



University of Pennsylvania
ScholarlyCommons

Doctorate in Social Work (DSW) Dissertations

School of Social Policy and Practice

Spring 2021

#METOO: A QUALITATIVE APPROACH TO UNDERSTANDING A SOCIAL MOVEMENT AND ITS IMPACT ON SURVIVORHOOD

Kaley B. Gerstley Tatz

University of Pennsylvania School of Social Policy and Practice, kaleyg@upenn.edu

Follow this and additional works at: https://repository.upenn.edu/edissertations_sp2

 Part of the [Social Work Commons](#)

Recommended Citation

Tatz, Kaley B. Gerstley, "#METOO: A QUALITATIVE APPROACH TO UNDERSTANDING A SOCIAL MOVEMENT AND ITS IMPACT ON SURVIVORHOOD" (2021). *Doctorate in Social Work (DSW) Dissertations*. 155.

https://repository.upenn.edu/edissertations_sp2/155

This paper is posted at ScholarlyCommons. https://repository.upenn.edu/edissertations_sp2/155
For more information, please contact repository@pobox.upenn.edu.

#METOO: A QUALITATIVE APPROACH TO UNDERSTANDING A SOCIAL MOVEMENT AND ITS IMPACT ON SURVIVORHOOD

Abstract

The #MeToo movement gained traction in 2017 when survivors of sexual violence were encouraged to speak out on social media about their own experiences. Subsequently, millions of individuals came forward with their stories of sexual violence, thrusting these traumatic experiences into the spotlight.

This dissertation discusses the findings of a qualitative, empirical study, designed to examine the intended and unintended ways in which the #MeToo movement has impacted survivors of sexual violence. In creating the context for this study, theoretical frameworks that allowed for an understanding of the ways in which cultural dialogues may impact individuals, along with the understanding of the ways in which sexual violence and trauma is processed, were explored. Findings revealed that the participant survivors had significant responses to this movement. Nine critical themes were identified including positive responses to the movement, such as the development of increased connections to other survivors and support systems, feelings of gratitude, and increased comfort in speaking about their experiences. Other responses highlighted more intrusive or distressing reactions, included feeling overwhelmed, frustrated, guilty or retraumatized, with some survivors noting the need to engage in protective behaviors, and others questioning the movements overall longevity or impact.

Clinical implications of this research include an increased awareness of the impact of this movement on survivors of sexual violence and a greater understanding of their experiences within the context of this movement. Particularly, this dissertation sheds light on the potential ramifications of exposure to traumatic material through large scale advocacy movements taking place on both social and traditional media outlets, as well as the potential for healing as a result of the same phenomenon.

Degree Type

Dissertation

Degree Name

Doctor of Social Work (DSW)

Department

<--Please Select Department-->

First Advisor

Marcia L. Martin, PhD

Second Advisor

Jacqueline Strait, PhD

Keywords

#MeToo, Trauma, Sexual Violence, Social Movement, Social Media

Subject Categories

Social Work

**#MeToo: A Qualitative Approach To Understanding a Social Movement and its Impact on
Survivorhood**

Kaley Gerstley Tatz

A Dissertation in Social Work

Presented to the Faculties of the University of Pennsylvania

In Partial Fulfillment of the Requirements for the

Degree of Doctor of Social Work

2021

Marcia L. Martin, PhD
Dissertation Chair

Sara S. Bachman, PhD
Dean, School of Social Policy and Practice

Dissertation Committee
Marcia L. Martin, PhD
Jacqueline Strait, PhD

Dedication

This dissertation is dedicated to all of the survivors who shared their stories, and the ones that chose not to.

Acknowledgements

This dissertation would not have been possible without the guidance and support of several people. First and foremost, I'd like to thank my dissertation chair, Dr. Marcia Martin for her invaluable insight and understanding throughout this process. She provided me with the mentorship and guidance I needed in order to make this work what I hoped it would be.

