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All Involved in the Recovery: Disclosure and Social Reactions following Sexual Victimization

Christine Therriault^a, Noémie Bigras^b, Martine Hébert ^a,
and Natacha Godbout ^a

^aDepartment of Sexology, Université du Québec à Montréal, Montreal, Canada; ^bDepartment of Psychology, Université du Québec à Montréal, Montreal, Canada

ABSTRACT

Sexual victimization in adulthood (SVA; i.e. sexual assault, sexual violence within an intimate relationship) is related to negative effects such as psychological distress and lower sexual adjustment. However, little is known about the underlying mechanisms at work within this relationship. This study examined the role of disclosure, social reactions and psychological distress in the relationship between SVA and sexual adjustment (i.e. sexual satisfaction and sexual difficulties). A sample of 474 adults from the general population completed an online survey. Results indicated that 16% of the sample reported SVA. Among this subgroup of victims, 64% ($n = 49$) experienced positive social reactions following disclosure, while 17% ($n = 13$) did not disclose and 19% ($n = 15$) experienced negative social reactions following disclosure. Compared to other groups, victims who report negative social reactions show higher psychological distress and lower sexual adjustment than other subgroups of victims or non-victims. In contrast, victims reporting positive reactions expressed equivalent levels of psychological distress and sexual satisfaction than non-victims. Using path analyses, an integrative model revealed that SVA with associated disclosure and social reactions was directly and indirectly related to sexual adjustment through psychological distress. Results highlight the central importance of social reactions following disclosure of victims.

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Disclosure; psychological distress; sexual adjustment; sexual victimization in adulthood; social reactions

Introduction

Sexual victimization in adulthood (SVA) is an endemic phenomenon affecting 19.1% to 47.8% of women and 1.7% to 23.4% of men in North America (Breiding et al., 2014; Jozkowski & Sanders, 2012). The variations in prevalence rates may be due to the myriad of definitions and operationalizations of SVA (Dworkin, Menon, Bystrynski, & Allen, 2017; Halstead, Williams, & Gonzalez-Guarda, 2017) such as differences in minimum age (e.g. 14 or 18), gestures included as SVA (e.g. limited to SVA with penetration) or the means used by the perpetrator (e.g. limited to SVA including physical force). Authors such as

CONTACT Natacha Godbout  godbout.natacha@uqam.ca  Department of Sexology, Université du Québec à Montréal, C.P. 8888 succursale Centre-ville, Montreal, Quebec H3C 3P8, Canada

Dworkin et al. (2017) highlighted that the use of narrow definitions of SVA (e.g. limited to SVA with penetration) does not allow for the full-range encompassment of experiences depicting the various trajectories of SVA victims. This is in line with the World Health Organization (WHO, 2012) and their definition of sexual victimization as the experience of any unwanted sexual act, with or without contact, perpetrated with or without the use of physical violence, threat or while the victim was unable to consent. Although SVA in itself has impacts on victims' adjustment, disclosure and social reactions following disclosure might be pertinent to examine as the global experience of SVA (GSVA) potentially influencing psychological and sexual adjustment.

Sexual adjustment

Sexuality is an important aspect of individuals' lives and a greater sexual adjustment is associated with a better general health (Lindau & Gavrilova, 2010), life satisfaction (Schmiedeberg, Huyer-May, Castiglioni, & Johnson, 2017), and well-being (i.e. mood and meaning of life; Kashdan, Goodman, Stikma, Milius, & McKnight, 2018). Sexual adjustment is a broad concept and, in the context of this study, includes sexual satisfaction and low sexual difficulties (Anderson, 2013; WHO, 2019). Sexual satisfaction is defined as "an affective response arising from one's subjective evaluation of the positive and negative dimensions associated with one's sexual relationship" (Lawrance & Byers, 1995, p. 268), while sexual difficulties refer to sexual concerns (i.e. negative thoughts and emotions related to sexuality) and sexual behaviors (i.e. problematic sexual behaviors; Briere, 2011). Given the links found between sexual victimization and sexual adjustment with significant variations within victims (Weaver, 2009), it is important to identify the explanatory mechanisms associated with SVA and sexual adjustment.

