



Associations Among Online Social Reactions to Disclosure of Sexual Victimization, Coping and Social Isolation

Prachi H. Bhuptani^a, Gabriela López^b, Roselyn Peterson^b, and Lindsay M. Orchowski^a

^aRhode Island Hospital, Providence, RI, USA; ^bBrown University, Providence, RI, USA

ABSTRACT

Social reactions to the disclosure of sexual victimization are critical to post-assault recovery. The popular social media hashtag “#MeToo” resulted in numerous survivors of sexual victimization disclosing their experience online. Whereas previous research has examined the association between social reactions to *in-person disclosure* of sexual victimization and factors commonly associated with adjustment among survivors – such as coping and social support – research is needed to examine correlates of social reactions to *online disclosure* of sexual victimization. Accordingly, the current study investigated the relationship between online social reactions to the disclosure of sexual victimization via #MeToo and engagement in various coping strategies (problem-focused coping, emotion-focused coping) and social isolation among a sample of 195 adults with a history of sexual victimization. Results indicated that the provision of online resources was associated with lower use of problem-focused and emotion-focused coping strategies. Receipt of online emotional and informational support was associated with increased use of emotion-focused coping strategies. Further, receipt of online social reactions that turned against the survivor and receipt of online social reactions that “made fun of you, insulted you, or said something to hurt you” were associated with higher levels of social isolation. Lastly, online unsupportive acknowledgment and “sharing your tweet with other people” were associated with lower levels of social isolation. Results highlight how online social reactions to disclosure of sexual victimization via #MeToo intersect with coping and social support among survivors of sexual victimization and help to give context to the experience of online disclosure of sexual victimization.

ARTICLE HISTORY

Received 23 May 2023
Revised 16 December 2023
Accepted 19 December 2023

KEYWORDS

Sexual victimization; rape; coping; disclosure; social reactions; online disclosure; #MeToo

Sexual victimization is a serious public health concern with detrimental effects for individuals and society at large (Fedina et al., 2018). Nearly 52.2 million women (43.6%) and 25% of men experience some form of unwanted sexual contact in their lifetime, with approximately 21.3% of women reporting enduring attempted or completed rape (S. G. Smith et al., 2018). Sexual victimization is associated with a variety of psychological sequelae including

CONTACT Prachi H. Bhuptani  prachi_bhuptani@brown.edu  Department of Adult Psychiatry, Rhode Island Hospital, 593 Eddy Street, Providence, RI 02903

depression, anxiety, substance misuse, sleep disorders, and post-traumatic stress disorder (Black et al., 2011; Mason & Lodrick, 2012; S. G. Smith et al., 2018). These data highlight the high public health burden of sexual victimization and the importance of understanding how to best support survivors in healing following the experience.

How individuals respond to the disclosure of sexual victimization plays an important role in the recovery of psychological outcomes following sexual victimization (Dworkin et al., 2019). Although the way potential supports respond to disclosure of sexual victimization is complex and nuanced (Langhinrichsen-Rohling et al., 2022), research on social reactions to disclosure of sexual victimization classifies responses to disclosure as being either positive or negative in nature (Ullman, 2010). The Social Reactions Questionnaire (SRQ; Ullman, 2000) is a self-report survey commonly utilized to assess the extent to which support providers respond to in-person disclosure of sexual victimization in a positive and/or negative way. Positive social reactions to in-person disclosure of sexual victimization assessed on the SRQ include receiving tangible aid or resources or responses involving emotional support to the survivor (Ullman, 2000). Negative reactions to in-person disclosure of sexual victimization assessed on the SRQ broadly fall under two categories, turned against and unsupportive acknowledgment (Relyea & Ullman, 2015). Responses categorized as turning against the survivor encompass victim blaming, treating the survivor differently or stigmatizing the survivor, and infantilizing responses. Responses that are considered unsupportive acknowledgment are mixed responses that acknowledge the assault but do not provide enough support to the survivor and may include egocentric responses, distracting responses, and making decisions for the survivor (Relyea & Ullman, 2015). Whereas some research documents an association between receipt of positive social reactions to in-person disclosure of sexual victimization and lower levels of posttraumatic stress disorder (PTSD) symptoms (Sigurvinsdottir & Ullman, 2016; Ullman & Peter-Hagene, 2014), other studies document no association between positive social reactions to in-person disclosure of sexual victimization and symptoms of PTSD (Orchowski & Gidycz, 2015; Ullman & Peter-Hagene, 2016). An association between receipt of both negative social reactions to in-person disclosure (i.e., turned against and unsupportive acknowledgment) of sexual victimization and worse outcomes among survivors is more consistently documented in research (see Dworkin et al., 2019, for a review; Relyea & Ullman, 2015; Salim et al., 2022).

With social media use increasing in popularity over the past 15 years (Auxier & Anderson, 2021), it is becoming increasingly common for survivors of sexual victimization to disclose the experience to their social networks online (Bogen, Orchowski, et al., 2021; Gorissen et al., 2023). For example, during the 2016 United States presidential election, the Twitter hashtag #NotOkay became a way for individuals to raise awareness about the problem

of sexual victimization; resulting in many social media users sharing their own experiences of victimization (Bogen et al., 2018), and support to other victims online (Bogen et al., 2019). Disclosing sexual victimization online became an even more widespread phenomenon in 2017, when the hashtag #MeToo went “viral” as a way for survivors of sexual victimization to engage in collective action and raise awareness about the issue by sharing their experience online (Anderson & Toor, 2018). Although originally spearheaded by Tarana Burke in 2006, the movement exploded after actress Alyssa Milano posted the tweet: “If you’ve been sexually harassed or assaulted, write ‘me too’ as a reply to this tweet” (Sayej, 2017) following the publication of a report in *The New York Times* detailing allegations of sexual harassment against Harvey Weinstein (Kantor & Twohey, 2017). Since this time, other hashtags have been used to raise awareness about sexual victimization, including #WhyIDidntReport (Orchowski et al., 2022).

Although individuals may utilize social media to garner support following experiences of sexual victimization, the experience of individuals who disclose their experiences online is not always positive (Andalibi et al., 2016; Bogen et al., 2019; Coates Quezada et al., 2023; Moors & Webber, 2013). Whereas research examining online social reactions to disclosure of sexual victimization remains relatively sparse, several studies suggest that survivors who disclose their experience online experience both positive and negative reactions (Bogen, Orchowski, et al., 2021; Gorissen et al., 2023; Loney-Howes, 2018; Schneider & Carpenter, 2020). For example, qualitative interviews conducted by Gundersen and Zaleski (2021) revealed that disclosing online resulted in survivors reporting positive benefits such as reclaiming online spaces and filling the gap of online support for other victims. However, like research reported by Stubbs-Richardson et al. (2018), Bogen et al. (2019), and Zaleski et al. (2016), some survivors interviewed by Gundersen and Zaleski (2021) also had negative experiences when disclosing online which centered around bullying and victim blaming. These findings highlight the importance of understanding factors associated with experiencing positive and negative responses to online disclosure of sexual victimization so this information can be used to inform interventions and educate survivors about the benefits and drawbacks of sharing sexual victimization experiences online.

