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Survivors tell us that support is their primary need. Sarah Ullman is the undisputed expert on social support after disclosure. This compact book is a comprehensive yet accessible sharing of knowledge learned from her years of speaking with survivors during the months and years following sexual assault, often demonstrated in their own words. It all comes together in the final chapters, which focus on therapeutic application and prevention.

—**Mary P. Koss, PhD**, Regents' Professor of Public Health, Mel and Enid Zuckerman College of Public Health, University of Arizona, Tucson, AZ, United States

For more than 2 decades, Sarah Ullman has been *the* most insightful and influential investigator of social response to disclosures of sexual assault. Her work has revealed that social response to disclosures can have a tremendous impact on survivors of sexual assault—for better or for worse. This second edition of *Talking About Sexual Assault* is a highly readable tour de force, explaining how and why social response to disclosure matters so very much and what we can do about getting that response right.

—**Jennifer Joy Freyd, PhD**, Professor Emerit, Psychology, University of Oregon, Eugene, OR, United States; Founder and President, Center for Institutional Courage

Readers familiar with Sarah Ullman's extensive research on sexual assault disclosure will be rewarded by this book, which brings together findings from her multiple studies into one updated volume. This new edition is a must-read for researchers, students, policy makers, legal and medical professionals, and victim advocates.

—**Claire M. Renzetti, PhD**, University of Kentucky, Lexington, KY, United States

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Talking about sexual assault can be an important act that signals a survivor's empowerment as they take control of their narrative and reclaim the sociopolitical context in which the assaults occurred. As a leader in the field of sexual assault disclosure research, Dr. Ullman is ideally suited to provide this overview. Through a combination of empirical research and personal reflections, she provides guidance on responding to disclosures in both formal and informal settings while also highlighting directions for future research and intervention.

—**Anna Jaffe, PhD**, Assistant Professor, Psychology, University of Nebraska—Lincoln, Lincoln, NE, United States

Dr. Sarah Ullman is the leading expert on this topic. This updated volume will be useful to researchers and practitioners alike.

—**Lindsay M. Orchowski, PhD**, Associate Professor, Psychiatry and Human Behavior, Brown University, Providence, RI, United States

This book is an excellent synthesis of a vast multidisciplinary literature on societal responses to sexual assault survivors. This volume is well-written and meticulously researched, and it presents compelling new data. The central ideas are clearly explained without unnecessary jargon. This is an essential resource for academics as well as frontline staff (e.g., rape crisis center advocates, counselors, clinicians).

—**Rebecca Campbell, PhD**, Professor, Ecological/Community Psychology, Michigan State University, East Lansing, MI, United States

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AN INTRODUCTION TO HELPING SEXUAL ASSAULT AND RAPE SURVIVORS

In United States contemporary society, having a voice and using it reflects empowerment, whereas those who are silenced are powerless (Koss et al., 2017; Reinharz, 1994). Historically, feminist scholars have argued that rape is an act that reinforces women's powerlessness in society (Brownmiller, 1975; MacKinnon, 1987). Talking about sexual assault can be conceptualized as a political act of claiming one's experience in a society that devalues women and their experiences. Disclosure of sexual assault is important for victims for several reasons. On a political level, naming one's experience can help label and resist rape. On a personal level, disclosure can help victims make sense of their victimization and begin the recovery process. Telling others about a sexual assault also may lead survivors to feel less distressed (Pennebaker, 2018; Ullman, 2011) and more empowered. Disclosure can enable them to access needed support and services and, in some cases, assist police in apprehending perpetrators.

Although disclosure has the potential to aid in recovery, it can, and often does, add to the trauma of the initial rape when social systems and informal social network members respond in ways that are blaming or unsupportive.

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Talking About Sexual Assault: Society's Response to Survivors, Second Edition, by
S. E. Ullman

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Unfortunately, negative social reactions such as blame and disbelief are common responses to victims' disclosure of sexual assault (Dworkin et al., 2019). For example, consider the following actual victim-blaming responses to victims of rape:

- “You should have told him you had AIDS.” (a sex crimes detective at the scene dusting for fingerprints to a Black 19-year-old survivor of stranger rape)
- “We’re very sorry this happened to you, but that doesn’t give you the right to talk to us this way!” (the mother of a White adolescent survivor of sexual assault)
- “Well that’s too bad, but you’ve got to expect this kind of thing because you’re a pretty girl.” (a professor to a White 25-year-old survivor of acquaintance rape)
- “What were you wearing?” (a friend of a White college rape survivor)
- “At least it wasn’t a brutal rape.” (a friend of a teenage Black rape survivor)
- “I can’t believe you did that. Didn’t you know something like that would happen? That’s what happens when girls drink. You set yourself up.” (a friend of a Black teen rape survivor)
- “I wonder why this kind of stuff happens to you?” (the sister of a White 20-year-old rape survivor)

Blaming responses, such as the examples here, generally take two forms. First, people may blame victims overtly by saying something along the lines of “It was your fault” or “You were asking for it.” Second, people may implicitly blame victims with questions about their behavior (e.g., their drinking or activities before the assault) or their character (e.g., asking how they could have such poor judgment).

Early research showed that victims are blamed by formal support sources, including police, medical professionals, and especially the legal system (Maier, 2014; Martin, 2005). More recently, researchers have discovered that informal social network members, such as family, friends, and colleagues, respond in ways similar to the formal support sources; they blame the victim for the assault (see Dworkin, Brill, & Ullman, 2019, for a review). For example, parents or partners may overtly blame the victim by questioning their behavior or judgment. Friends may accuse the victim of lying about the rape or say they would never have let themselves get into that kind of situation, again implying that the victim’s behavior must have caused the assault.

These types of blaming reactions have been called the *second injury* (Symonds, 1980), the *second assault* (Martin & Powell, 1994), or *secondary victimization* (Campbell & Raja, 2005). Although there are no prevalence estimates from nationally representative samples regarding how often survivors receive these social reactions, research suggests that one third to two thirds of survivors may experience one or more of these negative responses (Ahrens et al., 2007; Relyea & Ullman, 2015a).

PURPOSE OF THIS BOOK

I wrote this book to highlight the knowledge uncovered by largely by researchers in the United States about how women talk about sexual assaults they experience and the responses they receive from others in American society. I discuss current research that shows how such reactions affect survivors' recovery; this research has expanded significantly since the first edition (Ullman, 2010). In particular, the emergence of the #MeToo movement and enforcement of Title IX in schools have created greater awareness of sexual assault and how prevalent and harmful it is in all areas of society. Where relevant, I include research on adult male victims, which continues to be much more limited than research on female victims. I also include research on victims of diverse sexual identities and racial/ethnic groups for whom more, but still limited, literature has emerged since the first edition. I argue that both *actual* negative social reactions and *anticipated* negative social reactions emanate from broader social norms and attitudes about rape (e.g., rape myths). Furthermore, these responses to victims must be taken into account to understand how to effectively treat and prevent sexual assault and its consequences in a variety of contexts (e.g., medical, legal) in which institutional responses harm victims trying to report and obtain support and redress (e.g., Institutional Betrayal Trauma; C. P. Smith & Freyd, 2014).

In addition, I wrote this book to show how support providers experience disclosure, as well as factors that influence how they respond to the disclosing survivor. To improve responses to disclosing victims, it is important to understand the perspective of both formal support providers (e.g., psychologists, rape victim advocates, police, doctors) and informal support providers (e.g., friends, family, intimate partners). By being aware of providers' perspectives, potential support providers will be better able to understand the risk of secondary trauma and transference and how to deal with their own emotional reactions when responding to a victim. Organizations will also be able to "help the helper" deal with victim disclosures.

The discussion of secondary trauma and transference may be particularly important for rape victim advocates, who, unlike licensed mental health professionals, typically do not have advanced clinical training on how to deal with secondary trauma and transference. Still, trauma-related training is not required in many psychology graduate training programs, including social work and other clinical and counseling psychology masters and doctoral programs, so knowledge about and experience working with survivors of sexual assault (common among advocates) may be lacking in mental health professionals who encounter victims. The provider perspectives can also help community-based prevention efforts address the emotional barriers that bystanders face when considering whether to intervene to stop assaults from occurring, situations commonly known as *bystander interventions* (Banyard et al., 2007). When providers are supported and able to prevent secondary trauma and transference, they can engage in activism against violence against women and encourage survivors to do the same. This agenda fits well with broad efforts to address violence against women using an ecological perspective (Centers for Disease Control and Prevention, 2004).