Empirical data has shown that SVA is associated with unprotected sex, high numbers of sex partners, intercourse while impaired from alcohol or other drugs and frequent one-time sex partners (Johnson & Johnson, 2013; Jozkowski & Sanders, 2012; Littleton, Grills, & Drum, 2014; Turchik & Hassija, 2014; Wells et al., 2016), as well as decreased sexual satisfaction (Weaver, 2009). McCall-Hosenfeld, Liebschutz, Spiro, and Seaver (2009) found that sexually victimized adult women were twice as likely to report lower sexual satisfaction than women who did not report SVA. However, few studies have documented the mechanisms involved in the development of negative sexual outcomes in the aftermath of SVA. Models proposed by experts from the field of child sexual abuse (CSA) may nevertheless offer some insight to understand the long-lasting associations between CSA and adult sexuality. For example, Finkelhor and Browne (1985) suggest that the traumatic sexual experiences and powerlessness induced during victimization may persist over time and alter future sexual adjustment. The Self-Trauma

Model (Briere, 2002) suggests that the alteration of self-capacities (i.e. relatedness, affect regulation and sense of self) following child abuse may lead to persistent psychological distress in adulthood. Empirical research based on this theoretical model showed significant associations not only between sexual victimization and altered self-capacities, but also sexual difficulties, specifically increased sexual anxiety and diminished sexual satisfaction in adulthood (Bigras, Godbout, & Briere, 2015).

While these theoretical frameworks state that CSA may alter victims' psychological and sexual adjustment, fewer theoretical models have focused on the impacts of SVA, once one's own vision of the world is already built and established (Crome & McCabe, 2001; Janoff-Bulman & Frieze, 1983). Still, experts in trauma have suggested and demonstrated that interpersonal trauma such as sexual victimization endured in adulthood can damage victims' internal feelings of security and comfort with relational intimacy, these feelings being essential for an optimal sexual adjustment (Briere & Jordan, 2004). These two authors proposed that interpersonal trauma may alter, either by disrupting or reinforcing, "the victim[s] prior cognitive schemas regarding safety, relatedness, intimacy, the trustworthiness of others, as well as [their] previous assumptions regarding [their] ability to detect and avoid interpersonal danger" (Briere & Jordan, 2004, p. 1255). Thus, SVA may also lead to several impairments in victims' intrapersonal functioning, especially in relation to their sexual adjustment, although empirical data are scarce in support of the link between SVA, sexual adjustment and its underlying mechanisms.

Social reactions

Bloom (2003) put forward the importance of a safe environment (i.e. physical, psychological and social safety) for healing in the aftermath of an interpersonal trauma. Such positive social reactions following disclosure of SVA are thought to promote recovery from traumatic events and sustain emotional and relational health (Godbout, Briere, Sabourin, & Lussier, 2014). More precisely, after experiencing SVA some people will disclose their experiences to someone, regardless of formal denunciation to the authorities (Orchowski & Gidycz, 2012). In fact, 65% to 75% of SVA victims will disclose (see Sabina & Ho, 2014 for a review), however, social reactions following the disclosure appear to be as important, if not more, than the disclosure itself in relation to victims' functioning (Ullman, 2010). Positive social reactions (e.g. emotional support, listening, tangible aid, believing) tend to promote psychological health and a better adaptability (i.e. buffer effect) following trauma (Orchowski & Gidycz, 2012; Ullman, 2010; Ullman & Peter-Hagene, 2014). In contrast, negative social reactions (e.g. blaming, rape myths, disbelief/denial) are related to increased anxiety, depression and posttraumatic symptoms (Hakimi, Bryant-Davis, Ullman, & Gobin, 2018; Littleton, 2010; Orchowski, Untied, & Gidycz, 2013;

Ullman, 2010; Ullman & Peter-Hagene, 2016). Moreover, Relyea and Ullman (2015) found that negative social reactions following the disclosure of SVA can lead to lower sexual assertiveness. While past studies have suggested significant links between disclosure, associated social reactions and victims' adjustment, the role of disclosure and ensuing social reactions in the relation between SVA and sexual adjustment remains unclear. Thus, GSVA should be further investigated in relation to psychological and sexual adjustment.

Psychological distress

Psychological distress (i.e. depression, anxiety, irritability and cognitive problems; Ilfeld, 1976) may be a crucial variable when considering the explanatory mechanism used to understand the relationship between GSVA and sexual adjustment. On the one hand, empirical data suggest that the experience of SVA is associated with heightened psychological distress (Walsh, Galea, & Koenen, 2012) including depression, anxiety and irritability (Dworkin et al., 2017). On the other hand, higher levels of psychological distress have been associated with diminished sexual satisfaction. More specifically, Kelley and Gidycz (2017) found that, in a sample of 501 sexually active college women (44.6% of whom were victims of SVA), anxiety mediated the relationship between SVA and sexual difficulties (i.e. low sexual desire and sexual pain). Moreover, Neilson, Norris, Bryan, and Stappenbeck (2017) highlighted that depressive symptoms contributed to less sexual satisfaction in SVA victims. In the same vein, McCall-Hosenfeld et al. (2009) observed in a sample of 3181 veteran women that 39% of those who had experienced SVA in the military (i.e. force or the threat of force was used against their will to have sexual intercourse) suffered from sexual dissatisfaction; this was explained through the indirect effect of psychological distress. These results suggest that post-assault psychological distress may partly explain the link between SVA and sexual adjustment. However, none of these studies have included the effect of disclosure and social reactions following this disclosure into an integrative model explaining the link uniting SVA and sexual adjustment.