I would like to thank my committee member, Jackie Strait, PhD, whose expertise in the field of trauma and sexual violence challenged me to consider the multitude of directions this dissertation could be brought to. I am grateful for the critical feedback and expertise that she brought to this work.

I would also like to express gratitude for my DSW colleagues who continuously inspire me with their work and dedication to this field, and would particularly like to extend my sincerest appreciation to Jared Morganstern, Catherine Revak, and Alexis Walsh. Words cannot express how grateful I am for the friendship, encouragement, and the countless edits they have reviewed throughout this process.

To my wonderful parents, for consistently reminding me of my potential and supporting me not only through this dissertation process, but through every success and failure throughout my life. You have shown me how to persevere, and I would not be who I am without the love you provided me. To my siblings, for being my best friends, most ardent supports, and for always providing the humor that I need to get through any obstacle. Lastly, to my wonderful husband, partner, and best friend, Lev. You have been a constant cheerleader through every step of this journey, and I could not have done this without you.

Table of Contents

Dedication.....2

Acknowledgements.....3

Table of Contents.....4

Abstract.....6

Introduction to the Two Paper Dissertation: Statement of the Problem.....7

Reflexivity Statement.....10

Paper One: Sexual Violence in American Culture and the Impact of Survivorhood.....12

Zoe: A Composite Case Example.....12

Theoretical Frameworks.....14

Literature Review.....20

Development of the #MeToo Movement.....20

Intended and Unintended Impacts of the #MeToo movement.....21

Social Media and Television: The Impact on Trauma Survivors.....23

Involvement in Advocacy: The Impact on Trauma Survivors27

Back to Zoe.....29

Research Question.....31

Introduction to Paper Two: A Qualitative Study Exploring the #MeToo Movement.....32

Background Information: Creating the Context.....32

Introduction to Research Study.....35

Recruitment and Participation.....35

Sample.....	37
Data Collection and Analysis.....	37
Research Findings and Discussion.....	38
Theme One: Survivors Supporting Survivors.....	39
Theme Two: Saturation – Feelings of Being Triggered or Overwhelmed.....	43
Theme Three: Gratitude for Increased Awareness.....	46
Theme Four: Increased Comfort in Speaking About Sexual Violence.....	49
Theme Five: Changing Perceptions About Sexual Violence.....	51
Theme Six: Questions of Longevity or Impact.....	55
Theme Seven: Guilt Over Not Participating in the Movement.....	56
Theme Eight: Concerns Over the Minimization of Sexually Violent Experiences.....	58
Theme Nine: Caution or Protection of Self Around Media Consumption.....	60
Study Limitations.....	62
Discussion.....	63
Implications for Future Research.....	66
References.....	68
Appendix A: Recruitment Flier.....	83
Appendix B: Informed Consent.....	84
Appendix C: Interview Guide.....	90

Abstract

The #MeToo movement gained traction in 2017 when survivors of sexual violence were encouraged to speak out on social media about their own experiences of sexual violence. Subsequently, millions of individuals came forward with their stories of sexual violence, thrusting these traumatic experiences into the spotlight.

This dissertation discusses the findings of a qualitative, empirical study, designed to examine the intended and unintended ways in which the #MeToo movement has impacted survivors of sexual violence. In creating the context for this study, theoretical frameworks were explored that facilitated an understanding of the impact of the cultural dialogues surrounding sexual violence during this movement and the impact it had on survivors, as well as an exploration of the way sexual violence and trauma is processed. Findings revealed that the participant survivors had significant responses to this movement. Nine critical themes were identified including positive responses to the movement, such as the development of increased connections to other survivors and support systems, feelings of gratitude, and increased comfort in speaking about their experiences. Other responses highlighted more intrusive or distressing reactions, included feeling overwhelmed, frustrated, guilty or retraumatized, with some survivors noting the need to engage in protective behaviors, and others questioning the movements overall longevity or impact.