My aim is to reach individuals who may encounter survivors, including helping professionals (e.g., mental health professionals, rape victim advocates, criminal justice personnel, health care professionals), educators, researchers, policymakers, and students interested in violence against women (including survivors of sexual assault and their social support networks). Survivors and the people who encounter them may benefit from a synthesis of research-based knowledge about social reactions to sexual assault survivors' disclosures and recovery from trauma.

Because social attitudes affect how people respond to victims, I also review studies of social attitudes toward rape, including experimental and survey research on people's beliefs and judgments toward victims of rape (Edwards et al., 2011). I focus on how these social attitudes are manifested in daily life through the behaviors of ordinary people as well as professionals in society. By showing the consequences of rape myth acceptance and how rape myths are manifested in responses to survivors, I hope to motivate people to support individual women who disclose sexual assault, to recognize the problem of rape, and to join efforts to combat this widespread social problem. This is important because many survivors suffer alone in silence that is due to a fear of how others may respond to them if they talk about their assault experiences, particularly if they are marginalized by virtue of their identities (e.g., sexual minority, racial minoritized, disabled survivors). It is unlikely that we will reduce the prevalence of sexual assault and its impact on survivors without changing the social environment or rape culture that continually manifests itself in harmful reactions toward women who disclose rape.

Although my primary focus is on adult sexual assault, an important caveat is warranted, as I mention but do not cover the extensive related extant literature on disclosure and social reactions to child sexual abuse survivors. This decision is important to explain because there are many parallels between these two forms of victimization; they are significantly interrelated in terms of risk of these victimizations and issues of disclosure, and they share similar societal responses to the survivors. In addition, because most studies in this area of research focus on cisgender women and most survivors of sexual assault are women victimized by men (Bureau of Justice Statistics, 2014), I focus primarily on women as victims/survivors and men as perpetrators. However, I mention research on men as victims where relevant, as clearly men face risk of sexual assault and likely underreport it due to heteronormative rape myths in society including that “men cannot be raped” (Walfield, 2021). I cover disability, but only in a limited way, as there is still very little research on sexual assault disclosure and social reactions to disabled survivors. I also cover emerging yet still relatively limited literature on disclosure and societal reactions to sexual and gender minority survivors, including transgender and nonbinary survivors. I have not extensively reviewed the research on prevalence, psychological impact, treatment, or prevention of rape/sexual abuse because such reviews have appeared elsewhere (e.g., Fedina et al., 2018; Follette & Ruzek, 2006; Gidycz et al., 2003). I should also note that the book takes predominantly a U.S.-centric perspective, though some work, when published in English, is included from other countries.

BACKGROUND: DEFINITIONS, RECENT PROGRESS, AND LIMITATIONS

Recognition of rape as a social problem and a crime has evolved over time, and definitions have varied historically and continue to do so even to this day. There is no single agreed-on definition of rape, and definitions vary depending on whether they are legally based and thus can vary on the basis of locality or used for other purposes, such as research or treatment. Definitions of sexual assault typically include nonconsensual sexual penetration of an adolescent or adult obtained by physical force or threat of bodily harm or when the victim is incapable of giving consent by virtue of mental illness, mental retardation, or intoxication (for a review, see B. S. Fisher & Cullen, 2000). Depending on the type of sample (i.e., college or general population), anywhere from 17% to 24% of women have been raped in their lifetime (Black et al., 2011). This difference occurs because sexual assault rates are higher among younger women who predominate in college samples more than in

the general population. Sexual assault also varies, with disabled women and some women of color more likely to be assaulted than others (Basile et al., 2016; Black et al., 2011; Ledingham et al., 2022). In addition, approximately a quarter of males (23.6%) experience sexual violence during their lifetime, including rape, being made to penetrate an individual, sexual coercion, and/or unwanted sexual contact (Black et al., 2011).

In this book, I use the following definitions. The term *sexual assault* refers to a broader range of acts than “rape,” following Koss et al.’s (2007) categories. *Rape* refers to attempted or completed forced sexual penetration or penetration obtained when a person does not or cannot consent (e.g., as a result of substance use). Sexual assault refers to less severe forms of sexual victimization, including unwanted sexual contact (e.g., fondling) and sexual coercion (e.g., manipulation). I use both *victim* and *survivor* throughout the book, as both are important terms, with the former recognizing the harm of rape and latter reflecting resiliency and may lead to differing perceptions of those experiencing rape (Schwark & Bohner, 2019). I next cover the evolution of responses to rape to situate contemporary research in historical context.