Coping styles, social support, and adjustment among survivors of sexual victimization

Coping strategies play an important role in adjustment following traumatic experiences (Amirkhan, 1990; Orchowski et al., 2013; Schoenmakers et al., 2015). Following traumatic events, individuals often use various types of coping strategies including (1) problem-solving and (2) emotion-focused coping (Sabina & Tindale, 2008; Yoon et al., 2018). Problem-solving coping includes

active efforts to manage stressful situations such as making new friends, forming a plan of action in your mind, and cultivating existing connections (Amirkhan, 1990; Schoenmakers et al., 2015). Emotion-focused coping includes all the regulative efforts to diminish the emotional consequences of a stressful event (Schoenmakers et al., 2015). More specifically, emotion-focused coping includes trying to see the situation in a different light (Cooper et al., 2008) as well as seeking reassurance from those who know you best (Amirkhan, 1990). Research findings on the impact of emotion-focused coping are mixed. Some studies report that greater use of both problem and emotion-focused coping is associated with elevated distress (e.g., Matheson & Anisman, 2003; McWilliams et al., 2003). Other studies report that emotion-focused coping promotes psychological well-being, especially over the long-term (e.g., Johnsen et al., 2002; Kariv & Heiman, 2005; Van Harreveld et al., 2007; Yoon et al., 2018). Thus, emotion-focused coping may be viewed as a manifestation of resilience, which translates to one's ability to reduce the impact of the trauma through utilizing resources (Hoge et al., 2007). Indeed, utilizing skills to attend to and reduce negative affect and assuage psychological distress may promote recovery among survivors of sexual victimization (e.g., Yoon et al., 2018). Despite the mixed findings on *the impact* of coping on recovery, there is nonetheless consensus in the research that coping plays a role in recovery. Thus, it is important to identify factors associated with the use of problem-focused and emotion-focused coping strategies among survivors of sexual victimization.

Perceived social support is also an important component of recovery following trauma. (Ullman, 1996), with studies reporting a positive association between high perceived levels of social support and adjustment following sexual victimization (Hirai et al., 2020). Notably, social isolation is a form of coping that comes from withdrawing from social companionship, support, or connection (Hawthorne, 2006). Some researchers suggest that social isolation may be conceptualized as a form of avoidance-focused coping (Amirkhan, 1990). Isolation is known to be associated with psychosocial problems, especially for those recognized as vulnerable individuals (Sharma et al., 2020). To date, research has largely overlooked how social reactions in the context of *online disclosure* of sexual victimization relate to coping and social isolation among individuals who experience sexual victimization. However, it is reasonable to expect that the way in which individuals are treated online following disclosure of sexual victimization could intersect with the way they cope with the experience as well as with their social connection.

Coping styles and associations with social reactions to disclosure of sexual victimization

Prior studies examining in-person social reactions to disclosure of sexual victimization suggest that how others respond to *in-person disclosure* of

victimization is associated with a survivor's use of various coping strategies (Orchowski et al., 2013; Ullman & Peter-Hagene, 2014). For example, negative social reactions to in-person disclosure of sexual victimization, which blame a survivor for the experience are associated with less engagement in problem-focused coping (Orchowski et al., 2013) and increased social isolation (Golding et al., 2002). An association between negative social reactions to in-person disclosure of sexual victimization and lower levels of problem-focused coping among survivors is especially concerning, given data suggesting that active coping strategies tend to promote better adjustment following sexual victimization (Frazier & Burnett, 1994). Conversely, positive social reactions that provide emotional support to a survivor are associated with increased use of emotion-focused coping strategies (Orchowski et al., 2013; Ullman & Peter-Hagene, 2014), increased use of problem-focused coping strategies (Ullman & Peter-Hagene, 2014) and lower levels of social isolation (Ullman & Peter-Hagene, 2014). Research has yet to examine the association between online social reactions to sexual victimization disclosure, coping strategies, and social isolation among survivors of sexual violence. The present study sought to fill this gap. Given that prior research documented an association between victimization severity and social reactions to disclosure of sexual victimization (e.g., Ullman & Siegel, 1995) along with victimization severity and coping strategies (e.g., Ullman et al., 2007), the current research study investigated associations between online social reactions and coping strategies, after accounting for victimization severity.

Purpose of the Current study

The current study examines the association between online social reactions to disclosure of sexual victimization via #MeToo, the use of problem-focused coping, the use of emotion-focused coping, and social isolation among a sample of 195 adults with a history of sexual victimization since the age of 14. The following hypotheses were proposed:

Hypothesis 1a and Hypothesis 1b: Receipt of negative online social reactions to disclosure via #MeToo – including online unsupportive acknowledgment, online reactions that turned against the survivor, and online social reactions that “made fun of you, insulted you, or said something to hurt you” – will be negatively associated with problem-focused coping (Hypothesis 1a). Receipt of positive online social reactions to disclosure via #MeToo – including online emotional and informational support, provision of online resources, and showing online solidarity – will be positively associated with problem-focused coping (Hypothesis 1b).

Hypothesis 2a and Hypothesis 2b: Receipt of negative online social reactions will be negatively associated with emotion-focused coping (Hypothesis 2a). Receipt of positive online social reactions will be positively associated with emotion-focused coping (Hypothesis 2b).

Hypothesis 3a and Hypothesis 3b: Receipt of negative online social reactions will be positively associated with engagement in social isolation (Hypothesis 3a). Receipt of positive online social reactions will be negatively associated with lower levels of social isolation (Hypothesis 3b).

Method

Procedure

Participants for the current study were recruited via social media. Specifically, online advertisements on Instagram, Facebook, and Twitter were used to recruit participants. The advertisements solicited individuals who endured unwanted sexual experience. Participants were included if they were 18 years of age or older, self-identified as a survivor of an unwanted sexual experience and resided in the United States. 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 et al., 2007). The study was conducted using an anonymous online survey. RedCap, a secure web-based research application, was used to collect and store survey data. The study procedures were approved by the Institutional Review Board prior to data collection. Before accessing survey items, participants were asked to read a detailed informed consent document and provide consent to participate in the study. Participants were compensated with \$10 Amazon gift cards. 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 (Douglas et al., 2023; Simone et al., 2023). Study staff went through each response and flagged inconsistent responses, suspected ballot stuffing (i.e., multiple survey responses from the same participant), and suspicious response patterns (e.g., suspicious e-mail patterns such as random letters before the e-mail domain and nonsensical responses to open ended questions). 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. Of these, participants were included in the study only if they reported a history of sexual victimization since the age of 14 and disclosed sexual victimization online via #MeToo. The 195 participants who met these criteria were included in the current analysis.

Participants

Of the total sample ($n = 767$), 26.07% ($n = 200$) indicated they disclosed their unwanted sexual experience online using #MeToo. Of these, 5 did not endorse a form of sexual victimization on the Sexual Experiences Survey – Short Form Victimization (Koss et al., 2007), and were omitted from the data set. The final sample consisted of 195 (97.5%) of the individuals who disclosed their unwanted sexual experience online using #MeToo endorsed experiencing sexual victimization on the Sexual Experiences Survey. Regarding race and ethnicity, 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% ($n = 7$) and identifying as Asian/Pacific Islander, and remaining identifying as multiracial (2.1%, $n = 4$) or other race (2.1%, $n = 4$). A small portion of participants (1%, $n = 2$) preferred not to answer. The gender composition of the sample was 70.8% ($n = 138$) cisgender women, 11.8% ($n = 23$) cisgender men, 2.6% transgender men ($n = 5$), 2.2% endorsed multiple gender identities, 13.3% ($n = 26$) identified as nonbinary, 1% ($n = 2$) selected “other,” and 0.5% ($n = 1$) selected “prefer not answer.” Less than half of the sample self-identified as heterosexual (45.6%, $n = 89$). Almost one-third of the sample self-identified as bisexual (31.3%, $n = 61$). The remaining portion of the sample identified as 5.6% ($n = 11$) lesbian, 3.6% ($n = 7$) gay, 8.2% ($n = 16$) pansexual, .5% ($n = 1$) asexual, 4.1% ($n = 8$) other, and 1% ($n = 2$) preferred not to report their sexual orientation.