Clinical implications of this research include an increased awareness of the impact of this movement on survivors of sexual violence and a greater understanding of their experiences within the context of this movement. Particularly, this dissertation sheds light on the potential ramifications of exposure to traumatic material through large scale advocacy movements taking

place on both social and traditional media outlets, as well as the potential for healing as a result of the same phenomenon.

Introduction to the Two Paper Dissertation: Statement of the Problem

Over the last several years, there has been a surge in large scale social movements, mostly fueled by social networking websites (such as Facebook, Twitter, etc.), here referred to as social media, that dominate conversations taking place in our society for varying periods of time. One such phenomenon is the #MeToo Movement. This concept, was originally conceived by activist Tarana Burke, following an experience nearly ten years prior in which she sat across from a 13 year old girl who described her own experiences of being sexually assaulted. Ms. Burke discussed her feeling of speechlessness, stating “I didn’t have a response or a way to help her in that moment, and I couldn’t even say ‘me too,’” (Garcia, 2017). Ten years later, in 2006, Ms. Burke created an organization devoted to helping survivors of sexual violence speak out, and called her organization the “metoo. Movement”. She began using the phrase “Me Too” as a way to raise awareness of the pervasiveness of sexual violence in our society, and utilized her advocacy organization in order to provide resources and support for those that have experienced sexual violence.

Approximately ten years after the development of Burke’s organization, while unaware of Ms. Burke’s efforts, a famous celebrity, Alyssa Milano, made a post on social media encouraging anyone that had survived sexual violence to make a post with the “hashtag” #MeToo. Thus, the #MeToo movement went viral. Social media and the use of this hashtag provided a platform for individuals to speak out about their own experiences of sexual violence with individuals from all walks of life, publicly identifying themselves as someone that had

experienced sexual violence (Ohlheiser, 2017). This movement gained swift, widespread attention and restarted an international dialogue on sexual violence, consent and harassment. As this newfound cultural phenomenon brought exposure to the frequency of sexual violence, as well as the ways in which it is addressed in our society, it also brought a very difficult topic, one that impacts a significant percentage of the American population, into the spotlight.

The #MeToo movement questioned the cultural representations and understanding of sexual violence through both the stories told and the number of individuals coming forward. It began a much-needed dialogue on the impact and prevalence of sexual violence in our society. Multiple sources, including Ms. Burke, identify the #MeToo movement as a step towards women's empowerment (Gilbert, 2017; Wallace, 2017), since the movement provides advocacy and support for survivors of sexual violence that may never previously have spoken out. Additionally, the benefits of speaking out, processing and discussing traumatic experiences have been consistently touted as one of the most important ways for survivors to overcome trauma (Alcoff & Gray, 1993; Courtois, 2004; Draucker et al., 2011; Herman, 2015), and this movement provided a platform for survivors to do so.

Conversely, there have been other news sources and activists that have describe the ways in which this movement is potentially retraumatizing for survivors of sexual violence (Hemmer, 2017; LaMotte, 2017). This retraumatization could not only represent reminders of the traumatic experience that took place, but also bring to light more trauma-related symptoms that the survivors participating in this movement may have previously ignored, or dealt with and put to rest. The assertion that this movement had at least a partially negative impact on survivors could be seen through the estimated twenty percent increase in calls made to the King County Sexual Assault Resource Center's 24-hour Resource Line, a hotline serving Kings County, NY, since

the #MeToo movement began trending (Rodriguez, 2018). Similarly, the National Sexual Assault Hotline, run by the Rape, Abuse and Incest National Network (RAINN), reported a 46% increase in calls between the beginning of the #MeToo movement and September of 2018, at which time there was an additional 147% increase in calls, which RAINN attributed to the Brett Kavanaugh hearings that were taking place at the time (Yan, 2018) This increase could represent a number of factors, including an additional need for support felt by survivors during this time, or the need for support for individuals who had previously not conceptualized their personal experiences as sexual violence experiencing distress for the first time.