To our knowledge, one study has examined an integrative model of the associations between SVA, disclosure, psychological symptoms and sexual functioning. Indeed, Staples et al. (2016) showed that post-traumatic stress symptoms acted as an explanatory mechanism in the link between disclosure (i.e. presence or absence) following SVA and sexual difficulties. Their results showed that disclosure of SVA contributed to fewer trauma symptoms (i.e. intrusive experiences, avoidance, dissociation, impaired self-reference and tension reduction behaviors) which in turn were associated with less difficulty to reach orgasm. However, sexual satisfaction, sexual difficulties and the quality of social reactions following disclosure were not considered.

Objectives and hypothesis

Based on previous limitations identified in the literature, the purpose of this study was to examine in a global perspective the associations between SVA, disclosure and associated social reactions, psychological distress and sexual adjustment in order to capture all aspects related to the experience of SVA. The first aim was to compare four groups of individuals (non-victims, victims who reported receiving positive response, victims who reported receiving negative response and victims who did not disclose) on their levels of psychological distress and sexual adjustment. It was hypothesized that victims who reported receiving negative social reactions would report greater psychological distress and lower sexual adjustment than the other three groups. The second aim was to test an integrative model of the associations between disclosure and associated social reactions, psychological distress and sexual adjustment. It was hypothesized that psychological distress plays a mediating role between global experience of SVA (GSVA; experience of SVA combined with associated disclosure and social reactions) and sexual adjustment. Answers to those objectives should help to obtain a better understanding of GSVA's experience.

Method

Participants

A sample of 321 adult women and 151 adult men from the general population was recruited online using social media such as Facebook and mailing lists associated with academia. The project obtained approval from the Université du Québec à Montréal's Institutional Review Board. Participants had to consent to the study before filling an anonymous questionnaire hosted on *SurveyMonkey*. Participants were eligible to participate in a raffle for \$50 CAN. The sample was composed mostly of Canadians (89%, $n = 415$), with an average age of 29 years old ($SD = 10.8$; range 18 to 75 years old), who spoke French (96%, $n = 442$) as their primary language, while 2% spoke English ($n = 10$) and 2% spoke Spanish ($n = 7$). Participants reported being students (51%, $n = 235$) or full-time workers (37%, $n = 172$) and the majority, 70% ($n = 331$), had reached undergraduate studies. Forty-six percent of the sample ($n = 218$) reported an annual income under \$20,000 CAN and 21% ($n = 101$) reported an annual income between \$20,000 CAN and \$39,999 CAN. The majority of the sample (91%, $n = 427$) described themselves as heterosexual; 35% ($n = 167$) were in a common-law relationship (cohabiting), 27% ($n = 127$) were in an intimate relationship with a regular partner without cohabiting, 12% ($n = 56$) were married and 26% ($n = 123$) reported being single, which can include various types of relationships (not dating, dating, one or multiple sexual partners, etc.).

Measures and procedures

Sexual violence in adulthood

Based on the World Health Organization's definition (World Health Organization & Pan American Health Organization, 2012), SVA was measured as any unwanted sexual acts endured, with or without contact, which appears sexual to the individual (e.g. caresses, kissing, sexual games, sexual touching, oral, vaginal or anal penetration, verbal propositions of a sexual nature, exposure to sexual scenes) occurring at the age of 18 or later. This age cutoff was determined based on the legislation in force in the region where the study was conducted (Department of Justice, Government of Quebec, 2019). Participants were given the above definition of a sexual act and were asked, "Have you ever experienced an unwanted sexual act at 18 years or older?"

Disclosure and social reactions

Participants indicated, on a dichotomous answer options (yes = 1, no = 0), if they had disclosed their experience of sexual victimization to someone. If they reported disclosure, social reactions were assessed by asking the participant about the reactions of the recipient of disclosure, with five options: "She/he didn't believe me," "She/he did nothing," "She/he believed me," "She/he intervened to help me" and "Other" (following by a blank space to specify details).