Measures

Sexual victimization

Sexual victimization was measured by the Sexual Experiences Survey-Short Form Victimization (SES-SFV; Koss et al., 2007). The SES-SFV is a self-report measure designed to assess experiences of unwanted sexual contact since the age of 14. Sexual victimization was classified according to the most severe experience indicated, including (a) no experience, (b) unwanted sexual contact (i.e., touching the private areas or sexual organs of another’s body or removing clothes without their consent but not attempting sexual penetration) (c) sexual coercion (i.e., authority, continual arguments, or pressure was used to coerce the individual into engaging in oral, anal, or vaginal intercourse) (d) attempted rape (i.e., physical force, alcohol, or drugs was used to attempt sexual intercourse), (e) rape (i.e., alcohol, drugs, or physical force was used to coerce the individual into engaging in oral, anal, or vaginal intercourse). This five-level categorization schema was utilized as a measure of victimization severity (Orchowski et al., 2013). The SES-SFV has been proven to be a valid and reliable measure of sexual victimization in a variety of different populations and is one of the most commonly used measures in sexual victimization research (Johnson et al., 2017; Koss et al., 2007).

Online disclosure of sexual victimization

One item assessed whether individuals disclosed their unwanted sexual experience online. 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.” Only people who had disclosed online via #MeToo were retained in the study.

Online social reactions to disclosure

The 16-items Social Reactions Questionnaire-Shortened (SRQ-S; Ullman et al., 2017) was adapted 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.” Items were presented on a 5-point Likert scale from 1 (*Never*) to 5 (*Always*). This scale consists of three subscales: Turning Against, Unsupportive Acknowledgment, and Positive Reactions. Given that we adapted this scale to assess online social reactions, we labeled these subscales as “Online Reactions that Turned Against the Survivor,” “Online Unsupportive Acknowledgment” and “Online Emotional and Informational Support,” respectively, to provide more descriptive labels for the scales when implemented to assess online social reactions. Subscale scores were calculated using the average of subscale items. In the current sample, the Online Reactions that Turned Against the Survivor subscale demonstrated good internal consistency ($\alpha = .90$) as did the Online Unsupportive Acknowledgment subscale ($\alpha = .89$). The Online Emotional and Informational Support subscale also demonstrated acceptable internal consistency ($\alpha = .76$).

Additionally, a brief 8-item questionnaire developed for the purpose of this study assessed social reactions unique to online spaces. These items were generated based on the experience of the team, discussions with other researchers who study social reactions to disclosure, and a review of prior 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.” These items were utilized to create two subscales. Based on Ullman’s prior work addressing social reactions to disclosure (Ullman, 2000), a scale documenting *Provision of Online Resources* was created by summing responses to “Shared a relevant link with you” and “Directed you to a web page of resources,” and then deriving the average of these responses. This subscale demonstrated good reliability in the sample ($\alpha = .80$). A scale documenting *Showing Online Solidarity with Disclosure* was created by summing the following items: “Liked your #MeToo tweet(s),” “Shared their own experience with you in solidarity,” and “Defended you to other people,” and then deriving the average of the items. This subscale also demonstrated adequate reliability ($\alpha = .61$). In prior research (masked for review), our team has labeled this scale as “Online Emotional Support.” This label was changed for the purpose of this study to provide a more descriptive classification of the items. Consistent with prior research (masked for review), the remaining 3 items (“Made fun of you, insulted you, or said something to hurt you,” “Shared your tweet(s) with other people,” “Retweeted your #MeToo tweet(s)”) were analyzed as single-item scales, as they did not go together well with the other subscales that were derived. Thus, analyses were conducted with eight variables representing online social reactions.

Coping strategies

Coping strategies were evaluated with the Brief-Cope, a 28-item, self-report measure (Carver, 1997). The items of the questionnaire are rated on a 1 (“not at all”) to 4 (“a lot”) point scale according to how much they pertain to the person. Items are summed and a higher score indicates more frequent use of a particular strategy. Consistent with prior research (Chiavarino et al., 2012; Cooper et al., 2008), emotion-focused coping and problem-focused coping subscales were generated. Prior research using the scale suggests that the Brief-Cope has good reliability and validity (Amirkhan, 1990; Orchowski et al., 2013). The Cronbach’s alpha for the emotion-focused coping subscale was .65 and the Cronbach’s alpha for the problem-focused coping subscale was .80, which is consistent with prior literature (Chiavarino et al., 2012; Cooper et al., 2008; Yeung & Fung, 2007).

Social isolation

The Friendship Scale (Hawthorne, 2006; Hawthorne & Griffith, 2000) measures levels of social isolation. The scale consists of 5 items (e.g., I found it easy to get on with other people) rated on a 5-point scale, with answers ranging from 1 = not at all to 5 = almost always. Items 1, 3, and 4 are reverse scored. All items are summed and a higher score indicates higher levels of social isolation.

Prior research suggests that the scale has good reliability and validity (Cheng et al., 2021; B. M. Smith et al., 2020). The Cronbach's alpha for the scale was $\alpha = .77$.

Data analytic plan

To examine the hypothesis relevant to this study, all analyses were conducted in SPSS version 29. Bivariate correlations among all variables of interest (sexual victimization severity, online social reactions, engagement in problem-focused coping, engagement in emotion-focused coping, and engagement in social isolation) were calculated. Three simple linear regressions were then used to examine the associations between each of the dependent variables (engagement in problem-focused coping, emotion-focused coping, and isolation) and independent variables (sexual victimization severity and different types of online social reactions). A separate linear regression was conducted to examine each dependent variable. Each analysis accounted for sexual victimization severity. For each linear regression, the eight online social reactions variables were entered as independent variables, along with sexual victimization severity, in the same block of the model using the ENTER method; Predictors were not mean centered.

Results

Among individuals who disclosed using #MeToo ($n = 195$), the majority experienced rape (74.4%, $n = 145$), and the remaining reported experiencing 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%, $n = 137$) had also disclosed the victimization in-person. Correlations among study variables are presented in Table 1. Descriptive statistics of key study variables are presented in Table 2.

Bivariate correlations

When examining hypothesis 1a, engagement in emotion-focused coping was not associated with any of the negative social reactions to online disclosure of sexual victimization. When examining hypothesis 1b, engagement in emotion-focused coping strategies was positively associated with receipt of online emotional and information support reactions ($r = .16$, $p < .05$). Engagement in emotion-focused coping strategies was not associated with any other positive social reactions to online disclosure. When examining hypotheses 2a and 2b, engagement in problem-focused coping strategies was not associated with any social reactions to online disclosure of sexual victimization. Examining hypothesis 3a demonstrated that social isolation was significantly correlated with online social reactions that turned against the survivor ($r = .28$, $p < .001$).

Table 1. Bivariate correlations and descriptive statistics.

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Assault Severity	-	-	-	-	-	-	-	-	-	-	-
2. Problem-Focused Coping	.05	-	-	-	-	-	-	-	-	-	-
3. Emotion-Focused Coping	.12	.64***	-	-	-	-	-	-	-	-	-
4. Social Isolation	.18*	-.43***	-.23***	-	-	-	-	-	-	-	-
5. Online Reactions that Turned Against a Survivor	.03	-.12	-.05	.28***	-	-	-	-	-	-	-
6. Online Unsupportive Acknowledgement	-.06	-.08	-.02	.10	.84***	-	-	-	-	-	-
7. Online Emotional and Informational Support	-.01	.05	.16*	-.11	.21**	.44***	-	-	-	-	-
8. Provision of Online Resources	-.15	-.14	-.05	-.00	.39***	.48***	.63***	-	-	-	-
9. Showing Online Solidarity with Disclosure	-.08	.13	.13	-.06	.12**	.28***	.59***	.48***	-	-	-
10. Shared your tweet	-.08	.03	.02	-.05	.40***	.43***	.42***	.42***	.48***	-	-
11. Retweeted your tweet	-.01	.06	.08	.00	.29***	.35***	.38***	.39***	.55***	.77***	-
12. Made fun of you online, insulted you, or said something to hurt you online	.06	-.03	-.03	.35***	.73***	.54***	.08	.27***	.23***	.33***	.31***

* $p < .05$, ** $p < .01$, and *** $p < .001$. Column labels 1–11 correspond to the variables names listed vertically.

