Online Social Reactions to Disclosure of Sexual Victimization via #MeToo and Symptoms of Post-Traumatic Stress Disorder

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Abstract

Sexual victimization is a major public health concern with significant consequences for survivors, their families, and society at large. Studies examining in-person disclosure of sexual victimization suggest that the way others respond to disclosure has a significant impact on survivors' well-being. With the advent of social media, more survivors are choosing to disclose their experience online. Research is needed to understand how social reactions to online disclosure of sexual victimization impact survivors. Accordingly, the current study examined the association between online social reactions to the disclosure of sexual victimization and symptoms of post-traumatic stress disorder (PTSD) symptoms in a sample of 195 individuals who disclosed their experience online via the hashtag #MeToo. Symptoms of PTSD were positively associated with the level of assault severity reported by the survivor, as well as receipt of online social reactions to disclosure via #MeToo that made fun, insulted, or said something to hurt

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the survivor. Online social reactions to disclosure via #MeToo that involved turning away from the survivor or providing unsupportive acknowledgment of the experience were unrelated with PTSD symptoms. PTSD symptoms were also not associated with the receipt of positive online social reactions to disclosure via #MeToo. Like research addressing in-person social reactions to disclosure of sexual victimization, some forms of online negative social reactions to disclosure of sexual victimization via #MeToo appear to be associated with worse psychological outcomes among survivors. Thus, online disclosure of sexual victimization and its impact needs to be attended to in clinical and research settings.

Keywords
sexual assault, rape, PTSD, disclosure, social reactions, online disclosure, #MeToo

Introduction

Sexual victimization is a significant public health concern (Fedina et al., 2018). Recent findings have found 43.6% of women (nearly 52.2 million) experience some form of unwanted sexual contact in their lifetime, with approximately 1 in 5 (21.3%) reporting completed or attempted rape at some point in their lifetime (Smith et al., 2018). Numerous studies suggest that sexual victimization is associated with a range of negative psychological consequences, including symptoms of post-traumatic stress disorder (PTSD; Bennice et al., 2003; Hyland et al., 2016). Notably, within the first 2 weeks following an experience of sexual victimization, 94% of women met symptomatic criteria for PTSD (Rothbaum et al., 1992). Furthermore, according to Dworkin et al. (2021) meta-analysis of 22 studies examining the intersection of sexual victimization and PTSD, 74.6% of individuals met the diagnostic criteria for PTSD in the first month following an assault, and 41.5% meet diagnostic criteria for PTSD 1 year following an assault. Understanding the factors that contribute to symptoms of PTSD among survivors of sexual victimization is therefore of high concern.

 Although numerous factors contribute to psychological outcomes following sexual victimization, how others respond to the disclosure of sexual victimization plays an important role in recovery (Dworkin et al., 2019). Responses to the disclosure of sexual victimization are generally classified as either positive or negative in nature (Ullman, 2010). The extent to which survivors receive various social reactions to disclosure of sexual victimization is often assessed

through the Social Reactions Questionnaire (SRQ; Ullman, 2000), which captures several domains of positive and negative responses to in-person disclosure of the experience. Positive social reactions to in-person disclosure of sexual victimization include receiving tangible aide or resources, or responses involving emotional support to the survivor, whereas negative reactions to in-person disclosure of sexual victimization include responses that attempt to control a survivor's decisions, blame the survivor, distract from the survivor's experience, or focus on the support persons own needs (Ullman, 2000).

Numerous studies have examined the impact of social reactions to in-person disclosure of sexual victimization (see Dworkin et al., 2019 for a review). Research is mixed regarding the association between positive social reactions to in-person disclosure of sexual victimization and well-being (Ahrens et al., 2006; Campbell et al., 2001; DiMauro & Renshaw, 2021, Orchowski & Gidycz, 2015; Sigurvinsdottir & Ullman, 2016; Ullman & Peter-Hagene, 2014, 2016). Ullman and Peter-Hagene (2014) as well as Sigurvinsdottir and Ullman (2016) documented an association between positive social reactions and lower levels of PTSD symptoms among survivors, whereas other studies documented no association between positive social reactions to in-person disclosure of sexual victimization and symptoms of PTSD (Orchowski & Gidycz, 2015; Ullman & Peter-Hagene, 2016). When studies are examined in aggregate, there is not sufficient evidence to suggest that positive social reactions have a buffering effect on psychological distress (Dworkin et al., 2019).