Global experience of SVA

A global experience of SVA (GSVA) variable was created, combining the experience of SVA with associated disclosure and social reactions based on previous study (Godbout et al., 2014). The variable ranged from 0 to 3, with 0 = the participant did not report SVA (non-victim); 1 = the participant reported experiencing SVA and positive social reactions following disclosure (i.e. "She/he believed me" or "She/he intervened to help me"); 2 = the participant reported experiencing SVA but did not disclose to anyone; and 3 = the participant reported experiencing SVA and negative social reactions following disclosure (i.e. "She/he did nothing" or "She/he didn't believe me"). Participants who reported mixed social reactions (i.e. positive and negative social reactions) were classified 3 = the participant reported experiencing SVA and negative social reactions following disclosure, because they experienced at least one negative social reaction. "Other" experienced social reactions were categorized according to the information given (e.g. "listening" = positive; "congratulate on having sex" = negative).

Psychological distress

The brief version of the validated French version of the *Psychiatric Symptom Index* (PSI; Ilfeld, 1976; Prévaille, Boyer, Potvin, Perreault, & Légaré, 1992) was used to assess participants' psychological distress. This 14-item measure includes four dimensions: depression, anxiety, irritability and cognitive

problems. Participants evaluated the frequency of symptoms in the last seven days on a 4-point Likert scale (0 = *never*; 3 = *really often*). The total score varied from 0 to 42; a higher score implied higher level of psychological distress. The internal consistency was good in the validation study ($\alpha = .92$; Prévile et al., 1992) and in the present sample ($\alpha = .93$).

Sexual difficulties

Sexual difficulties were assessed using the 10-item sexual scale of the *Trauma Symptom Inventory-2* (TSI-2; Briere, 2011), which measures two types of sexual difficulties, namely, sexual concerns (5 items) and problematic sexual behaviors (5 items). Sexual concerns refer to negative thoughts and emotions related to sexuality, while problematic sexual behaviors refer to potentially harmful sexual behaviors (e.g. having sex although the participant report it was probably not a good idea). Items were responded on a 4-point Likert scale ranging from 0 = *never* to 3 = *often*. The total score ranges from 0 to 30, with a higher score indicating greater sexual difficulties. The internal consistency was $\alpha = .96$ in the validation study (Briere, 2011) and $\alpha = .78$ in this study.

Sexual satisfaction

Sexual satisfaction was assessed using the *Global Measure of Sexual Satisfaction* (GMSEX; Lawrance & Byers, 1995). This 5-items (i.e. good-bad, pleasant-unpleasant, positive-negative, satisfying-unsatisfying, valuable-worthless) measure is responded on a 7-point bipolar scale. The score varied from 5 to 35 with higher scores indicating greater sexual satisfaction. The internal consistency was found to be satisfactory in the validation sample ($\alpha = .90$ and $\alpha = .96$, Lawrance & Byers, 1995) and in the present sample ($\alpha = .93$).

Data analysis

Descriptive as well as multivariate analyses of variance (MANOVA) were conducted using SPSS 24. To assess differences in psychological distress, sexual difficulties and sexual satisfaction between the four groups, a MANOVA followed by a Bonferonni *post-hoc* test were performed. The hypothesized linear relationship between GSVA and dependent variables was assessed using orthogonal polynomial contrasts. Correlations were tested to evaluate the associations between GSVA, psychological distress, sexual difficulties and sexual satisfaction. Those analyses were conducted with a different number of participants due to missing data, so the degrees of freedom may vary between analyses of different outcomes.

The hypothesized integrative model was tested with path analyses using *Mplus*, version 7 (Muthén & Muthén, 2012), with GSVA as the independent variable, psychological distress as the mediator and sexual adjustment (i.e. sexual difficulties and sexual satisfaction) as the outcome variables. Because skewness and kurtosis indices of variables indicated non-normality, we used

a *Mplus* option (i.e. MLR), allowing for maximum likelihood parameter estimation with standard errors and chi-square test statistics that are robust to non-normality (Muthén & Muthén, 2012). The Default Full Information Maximum-Likelihood (FIML) estimation method was used to handle missing data and so, sample for this analysis was 474 participants. The sequence of variables in the model was determined based on existing literature and theoretical models (Byrne, 2016). Several indices were considered to assess the overall model fit. The chi-square statistic represents a good fit when it is not statistically significant (Hu & Bentler, 1999). Then, a value of .90 or above represents a good fit to the data for comparative fit index (CFI; Bentler, 1990), while a value below .06 is considered a good fit for the root mean square error of approximation (RMSEA; Steiger, 1990). Since chi-square tests are sensitive to sample size (Kline, 2011), a ratio of chi-square to degrees of freedom (X^2/df) was also used. Values lower than 3 indicate a good fit according to a conservative cutoff value (Ullman, 2001).