Table 2. Descriptive statistics for study variables.

Variables	M (SD)
Assault Severity	3.47 (.98)
Problem-Focused Coping	17.44 (3.64)
Emotion-Focused Coping	26.31 (4.79)
Social Isolation	13.44 (4.37)
Online Reactions that Turned Against a Survivor	1.98 (.91)
Online Unsupportive Acknowledgement	2.06 (.98)
Online Emotional and Informational Support	2.69 (.98)
Provision of Online Resources	2.16 (1.11)
Showing Online Solidarity with Disclosure	2.88 (.89)
Shared your tweet	2.30 (1.22)
Retweeted your tweet	2.27 (1.21)
Made fun of you online, insulted you, or said something to hurt you online	1.73 (1.01)

The range of all variables, except for coping strategies, is 1–5. The range for problem-focused coping is 6–24, emotion-focused coping is 10–40, and social isolation is 5–25.

and with online social reactions that “made fun of you, insulted you, or said something to hurt you” ($r = .35, p < .001$). No other significant correlations between negative and positive (hypothesis 3b) online social reactions and social isolation were evidenced.

Simple linear regressions

Three simple linear regressions were used to examine the association between receiving each of the different types of online social reactions to disclosure of

victimization and engagement in each form of coping (problem-focused coping, emotion-focused coping), as well as levels of social isolation (See Table 3). The first model, predicting engagement in problem-focused coping strategies, was significant [$F(9, 185) = 2.28, p = .02$] and accounted for 10% of the variation in engagement in problem-focused coping. In the context of the other predictors, only the provision of online resources was negatively associated with engagement in problem-focused coping strategies. The second model, predicting engagement in emotion-focused coping strategies, was also significant [$F(9, 185) = 1.92, p = .05$], accounted for 8.5% of the variation in use of emotion-focused coping. In the presence of the other predictors, the provision of online resources was negatively associated with engagement in emotion-focused coping strategies. Further, online emotional support and informational support was positively associated with engagement in emotion-focused coping.

Table 3. Linear regression examining online social reactions, coping and social isolation.

Variables	<i>b</i> (SE)	<i>B</i>
Model 1: Problem-Focused Coping (N = 195)		
Assault Severity	.11 (.27)	.03
Negative Reactions		
Online Reactions that Turned Against a Survivor	-1.25 (.68)	-.31
Online Unsupportive Acknowledgement	.50 (.57)	.14
Made fun of you, insulted you, or said something to hurt you	.50 (.39)	.14
Positive Reactions		
Online Emotional and Informational Support	.44 (.42)	.12
Provision of Online Resources	-1.03(.32) **	-.31
Showing Online Solidarity with Disclosure	.70 (.40)	.17
Shared your tweet	.12 (.35)	.04
Retweeted your tweet	.05 (.36)	.02
Model 2: Emotion-Focused Coping (N = 195)		
Assault Severity	.41 (.36)	.08
Negative Reactions		
Online Reactions that Turned Against a Survivor	-.47 (.90)	-.09
Online Unsupportive Acknowledgement	.05 (.76)	.01
Made fun of you, insulted you, or said something to hurt you	.23 (.52)	.05
Positive Reactions		
Online Emotional and Informational Support	1.30 (.55)**	.26
Provision of Online Resources	-1.03 (.42)*	-.24
Showing Online Solidarity with Disclosure	.47 (.54)	.09
Shared your tweet	-.36 (.47)	-.10
Retweeted your tweet	.41 (.47)	.10
Model 3: Social Isolation (N = 195)		
Assault Severity	.52 (.30)	.12
Negative Reactions		
Online Reactions that Turned Against a Survivor	1.97 (.77)*	.41
Online Unsupportive Acknowledgement	-1.42 (.65)*	-.32
Made fun of you, insulted you, or said something to hurt you	1.09 (.44)*	.25
Positive Reactions		
Online Emotional and Informational Support	-.10 (.47)	.02
Provision of Online Resources	.23 (.36)	.06
Showing Online Solidarity with Disclosure	-.33 (.46)	-.07
Shared your tweet	-.79 (.40)*	-.22
Retweeted your tweet	.39 (.40)	.12

* $p < .05$, ** $p < .01$, and *** $p < .001$. *b* = unstandardized coefficient. SE = standard error. *B* = standardized coefficient.

The last model, predicting level of social isolation, was also significant [$F(9, 185) = 5.38, p < .001$]. The model accounted for 20.7% of the variation in social isolation. In the context of the other predictors, online social reactions that turned against the survivor and online social reactions that “made fun of you, insulted you, or said something to hurt you” were positively associated with social isolation, such that higher levels of these negative online social reactions were associated with higher levels of social isolation. Further, receipt of online social reactions that offered unsupportive acknowledgment and responses where others “shared your tweet with other people” were negatively associated with engagement in social isolation, such that higher levels of these reactions were associated with less social isolation.

Discussion

Social reactions to disclosure of sexual victimization, whether occurring in-person or online, have the potential to influence a survivor’s process of recovery (Dworkin et al., 2019; Gundersen & Zaleski, 2021). Prior research documents an association between receipt of in-person reactions to disclosure of sexual victimization and coping strategies (Orchowski et al., 2013; Ullman & Peter-Hagene, 2014), and the current study sought to examine a potential association between receipt of online reactions to disclosure of sexual victimization via #MeToo and coping strategies among survivors. Given the increasing popularity of social media (Auxier & Anderson, 2021), and the high numbers of survivors who are using social media to share their experience online (Bogen, Orchowski, et al., 2021; Gorissen et al., 2023), research that seeks to examine factors associated with receipt of various online social reactions to disclosure is critical in understanding the factors that influence recovery among survivors.

Contrary to hypotheses 1a and 2a, none of the negative online social reactions were associated with engagement in problem-focused coping or emotion-focused coping. Findings are inconsistent with prior work that has shown that in-person social reactions that blame the survivors are associated with lower levels of engagement in problem-focused coping strategies (Orchowski et al., 2013). It is possible that survivors’ perceptions of whether the online social reactions were positive or negative can impact whether those responses are helpful or unhelpful, which in turn may determine their impact on coping (Dworkin et al., 2019). Indeed, qualitative research has demonstrated that survivors sometimes report negative social reactions as helpful and positive social reactions as harmful (Ahrens & Aldana, 2012; Dworkin et al., 2018; Lorenz et al., 2018). Thus, future research should investigate the perceptive helpfulness or harmfulness of online social reactions.

Hypothesis 1b was partially supported. Only the provision of online resources was negatively associated with engagement in problem-focused

coping strategies. Specifically, survivors who received online resources upon online disclosure of sexual victimization also reported less engagement in problem-focused coping. This is surprising, as one might expect that those who are given resources would be engaging in more problem-focused coping. However, it is important to note that the study is cross-sectional in nature. It is possible that individuals were provided with resources from others because they were engaging in low levels of problem-focused coping, or that the provision of these resources led to less engagement in problem-focused coping as a result. The temporality of this association warrants further exploration. Given that research on #MeToo is retrospective in nature, qualitative research may be useful to help better understand this association.