Studies document a more consistent association between negative social reactions to in-person disclosure of sexual victimization and psychological distress. Specifically, survivors often report feeling hurt, shame, or rejection because of negative reactions to the disclosure of sexual victimization (Campbell et al., 2001; Campbell & Raja, 1999). Even well-intentioned questions (e.g., "Were you drinking?") can exacerbate symptomatology following an experience of sexual victimization (Ahrens, 2006). Numerous studies suggest that survivors who receive negative reactions to in-person disclosure of sexual victimization report greater symptoms of PTSD (Dworkin et al., 2019; Littleton, 2010; Orchowski et al., 2013; Ullman & Peter-Hagene, 2014; Ullman & Relyea, 2016). Prospective research also suggests that accounting for symptomatology prior to victimization, receipt of higher levels of negative social reactions to in-person disclosure of sexual victimization is associated with increased levels of hostility and fear among survivors (Orchowski & Gidycz, 2015).

Although numerous studies now exist examining the association between social reactions to in-person disclosure of sexual victimization and psychological outcomes among survivors, research examining social reactions to disclosure of sexual victimization via online platforms is still in its infancy

(see Bogen, Orchowski, & Ullman, 2021 for a review). Research examining online social reactions to disclosure is vital, given the prevalence of social media use, as well as the increase in online disclosure of sexual victimization during the #MeToo movement. The hashtag #MeToo "went viral" in 2017 after The New York Times published a report detailing allegations of sexual harassment against Harvey Weinstein (Kantor & Twohey, 2017), following the release of the report, the actress Alyssa Milano posted the following tweet on the social media site Twitter: "If you've been sexually harassed or assaulted, write 'me too' as a reply to this tweet" (Sayej, 2017). Milano's post went "viral," resulting in over 85 million social media posts with the hashtag #MeToo in 45 days (Sayej, 2017).

Although individuals tend to utilize social media to garner support following experiences of sexual victimization (Andalibi et al., 2016; Moors & Webber, 2013), the experience of individuals who disclose their experiences online is not always positive. Although survivors who utilized #MeToo to share their experience generally describe the process as beneficial for their recovery (Gundersen & Zaleski, 2020), others found that the act of disclosing sexual victimization online led to social rejection and public scrutiny (Loney-Howes, 2018). Furthermore, although individuals struggling with psychological distress may turn to social media to garner social support (Naslund et al., 2020), social media use often negatively impacts mental health (Braghieri et al., 2022; De Choudhury & Kiciman, 2017; Naslund et al., 2020).

A limited number of studies to date have examined the characteristics of social reactions to disclosure in online spaces (Bogen, Bleiweiss, et al., 2021, Bogen et al., 2019; Schneider & Carpenter, 2020). Broadly, social reactions to the disclosure of sexual victimization online include both positive as well as negative reactions (Hosterman et al., 2018; Manikonda et al., 2018; Schneider & Carpenter, 2020). For example, an examination of 1,660 tweets with the hashtag #MeToo found that some Twitter users responded to survivors in the forum in a supportive way, while others responded in a manner that distracted from survivors' experiences (Bogen, Bleiweiss, et al., 2021). When responding to online disclosure of sexual victimization via social media, individuals may also respond in ways that attempt to take control of a survivor's decisions, blame the survivor, or shift the focus onto their own needs (Bogen et al., 2019).

To our knowledge, four qualitative studies have examined the impact of social reactions to the disclosure of sexual victimization online (Gundersen & Zaleski, 2020; Loney-Howes, 2018; PettyJohn et al., 2022). Positive responses to online disclosure of sexual victimization were described as validating by some survivors and helped other survivors to decrease feelings of shame about

the experience (Gundersen & Zaleski, 2020; Loney-Howes, 2018). Barta found that although disclosing sexual victimization online was generally perceived by survivors as helpful, negative social reactions to online disclosure of sexual victimization from family and friends were perceived to be especially hurtful and dissuaded some survivors from telling others in the future. Lastly, a study found that survivors also experience psychological distress when they witness negative social reactions toward other survivors of sexual victimization (PettyJohn et al., 2022). Quantitative studies, which examine associations between social reactions to online disclosure of sexual victimization and psychological outcomes among survivors, are lacking. To our knowledge, no study has assessed social reactions to online disclosure of sexual victimization and symptoms of PTSD among survivors.