Historical Responses to Rape Survivors

An early response to victim blame and negative reactions to survivors of rape was the rape crisis movement that began in the 1970s as part of the second-wave women’s movement (the first wave was the women’s suffrage movement of the late 19th and early 20th centuries). Rape crisis centers were formed to provide victims with supportive places to recover from the trauma of rape. Feminists also fought for rape law reforms and for improved medical, police, and mental health responses to survivors (Corrigan, 2013b). The rape crisis movement has had positive effects, including enhanced awareness of the problem of sexual assault through education, forums for victims to speak out about their experiences, advocacy for victims dealing with the medical and legal systems, and counseling for at least some victims (for a review, see Campbell & Martin, 2001). However, rape crisis centers are still among the most rarely contacted formal sources, with community studies showing that only 5% to 10% of victims of sexual assault indicate that they went to this source (Ullman, 2010). In addition, the high prevalence of sexual assault and its documented negative impact on women do not appear to have diminished (Russell & Bolen, 2000). Thus, it is likely that need for services and activities performed by rape crisis centers still far outstrips their availability in many communities. National data show that rape still remains prevalent and that many women experience rape every year (Kilpatrick et al.,

2007). Thus, rape crisis centers have not achieved all their goals, including early activist goals of stopping rape, and thus they will probably always be essential resources for sexual assault survivors.

Despite some progress in responses to individual survivors and much greater awareness since the #MeToo movement, which has encouraged increased online disclosure yet also led to harsher reactions, we still live in what has been termed a *rape culture*. This term refers to the fact that U.S. society often holds women responsible for being raped, frequently ignores or excuses rapists, and fails to support victims afterward (Buchwald et al., 2005). This pathological social environment in effect condones rape.

One reason that efforts to change the rape culture have limited success is that most research, clinical work, and prevention programming dealing with sexual assault operates from a narrow individualistic framework. Trauma disclosure research and theory about the impact of sexual assault disclosure on health outcomes has largely ignored the social context. For example, experimental research on the benefits of disclosing stressful life events in college students (Frattaroli, 2006) shows positive health benefits for students randomly assigned to write about traumas compared with those assigned to write about neutral events. In contrast, similar studies in clinical populations have shown smaller positive effects (Frisina et al., 2004). It is important to note that these studies were focused on anonymous disclosures in which participants were writing in a laboratory with no social response from others. When such contextual factors are assessed, such as in real-life trauma disclosures, the results may differ. For example, Lepore et al. (2000) showed in an experiment that if a confederate gave invalidating feedback in a laboratory setting to a participant disclosing trauma, the disclosure had negative effects on the participant. In addition, the few existing studies of actual victims of sexual trauma randomly assigned to write about their victimization or a neutral event in a laboratory setting have shown either negative or neutral effects of disclosure, suggesting that type of trauma and social context of the trauma may be important to assess (Antal & Range, 2005; Crawford et al., 2008). For example, Radcliffe et al. (2010) found that (a) both shared (with others) and private written disclosure resulted in fewer posttraumatic stress symptoms, (b) shared disclosure reduced depression more than private disclosure, but (c) only shared disclosure reduced physical symptoms. They concluded that private written disclosure improves cognitive stress effects but that socially shared writing has broader benefits. This study, however, did not assess the social reactions made by those with whom the disclosure was shared. Overall, it is important to consider the responses women receive to disclosures. While mixed, these experimental studies show that disclosure

of sexual assault and abuse may have negative or neutral effects, in contrast to studies of trauma disclosure in general. While research on disclosure on social media and online has grown, particularly in the past decade, the impact of these disclosures on survivors' psychological recovery remains unknown (Bogen, Orchowski, & Ullman, 2021).

Clinical approaches are also based on research that has not adequately examined social factors. For example, some state-of-the-art treatments for victims of rape experiencing posttraumatic stress disorder (PTSD), such as prolonged exposure treatment, focus on changing individuals' emotional responses (e.g., feelings of fear). Others, such as cognitive behavior therapy (CBT) and cognitive processing therapy (CPT), focus on changing individuals' cognitions (e.g., self-blame) and behaviors (e.g., avoidant forms of coping) related to their assaults (Bedard-Gilligan et al., 2016; Resick et al., 2016). Neither of these approaches addresses the harmful reactions victims often experience from their social networks and from formal support sources or the ways in which these responses may emanate from a patriarchal society. However, cognitive behavioral conjoint therapy for PTSD includes some integration of partners (a form of social support; see Monson & Fredman, 2012; Shnaider et al., 2017), and CPT can be used to address negative cognitions such as self-blame that arise following negative social reactions to disclosures.