These data were collected between 2019 and 2022, and respondents were not queried on what month they utilized #MeToo to disclose their experience. Recent work has found that in the first three months of the #MeToo movement Twitter users were more likely to provide informational support, directives, or appraisals and there was a big shift from months 3 to 6 whereby users started to mostly provide emotional support instead (Hosterman et al., 2018). This suggests that Twitter users shifted how they provided support to survivors perhaps suggesting that sometimes providing information support, directives, or appraisals might not be what survivors need at the time of their disclosure (Hosterman et al., 2018). Future research examining the impact of #MeToo disclosure should therefore consider gathering information about when individuals disclosed using #MeToo in order to take into account the timing of disclosure in the context of the larger social media movement.

Hypothesis 2b was also partially supported. Two positive online social reactions, online emotional and informational support and provision of online resources, were in fact associated with engagement in emotion-focused coping. Particularly, survivors who received greater levels of emotional and informational support upon disclosure via #MeToo also reported greater engagement in emotion-focused coping. In contrast, survivors who received more responses involving the provision of online resources reported less engagement in emotion-focused coping. The positive association between online emotional and informational support and emotion-focused coping found in this study is consistent with prior literature on in-person disclosure, which found that positive social reactions that provide emotional support to a survivor are associated with increased use of emotion-focused coping strategies (Orchowski et al., 2013; Ullman & Peter-Hagene, 2014). Surprisingly, receipt provision of online resources was associated with lower engagement in emotion-focused coping. However, similar to the negative association between the provision of online resources and problem-focused coping, it may be that survivors may find this reaction to be harmful or disempowering

(e.g., Holland & Bedera, 2020), and thus engage in lower emotion and problem-focused coping.

Results highlight that receiving information on resources upon disclosure of sexual victimization, especially online resources, may not always be helpful. Indeed, qualitative interviews with survivors have documented that individuals disclose online to raise awareness regarding sexual victimization, express solidarity for survivors, and engage in advocacy on issues related to sexual victimization (Gueta et al., 2020; Gundersen & Zaleski, 2021; Naresh et al., 2022). Thus, individuals may not be seeking resources when disclosing online. Receiving resources may be perceived as harmful and may lead to decreased engagement in problem and emotion-focused coping.

Hypothesis 3a and 3b were partially supported. Findings suggest that survivors who receive greater levels of online social reactions that turned against the survivor, made fun of them, or insulted them, also reported greater engagement in social isolation. Prior literature has found that the proportion of online negative responses involving blaming the survivor or insulting them ranged from 1% (Lowenstein-Barkai, 2020) to 33% (Bogen, Bleiweiss, et al., 2021). These data highlight the detrimental impact of online negative reactions to disclosure on a survivor's well-being.

Of note, results suggest that survivors who received online reactions involving unsupportive acknowledgment were also less likely to engage in social isolation. Similarly, survivors whose disclosure posts were shared with other people also were less likely to engage in social isolation. Notably, studies examining online disclosures of sexual victimization show that responses involving unsupportive acknowledgment (e.g., egocentric and distracting responses) are common (Bogen et al., 2019; Bogen, Bleiweiss, et al., 2021; Schneider & Carpenter, 2020). Further work is needed to understand how survivors can buffer themselves from these types of responses. Research is also needed to better understand what is considered to be an "unsupportive acknowledgment" of online disclosure. The way in which survivors perceive sharing a tweet or post that discloses sexual victimization with others also warrants further exploration. Prior research examining in-person reactions to disclosure of sexual victimization suggests that survivors perceive social reactions in a variety of ways (Campbell et al., 2001), such that some survivors do not perceive social reactions as necessarily positive or negative. Future work should examine the extent to which survivors perceive various online reactions to disclosure – such as sharing a social media post – to be helpful or unhelpful.

Study findings highlight several clinical implications. Results highlight that online social reactions to assault disclosure, especially negative responses, have an impact on survivor's recovery including the coping strategies used. Thus, when working with survivors of sexual assault, mental health providers must assess whether survivors have disclosed these experiences online and inquire about how the responses received may have been helpful or hurtful to their

recovery. Additionally, survivors may benefit from processing negative disclosure responses received online. Providers may want to assess the impact of witnessing other survivors' disclosure on well-being as a qualitative study noted that survivors also experience psychological distress when they witness negative social reactions toward other survivors of sexual victimization (PettyJohn et al., 2023).

Study findings should be interpreted in the context of several limitations. First, social reactions were assessed retrospectively. Second, the study data is cross-sectional and as such directionality of the associations examined in the research cannot be established. Third, the study sample had a low proportion of individuals who identified as gender or racial minority, which limits subgroup analysis. Given the high prevalence of sexual victimization and its negative consequences among gender, sexual, and racial minorities (Coulter & Rankin, 2020; Parr, 2020) and differences in disclosure patterns across gender and racial groups (Mennicke et al., 2021), future work must examine disclosure processes among these groups. Stratified sampling techniques may be used to recruit adequate racial, sexual, and gender minorities in the study sample for future examination of online disclosure patterns. Further, the present study examined reactions to disclosure that were generally negative or positive (indicating a limited range of social reactions). The data on how survivors perceive social reactions is mixed (Campbell et al., 2001), such that some survivors do not perceive social reactions as binary (positive/negative). Future work that assesses the way an individual interprets various reactions to disclosure online is essential. Additionally, the study examined the impact of responses received to online disclosure on emotion and problem-focused coping. Whereas the investigation into emotion and problem-focused coping is consistent with prior literature (e.g., Orchowski et al., 2013), future research should examine the associations between responses to disclosure and other coping strategies (e.g., substance use). Future work should also consider the impact of changing regulations of social media on disclosures. For example, the new Twitter policy requiring accounts to pay for the "blue check" may impact what readers can see in their feeds and potentially keep disclosure posts hidden from view. Additionally, a measure assessing online social reactions to sexual assault disclosure was developed for the study given there is no such validated measure in the prior literature. Future research should focus on developing validated scales to assess online social reactions. The research also did not include an assessment of the history of childhood sexual victimization. Future studies may benefit from including a wider assessment of adverse childhood experiences. Lastly, online disclosure was examined by participation in only one movement, i.e., the #MeToo movement, which has been criticized for almost exclusively focusing on experiences of sexual victimization that impact largely white, cisgender, and heterosexual survivors (Ison, 2019; Kagal et al., 2019). It is possible that participants may have participated

in other movements that ran parallel such as #UsToo or #NotOkay that may capture voices of survivors with marginalized identities. Thus, future studies should assess participation in *any* online disclosure movement.

In sum, the current study extends prior research on online disclosure using the hashtag #MeToo on Twitter by examining the association between online social reactions and survivors' coping strategies (i.e., problem-solving, emotion-focused, and isolation). Findings suggest that survivors who receive more online resources upon online disclosure also report less engagement in problem-focused coping and emotion-focused coping. Further, survivors who receive greater levels of online emotional and informational support endorse greater engagement in emotion-focused coping. Participants who received greater levels of reactions involving turning against and making fun, insulting, or saying something to hurt the survivor were also more likely to engage in social isolation. In contrast, participants who received greater levels of online reactions involving unsupportive acknowledgment and whose disclosure posts were shared with other people also endorsed lower engagement in social isolation. Findings highlight that online social reactions may play an important role in recovery from sexual victimization, but their associations with coping strategies are different relative to in-person social reactions. When considering variables that influence coping strategies among survivors, clinicians and researchers may benefit from addressing the unique impact of online social reactions to sexual victimization.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

Authors' effort on this publication was supported by the National Institute of Drug Abuse Award Number [K99DA057993] (PI: Bhuptani) and the National Institute on Alcohol Abuse and Alcoholism Award Numbers [K99AA030079] (PI: López). The data that support the findings of this study are available upon reasonable request.

