

Helpful and Harmful Responses to Sexual Assault Disclosures

Presenter

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS




Overview

- Reactions that women receive when disclosing sexual assault
- Factors that make receiving (or giving) harmful reactions more likely
- Consequences of receiving harmful reactions on coping and mental health
- Guidelines for supportive responses to provide and harmful responses to avoid to promote better outcomes for survivors of sexual assault



First Some Disclaimers

- 
- All groups of people experience sexual assault
 - What we know about social reactions to sexual assault comes primarily from studies of college or community samples of women, primarily young to middle-aged White or Black women
 - Social reactions to assault are affected by historical, situational, contextual, and cultural factors so we might be missing reactions experienced by understudied groups (e.g., men, Asian Americans, LGBTQ+, people who are older)
 - People who experience sexual assault commonly experiences other traumas and forms of interpersonal violence, yet there is less research on reactions to these other events




Part 1

- Reactions to disclosing sexual assault



Disclosing

- 
- Most women who experience sexual assault disclose to informal responders (e.g., friends) rather than formal (e.g., mental health)
 - Women report being hesitant to seek help from formal social systems due to beliefs that:
 - They aren't worthy of services if their experience wasn't a stereotypical example of rape
 - Systems can't help or protect them
 - They won't be believed or cared about
 - Seeking help could intensify painful feelings



Social Reactions Questionnaire

(Ullman, 2000)

Measures the positive and negative reactions that women receive when they disclose a sexual assault



Positive reactions include:

- Belief
- Emotional support
- Tangible aid/
information support

Negative reactions include

Turning against the survivor

- Victim blame
- Treating differently/stigmatizing
- Controlling reactions that infantilize

Unsupportive acknowledgement

- Egocentric
- Distraction
- Controlling reactions/making decisions that don't support autonomy

How common are these reactions?

- Almost all women (97-98%) who disclose sexual assault report receiving both positive and negative reactions
- Reactions that overtly turn against the survivor (e.g., blame) are less common but still experienced by around 78% of women
- These reactions come from mental health providers as well as friends and family



Part 2

- Factors that make receiving (or giving) harmful reactions more likely

Women more likely to receive negative reactions:




- Black and Hispanic
- Bisexual
- Less educated
- Have more extensive trauma histories
- More severe assaults
- Use of alcohol prior to assault
- Disclosing to both formal and informal responders

- Engage in maladaptive coping
- Have greater psychopathology (e.g., PTSD symptoms)



Part 3

- Consequences of receiving harmful reactions on coping and mental health



Negative reactions are associated with a variety of negative outcomes, cross-sectionally and over time:

- PTSD
- Depression
- Anxiety
- Substance use and abuse
- General distress
- Self-blame
- Social withdrawal
- Decreased sexual assertiveness
- Revictimization
- Maladaptive coping



Positive reactions are generally NOT associated with a decrease in symptomology...

yet may be associated with more problem focused and social coping and less avoidance coping

Harmful Impact Can Also Come from Good Intent



Some negative reactions might be well intended yet have negative impacts

- Egocentric reactions – Shifting focus to support provider
- Controlling reactions – making decisions for the survivor that may be to help but take autonomy away from survivors
- Distraction – Telling them to move on, think of other things



Even positive reactions can be perceived as negative or have a negative impact if the reaction is insufficient, doesn't match needs, or the relationship is not perceived as close enough.



Poll: Which negative reaction do you think is the most harmful for survivors of sexual assault?



A. Egocentric reaction

(getting focused on your own reaction and taking the attention off them)

B. Distraction

(Trying to distract them, telling them to move on, or to try not to think about it)

C. Treat differently

(Stigmatizing them or treating them in a different way than before they disclosed)