This two-paper dissertation assesses the implications of the #MeToo movement for survivors of sexual violence. The first paper in this dissertation discusses the current research at the intersection of social media and trauma, and delves into the theoretical frameworks that form the basis for understanding how survivors may have been impacted by this movement. The second paper details the findings of a qualitative study exploring how the #MeToo movement has impacted survivors lives, relationships, and/or their experiences of victimhood and survivorship.

A primary focus of social work is supporting clients within the multitude of environments in which they live and engage with others. As the world becomes more dependent on technology, social media plays an ever-increasing role in the lives of many clients who come for services. Thus, clinicians have a responsibility to understand the ways in which these technological environments can impact the individuals served and either interfere with or support the aims of treatment / their healing. The findings of this study, as discussed in paper two, will hold implications for educating clinicians on the ever-present contexts of social media and their impact on survivors functioning and treatment. While not the primary focus of this dissertation,

these findings may also lend insight into decisions on policy development, particularly the development of more consistent definitions of consent and sexual violence, and ideally influence the ways in which sexual violence is reported in the media.

Reflexivity Statement

This dissertation was inspired by my work with survivors of sexual violence during the initial days of the #MeToo movement. At the time, I was working in a community mental health clinic in New York City. While I was not specifically working with survivors of sexual violence, each client that I saw over the course of the few days following the initial twitter posting discussed their experiences with sexual violence, some of which had been left unaddressed for years, and how they were being impacted by the news and media at that moment. At the end of the week, despite the secondary exhaustion I felt after processing all of these survivor stories, I went with my partner at the time to meet some family of his. Over dinner, one family member began discussing his feelings surrounding the #MeToo movement and stated, “you can’t even buy a woman flowers anymore without it being sexual harassment”. As I sat there uncomfortably trying not to ruin a cordial relationship that was just beginning, I wondered how my clients from that day would have perceived this comment. I also recognized my own feelings of overexposure to traumatic material, and how it was causing me to feel impatient, tired, frustrated, overwhelmed and overexposed, as if I were unable to avoid this topic of conversation and therefore unwilling or unable to engage in the dialogue presented to me in a productive way. By the end of the evening, I was somewhat ironically convinced that this was an area of research I wanted to delve further into, and thus the dissertation process began.

It is also important to note my own biases as the researcher and recognize that as a result of these experiences I have become a firm supporter of the #MeToo movement. I believe in the social good that has and will continue to come from this advocacy, which unintentionally, but likely influenced my own understanding of the survivor's experience as this research was being conducted.

Paper One: Sexual Violence in American Culture and the Impact of Survivorhood

The #MeToo Movement refers to a social movement that gained international and widespread attention in late 2017, following a social media post by a prominent celebrity. This movement represented a unique time in history, when countless individuals came forward, largely through the use of social media, to publicly acknowledge their own experiences of sexual violence. This paper explores the multitude of ways in which survivors of sexual violence may have been impacted by the #MeToo movement, including the potential negative consequences of the influx of traumatic material, the benefits of connecting with others who share similar experiences, and the overall impact of the normalization of sexual violence as part of a social movement.

Zoe: A Composite Case Example

Zoe, a 33-year-old female who works in an elementary school, came to therapy to address issues related to “general anxiety and work stress.” She lives with her boyfriend of four years, and described her life as “pretty happy for the most part, I’m just struggling with managing my stress levels and not sleeping well.” Zoe denied any history of sexual assault, but described how she doesn’t like to drink and associates that with getting drunk at a frat party in college and having “a pretty terrible night, that I don’t fully remember.” Zoe continued to describe “having really bad sex” with two different men at the party, which she indicated was “totally out of character for me.” Zoe didn’t relate that evening to her anxiety or sleep disturbances, saying, “I got over it pretty quickly. Everyone has bad sex every now and again. I just moved on with my life and decided that drinking wasn’t for me, if it led me to do things like that.” Zoe continued to

describe how her sleep difficulties and anxiety didn't start until several years later, once she was beginning her career and working towards her current position. Zoe talked about how she used to believe that once she achieved her career goals, the stress and worry would disappear, however, when that didn't happen, she decided to come to therapy to address these issues.