To examine the significance of indirect effects, we used 95% bootstrap confidence intervals (MacKinnon & Fairchild, 2009). This bias-corrected method is based on a distribution for the product of coefficients and generated confidence limits for the true value of the coefficient for indirect effects. The indirect effect is considered significant when zero is not included in the confidence interval (Preacher & Hayes, 2004). Finally, between-gender differences were tested using a multiple group analysis. Models were compared using a chi-square difference test; a significant univariate incremental chi-square value ($p < .05$) indicated evidence of differences across men and women.

Results

Descriptive analyses

SVA was reported by 16% ($n = 77$) of the sample; 20.2% of women and 9.4% of men. In the subgroup of SVA victims, 64% ($n = 49$) reported positive social reactions following disclosure, while 17% ($n = 13$) did not disclose and 19% ($n = 15$) experienced negative social reactions. Recipients of disclosure varied: 19% disclosed to a parent, 20% to another family member, 15% to a romantic partner, 33% to a friend and 13% to a professional or teacher. MANOVAs with polynomial contrasts indicated a significant linear relationship between GSVA and increased psychological distress ($F(1,466) = 18.93, p < .001, \eta^2 = .22$), increased sexual difficulties ($F(1,476) = 29.07, p < .001, \eta^2 = .24$), as well as decreased sexual satisfaction ($F(1, 463) = 20.74, p < .001, \eta^2 = .17$). Polynomial contrasts remained significant when tested on men and women separately. MANOVAs also revealed differences between the four groups on psychological distress, sexual difficulties and sexual satisfaction (see Table 1). Specifically, SVA-victims who reported negative social reactions showed more psychological

Table 1. Means and standard deviations for psychological distress, sexual difficulties and sexual satisfaction as function of GSVA's categories.

Variables	No SVA (<i>n</i> = 397)		Group 1 (<i>n</i> = 49)		Group 2 (<i>n</i> = 13)		Group 3 (<i>n</i> = 15)		F	η^2
	M	SD	M	SD	M	SD	M	SD		
1. PsyDist	12.39 ^a	8.90	14.48 ^a	9.83	20.46 ^a	13.79	21.67 ^b	12.34	5.28***	.03
2. SexDiff	3.70 ^a	3.91	6.06 ^b	6.04	5.38 ^a	5.47	8.73 ^b	6.16	7.04***	.05
3. SexSat	27.78 ^a	6.03	26.76 ^a	7.64	23.16 ^b	8.94	22.53 ^b	9.18	7.59***	.05

Notes: GSVA: Global experience of sexual violence in adulthood; Group 1: SVA and positive reactions; Group 2: SVA and no disclosure; Group 3: SVA and negative reactions; PsyDis: Psychological Distress; SexDiff: Sexual Difficulties; SexSat: Sexual Satisfaction.

*** $p \leq .001$.

Table 2. Correlations among studied variables.

Variables	1.	2.	3.	4.
1. GSVA	-			
2. Psychological distress	.22***	-		
3. Sexual difficulties	.24***	.45***	-	
4. Sexual satisfaction	-.18***	-.38***	-.42***	-

Notes: GSVA = Global experience of sexual violence in adulthood

*** $p < .001$.

distress than participants in the three other groups. SVA-victims who reported disclosure (with either negative or positive social reactions) showed more sexual difficulties as compared to the other groups. Moreover, SVA-victims who reported negative social reactions along with SVA-victims who never disclosed showed less sexual satisfaction. Correlation analyses indicated that all variables were associated in the expected directions (see Table 2).

Integrative model

First, results revealed that GSVA was directly related to sexual adjustment in the expected directions (i.e. sexual difficulties: $\beta = .24$, $p = .004$, $R^2 = 5.8$; and sexual satisfaction: $\beta = -.17$, $p < .001$, $R^2 = 3.0$). Then, the inclusion of psychological distress as a mediator in the model resulted in a non-significant direct link between GSVA and sexual satisfaction, suggesting complete mediation, while the link between GSVA and sexual difficulties remained significant, but decreased ($\beta = .13$, $p = .006$), suggesting partial mediation. For the sake of parsimony, the nonsignificant path was removed from the model. The final model (see Figure 1) provided a good fit to the data ($\chi^2(1) = 3.37$, $p = .07$, $\chi^2/df = 3.37$; CFI = .99, RMSEA = .07, 90% IC [.00; .16]). Results showed that a higher score on the GSVA variable (i.e. SVA with negative social reaction following disclosure) was associated with greater psychological distress. In turn, this elevated psychological distress was significantly related to higher levels of sexual difficulties and lower levels of sexual satisfaction. Examination of indirect effects showed two significant

