked actually [to] hear experiences from people...I’d like to hear, oh I’ve been through this, too. Make sure that it’s close enough or similar enough emotionally to where it’s almost the same type of experience.” – S (interview)

Similar to the recommendation to tell others rather than keeping the experience to themselves, some survivors advocated the practice of writing or journaling as an important way to heal (n= 6). Some saw it as a first step that would eventually help the survivor disclose to a person.

“Even if you can’t talk, write it down, pass a note.” – S (interview)

“I would tell her [if] she can’t talk about it then write about it. And work her way up to talking to people because I think talking about it is the only way to get it out.” – S (interview)

Other survivors saw writing as a way to encourage their ongoing healing process or as a substitute for supportive people when there was no one available for them to confide in.

“You don’t have anybody to talk to, get a journal or something” – S (interview)

“And it’s been almost a year of me journaling those thoughts or reflecting on them where it’s finally starting to sink in, like I’m much more positive and I’m not allowing those thoughts to control me. And so you have to put in the work or it’s not going to get better.” – S (interview)

In addition to talking to others, seeking out those with experience, and writing about their trauma, one survivor in this sample also recommended dealing with any health concerns right away rather than putting off medical care.

“You should get checked up first of all, get checked, I don’t care, just do it. You don’t want that to go on.” – S (interview)

Several survivors (n= 6) mentioned the importance of avoiding risky behavior such as walking alone at night and being careful around other people, especially if drinking alcohol.

“I don’t think women supposed to walk late on the beach...walking on the lake and it’s 12 o’clock at night. Why would two women walk on the lake? You are asking for trouble.” – S (interview)

“Especially for girls who are in school, maybe they be taught to say no, to someone like that, something to guard them against these people. I would not leave them alone [young girls]” – S (interview)

These recommendations seem to include both some internalized victim-blaming attitudes and survivor’s desires for self-defense education for young girls.

Some survivors (n = 6) saw self-defense training, taking precautions with personal safety, and assertiveness training as a positive form of coping with the aftermath of sexual assault.

“Every female needs to learn self-defense to help her feel more in control confident in case of an attempted assault (rape, mugging, domestic abuse, etc.) as well as coming to the aid of someone in such situations.” – S (survey)

“While I believe that no one should ever have unwanted sexual contact I have found it helpful to accept that I put myself in a dangerous situation. Not to blame myself but to learn something from the experience.” – S (survey)

Survivors’ paths to healing are personal and subjective, however the data above suggest that for some survivors, thinking about their actions and strategizing for avoiding future situations can be part of their healing process.

Recommendations from Survivors to Support Providers

We asked survivors how they should be supported and they responded with several recommendations to support providers that ranged from types of helpful social reactions to observations about responses from formal sources and institutions. Several survivors (n= 23) recommended support providers engage in supportive listening without displaying pity or giving the appearance of trying to rescue the survivor. These skills are a hallmark of victim advocacy.

“There’s never a quick response for anything, not everything could be wrapped up in this neat little package and you can’t rescue somebody all the time, you know, you have to listen to them, listen to how they’re feeling...” – S (interview)

“Like don’t feel sorry for me. So you know, just be supportive, whether it’s I need a hug today or a phone call tomorrow or a card or whatever, but don’t be like smothering supportive. Like that’s annoying.” – S (interview)

“I believe listening to their experience and just being there may give some sense of ease to the hurt and confusion that goes on in one’s mind.” – S (survey)

Included in the theme of support without pitying, survivors also suggested support providers do their best to display empathy and positive support. Active, positive support precludes any kind of smothering or pitying response. Additionally, some recommended that support providers assure survivors the assault was not their fault (n= 23). They recommended support providers counter rape myths when receiving a disclosure.