About six months into her treatment, the #MeToo movement went viral. Zoe came into her session the next week appearing visibly distressed. She was wearing sweats and her hair was messy, a drastic difference from her usual business-casual attire and full face of makeup. Zoe indicated that when she first saw the #MeToo posts, she was confused by what was happening, questioning how many women she knew could have possibly experienced some form of sexual violence without her knowing about it. She discussed how that confusion quickly turned into anger, sadness and appreciation for all of the women who came forward. In the days following the initial #MeToo posts, she called out of work and instead spent hours on social media, reading stories of her friends and colleagues describing their instances of sexual violence. She grappled with the experience she had in college, wondering if she was sexually assaulted, or if she was unnecessarily aligning with a movement that had "nothing to do with me." She described having an increase in nightmares over the last few days and feeling "so anxious that I can't even go to work." She described avoiding conversations with her friends and family, not knowing how to express what she was feeling.

As the session progressed, Zoe began to align herself more with the stories of sexual assault she had read about. She discussed the pros and cons of posting her own #MeToo story, describing how she both wanted to be there for other people who had experienced sexual violence, but also not wanting to take away from "real rape victims." At the culmination of the

session, Zoe reported that she was still unsure if she wanted to make a #MeToo post, but decided to take a temporary break from social media to clear her head and decide how best to proceed.

While Zoe's experience certainly is unique to her, it reflects aspects of a multitude of experiences that were shared in response to the launching of the #MeToo movement and its persistent presence in media outlets. The anxiety and stress and sleep disruptions Zoe described along with her triggered memories of a night from her past and equivocation about the nature of that event, uncertainly about how and to whom to tell her story, and a need to distance herself at least for the moment from the media dialogue, reflect reactions shared by many survivors of sexual violence as prompted by the #MeToo movement. Her story provides a lens through which to view the theoretical and literature frameworks that inform an understanding of sexual violence, as well as the history of the #MeTooMovement and its plethora of intended and unintended effects.

Theoretical Frameworks

This paper will utilize the feminist ecological model (FEM) (Ballou, Matsumoto, & Wagner, 2002), which suggests an exploration of human experience at both the individual and multilayered ecological levels. This model explains that in order to understand psychological distress or dysfunction, there must be an evaluation of sociocultural factors at play. Through the use of this framework, experiences are viewed through an understanding of personal, interpersonal and societal influences, and the transactions that take place between the individual and all of the many systems with which they are connected. In applying this model to survivors of sexual violence, it is important to identify the ways in which the individual survivor's

experience is impacted by the interpersonal communications surrounding the movement itself, as well as the larger cultural conversations that took place both prior to and as a result of #MeToo.

This framework will be beneficial as it expounds upon the impact of sexual violence as resulting from not only internal experiences, but also environmental factors including reports and postings in social media. According to the FEM, “successful intervention must listen to, integrate, and honor the experiences of an individual; consider interactions between individuals and multiple spheres of influence; and facilitate changes not only for participants, but for systemic variables as well” (Balogun-Mwangi, Matsumoto, Ballou, Faver, & Todorova, 2016, p.4). The multiple spheres of influence identified include four distinct categories: the individual, the microsystem (such as a person’s relationships, community, employment, social groups, etc), the exosystem (institutional forces, such as the media, local government or educational system), and the macrosystem (structural and environmental influences, such as politics, privilege, economy, etc.).

Examining the multiple spheres of influence for a survivor of sexual violence who has lived through the #MeToo movement means understanding the impact of #MeToo posts not only that the individual survivor has witnessed, but also examining the impact of witnessing loved ones, friends, colleagues who have been impacted by the movement and observing the media and other institutional foci in the exosystem develop their own narrative of the me too movement. Each sphere of influence, in this case, holds a unique impact on the survivor. For example, when looking at the microsystem, a survivor may be impacted by the ways in which their parents or friends responded to the movement, with some survivors feeling more comfortable disclosing experiences to those they viewed as supportive of the movement. Conversely, survivors who experienced those close to them mocking the movement or those coming forward may feel an

increased sense of shame over their own experience, and want to distance themselves further from the movement.