Notes on contributors

Prachi H. Bhuptani, Ph.D. is a post-doctoral research associate at Rhode Island Hospital. Her research focuses on the investigation of ecological factors and processes underlying experiences of shame following sexual victimization. Additionally, her work also focused involves examining the impact of shame on the psychological well-being of survivors.

Gabriela López, Ph.D., is a clinical psychologist and researcher focused on reducing mental health disparities among sexual and racial/ethnic minority women with histories of sexual assault. She is currently an Investigator at the Center for Alcohol and

Addictions Studies at Brown University's School of Public Health. Dr. López received her PhD in Clinical Psychology in 2020 from the University of New Mexico. She completed her residency in Adult Psychology at the Alpert Medical School of Brown University

Roselyn Peterson, M.S. is a graduate student at the University of Central Florida. She is completing her residency in Adult Psychology at the Alpert Medical School of Brown University. Her long-term research interests involve investigating college students' alcohol use behaviors, protective behavioral strategies concerning alcohol use, and experiences and decisions made while drinking alcohol. She is interested in the extent to which protective behavioral strategies may mitigate regretted sexual experiences, sexual assault, and risky sex.

Lindsay M. Orchowski, Ph.D. is an Associate Professor (Research) at the Alpert Medical School of Brown University, within the Department of Psychiatry and Human Behavior. She is a Staff Psychologist with Lifespan Physicians Group at Rhode Island Hospital within the Department of Psychiatry and Behavioral Health. Her research program centers around the development and evaluation of sexual assault prevention programs.

References

- Ahrens, C. E., & Aldana, E. (2012). The ties that bind: Understanding the impact of sexual assault disclosure on survivors' relationships with friends, family, and partners. *Journal of Trauma & Dissociation*, 13(2), 226–243. <https://doi.org/10.1080/15299732.2012.642738>
- Amirkhan, J. H. (1990). A factor analytically derived measure of coping: The coping strategy indicator. *Journal of Personality and Social Psychology*, 59(5), 1066–1074. <https://doi.org/10.1037/0022-3514.59.5.1066>
- Andalibi, N., Haimson, O., De Choudhury, M., & Forte, A. (2016). Understanding social media disclosures of sexual abuse through the lenses of support seeking and anonymity. *CHI '16 Conference on Human Factors in Computing Systems*, New York
- Anderson, M., & Toor, S. (2018). *How social media users have discussed sexual harassment since #MeToo went viral*. United States of America. Retrieved May 3, 2023, from <https://policycommons.net/artifacts/617101/how-social-media-users-have-discussed-sexual-harassment-since-metoo-went-viral/1597842/>. CID: 20.500.12592/pnxhzp.
- Auxier, B., & Anderson, M. (2021). Social media use in 2021. *Pew Research Center*, 1, 1–4. https://www.pewresearch.org/internet/wp-content/uploads/sites/9/2021/04/PI_2021.04.07_Social-Media-Use_FINAL.pdf
- Black, M. C., Basile, K. C., Breiding, M. J., Chen, J., Merrick, M. T., Smith, S. G., Stevens, M. R., & Walters, M. L. (2011). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Bogen, K. W., Bleiweiss, K. K., Leach, N. R., & Orchowski, L. M. (2021). # MeToo: Disclosure and response to sexual victimization on twitter. *Journal of Interpersonal Violence*, 36(17–18), 8257–8288. <https://doi.org/10.1177/0886260519851211>
- Bogen, K. W., Bleiweiss, K., & Orchowski, L. M. (2019). Sexual violence is# NotOkay: Social reactions to disclosures of sexual victimization on twitter. *Psychology of Violence*, 9(1), 127. <https://doi.org/10.1037/vio0000192>
- Bogen, K. W., Millman, C., Huntington, F., & Orchowski, L. M. (2018). A Qualitative Analysis of Disclosing Sexual Victimization by #NotOkay During the 2016 Presidential Election. *Violence and Gender*, 5(3), 174–181. <https://doi.org/10.1089/vio.2017.0053>

- Bogen, K. W., Orchowski, L. M., & Ullman, S. E. (2021). Online disclosure of sexual victimization and social reactions: What do we know? *Women & Therapy, 44*(3–4), 358–373. <https://doi.org/10.1080/02703149.2021.1961448>
- Campbell, R., Wasco, S. M., Ahrens, C. E., Sefl, T., & Barnes, H. E. (2001). Preventing the “second rape”: Rape survivors’ experiences with community service providers. *Journal of Interpersonal Violence, 16*(12), 1239–1259. <https://doi.org/10.1177/088626001016012002>
- Carver, C. S. (1997). You want to measure coping but your protocol’s too long: Consider the brief cope. *International Journal of Behavioral Medicine, 4*(1), 92–100. https://doi.org/10.1207/s15327558ijbm0401_6
- Cheng, Y., Wei, W., Zhong, Y., & Zhang, L. (2021). The empowering role of hospitable telemedicine experience in reducing isolation and anxiety: Evidence from the COVID-19 pandemic. *International Journal of Contemporary Hospitality Management, 33*(3), 851–872. <https://doi.org/10.1108/IJCHM-07-2020-0786>
- Chiavarino, C., Rabellino, D., Ardito, R. B., Cavallero, E., Palumbo, L., Bergerone, S., Gaita, F., & Bara, B. G. (2012). Emotional coping is a better predictor of cardiac prognosis than depression and anxiety. *Journal of Psychosomatic Research, 73*(6), 473–475. <https://doi.org/10.1016/j.jpsychores.2012.10.002>
- Coates Quezada, C. A., Armstrong, L., Kilmer, R., Quinlan, M., & Reeve, C. (2023). Trauma of the shared environment: A qualitative analysis of the experiences of survivors of college campus sexual assault. *Violence Against Women*. Advance online publication. <https://doi.org/10.1177/10778012231163573>
- Cooper, C., Katona, C., & Livingston, G. (2008). Validity and reliability of the brief COPE in carers of people with dementia: The LASER-AD study. *The Journal of Nervous and Mental Disease, 196*(11), 838–843. <https://doi.org/10.1097/NMD.0b013e31818b504c>
- Coulter, R. W., & Rankin, S. R. (2020). College sexual assault and campus climate for sexual-and gender-minority undergraduate students. *Journal of Interpersonal Violence, 35* (5–6), 1351–1366. <https://doi.org/10.1177/0886260517696870>
- Douglas, B. D., Ewell, P. J., Brauer, M., & Hallam, J. S. (2023). Data quality in online human-subjects research: Comparisons between MTurk, prolific, CloudResearch, qualtrics, and SONA. *PLoS One, 18*(3), e0279720. <https://doi.org/10.1371/journal.pone.0279720>
- Dworkin, E. R., Brill, C. D., & Ullman, S. E. (2019). Social reactions to disclosure of interpersonal violence and psychopathology: A systematic review and meta-analysis. *Clinical Psychology Review, 72*, 101750–101750. <https://doi.org/10.1016/j.cpr.2019.101750>
- Dworkin, E. R., Newton, E., & Allen, N. E. (2018). Seeing roses in the thorn bush: Sexual assault survivors’ perceptions of social reactions. *Psychology of Violence, 8*(1), 100–109. <https://doi.org/10.1037/vio0000082>
- Fedina, L., Holmes, J. L., & Backes, B. L. (2018). Campus sexual assault: A systematic review of prevalence research from 2000 to 2015. *Trauma, Violence & Abuse, 19*(1), 76–93. <https://doi.org/10.1177/1524838016631129>
- Frazier, P. A., & Burnett, J. W. (1994). Immediate coping strategies Among rape victims. *Journal of Counseling and Development, 72*(6), 633–639. <https://doi.org/10.1002/j.1556-6676.1994.tb01694.x>
- Golding, J. M., Wilsnack, S. C., & Cooper, M. L. (2002). Sexual assault history and social support: Six general population studies. *Journal of Traumatic Stress, 15*(3), 187–197. <https://doi.org/10.1023/A:1015247110020>
- Gorissen, M., van den Berg, C. J., Bijleveld, C. C., Ruiters, S., & Berenblum, T. (2023). Online disclosure of sexual victimization: A systematic review. *Trauma, Violence, & Abuse, 24*(2), 828–843.
- Gorissen, M., van den Berg, C. J., Ruiters, S., & Bijleveld, C. C. (2023). Sharing unwanted sexual experiences online: A cross-platform analysis of disclosures before, during and after the#