“I just think it needs to be emphasized that it’s not your fault.” – S (interview)

“The most helpful thing anyone helped me understand was how the fact I didn’t fight physically but rather, tried to pretend like I wasn’t being assaulted doesn’t mean that it was my fault.” – S (survey)

“I think it’s like be as positive, and encouraging as possible. So then that way the person knows that you’re on their side. You know, that you’re not trying to pick apart what they did wrong.” – S (interview)

Feeling they had positive, anti-blaming support was important for survivors. They preferred to be supported in ways that did not demean their agency or their struggles.

“The most helpful responses have both made clear that it was not my fault AND acknowledged my agency in the choices I made to survive during the assaults. This delicate balance between acknowledging my agency without blaming me have helped me make sense out of why I reacted how I did during the assaults.” – S (survey)

Recommendations from Survivors to Formal Support Providers

A small but important subset of the women in this sample responded that they had specific financial and institutional needs from formal support providers (n= 5). Some expressed the need for more places to access financial aid for housing and education. They wanted these resources to be connected to their communities.

“I believe there should be financial help available to me and others to enable us to start a new life away from those who have tried to control us in this way (Even if it is a onetime rental or security deposit payment) because we cannot afford to leave. There should also be educational grants or job positions for women like me. I need this help and so do my many other women like me.” – S (survey)

“Because community services and neighborhood contributions are very important to the preventing of specific kinds of experiences; women should remain in touch with her resources.” – S (survey)

Survivors know best what kinds of help they and support they need from formal support sources such as community agencies. Many expressed the desire for broad education and training in their communities (n= 15). Some felt the youth in their communities should be educated about the dangers of sexual violence. Others wanted the formal support sources, such as law enforcement, to be educated on how to respond to survivors of sexual violence.

“Please stress the importance of getting into schools and discussing this issue with students - especially in high schools because the unwanted, non-violent, non-threatening, acquaintance - experiences are the most confusing. Young men and women must be educated on those issues!” – S (survey)

“You should do sensitivity training for police, first responders, mental health agencies, schools, since so many women are survivors and their brusque tactics could be triggering to a sexual abuse survivor.” – S (survey)

Survivors expressed the desire for community-based services that educate a wide range of community members. One survivor remarked on the importance of having support that reflected her experience as a woman of color. She was already experiencing isolation from being one of only a few students of color on her college campus. Being in the minority also made her feel isolated as a survivor.

“I feel like it’s easier if you have at least someone that looks like you on campus to feel like okay this happens to not just me kind of thing.” – S (interview)

This same survivor also remarked on the lack of institutional support she received.

“My college did nothing and that greatly impacts your ability to get through something like that.” – S (interview)

This case, while unique in our sample, brings out the importance of external realities such as a survivor's racial minority status within an institution. This, coupled with their experiences as a survivor within an institution that did not take action, compounded the survivor's trauma.

Survivors shared their ideas about what formal support sources were lacking for them and what they needed from formal institutions (mental health, police, counseling centers, etc.).

Recommendations from Support Providers to Support Providers

Asking support providers to make recommendations to others in a similar position granted support providers in our sample the opportunity to share their experiences of caring for a survivor, including what they learned and what they viewed as effective in helping the survivor. Sharing these experiences can be useful for helping other support providers who may be unsure of how to respond positively when someone discloses an unwanted sexual experience. During interviews, support providers provided several recommendations to other support providers and reflected on their experience of providing emotional support to the survivor.

Several support providers ($n = 11$) recommended that support providers give the survivor the opportunity to talk about their experience in a comfortable and safe environment. Beyond this, support providers stressed the need for active (and distraction free) listening:

“They’re already looking for someone they can talk to, they think will actually listen. There’s a difference when somebody is like la, la, la, and talking to somebody and they are like okay then this is what you should do, or I’m sorry to hear that, just show a genuine interest.” – SP (interview)

“Let them talk, you know, and realize that they’re saying you know this might be the first time they’ve ever told anyone, you know, and this might be a very big deal for them. So let’s you know, make sure that they’ve got my full attention.” – SP (interview)

Support providers discussed the need for giving survivors their full attention and granting them the opportunity to talk, but also discussed the value in listening and letting the survivor talk without interruption.