Purpose of the Current Study

The current study seeks to address our lack of understanding about the impact of online social reactions to disclosure of sexual victimization through a quantitative analysis of the association between various positive and negative online social reactions to the disclosure of sexual victimization and symptoms of PTSD in a sample of adults who disclosed sexual victimization via #MeToo. The study sample was recruited via social media advertisements. Participants responded to a series of self-report questionnaires regarding their victimization history, utilization of the #MeToo forum to disclose their experience, social reaction to the online disclosure, and psychological symptomatology. Given that prior research addressing the impact of online social reaction to the disclosure of sexual victimization was not available to inform the study hypotheses, we expected that results would mirror prior studies addressing the association between social reactions to in-person disclosure of sexual victimization and PTSD among survivors of sexual victimization (Dworkin et al., 2019). Furthermore, prior research has found that assault severity has been positively associated with increased PTSD symptoms (Ullman & Filipas, 2001; Ullman et al., 2007). Thus, we also examined the relation between assault severity and PTSD symptoms in the current study. Specifically, the following hypotheses were proposed:

Hypothesis 1: Higher levels of negative online social reactions will be associated with elevated PTSD symptoms.

Hypothesis 2: Given research suggesting a weak or null association between in-person positive social reactions to disclosure and psychological distress among survivors, it was hypothesized that positive online social reactions would not be associated with PTSD symptoms.

Hypothesis 3: Sexual victimization severity will be positively associated with elevated PTSD symptoms.

Methods

Participants

Participants were recruited via social media to participate in a study of disclosure of unwanted sexual experiences. To enroll in the study, participants needed to endorse that they were over the age of 18. Of the total sample ($N=767$), 26.1% ($n=200$) indicated they disclosed an unwanted sexual experience online using #MeToo. To ensure that the sample consisted of survivors of sexual victimization from the age of 14 to the time of the current study, participants completed the Sexual Experiences Survey-Short Form Victimization (SES-SFV; Johnson et al., 2017; Koss & Gidycz, 1985). Five participants were eliminated for not reporting an experience of sexual victimization on the SES-SFV, resulting in an analytic sample of 195 participants.

Most of the participants in the sample were college educated, with an associate degree (6.2%, $n=12$) bachelor's degree (35.9%, $n=70$), master's degree (21.5%, $n=42$), doctorate degree (1.5%, $n=3$), or post-doctoral training (2.6%, $n=5$). The remaining reported having some high school education (3.6%, $n=7$), a high school diploma or equivalent (5.6%, $n=11$), some college (20.5%, $n=40$), or trade/technical/vocational training (2.6%, $n=5$). The majority of the sample self-identified as White (72.3%, $n=141$), with 6.7% ($n=13$) identifying as Black, 7.7% identifying as Latinx or Hispanic ($n=15$), 4.6% ($n=9$) identifying as Native American/American Indian, 3.6% ($n=7$) identifying as Asian/Pacific Islander, 2.1% identifying as multiracial ($n=4$), 2.1% listing "other" as their race ($n=4$), and 1% preferring not to answer ($n=2$). Self-reported gender of the sample was 70.8% cisgender women ($n=138$), 11.8% cisgender men ($n=23$), 13.3% nonbinary ($n=26$), 2.6% transgender men ($n=5$), 1% selecting "other" ($n=2$), and 0.5% preferring not to answer ($n=1$). Regarding sexual orientation, 45.6% of the sample self-identified as heterosexual ($n=89$), 31.3% as bisexual ($n=61$), 5.6% as lesbian ($n=11$), 3.6% as gay ($n=7$), 8.2% as pansexual ($n=16$), 0.5% as asexual ($n=1$), 4.1% listed "other" regarding sexual orientation ($n=8$), and 1% preferred not to answer ($n=2$).