The same conceptual understanding could be applied to the exosystem. If a survivor is to witness their university responding to the #MeToo movement by implementing a university-wide task force to address issues related to sexual violence, it may encourage the individual to become involved in this advocacy movement or speak out about their own experience. Conversely, if the university were to make headlines during this movement for their lack of response to sexual violence on campus, the same student might feel less supported, more alone, and less able to confront her experiences directly.

Lastly, when looking at the macrosystem, the survivor's experiences of race, gender or class should always be considered, as these factors have a significant influence over the way individuals experience and are able to respond to trauma. The exploration of the macro system highlights power and privilege as they relate to gender, class and race - systems that are often at the center of sexual violence. The exploration of the macro systems uncovers the positions of power that began to be dismantled/combated as a result of this movement. This disruption of power and privilege as explored in the macro system can be observed when looking at the multitude of high powered men who were publicly accused and asked to account for allegations of sexual violence against them. Examination of a survivor's exosystem also includes assessment of economic resources or lack thereof. This holds a meaningful impact on the way a survivor may process the movement. For example, a woman who lives in a rural environment with limited financial resources will have significantly more difficulty speaking out about her experiences being sexually harassed by her employer than a woman who has a financial safety net and a multitude of employment opportunities. Additionally, the high rates of assault and

harassment faced by women of color, along with their continued marginalization at the hands of the dominant white majority, also factor into the ways in which these women may have experienced the #MeToo movement. While all of these examples are, of course, an oversimplification of the ways in which race, class and gender may influence one's experience within the movement, the FEM allows for an exploration of such types of systems and how they influence a survivor's experience.

In essence, this model can account for the multitude of ways in which our society addresses and discusses sexual violence to influence the understanding of the survivor's experience. It is not only exploring the act of sexual violence and the ways in which this event impacted the individual survivor, but also exploring the ways in which sexual violence is treated and addressed within the larger cultural context, and how that in turn influences survivors' understanding and processing of their own experience. This model makes space for discussion around the impact of the judicial system, the healthcare system, and the educational system, among others, on survivors of sexual violence. Furthermore, it allows for the findings of this study to inform both individual and structural interventions, as one primary objective of this framework is to identify and minimize power differences (Gentile, Ballou, Roffman, & Ritchie, 2009) that ultimately are at the center of all forms of sexual violence. In an effort consistent with the ecological feminist approach to empower those who have experienced sexual violence, for the purposes of this dissertation they will be referred to as "survivors". The utilization of this term is intentional, as it has been shown to be associated with more positive attributes, such as bravery and strength, when compared to the term "victim", which is often seen as weak or impassive (Papendick & Bohner, 2017).

Yet another critical theory when discussing the #MeToo Movement is the relational-cultural theory (RCT), first developed by Jean Baker Miller in her book *Toward a New Psychology of Women* (1976). This theory rejected the “emphasis on individuation, separation and autonomy as markers of emotional maturity” that were traditionally taught in the field of counseling (Comstock et al., 2008, p.1). RCT emphasizes the necessity for working against the adverse impacts of oppression, marginalization and social injustice, while encouraging ways of developing and maintaining connections that foster growth and connection (Comstock et al., 2008). Within the context of this dissertation, this theory supports the restorative and healing benefits of the movement, as it encouraged the dismantling of the oppressive nature of sexual violence through speaking out and creating personal connections between survivors.

Furthermore, it assumes that trauma and pain are often a result of the oppression and social injustices faced throughout a person’s life (Birrell & Freyd, 2006), and promotes the “idea that healing takes place in the context of mutually empathic, growth-fostering relationships” (Comstock et al., 2018, p.2). With regards to the #MeToo Movement, this theory, like FEM, advocates for the dismantling of the oppressive structures that allow for the continued epidemic of sexual violence in our society. Furthermore, RCT goes one step further in recognizing the potential for healing and growth to come as a result of connection and support for the survivors who disclosed (or didn’t disclose) their personal experiences of sexual violence as part of the #MeToo movement.