“Just shut up and listen. [...] like just helpful to let them know that you care about them and that it’s like a heart-breaking thing for you to know they went through that and just listen” – SP (interview)

As the support providers discussed, the simple recommendation of allowing the survivor to talk and actively listening to his/her story can be a valuable response. Actively listening to survivors without distraction can show a presence of mind and attention to the survivor. On a similar note, several ($n = 9$) support providers recommended that support providers show they care about the survivor by “making their presence known”.

“Like when people come to you with their traumatic experiences, you don’t talk their ear off and tell them everything’s gonna be okay cause everything isn’t okay, you just make your presence known.” – SP (interview)

“Only thing you can do is give ‘em some comfort and make them feel better and let them know they are loved or they have support. [...] I could only just be here and let you know that it’s going to be okay, and I’m here for you.” – SP (interview)

“I would basically just tell them from my experience just to support her in the midst because even though she going through a lot she wants to know that somebody does care.” – SP (interview)

Support providers (n = 8) discussed specific things to communicate to the survivor when providing support, including conveying belief and telling the survivor it was not her fault. Support providers acknowledged that survivors often engage in self-blame and face disbelief by individuals that can impede recovery by reinforcing negative feelings. Thus, they shared the value in explicitly communicating belief and lack of culpability.

“But I think it’s the best thing though for people that go through that situation is to have somebody that believes ‘em. I think that’s more important than anything.” – SP (interview)

“I mean I definitely think that you should make the person think that whatever happened to them wasn’t your fault, I mean because, in the end someone else’s action caused it to happen...I don’t care if you were laying there butt naked, they still had no right to violate you. So, you definitely want to let the person know, stop beating yourself up.” – SP (interview)

Two support providers reflected on how they responded to the survivor and commented on things they wish they would have done. One support provider mentioned feeling regret for communicating certain things to the survivor:

“Things I did not say at the time that I really kick myself for not saying, I never said no, I mean I kept saying you know, ‘it wasn’t your fault, it wasn’t your fault’ but I never said ‘don’t blame yourself’. I never never said that and I wish I had you know because I know that’s a huge part of it. you feel like it’s your fault and you start to blame your actions.” – SP (interview)

Other support providers stressed the importance of maintaining a positive demeanor when speaking with survivors:

“Try to show them the positive thing that it is in life. You know, life like is a fucked-up life or whatever but you gotta reach for the positive.” – SP (interview)

“Tell her to stay strong” – SP (interview)

Providing autonomy and affirmation to the survivor was also stressed by support providers (n = 8). Regarding the former, support providers acknowledged the potential harm in pressuring survivors to cope in specific ways, follow advice, or go to the police because survivors need to be granted the freedom to recover from the assault in the way that works best for them.

“I think just like support of like, and I said this before, right, like reaffirming or something, you know, making people feel like their experience or the way they understand their experience is legitimate.” – SP (interview)

“It’s completely up to that person whether or not they want to take your advice.” – SP (interview)

“Not to try and pressure someone to go to the police cause like, think like it takes a lot of emotional fortitude to deal with.” – SP (interview)

Two support providers cautioned other supporters what *not* to do when responding to a survivor:

“The first thing I would tell them is not to give advice.” – SP (interview)

“You hear so much when people say ‘you need to get over stuff’ it’s just become part of our language now it’s like nobody wants to deal with anything and it’s just like ‘just let it go’ but people don’t realize that sometimes when you let things go it spills into other parts of your life.” – SP (interview)

Five support providers shared that they were unsure of what to recommend because positive support looks different for every individual. These support providers cautioned that what might be helpful for one survivor may be hurtful for another, so responses should be tailored to each survivor through a personal understanding of what the survivor needs at that time.