- MeToo movement. *Computers in Human Behavior*, 144, 107724. <https://doi.org/10.1016/j.chb.2023.107724>
- Gueta, K., Eytan, S., & Yakimov, P. (2020). Between healing and revictimization: The experience of public self-disclosure of sexual assault and its perceived effect on recovery. *Psychology of Violence*, 10(6), 626. <https://doi.org/10.1037/vio0000309>
- Gundersen, K. K., & Zaleski, K. L. (2021). Posting the story of your sexual assault online: A phenomenological study of the aftermath. *Feminist Media Studies*, 21(5), 840–852. <https://doi.org/10.1080/14680777.2019.1706605>
- Hawthorne, G. (2006). Measuring social isolation in older adults: Development and initial validation of the friendship scale. *Social Indicators Research*, 77(3), 521–548. <https://doi.org/10.1007/s11205-005-7746-y>
- Hawthorne, G., & Griffith, P. (2000). *The friendship scale: Development and properties*. Centre for Health Program Evaluation Melbourne.
- Hirai, M., Charak, R., Seligman, L. D., Hovey, J. D., Ruiz, J. M., & Smith, T. W. (2020). An association between perceived social support and posttraumatic stress symptom severity among women with lifetime sexual victimization: The serial mediating role of resilience and coping. *Violence Against Women*, 26(15–16), 1966–1986. <https://doi.org/10.1177/1077801219892645>
- Hoge, E. A., Austin, E. D., & Pollack, M. H. (2007). Resilience: Research evidence and conceptual considerations for posttraumatic stress disorder. *Depression and Anxiety*, 24(2), 139–152. <https://doi.org/10.1002/da.20175>
- Holland, K. J., & Bedera, N. (2020). “Call for help immediately”: A discourse analysis of resident assistants’ responses to sexual assault disclosures. *Violence Against Women*, 26(11), 1383–1402. <https://doi.org/10.1177/1077801219863879>
- Hosterman, A. R., Johnson, N. R., Stouffer, R., & Herring, S. (2018). Twitter, social support messages, and the #MeToo movement. *Journal of Social Media in Society*, 7(2), 69–91.
- Ison, J. (2019). It’s not just men and women’: LGBTQIA people and #MeToo. In B. Fileborn & R. Loney-Howes (Eds.), *#metoo and the Politics of Social Change*. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-15213-0_10
- Johnsen, B. H., Eid, J., Laberg, J. C., & Thayer, J. F. (2002). The effect of sensitization and coping style on post-traumatic stress symptoms and quality of life: Two longitudinal studies. *Scandinavian Journal of Psychology*, 43(2), 181–188. <https://doi.org/10.1111/1467-9450.00285>
- Johnson, S. M., Murphy, M. J., & Gidycz, C. A. (2017). Reliability and validity of the sexual experiences survey—short forms victimization and perpetration. *Violence and Victims*, 32(1), 78–92. <https://doi.org/10.1891/0886-6708.VV-D-15-00110>
- Kagal, N., Cowan, L., & Jawad, H. (2019). Beyond the bright lights: Are minoritized women outside the spotlight able to say #MeToo? In B. Fileborn & R. Loney-Howes (Eds.), *#metoo and the Politics of Social Change*. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-15213-0_9
- Kantor, J., & Twohey, M. (2017). Harvey Weinstein paid off sexual harassment accusers for decades. *The New York Times*. <https://www.nytimes.com/2017/10/05/us/harvey-weinstein-harassment-allegations.html>
- Kariv, D., & Heimann, T. (2005). Task-oriented versus emotion-oriented coping strategies: The case of college students. *College Student Journal*, 39(1), 72–84.
- Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, 31(4), 357–370. <https://doi.org/10.1111/j.1471-6402.2007.00385.x>

- Langhinrichsen-Rohling, J., Jules, B., Lathan, E. C., Coates, C. A., & Crisler, R. (2022). Understanding sexual assault disclosure: Victim decision-making processes underlying the national sexual assault kit initiative. In R. Lovell, & J. Langhinrichsen-Rohling (Eds.), *Sexual assault kits and reforming the response to rape* (pp. 43–62). Routledge.
- Loney-Howes, R. (2018). Shifting the rape script: “coming out” online as a rape victim. *Frontiers (Boulder)*, 39(2), 26–57. <https://doi.org/10.1353/fro.2018.a698452>
- Lorenz, K., Ullman, S. E., Kirkner, A., Mandala, R., Vasquez, A. L., & Sigurvinsdottir, R. (2018). Social reactions to sexual assault disclosure: A qualitative study of informal support dyads. *Violence Against Women*, 24(12), 1497–1520. <https://doi.org/10.1177/1077801217732428>
- Lowenstein-Barkai, H. (2020). #me(n)too? Online social support toward male and female survivors of sexual victimization. *Journal of Interpersonal Violence*, 36(23–24), NP13541–NP13563. <https://doi.org/10.1177/0886260520905095>
- Mason, F., & Lodrick, Z. (2012). Psychological consequences of sexual assault. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 27(1), 27–37. <https://doi.org/10.1016/j.bpobgyn.2012.08.015>
- Matheson, K., & Anisman, H. (2003). Systems of coping associated with dysphoria, anxiety and depressive illness: A multivariate profile perspective. *Stress*, 6(3), 223–234. <https://doi.org/10.1080/10253890310001594487>
- McWilliams, L. A., Cox, B. J., & Enns, M. W. (2003). Use of the coping inventory for stressful situations in a clinically depressed sample: Factor structure, personality correlates, and prediction of distress. *Journal of Clinical Psychology*, 59(12), 1371–1385. <https://doi.org/10.1002/jclp.10228>
- Mennicke, A., Coates, C., Jules, B., & Langhinrichsen-Rohling, J. (2021). Who do they tell? college students’ formal and informal disclosure of sexual violence, sexual harassment, stalking, and dating violence by gender, sexual identity, and race. *Journal of Interpersonal Violence*, 37(21–22), NP20092–NP20119. <https://doi.org/10.1177/08862605211050107>
- Moors, R., & Webber, R. (2013). The dance of disclosure: Online self-disclosure of sexual assault. *Qualitative Social Work: Research and Practice*, 12(6), 799–815. <https://doi.org/10.1177/1473325012464383>
- Naresh, E. E., Pothiyil, D. I., & Ravindran, S. K. (2022). Why I said #MeToo: An exploration of the purpose of disclosure among Indian women. *Indian Journal of Gender Studies*, 29(1), 98–112. <https://doi.org/10.1177/09715215211057958>
- Orchowski, L. M., & Gidycz, C. A. (2015). Psychological consequences associated with positive and negative responses to disclosure of sexual assault among college women: A prospective study. *Violence Against Women*, 21(7), 803–823. <https://doi.org/10.1177/1077801215584068>
- Orchowski, L. M., Grocott, L., Bogen, K. W., Ilegbusi, A., Amstadter, A. B., & Nugent, N. R. (2022). Barriers to reporting sexual violence: A qualitative analysis of #WhyIDidntReport. *Violence Against Women*, 28(14), 3530–3553. <https://doi.org/10.1177/10778012221092479>
- Orchowski, L. M., Untied, A. S., & Gidycz, C. A. (2013). Social reactions to disclosure of sexual victimization and adjustment among survivors of sexual assault. *Journal of Interpersonal Violence*, 28(10), 2005–2023. <https://doi.org/10.1177/0886260512471085>
- Parr, N. J. (2020). Sexual assault and co-occurrence of mental health outcomes among cisgender female, cisgender male, and gender minority US college students. *Journal of Adolescent Health*, 67(5), 722–726. <https://doi.org/10.1016/j.jadohealth.2020.03.040>
- PettyJohn, M. E., Reid, T. A., Cary, K. M., Greer, K. M., Nason, J. A., Agundez, J. C., Graves, C., & McCauley, H. L. (2023). “I don’t know what the hell you’d call it”: A qualitative thematic synthesis of men’s experiences with sexual violence in adulthood as contextualized by hegemonic masculinity. *Psychology of Men & Masculinities*, 24(4), 272–290. <https://doi.org/10.1037/men0000410>