Measures

Disclosure. One item question assessed whether individuals whether and where individuals disclosed their unwanted sexual experiences. Participants were asked "Earlier in the survey, you shared that you had an unwanted sexual experience. Have you told anyone about this experience? Please indicate

whether you told anyone in person (only), online via MeToo (only), both in person and online via MeToo, or never (not at all)" and asked to choose from the following responses: "No, I did not disclose online via MeToo nor have I told anyone in person," "Yes—I disclosed in person, but NOT via MeToo," "Yes—I disclosed online via MeToo but NOT in person," and "Yes—I disclosed in person AS WELL AS online using MeToo."

Social Reactions to Disclosure. The Social Reactions Questionnaire-Shortened (SRQ-S) (Ullman et al., 2017) was used to understand the online reactions participants received after they disclosed their sexual victimization experiences. Specifically, participants were asked "The following is a list of reactions that other people sometimes have when responding ONLINE to a person with this experience. Please indicate how often you experienced each of the listed responses from other people." This scale consists of three subscales: Turning Against, Unsupportive Acknowledgment, and Positive Reactions. Items were presented on a 5-point Likert scale from 1 (*Never*) to 5 (*Always*). Subscale scores were calculated using the average of subscale items. In the current sample, the SRQ-S Turning Against subscale demonstrated good internal consistency ($\alpha=.90$) as so did the SRQ-S Unsupportive Acknowledgment subscale ($\alpha=.89$). The SRQ-S Positive Reactions, hereby called "General Emotional and Informational Support" subscale demonstrated acceptable internal consistency ($\alpha=.76$).

Additionally, a brief eight-item questionnaire developed for the purpose of this study assessed additional social reactions that are unique to online spaces. These items were generated from prior qualitative studies examining reactions received online upon disclosure of sexual victimization (Bogen et al., 2019). Specifically, participants were asked to respond on a 5-point Likert scale from 1 (*Never*) to 5 (*Always*) to the following items "Shared a relevant link with you," "Shared your tweet(s) with other people," "Retweeted your #MeToo tweet(s)," "Liked your #MeToo tweet(s)," " Directed you to a web page of resources," "Shared their own experience with you in solidarity," "Made fun of you, insulted you, or said something to hurt you," and " Defended you to other people." Based on Ullman's seminal work on social reactions (Ullman, 2000), items "Shared a relevant link with you" and "Directed you to a web page of resources" were grouped together to create the provision of online resources subscale. This subscale demonstrated good reliability in the sample ($\alpha=.80$). Subscale item responses were summed, and the mean scores were calculated to obtain the subscale score. Similarly, items "Liked your #MeToo tweet(s)," "Shared their own experience with you in solidarity," and "Defended you to other people" were grouped together to obtain online emotional support subscale. The subscale score was calculated using the average of subscale items. This subscale also

demonstrated adequate reliability ($\alpha = .61$). The remaining three items ("Made fun of you, insulted you, or said something to hurt you," "Retweeted your #MeToo tweet(s)," and "Shared your tweet(s) with other people") were analyzed individually.

Symptoms of PTSD. Symptoms indicative of PTSD were measured using a six-item abbreviated version of the PTSD Checklist (PCL-6) (Lang & Stein, 2005; Lang et al., 2012). Participants responded to six-items ("Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?," "Feeling very upset when something reminded you of a stressful experience from the past?," "Avoided activities or situations because they reminded you of a stressful experience from the past?," "Feeling irritable or having angry outbursts?," "Difficulty concentrating?," and "Feeling jumpy or easily startled?") on a 5-point Likert scale, ranging from 1 (*Not at* all) to 5 (*Extremely*). Item responses were summed to obtain total PTSD symptoms score and then, a mean score was calculated. A higher mean indicates higher overall PTSD symptoms severity. Cronbach's alpha in the current sample was .86.

Procedure

The Institutional Review Board approved all the study procedures. Participants were recruited nationally in the United States via social media and were compensated with a $10 Amazon gift cards for their time. The proposed study was conducted using publicly available online survey software. Before accessing survey items, participants were asked to read a detailed informed consent document and provide consent to participate in the study.