The last conceptual framework to be utilized as a part of this dissertation is the Consensus Model of Trauma Treatment (CMTT). This model was developed as a result of the findings of a survey of clinicians, undertaken by the Complex Trauma Task Force in 2000, that was intended to obtain expert opinions about the symptoms and treatment of Complex PTSD

(Cloitre et al., 2011). As a result of these findings, the Consensus Model was developed, which includes a three-stage approach to trauma treatment. These stages, very simply, include first, ensuring safety, reducing symptoms, and increasing emotional, social and psychological competencies, second, the full processing of traumatic material and third, the “consolidation of treatment gains to facilitate the transition from the end of the treatment to greater engagement in relationships, work or education, and community life” (Cloitre et al., 2011, p.5,6). This third stage has also been described by Judith Herman as a survivor mission, where the survivor is able to integrate their own experiences into their lives through social action (Herman, 2015). This model, while more functional than theoretical, allows for an understanding of the ways in which the #MeToo movement impacts survivors. It is also important to note that this model was not specified as a linear approach, and survivors can often move between stages, and also experience stages simultaneously.

When combined, the Feminist Ecological Model and Relational Cultural Theory inform the ways cultural messaging, relationships to systems, and human connection can both cause pain and lead to tremendous growth for survivors. Within the confines of this dissertation, these theories help explain how the #MeToo movement has been experienced by the survivors, whose relationships to both individuals and systems are often viewed or sustained through the use of social media. In addition, The Consensus Model allows for an in-depth understanding of the survivor’s experience of trauma recovery, and how it may or may not be impacted by the social movement taking place.

Literature Review

There are a multitude of factors that influence the way society views and responds to instances of sexual violence, which ultimately have created a prime environment for the #MeToo movement to take root. Some of these factors include the inconsistent and often confusing messages about what constitutes sexual violence and consent, the cultural representations of both victims and perpetrators of sexual violence in the media, and the ever-increasing use of social media as a platform for communication and advocacy. Prior to determining how this movement has impacted survivors, it is imperative to explore the factors that led up to the development of the #MeToo movement.

Development of the #MeToo Movement

Each of the last several decades has had at least one major moment of reckoning where there is an increase in media focus on sexual violence. The 1991 testimony of Anita Hill sparked national attention to the issues of sexual violence in the workplace. Then, in 2002, there was major media attention placed on stories of child sexual abuse by prominent members of the Catholic Church. In 2011, a high-profile media campaign about the sexual abuse investigation of Jerry Sandusky took place, again providing increased visibility to issues of childhood sexual violence (McCartan, Kemshall, & Tabachnick, 2015). In 2015, the trial of “The Stanford Rapist” made headlines when the defendant, a college student who had been caught raping an unconscious woman behind a dumpster, was given a 6-month sentence following his trial. Then, in 2016, while in the throes of his presidential campaign, Donald Trump was caught on tape confessing to what lawyers and many in the media described as the sexual assault of women. A little more than a year later, media organizations focused on the multiple rape and sexual assault

allegations against Harvey Weinstein, a producer and prominent member of the Hollywood community.

Within a few days of the Harvey Weinstein allegations, another prominent celebrity, actress Alyssa Milano, made a post on social media stating, “Me too. Suggested by a friend: If all the women who have been sexually harassed or assaulted wrote ‘Me too.’ as a status, we might give people a sense of the magnitude of the problem” (as quoted by Garcia, 2017). Within a few short hours, social media was flooded with posts of #MeToo, a way for individuals from all walks of life to publicly state that they too had experienced sexual violence in some form. While Ms. Milano did not originally recognize the founder of this movement as Tarana Burke, she reached out to rectify the situation and two days later gave Ms. Burke her much due credit.