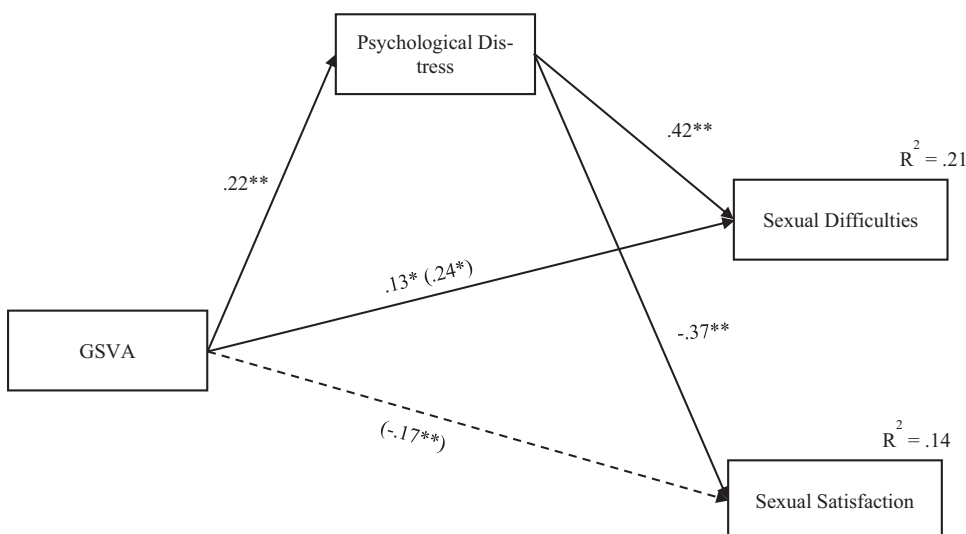


Figure 1. Path analysis model for global sexual violence in adulthood (GSVA) experiences (SVA, disclosure, social reactions), psychological distress, sexual satisfaction and sexual difficulties. *Notes:* Coefficients in parentheses are the direct link before the inclusion of the mediator. Standardized coefficients are presented. $*p < .05$. $**p < .01$.

indirect effects, suggesting a mediation effect via psychological distress. More precisely, GSVA had a significant indirect effect on greater sexual difficulties ($b = .61$, with 95% bootstrap CI [.29 to 1.05]) and on lower sexual satisfaction ($b = -.80$ with 95% bootstrap CI [-1.40 to -.35]) through higher psychological distress. The covariance between the two dependent variables was significant ($r = -.29$, $p < .001$). The integrative model explained 21.4% of the variance in sexual difficulties and 13.7% in sexual satisfaction.

To test gender invariance, the model was first assessed simultaneously in women and men, allowing all paths to be freely estimated (testing configural invariance), to ensure that the model held for both genders. Results revealed a good-fitting multigender model: $\chi^2(2) = 3.03$, $p = .22$, $\chi^2/df = 1.51$, CFI = .99, RMSEA = .05, 90% IC (.00 to .15). This freely estimated model was then compared to a more restrictive model in which all paths were constrained to be equal across men and women. Models were compared using the chi-square difference test; a significant univariate incremental chi-square value ($p < .05$) indicating evidence of differences between men and women. Results yielded a nonsignificant chi-square difference, $\Delta\chi^2(5) = .464$, $p = .99$, indicating that the paths were similar across genders. The latter model was then compared to a more constrained model in which paths, variances and covariances were constrained to be equal across men and women. Again, results indicated a nonsignificant chi-square difference between the path-constrained model and the fully constrained model $\Delta\chi^2(4) = 6.702$, $p = .15$, suggesting that the model was gender invariant.

Discussion

This study aimed to examine the relationship between SVA, associated disclosure and social reactions (GSVA), psychological distress and sexual adjustment (i.e. sexual difficulties and sexual satisfaction). Overall, as expected, results suggest that global experiences of disclosure and associated social reactions following SVA have a significant effect on victims' sexual adjustment, directly and indirectly, through increased psychological distress.