To prevent random responses and the possibility of bots, participants were asked to check a reCAPTCHA box, prior to accessing survey items, to verify that they are not a robot. A quality control check was conducted by researchers to evaluate each collected response. The quality control check included going through each response and flagging responses for inconsistent responses, suspected ballot stuffing (i.e., one respondent filling the survey multiple times), and suspicious response patterns. Responses that were flagged with at least one quality response concern were not included in the analysis of the data. A total of 1,191 responses were collected and 767 responses (64.3%) passed the quality control check.

Data Analytic Plan

To examine hypotheses relevant to this study, bivariate correlations among all variables of interest (sexual victimization severity, online social reactions,

and PTSD symptoms) were calculated. Prior to conducting a linear regression analysis, assumptions of linear regression (e.g., normality of residuals, lack of multicollinearity, and homoscedasticity) were checked. A linear regression was used to examine the association between the dependent variable (PTSD symptoms) and independent variables (sexual victimization severity and online social reactions). The independent variables were entered using ENTER method.

Results

Descriptive Statistics and Bivariate Correlations

Descriptive statistics of key study variables among individuals with sexual victimization experience and who disclosed using #MeToo are presented in Table 1. Of the individuals who disclosed using #MeToo ($n = 195$), the majority experienced rape (74.4%, $n = 145$), and the remaining experienced attempted rape (6.2%, $n = 12$), sexual coercion (11.3%, $n = 22$), and sexual contact (8.2%, $n = 16$). Most of the sample (70.3%, $n = 137$) also disclosed the assault in-person.

Bivariate correlations among study variables are presented in Table 1. PTSD symptoms were positively associated with sexual victimization severity, turned against social reactions, unsupportive acknowledgment social reactions, and item "made fun of you, insulted you, or said something to hurt you." No other negative or positive reactions were associated with PTSD symptoms. All negative social reactions (i.e., turned against, unsupportive acknowledgment, and "made fun of you, insulted you, or said something to hurt you") were positively associated with each other. Similarly, all positive social reactions (i.e., general emotional and information subscale, provision of online resources subscale, and online emotional support subscale) were positively associated with each other.

Linear Regression

A simple linear regression was used to examine the association between PTSD symptoms (dependent variable) and online social reactions to assault disclosure (independent variable) along with sexual victimization severity (independent variable). Prior to conducting a linear regression analysis, assumptions of linear regression (e.g., normality of residuals, lack of multicollinearity, and homoscedasticity) were checked. The normality of residuals for the dependent variable was conformed visually via a normal P–P plot of standardized residuals, which showed points that were not completely on the line, but close. The variance

Table 1. Bivariate Correlations and Descriptive Statistics.

Variables	1	2	3	4	5	6	7	8	9	M (SD)
1. Assault Severity	—									3.47 (0.98)
2. PTSD Symptoms	.18*	—								3.01 (0.94)
3. Turned Against	.03	.26***	—							1.98 (0.91)
4. Unsupportive Acknowledgment	-.06	.18*	.84***	—						2.06 (0.98)
5. General Emotional and Informational Support	-.01	.02	.21***	.44***	—					2.69 (0.98)
6. Provision of Online Resources	-.15*	.09	.34***	.48***	.63***	—				2.16 (1.11)
7. Online Emotional Support	-.08	.04	.20**	.28***	.59***	.48***	—			2.88 (0.89)
8. Shared Your Tweet	-.08	-.01	.40***	.43***	.42***	.42***	.48***	—		2.30 (1.22)
9. Retweeted Your Tweet	-.01	.03	.23***	.35***	.38***	.39***	.55***	.77***	—	2.27 (1.21)
10. Made Fun, Insulted, Said Something To Hurt You	.06	.34***	.73***	.54***	.08	.27***	.23***	.33***	.31**	1.73 (1.01)

Note. The range for all variables is 1 to 5. PTSD = post-traumatic stress disorder.
$*p < .05.$ $**p < .01.$ $***p < .001.$

inflation factor (VIF) values for all variables ranged from 1.9 to 5.9, indicating a lack of multicollinearity (Vittinghoff et al., 2006). Lastly, a visual screen of the scatterplot suggested the date were homoscedastic as the scatter plot took the (approximate) shape of a rectangular; scores were concentrated in the center (about the zero point and less than the absolute value of 3) and distributed in a rectangular pattern.