Prevention programs typically attempt to change people's rape-supportive attitudes (e.g., rape myths) using educational curricula in the hope that changing people's attitudes will eventually reduce the occurrence of rape (Dills et al., 2016). Although such programs attempt to reduce victim blame (Senn et al., 2017), they may not always be able to comprehensively address the social environment that gives rise to such blame because such programs attempt to change individuals' attitudes rather than changing the systems and environments that give rise to those attitudes. One common goal of prevention programs is to change attitudes specifically to reduce victim-blaming responses that people make when a friend or family member discloses to them. Some programs that conduct outcome evaluations acknowledge that educational programs are not successful at primary prevention; however, many of them contend that their evaluations succeed at secondary prevention because they may lead participants to be more supportive of survivors, which helps to ameliorate long-term effects of the assault (Townsend & Campbell, 2008). Even when prevention programs spend substantial time trying to change victim-blaming attitudes and teach people how to respond effectively when friends or family disclose, however, they are limited in impact. Program effects on victim blaming may be substantially diminished

because programs are very short (typically 1 or 2 hours) and do not address the social environment that condones sexual violence and blames victims (Townsend & Campbell, 2008).

U.S. society has yet to adequately address and attack the rape-supportive culture, in spite of increased awareness of and attention to rape, particularly in the past decade. This rape culture affects how we are socialized and how we respond to victims of sexual assault in everyday situations. This book addresses this gap by providing information about the disclosure and help-seeking experiences of survivors of sexual assault and the experiences of informal and formal support sources who are faced with responding to victims following assaults.

SURVEY AND INTERVIEW RESEARCH APPROACH

Although this book integrates a wide variety of qualitative and quantitative studies, much of it derives from four extensive studies that I directed: (a) one interview study of the experiences of clinicians and advocates who respond to rape disclosure (Ullman & Townsend, 2007, 2008), (b) one mail survey study of the experiences of rape survivors (e.g., Ullman, Filipas, et al., 2007; Ullman, Townsend, et al., 2007), (c) one follow-up interview study with rape survivors who had responded to the mail survey study (Long & Ullman, 2013; Starzynski et al., 2017), and (d) a 3-year longitudinal survey study of rape survivors and follow-up interviews of survivors and their informal support network members (e.g., family, friend, partner whom they told about the assault; Ullman et al., 2013). Quotations from the survey and interview data appear throughout the book, so it is worthwhile to describe the studies briefly here.

The Mental Health Provider Interview Study

The first study, the clinician and advocate interview project, was called the Mental Health Provider Interview Study and was conducted from 2002 through 2003 with the support of the University of Illinois at Chicago Great Cities Institute Faculty Scholar Program. The sample comprised 30 women who were mental health professionals or current or former rape victim advocates working in a variety of settings, including rape crisis centers, mental health and other social service agencies, and private practices in the Chicago metropolitan area. Participants were recruited using multiple methods, including mailing letters to mental health professionals listed in the Yellow Pages

and to advocates listed as participants at a conference on sexual violence. In addition, former advocates were recruited by getting referrals from advocates who had already participated in interviews.

Participants completed in-person interviews at a time and location convenient for them, mostly at their work offices. Semistructured interviews ranged from 45 minutes in length to 1 hour and 20 minutes; the interviewers asked about the women's training and work experience with survivors of sexual assault as well as other relevant work experience, how disclosures of sexual assault tended to occur, how interviewees typically respond to disclosures, difficult and rewarding aspects of working with survivors, barriers to working with survivors and to survivors' obtaining services, and solutions that might improve services to this population. Participants were also asked about their own approach to treatment and their views about the role of mental health professionals in working with sexual assault survivors. Findings have been published in Ullman and Townsend (2007, 2008).