D. Blame

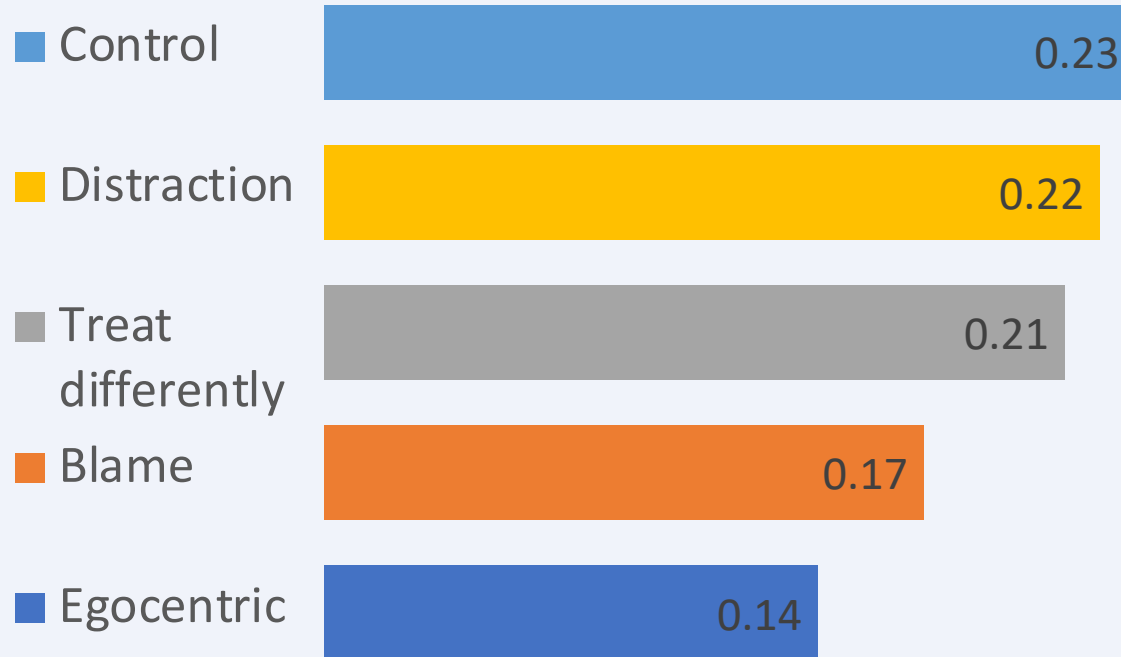
(Blaming them for their sexual assault and experience)

E. Control

(Making decisions for them and not allowing them to make their own decisions)

What are the most harmful reactions?

Longitudinal Associations Between Negative Reactions and Psychopathology



Source: Dworkin et al., 2019

Why?

- Quality of support affects the ability to cope
- Costs of receiving support (reduced self-esteem, competence, perceived equality) can outweigh the benefits
- People notice behaviors that violate what they expect
- Negative reactions may be felt as betrayal
- May internalize negative beliefs such as self-blame
- Confirmation of trauma related beliefs that others won't provide help
- Overprotection can cause depression, anxiety, and lower perceived control
- Support doesn't match needs
- Reactions that fail to provide support don't provide coping skills and can even lead to more avoidance coping



Part 4

- Guidelines for supportive responses to provide and harmful responses to avoid to promote better outcomes for survivors of sexual assault

What can we do: Before Others Disclose

- Be mindful that people may have fears of not being cared for, believed, or helped and are uncertain if it is worth it
- People may not feel they have a close enough relationship for the conversation
- Realize that as friends or social service professionals, their expectations might be higher and they will be attuned to any negative reactions
- Keep collaborations and contact with multiple people and organizations that can help if you are not the best person to help
- Try to have resources available to respond to a diversity of people
- Be humble and realistic with yourself whether you are the best person to help
- Decide ahead of time how you will provide support if they are engaging in more maladaptive coping (e.g., substance use, denial or avoidance)
- Realize being well-intended does not mean our reactions will not be harmful
- Stay current on evidenced-based practices, trauma-informed care, and sexual assault

(Dworkin et al., 2019)

Helping Those who Are Considering Disclosing



Help them identify people they know who are more likely to provide positive support



Help them weigh and understand the costs and benefits of disclosing



Provide education about potential impact of negative reactions so they know what to expect



Help them with distress from negative reactions and identify whether any distorted cognitions are present in their perceptions



Help them understand ways others may encourage maladaptive coping and help them learn and engage in healthy coping

Providing Positive Support According to Survivors and Support Providers

- Ensure survivors that the experience is not their fault
- Validate experience and counter rape myths related to stereotypical rape
- Show empathy, not pity
- Be active listener and distraction free, full attention
- Do not attempt to save them or tell them everything is going to be okay
- Just be present
- Acknowledge that healing takes time
- Acknowledge their agency and choices yet avoid blaming them for choices
- Check in regularly about their needs and expectations
- Individualize support to meet their needs
- Engage in self-care
- Realize when you are not the best person to provide support
- Provide options and have resources available

(Dworkin et al., 2018; Dworkin et al., 2019;
Kirkner et al., 2021)

Setting Realistic Expectations

Assess	Assess survivors' hopes, expectations, and needs
Tailor	Tailor responses if possible
Build and maintain	Build and maintain rapport and comfort
Set	Help set realistic expectations for how you or others may respond
Be	Be transparent, honest, and sensitive about situations where reactions from you or others are not likely to meet their expectations

(Dworkin et al., 2018)

Effective Therapy Relationship for Sexual Assault Trauma According to Therapists and Survivors

- Counteracting dehumanization – Making person feel dignified and valid
- Nonjudgmental empathy
- Trust restoration
- Breaking the silence
- Naming and normalizing
- Freeing from self-blame
- Releasing from shame
- Containment of the traumatic narrative – Be reliable and stabilizing
- Renewing the sense of control
- Flexing the boundaries – More contact may be necessary



Thank you!

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Questions and Comments





MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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