Global Sexual Victimization in Adulthood (GSVA): Frequencies and linear relationship

Prevalence rate of SVA was in line with past results (Ahrens, Stansell, & Jennings, 2010; Breiding et al., 2014; Jozkowski & Sanders, 2012). Most participants who experienced SVA disclosed the event to someone and received positive social reactions, while about one third of victims did not disclose or were confronted with negative social reactions following disclosure. The current results yield that while the majority of victims will disclose and receive positive social reactions, a significant proportion will either not disclose or receive negative social reactions and that these victims tend to report lower psychological and sexual adjustment. Those results support that being confronted with negative social reactions following disclosure potentiates the negative effects on the individual's health such as psychological distress and sexual adjustment. Authors suggested that negative social reactions following disclosure might be experienced as a "second rape" (Jacques-Tiura, Tkatch, Abbey, & Wegner, 2010) and therefore explain the exacerbated negative sexual outcomes observed in victims. Moreover, the current results confirmed a linear relationship from non-victims reporting lower psychological distress and higher sexual adjustment, to SVA victims who experienced positive social reactions, then SVA victims who did not disclose, and finally to SVA victims with negative social reactions reporting higher levels of psychological distress and lower sexual adjustment. The significant analysis of linearity supported the relevance of using a variable reflecting the experience of SVA and associated disclosure/social reactions (GSVA) as a severity continuum. Such results indicated that the social reactions following disclosure might be crucial in relation to psychological and sexual adjustment in the aftermath of SVA.

Psychological distress and sexual adjustment: Group comparisons

Results indicated that negative social reactions following disclosure are associated with negative outcomes, supporting previous findings (Littleton, 2010; Orchowski & Gidycz, 2015; Walsh et al., 2012; Wells et al., 2016) and adding to the knowledge concerning its associations with psychological and sexual adjustment. The findings suggested that, not only disclosure entangled with negative social reactions are related to deleterious outcomes, but they might

be worse than non-disclosure. Such results can be understood considering the betrayal theory (Freyd, 1994). Interpersonal trauma, such as SVA, challenges the victims' beliefs that the world is safe because of the betrayal experienced perpetrated by another human being (e.g. unknown perpetrator or trusted people such as a romantic partner or a colleague). While positive social reactions could facilitate victims' recovery by a reparative experience showing that significant others might provide positive secure responses in time of needs, negative social reactions may rather reinforce the vision that the world is unsafe or hostile, and hence promote more negative outcomes than in victims who did not disclose at all.

A recent study highlighted this potential positive relational effect showing that emotional support and empathy from a partner can help the victim overcome the sexual victimization experience by increasing closeness and intimacy and promoting sexual satisfaction (de Montigny Gauthier et al., 2019). Surprisingly, our results also showed that SVA-victims who reported disclosure with positive reactions expressed more sexual difficulties compared to non-victims and victims who did not disclose. A hypothesis is that disclosure may increase trauma processing (thinking about the sexual trauma, talking about it, etc.) which in turn, might be related to more sexual difficulties and concerns including sexual distress or shame, even if the social reactions were positive. It is however possible that this link changes in time and that victims who disclosed and received positive responses successfully metabolized the endured trauma and cultivate a more positive sexual adjustment in the long term as compared to victims who do not disclose, but longitudinal studies will be needed to confirm this postulate. Also, our findings showed that victims who did not disclose and victims who disclosed and received negative social reactions, reported less sexual satisfaction than non-victims and victims who reported positive social reactions. Such findings are encouraging as they suggest that talking about an endured sexual trauma with someone providing a positive response might serve as a buffer effect linked with increased levels of sexual satisfaction that are not only higher than victims who did not disclose or received negative reaction, but similar to non-victims. This result is in line with trauma theories highlighting that although avoidance (e.g. non-disclosure, suppression) might provide temporary relief, processing the experience in a secure interpersonal environment is likely to promote recovery (Godbout, Bakhos, Dussault, & Hébert, 2019).

Psychological distress in the association between GSVAs and sexual difficulties: integrative model

Results of the integrative model also supported the mediational hypothesis that receiving negative responses following SVA disclosure is related to increased psychological distress, which, in turn, is associated with both higher sexual difficulties (problematic sexual behaviors and sexual concerns) and lower sexual satisfaction. Recently, Layh, Rudolph, and Littleton (2019)

found in a sample of 1534 women that SVA victims' motives to engage in potentially problematic sexual behaviors (e.g. unprotected sex, regret involvement in sexual behaviors) were an impact of maladaptive coping following the experience of SVA, as a mean to reduce their negative affects (e.g. psychological distress). As such, victims might use sexual behaviors as an attempt to overcome the idea of the self as a passive or helpless victim (Vaillancourt-Morel et al., 2015). Also called tension reduction activities, these sexual behaviors may temporarily alleviate the victims' distress. Paradoxically, in the long term, they might prevent victims from being mindful of their emotional states related to SVA and maintain or aggravate their levels of sexual concerns or negative affects related to sex (Godbout et al., 2019; Layh et al., 2019). Moreover, higher levels of psychological distress such as anxiety or depression may interfere with sexual adjustment (Brotto et al., 2016; Del Mar Sánchez-Fuentes, Santos-Iglesias, & Sierra, 2014) and decrease survivors' disposition to be mindful, especially during sexual activities, thus potentially related to a diminished sexual satisfaction.