The Women's Life Experiences Survey

The second study, the survivor survey project, was funded by the National Institutes of Health (NIH) and was called the Women's Life Experiences Survey. This Chicago-based project involved two mail surveys, 1 year apart (2002–2004), sent to survivors who responded to newspaper advertisements, signs in the community and on local university campuses, and fliers in mental health and social service agencies, including rape crisis centers. Over the course of a year, 1,084 women completed the first mail survey, which collected information about sexual assaults, traumatic life experiences, psychological symptoms, drinking problems, coping strategies, attributions of blame and perceived control, and social reactions received after disclosing their assaults to others.

The main goal of the survey was to collect information about the women's assaults and how the women dealt with them. We gave women a list of local rape crisis centers and other community mental health agencies and paid them for participation. We also included a postcard asking whether they would be willing to participate in a 1-year follow-up survey and/or in-person interview. Findings from this survey project have been published in various articles (e.g., Ullman, Filipas, et al., 2007; Ullman, Townsend, et al., 2007).

The Women's Life Experiences Interview Project

The third, study, a survivor interview project called the Women's Life Experiences Interview Project, was also part of the Women's Life Experiences Study

funded by the NIH. Approximately 60% of women who responded to the survey indicated on returned postcards that they would be interested in doing an interview. We had funding to interview only about 10% of the sample, which we had estimated to be 600 rape survivors, in other words, 60 interviews.

Whereas the mail survey was intended to test a theoretical model of the relationships of social reactions to coping, attributions, and recovery outcomes (e.g., symptoms of PTSD, drinking problems), the follow-up interviews were to be more exploratory in nature and designed to obtain more information about women's experiences talking with others, especially mental health professionals, about their assaults. These interviews were important because previous research had shown that women underutilize mental health professionals and, when they do go to them, have mixed experiences (Golding et al., 1989). Thus, the interviews were designed to build on information from the mail survey by asking more in-depth questions about help-seeking experiences and the reactions they got from others, including both informal and formal sources (especially mental health professionals). Interviews were conducted from 2003 through 2006 (Long & Ullman, 2013; Starzynski et al., 2017).

The Women's Stress and Support Study

The fourth study, the Women's Stress and Support Study, was also funded by the NIH. It involved 1,863 survivors of sexual assault who were surveyed for 3 years to better understand risk and protective factors for revictimization and recovery. A subset of survivors completing the surveys were interviewed about their experiences disclosing to a member of their informal social network (e.g., friend, family member, romantic partner). These survivors also referred their support network member, who did a separate interview about their experiences hearing and responding to the survivor's disclosure ($N = 45$ matched dyadic pairs). This study took place between 2010 and 2016. These interviews yielded rich information about survivors' experiences sharing sexual assault and their supporters' experiences hearing about sexual assault and the impact on them and on the relationship (Kirkner et al., 2018; Lorenz et al., 2018; O'Callaghan et al., 2021).

This study was important in helping to understand how various factors, including social reactions from others and perceptions of control and coping strategies of survivors, related to PTSD and problem drinking in sexual assault survivors over time. The dyadic interviews also enhanced knowledge of the relational impacts of sexual assault disclosure and helped provide information about the broad contexts of survivors' assault experiences and recovery from them from the perspective of survivors and others around them.

These four studies have collectively provided a rich basis of knowledge about the experience of rape disclosure from the survivors' perspectives, informal social support network members' perspectives, and clinician/rape victim advocates' perspectives. Furthermore, two of these studies involving interviews prompted me to examine my own experience responding to rape disclosure in this case, as a researcher conducting interviews with survivors. After all, despite the research purpose of the interviews, my responses to the survivors could nonetheless affect survivors' chances of recovery. Thus, my experiences conducting the survivor interviews are also discussed in the book, expanding on what I learned from my more recent NIH-funded Women's Stress and Support Study. Multiple perspectives from all who experience rape disclosure are critical for considering the entire social context of rape and rape disclosure.

WHAT'S NEW IN THE SECOND EDITION

The book has been expanded since the first edition to include updated theory and research related to disclosure and social reactions to rape victims. It has a similar structure as the first edition and includes a new chapter on informal supporters' experiences helping survivors, an area that has grown enough to separate it from the chapter that follows on formal supporters. The book is focused on adult cisgender women given the preponderance of research in this group. However, although male-to-female rape is most common, rape affects people of all genders and includes male victims, so relevant information is presented when available. Research on disclosure and social reactions examining race, sexual identity, and disability differences, while still somewhat limited, is also added. In addition, emerging research on rape disclosure online and on social media is covered, although not in a separate chapter because the literature is still relatively limited.