The overall model was significant (F [9, 185]=4.05, $p < .001$) and accounted for 16.5% of the variation in PTSD symptoms (see Table 2). Specifically, sexual victimization severity and item "made fun of you, insulted, you, or said something to hurt you" were positively associated with PTSD symptoms. The remaining positive and negative social reactions were not associated with PTSD symptoms.

Discussion

Growing social media use and the onset of the #MeToo movement makes it essential to understand the impact of online disclosure of sexual victimization. The present study builds on and extends past research on social reactions to assault survivors by being the first study to examine the association between social reactions to online disclosure of sexual victimization using #MeToo and symptoms of PTSD. Several of the study hypotheses were supported.

Consistent with Hypothesis #1, negative online social reactions (i.e., made fun of you, insulted you, or said something to hurt you) were positively associated with PTSD. Specifically, higher levels of negative online social reactions reported by survivors were associated with higher symptoms of PTSD. Findings are consistent with prior studies documenting an association between negative social reactions to in-person disclosure of sexual victimization and higher levels of PTSD among survivors (Ullman & Peter-Hagene, 2014). These findings extend previous findings from qualitative research that report a detrimental impact of online negative responses to assault disclosure on survivors' well-being.

It is notable that the current sample largely consisted of survivors who had experienced more severe forms of sexual assault (i.e., rape). Recent research also suggests that survivors who experience more in-person negative social reactions to disclosure also reported greater severity/force at the time of an assault (Salim et al., 2022). In the current sample, receipt of negative online social reactions to disclosure via #MeToo were associated with increased PTSD symptomatology after accounting for sexual assault severity. Research is needed to better understand why individuals who experience more severe

Table 2. Linear Regression Examining Online Social Reactions to Disclosure of Sexual Victimization Via #MeToo and PTSD Symptoms.

Variables	b (SE)	B
Assault Severity	.14 (.06)*	.15
Turned Against	.10 (.17)	.10
Unsupportive Acknowledgment	−.03 (.14)	−.03
Made Fun of You, Insulted You, or Said Something to Hurt You	.29 (.10)**	.31
General Emotional and Informational Support	.01 (.10)	.01
Provision of Online Resources	.07 (.08)	.08
Online Emotional Support	−.01 (.10)	−.01
Shared Your Tweet	−.15 (.09)	−.19
Retweeted Your Tweet	.03 (.09)	.04

Note. PTSD = post-traumatic stress disorder; b = unstandardized coefficient; SE = standard error; B = standardized coefficient.
*p < .05. **p < .01

experiences of sexual victimization may be especially likely to receive negative social reactions to disclosure.

It was notable that only one type of online negative reaction was significantly associated with PTSD symptoms. Reactions involving making fun of the survivor, insulting the survivor, and saying something to hurt the survivor were associated with higher PTSD symptomology. Such negative responses reflect the broader public stigma toward sexual assault victims (Krahé et al., 2008; McKimmie et al., 2014). Such responses are also concerning because research has documented that Twitter users who do engage in such harmful responses are more likely to be retweeted and have more followers than Twitter users who provide positive reactions (Stubbs-Richardson et al., 2018). The ability to post on social media while maintaining anonymity is conducive to engaging in harmful behavior such as making fun of survivors, insulting them, or saying something to hurt them. Indeed, prior research has documented the negative outcomes associated with anonymity on social media including cyberbullying (Barlett & Gentile, 2012; Barlett et al., 2016), trolling (Diakopoulos & Naaman, 2011), or hostile commenting (Lapidot-Lefler & Barak, 2012). Similarly, research has also examined the impact of anonymity on commenting behavior on discussion boards and found that those commenting with a real name social network account significantly use fewer offensive words in comparison with those anonymous accounts (Cho & Acquisti, 2013). Our findings suggest that such behaviors, which may be

facilitated by the ability to maintain anonymity on social media, have serious implications for survivors' mental health and recovery.