“It’s different for everybody. Sometimes people want to be distracted, sometimes people want to be held. Other times they want to talk it out with you [...] it’s one of things that’s not one-size-fits-all.” – SP (interview)

“It’s difficult for me to think about what support looks like as sort of a universal approach [...] I don’t think I would have some sort of like ready-made advice for that reason.” – SP (interview)

One support provider had a recommendation for support providers who may not know how to respond or may be unsure of what to do:

“In some situations you’re not the best person to help that person so you’re like ‘let me find you somebody’ you recognize, yeah.” – SP (interview)

On a different note, two support providers commented on the emotional weight of being disclosed to, and recommended that support providers take measures of self-care. One support provider discussed the difficulty of being a support provider:

“You do need to have thick skin. You do need to be able to hear these things and still be able to operate well, but at the same time you need to be sensitive to everybody’s needs, everybody’s experiences, and that’s probably one of the hardest things to do once you start hearing so many things...it kind of dulls you to...” – SP (interview)

Overall, support providers used their own experiences to give advice to other supporters who may be unsure of how to positively support survivors. Support providers made several recommendations to other support providers including conveying belief and affirmation, showing care for the survivor, and providing autonomy to the survivor. Several support providers stressed the need for active and distraction-free listening to the survivor. Other survivors reflected on ways they could have improved their reaction to the survivor, while

others discussed the inability to create a standard model of what positive social support looks like.

Discussion

Little research has been conducted asking survivors and informal support providers what survivors want and need following assault and how supporters can help them. This study used survivor responses to an open-ended survey question and interviews with survivors and support providers to examine what survivors need following an unwanted sexual experience. From these two methods, survivors provided recommendations for other survivors on how to cope with the assault, recommendations for improving formal services, and recommendations for support providers on how to best respond to survivors. Interviews resulted in recommendations from support providers to other support providers on how to respond to survivors in a positive way. While this type of information is available online (i.e. advocacy service pages, university pages, blogs) for survivors and support providers, the sources of this information is unknown and therefore may not be empirically informed. This study contributes to past research by using data to examine ways to assist survivors through a “survivor informed” approach.

Survivors in this study affirmed the importance of telling someone about their assault rather than keeping it to themselves or isolating from others. They recommended other survivors engage in telling people who seemed safe and supportive. Several survivors recommended seeking out people with some level of training or experience with trauma. For some survivors, talking to people whom they knew had also experienced sexual violence was an indication the person would understand and not blame them. These data suggest survivors are cognizant of and prefer support sources with specialized knowledge.

Implications for Practice and Research

Survivors provided insights about the resources and education available in their communities. Many expressed the wish for more education for young people. They also wanted more training for law enforcement and other formal support providers. These findings demonstrate the need for advocacy groups to include survivor input when planning community outreach and education and when deciding where to expand services.

In line with the literature and information provided by victim advocacy organizations, several support providers and many survivors made recommendations about providing affirmation and autonomy to the survivor. Support providers and survivors also recommended conveying belief and telling the survivor it was not his/her fault. This is a standard practice among many victim advocacy agencies already, and our research reaffirms its importance.

Many support providers discussed the need for support providers to allow survivors to talk about their experience. This underscores the above findings whereby survivors also recommend talking about their experiences. Both survivors and support providers seem aware of the benefits of disclosing traumatic experiences to others. While providing space for survivors to talk about their trauma is viewed in the literature as a positive reaction and

something recommended by service providers, the support providers in our sample took this recommendation a step further to emphasize the need to let the survivor talk without interruption and stressed the need for active listening. This is something to note for the present day, where technology use and multi-tasking during social interactions accepted behaviors during social interactions. Survivors described the importance of listening without interruption and without feeling the need to “fix” the survivor. They reported wanting to feel supported but also have their agency respected. They voiced objections to support providers displaying pity for them.

Several support providers were cautious in making recommendations for providing support because they acknowledged that positive support manifests itself differently for every individual. Past research has made this assertion through research with survivors, finding that perceptions of support varies by the identity of the support provider (Ahrens, Cabral, & Abeling, 2009). As the focus of the larger study was not on survivor and support provider recommendations, we were unable to discern the recommendations made by participants for different types of supporters. However, this is certainly something that should be examined in future research and taken into consideration when developing information for support providers. Understanding what a particular survivor needs could be accomplished through some of the other recommendations provided by support providers, including giving the survivor the opportunity to talk about what he/she may be needing and listening to the survivor for ways to help. Service providers could help informal support providers develop the listening skills needed to help survivors in the specific ways they require.