ORGANIZATION OF THIS BOOK

The book has nine chapters. In Chapter 1, I provide updated background on the recent social-historical context of rape and attitudes toward rape, including the second-wave women's movement and how that has framed our understanding of talking about rape, as well as more recent third and fourth waves. I explain how societal attitudes can frame our understanding of and affect women's experiences of disclosing assault, including the #MeToo movement.

In Chapter 2, I review and update theories of rape and women's disclosure, including sociological, feminist, psychological, and ecological theories. The newer disclosure process model and sociocultural theory are presented in the evolving societal context of talking about rape and help seeking.

In Chapter 3, I review research on rates of disclosure of sexual assault, responses to disclosure, and factors related to the social reactions that survivors receive from others. I include research on online disclosure of sexual assault and motivating factors and experiences of survivors, particularly since the advent of social media and the #MeToo movement. I explain why women disclose assaults and how others respond to them as well as reasons for non-disclosure and the role of social and cultural factors, including racial and sexual identities.

Chapter 4 provides research since 2010, where available, and findings on different types of social reactions, including measures related to assessing social reactions. It also includes quantitative and qualitative findings regarding both general and alcohol-specific social reactions to disclosure as well as online social reactions.

Chapter 5 is expanded significantly to cover research published after 2010 that focused on the impacts of social reactions on survivors' recovery outcomes in the context of social-ecological theory, including results from longitudinal studies of victims and surveys of college students, and research on how race/ethnicity and sexual orientation may affect social reactions. I also include research on betrayal trauma theory and institutional betrayal in relation to rape and social reactions to disclosure and their impact (C. P. Smith & Freyd, 2014). I argue that research should go beyond survivors' perspectives on seeking help to also include perspectives of helpers, both formal (e.g., rape crisis advocates, clinicians, other formal providers) and informal (e.g., family, friends, intimate partners). In this way, we can better understand how the social context of rape affects the ways in which support providers can respond to survivors and the effects that hearing survivors' stories has on helpers.

Chapter 6 includes research on informal supporters' experiences responding to and helping survivors who are disclosing sexual assault. It also includes qualitative interview findings from our interview study of survivor-informal supporter dyads (the Women's Stress and Support Study), including how hearing about the sexual assault affects the supporters of the survivors, impacts on survivors' sexuality and relationships, alcohol-related assault disclosure reactions and impacts, and impacts of interactions with offenders post assault and their informal supporters.

Chapter 7 includes current research on formal supporters' responses to sexual assault victims, in particular formal supporters such as clergy, police,

and medical sources. I report advocates' and clinicians' perspectives on helping survivors and about both racism in rape crisis centers and the discriminatory treatment of race- and ethnic-minoritized survivors in both medical and criminal-legal systems. In this chapter, I cover secondary traumatic stress and vicarious trauma due to working with survivors and the ways in which clinicians cope with traumatic material as well as rewarding aspects of doing this work.

Chapter 8 includes my experiences interviewing sexual assault survivors and highlights some changes since I wrote the original version of this chapter earlier in my career. I discuss and reflect on my own experience conducting interviews with survivors, the effects it had on me, and how I coped with those effects in the hope that this information will be helpful for other researchers. I cover research on ethical issues in interviewing survivors, the contemporary context of #MeToo and Title IX enforcement, and insights from my (WSS) study's dyadic interviews with survivors and their informal supporters. I discuss my experiences doing these interviews with survivors and their informal supports. I believe that my experience conducting this research has direct parallels with emotional reactions people have when hearing victims discuss their assaults. Because my research has involved interviews with survivors about their experiences disclosing sexual assault to others, it is directly relevant to my understanding of the impact of hearing about survivors' disclosure experiences.

Finally, in Chapter 9, I consider how knowledge gained from research grounded in a feminist social-ecological model can help us to understand and dismantle the pathological social environment, or rape culture, by changing social attitudes and societal responses to sexual victimization (e.g., macro-level) and interactions with survivors (e.g., microlevel). This chapter discusses how knowledge about disclosure and social reactions to sexual assault has been used to develop and evaluate interventions to reduce negative social reactions to victims and to help informal supporters respond better to victims and take care of themselves. I provide recommendations for change to research, treatment, and intervention, as well as social change in society and its institutions, with a focus on addressing intersections of race, class, and gender consistent with efforts to apply intersectionality theory to sexual assault (McCauley et al., 2019).