- Relyea, M., & Ullman, S. E. (2015). Unsupported or Turned Against. *Psychology of Women Quarterly*, 39(1), 37–52. <https://doi.org/10.1177/0361684313512610>
- Sabina, C., & Tindale, R. S. (2008). Abuse characteristics and coping resources as predictors of problem-focused coping strategies among battered women. *Violence Against Women*, 14(4), 437–456. <https://doi.org/10.1177/1077801208314831>
- Salim, S. R., Eshelman, L. R., Bhuptani, P. H., & Messman, T. L. (2022). Latent profiles of social reactions to sexual assault disclosure among undergraduate women. *Psychology of Women Quarterly*, 46(1), 66–81. <https://doi.org/10.1177/03616843211038924>
- Sayej, N. (2017, December 1). Alyssa Milano on the #MeToo movement: “We’re not going to stand for it anymore”. <https://www.theguardian.com/culture/2017/dec/01/alyssa-milano-mee-too-sexual-harassment-abuse>
- Schneider, K. T., & Carpenter, N. J. (2020). Sharing #MeToo on twitter: Incidents, coping responses, and social reactions. *Equality, Diversity and Inclusion: An International Journal*, 39(1), 87–100. <https://doi.org/10.1108/EDI-09-2018-0161>
- Schoenmakers, E. C., van Tilburg, T. G., & Fokkema, T. (2015). Problem-focused and emotion-focused coping options and loneliness: How are they related? *European Journal of Ageing*, 12(2), 153–161. <https://doi.org/10.1007/s10433-015-0336-1>
- Sharma, A., Pillai, D. R., Lu, M., Doolan, C., Leal, J., Kim, J., & Hollis, A. (2020). Impact of isolation precautions on quality of life: A meta-analysis. *Journal of Hospital Infection*, 105(1), 35–42. <https://doi.org/10.1016/j.jhin.2020.02.004>
- Sigurvinsdottir, R., & Ullman, S. E. (2016). Sexual assault in bisexual and heterosexual women survivors. *Journal of Bisexuality*, 16(2), 163–180. <https://doi.org/10.1080/15299716.2015.1136254>
- Simone, M., Cascalheira, C. J., & Pierce, B. G. (2023). A quasi-experimental study examining the efficacy of multimodal bot screening tools and recommendations to preserve data integrity in online psychological research. *American Psychologist*. Advance online publication. <https://doi.org/10.1037/amp0001183>
- Smith, B. M., Twohy, A. J., & Smith, G. S. (2020). Psychological inflexibility and intolerance of uncertainty moderate the relationship between social isolation and mental health outcomes during COVID-19. *Journal of Contextual Behavioral Science*, 18, 162–174. <https://doi.org/10.1016/j.jcbs.2020.09.005>
- Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). The national intimate partner and sexual violence survey (NISVS): 2015 data brief – updated release. *Annals of Oncology: Official Journal of the European Society for Medical Oncology*, 29(2), 504–509. <https://doi.org/10.1093/annonc/mdx713>
- Stubbs-Richardson, M., Rader, N. E., & Cosby, A. G. (2018). Tweeting rape culture: Examining portrayals of victim blaming in discussions of sexual assault cases on twitter. *Feminism & Psychology*, 28(1), 90–108. <https://doi.org/10.1177/0959353517715874>
- Ullman, S. E. (2000). Psychometric characteristics of the social reactions questionnaire: A measure of reactions to sexual assault victims. *Psychology of Women Quarterly*, 24(3), 257–271. <https://doi.org/10.1111/j.1471-6402.2000.tb00208.x>
- Ullman, S. E. (2010). Why, how often, and to whom do women disclose, and what factors influence whether disclosure is healing? In S. E. Ullman (Ed.), *Talking about sexual assault: Society’s response to survivors* (pp. 41–57). American Psychological Association. <https://doi.org/10.1037/12083-003>
- Ullman, S. E., & Peter-Hagene, L. (2014). Social reactions to sexual assault disclosure, coping, perceived control and PTSD symptoms in sexual assault victims. *Journal of Community Psychology*, 42(4), 495–508. <https://doi.org/10.1002/jcop.21624>

- Ullman, S. E., & Peter-Hagene, L. C. (2016). Longitudinal relationships of social reactions, PTSD, and revictimization in sexual assault survivors. *Journal of Interpersonal Violence, 31*(6), 1074–1094. <https://doi.org/10.1177/0886260514564069>
- Ullman, S. E., Relyea, M., Sigurvinsdottir, R., & Bennett, S. (2017). A short measure of social reactions to sexual assault: The social reactions questionnaire-shortened. *Violence and Victims, 32*(6), 1096–1115. <https://doi.org/10.1891/0886-6708.VV-D-16-00066>
- Ullman, S. E., & Siegel, J. M. (1995). Sexual assault, social reactions, and physical health. *Women's Health, 1*(4), 289–308.
- Ullman, S. E., Townsend, S. M., Filipas, H. H., & Starzynski, L. L. (2007). Structural models of the relations of assault severity, social support, avoidance coping, self-blame, and PTSD among sexual assault survivors. *Psychology of Women Quarterly, 31*(1), 23–37. <https://doi.org/10.1111/j.1471-6402.2007.00328.x>
- Van Harreveld, F., Van der Pligt, J., Claassen, L., & Van Dijk, W. W. (2007). Inmate emotion coping and psychological and physical well-being: The use of crying over spilled milk. *Criminal Justice and Behavior, 34*(5), 697–708. <https://doi.org/10.1177/0093854806298468>
- Yeung, D. Y. L., & Fung, H. H. (2007). Age differences in coping and emotional responses toward SARS: A longitudinal study of Hong Kong Chinese. *Aging and Mental Health, 11*(5), 579–587. <https://doi.org/10.1080/13607860601086355>
- Yoon, Y., Cederbaum, J. A., & Schwartz, A. (2018). Childhood sexual abuse and current suicidal ideation among adolescents: Problem-focused and emotion-focused coping skills. *Journal of Adolescence, 67*(1), 120–128. <https://doi.org/10.1016/j.adolescence.2018.06.009>
- Zaleski, K. L., Gundersen, K. K., Baes, J., Estupinian, E., & Vergara, A. (2016). Exploring rape culture in social media forums. *Computers in Human Behavior, 63*, 922–927. <https://doi.org/10.1016/j.chb.2016.06.036>