As proposed by Hypothesis #2, positive online social reactions were not associated with symptoms of PTSD. Although future research should replicate this finding in a larger sample, these findings mirror those documented in research examining the impact of positive social reactions; namely, that positive social reactions tend to have a minimal or null association with well-being (Dworkin et al., 2019). Given that survivors are constantly inundated by numerous messages that blame survivors for their experiences (Bhuptani et al., 2019), it is possible that positive reactions to disclosure—either online or in person—simply do not do enough to buffer against other negative influences following an assault.

The current findings have several implications. It may be useful for mental health providers to inquire about ways in which survivors have sought help online, and whether these experiences have been helpful or hurtful to their recovery. Providers may help survivors to set limits on social media use if disclosure in an online forum proves to be harmful for recovery. Survivors may also find it useful to process any negative reactions received online and develop other more robust networks of support. Even if survivors personally do not disclose their experience online, they may nonetheless bear witness to negative social reactions to other survivors in online spaces. In fact, a qualitative study found that survivors also experience psychological distress when they witness negative social reactions toward other survivors of sexual assault (PettyJohn et al., 2022).

Although the current study increases our understanding of the impact of online social reactions to the disclosure of sexual victimization via #MeToo, several considerations should be kept in mind when interpreting the study findings. First, the current analyses accounted for assault severity as a correlate of PTSD. Several other factors can influence PTSD symptoms, including overall levels of shame (Bhuptani & Messman, 2021; Carson et al., 2020), emotion regulation (Ullman & Peter-Hagene, 2014), and self-blame (Bhuptani & Messman, 2021). Future studies would therefore benefit from including a greater range of potential predictors of PTSD to understand the relative contribution of online social reactions to disclosure as one of many factors that can influence recovery. Second, the present study examined a limited number of social reactions to online disclosure, which were classified by the research team as generally positive or negative. Prior studies suggest that the way in which survivors perceive specific social reactions is mixed (Campbell et al., 2001), such that not all survivors perceive various social reactions as uniformly helpful or harmful. Future studies can therefore consider asking survivors to label whether some social reactions were positive or negative. In

addition, through consultation with other researchers, a limited number of items were also created for the purpose of the current study to assess social reactions to disclosure that might be specific to an online context (e.g., liking or sharing a tweet or sharing a link to online resources). Some of these items were grouped together to represent forms of positive and negative online social reactions, and some items were examined individually. Further research is needed to develop validated scales that assess online social reactions to the disclosure of sexual violence. Qualitative research is also needed to examine the ways in which online social reactions are perceived as potentially helpful or unhelpful among individuals who disclose victimization online.

The present study also did not account for ways in which survivors may have disclosed the experience in person. Survivors are apt to disclose experiences of sexual victimization online as well as in-person. Future studies should therefore consider whether receipt of positive and negative responses to in-person disclosure can buffer the impact of negative responses to disclosure online along with disclosing experiences online. It should also be noted that social reactions were assessed via retrospective self-report of social reactions to online disclosure via #MeToo. Retrospective reporting may increase errors in self-report. Third, the current dataset is cross-sectional in nature and as such directionality of the associations examined in the research cannot be established. Longitudinal research, akin to the design used by Orchowski and Gidycz (2015), is needed to establish the directionality of the association between negative social reactions to online disclosure of sexual victimization and PTSD symptoms. It is also important to note that approximately 72% of the study sample self-identified as White. As such, findings may not be generalizable. Lastly, prior literature that states in-person reactions, especially the negative ones appear to have an even stronger impact on post-assault recovery compared to heterosexual survivors (Pinciotti et al., 2023; Sigurvinsdottir & Ullman, 2015). Thus, it is important for future studies to investigate how these reactions as well as their impact on recovery differ based on gender and sexual orientation.

In sum, the current study investigated the impact of online negative social reactions to online disclosure of sexual victimization on PTSD symptoms among survivors. Findings suggest that online negative social reactions, specifically, making fun of survivors or making demeaning comments toward them, are associated with increased PTSD symptoms, even after controlling for victimization severity. These findings highlight the importance of negative online social reactions to disclosing sexual victimization online as a factor that can influence recovery among survivors. When considering the factors that influence recovery among survivors, clinicians and researchers alike may benefit from attending to the impact of negative social reactions to online disclosure of sexual victimization.

Declaration of Conflicting Interests

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