Limitations and suggestions for future research

The conclusions of this study must be considered in light of some limitations. A relatively small sample was used, which limits statistical power to detect all meaningful differences in post-hoc analyses. Our results may therefore offer a view of the tip of the iceberg and findings should be replicated with larger samples. Also, based on a cross-sectional design, caution must be applied when interpreting our results as the definitive sequence of variables cannot be ascertained empirically. Longitudinal studies are a way to overcome this limitation by evaluating the directionality of the effect. Moreover, all variables included in our study were based on self-reported measures and may be influenced by recall bias and social desirability. Lack of measurement disclosure recipients and their specific reactions is also a limitation. For example, a victim may have disclosed to a friend and a romantic partner and received both positive and negative social reactions, which might be related in different intensity to posttraumatic cognitions (Woodward et al., 2015), but our measure did not allow to differentiate these social reactions. Future research should try to better understand the relationship uniting the victim and the recipient of disclosure (e.g. friend or therapist) because different relational contexts might be related to specific effects on the victim's psychological and sexual adjustment.

Conclusion and implications for practice

To our knowledge, this is the first study using a global measure of SVA (GSVA) in an integrative model suggesting that psychological distress is associated with higher sexual difficulties and lower sexual satisfaction in a linear way. A better

understanding of the complexity of SVA experiences is provided by the current study: the entanglement of victims' own experiences and their entourages' responses influenced their psychological functioning, which in turn affected their sexual adjustment. More precisely, results highlight that disclosure may be related to better outcomes in the aftermath of SVA when receiving positive response, but disclosure with negative response may be worse than non-disclosure. Therefore, awareness campaigns, such as bystander intervention programs, which highlighting the importance of supportive responses to disclosure, and educational programs providing the population with useful tools about myths, rape culture, consent and the definition of SVA, consequences and prevention, appear capital to promote positive social reaction and victims' recovery in the aftermath of SVA (Edwards & Dardis, 2016). Bystander intervention programs for SVA have been developed to reframe SVA as a community issue in order to reach all community members and eliminate all forms of victim-blaming messages (Lukacena, Reynolds-Tylus, & Quick, 2019). They can foster a better knowledge about the impacts and implications of negative social reactions, allowing people to be more sensitive to all SVA experiences, leading to better reactions if they receive a disclosure of SVA (Hakimi et al., 2018), and therefore, potentially improving victims' experience following disclosure.

Our findings highlight the importance of addressing experiences of disclosure in the treatment of SVA's effects on psychological distress and sexual adjustment. A greater awareness and consideration of the GSVA of victims could promote sensitive reactions and interventions in order to foster their process of recovery. Therapists working with patients presenting sexual dissatisfaction or sexual difficulties should assess, not only the presence of SVA, but the global experience of SVA including disclosure and associated social reactions. Therapists should respect victims' decision to disclose, or not, to others and to discuss both the potential positive and negative effects related to disclosure. Finally, therapists should be aware that they can also be part of victims' recovery through their own reactions toward disclosure. They are encouraged to provide empowering responses by listening (e.g. be respectful, be patient, be present, avoid asking for unnecessary details, avoid questioning why a victim did or did not act in certain ways [fighting back, running to the police, continuing contact with the perpetrator after the assault, etc.]), by believing (e.g. validate their feelings, provide reassurance, avoid minimization or dramatization, avoid questioning the truth of victims story or reactions) and by empowering (e.g. ensure victims are in a safe place emotionally and physically, provide information about specialized resources if needed, provide trauma-informed information, provide them with their options regarding disclosure and report to the police, avoid victim blaming such as questioning the victims' appearance, clothes or behaviors; see World Health Organization, 2013). Such response, given in an emotionally attuned manner, can potentially help victims integrate the SVA event in their life and restore the victim confidence in humanity.

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Disclosure of interest

The authors declare that they have no conflicts to report.

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Ethical standards and informed consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation [institutional and national] and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study.

ORCID

Martine Hébert  <http://orcid.org/0000-0002-4531-5124>

Natacha Godbout  <http://orcid.org/0000-0002-2997-5237>

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