Support providers also advised others on the emotional weight of being disclosed to. This underlines a need for services catered to support providers who need to cope with the distress associated with disclosure and providing ongoing support. Support providers also reflected on their responses to the survivor and talked about what they could have done better, underscoring the need for social reactions research and accessible resources for support providers to learn about how to provide positive support.

Survivors demonstrated the subjective nature of healing from trauma through some of their recommendations in this study. While most recommended minimizing and countering blame for survivors, several also included recommendations for risk avoidance and future safety planning. A substantial number of survivors recommended learning self-defense tactics. Self-defense skills were popular with second-wave feminist organizers, but have been less popular among rape victim advocates and some scholars, who critique them as reinforcing victim-blaming rape culture (Hollander, 2009). Other scholars acknowledge that while self-defense strategies may be more limited in cases of incapacitated rape and acquaintance rape, they are still valuable for its positive therapeutic effects and utility in preventing victimization (see Ullman, 2014 for review). The results of this study demonstrate that many victims seek out self-defense training and find it empowering. Our data suggest it is equally important to remember these programs are invaluable for their helpfulness to survivors’ coping with sexual violence as past research has found (Brecklin & Ullman, 2005; Orchowski, Gidycz, & Raffle, 2008) in addition to their success at helping prevent victimization (DeKeseredy, 2014; Hollander, 2014). When tied to affirming messages that deconstruct rape myths, self-defense can be an appropriate and necessary resource for

survivors. For example, community groups comprised of lesbian, gay, bisexual, transgender, queer, intersex, and asexual people and people of color have embraced radical self-defense training as a way to promote liberation (Lifted Voices, 2017). Self-defense classes can also provide some of the other needs voiced by survivors, such as space to share with other survivors.

Limitations

There are a few noteworthy limitations to this study. This study was a volunteer, convenience sample of survivors and their primary support provider. Neither the survey nor interview focused on what survivors and support providers feel survivors need after an assault. For interviews, the 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. Thus, the interview was primarily about their relationship with the survivor and her experience rather than recommendations for improving responses and services for survivors. The survey was completed by only survivors and focused on the survivor's assault and disclosure experience. The responses used in this present study were from a general concluding question about what survivors feel they need following the assault. Survivors answered this final question after completing a lengthy survey about the social reactions they received, so may not have been thinking about what they need beyond the individual level and may have more recommendations if asked in a different context.

This study is also limited by the retrospective design. Time elapsed since the assault could have influenced what survivors recall needing directly after the assault. Time could have also influenced what support providers recall being perceived positively by survivors. However, the retrospective design allowed participants the time to gain perspective on their needs throughout their recovery time. What survivors need may be different months and years after the assault compared to immediately after. The retrospective design allowed the opportunity for survivors to provide information on what they recall needing directly after the assault as well as what they needed throughout their recovery. This also applies to support providers as well, who may recall needing to tailor the support they provide to survivors during their ongoing time supporting the survivor. Despite limitations, this study provides valuable knowledge on what survivors need in the aftermath of assault that can inform information provided to survivors through a "survivor informed" approach.

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Table 1

Frequency of recommendations from survivors and support providers

Recommendations	<i>n</i>
Survivor to survivor	
Talking to others	23
Seek out people w/specialized knowledge	56
Write or journal	6
Avoid risky behavior	6
Learn self-defense	6
Survivor to support provider	
Supportive listening	23
Anti-blaming messages	23
Survivor to formal support providers	
Financial needs	5
Education/training	15
Support provider to support provider	
Give space to talk	11
Show that you care	9
Convey belief and anti-blaming support	8
Respect survivor autonomy	8
Survivor experiences are subjective	5
Self-care for support provider	2