Some have identified this post as the beginning of the “snowball effect” that would then take place, with millions of people coming forward with their stories of sexual violence, or simply stating “me too”. As a consequence, dozens of entertainers, politicians, educators, businessmen, and everyday people started being accused of sexual violence, with their exploits being highlighted in the media (Pirani, 2017). The #MeToo Movement became the catalyst for many survivors to speak about their own experiences, or come forward with allegations of abuse or harassment, potentially beginning a cultural shift in the way we discuss and address issues related to sexual violence.

Intended and Unintended Impacts of the #MeToo movement

When looking at Tarana Burke and her dedicated work at the intersection of sexual violence and racial justice, it is clear that the intention of this movement was, as stated on the website, “to help survivors of sexual violence, particularly Black women and girls, and other

young women of color from low wealth communities, find pathways to healing” (About: History & Vision, 2018). The “‘me too.’ Movement” organization developed by Burke works towards this lofty goal by providing information on available resources for survivors, called a “Healing Resource Library”, advocacy – including speaking tours, information on local and national advocacy resources, and toolkits on multiple topics pertaining to sexual violence, such as “#MeToo Masculinity, Male Privilege & Consent Discussion Guide”, “Healing Justice Practice Spaces: A How-To Guide” or “Black Churches and Sexual Violence” (Advocacy Resource Library: Toolkits, 2018). These resources and connections are free, available to anyone with an internet connection, and when utilized, can provide survivors with resources to help them along the journey toward healing.

Unfortunately, it was often not the intentions, resources or connections created by this organization that were publicly discussed during the viral trending of the hashtag #MeToo. As described above, this hashtag sparked international dialogue following a post by famous actress Alyssa Milano. Therefore, it is important to note the difference between the “‘metoo.’ Movement,” as an organization founded by Burke, and the #MeToo movement, which refers to the viral social media campaign following Milano’s social media post.

While well intentioned, Milano’s stated objective was that “‘people will get the idea of the magnitude, of just how many people have been affected by this in the world, in our lifetimes, in this country’” (Milano, as quoted by Italic, 2017). Unlike Ms. Burke, Milano did not have a system in place to address the ways in which survivors may need to be supported by this process. Following Milano’s post, Facebook saw upwards of “12 million posts, comments and reactions in less than 24 hours, by 4.7 million users” that utilized the phrase #MeToo and discussed issues

related to sexual violence (Italie, 2017). In one day, it appears as though Ms. Milano's post did as intended, and brought the magnitude of the issue of sexual violence into the spotlight.

What we can assume was unintended by Milano, was the number of survivors who could potentially be retraumatized or triggered as a result of the unexpected influx of stories of sexual violence. With the #MeToo post by Milano going viral, without including the resources or background provided by Burke, survivors were unexpectedly thrust into the spotlight. Whether by publicly acknowledging their experience, or the internal symptoms that came with the steady stream of traumatic material being discussed, one might expect that survivors during this movement had difficulty leaving their trauma in the past to focus on their present experience. Conversely, a potential benefit that was not stated as intentional by Milano is the impact of speaking out about one's experiences with sexual violence.

Social Media and Television: The Impact on Trauma Survivors

While the #MeToo movement has been praised for restarting a conversation about the prevalence of sexual violence in our society, the methods by which this movement has gained attention should be examined. Social media, a term used to describe a form of online communication and networking that has only existed for the last few decades, was utilized as the means of disseminating the initial twitter post, causing the swift and widespread response to the hashtag #MeToo. As social media is a means of communication that has emerged relatively recently, it is critical to develop an understanding of the ways in which social media impacts its users. Furthermore, an understanding of Relational Cultural Theory shows how the messages individuals receive from society at large, messages that are sometimes disseminated through social media, can influence their understanding of their own experiences.

Multiple studies have shown the impact of exposure to traumatic material through the media on survivors of different traumatic experiences. A 2014 meta-analysis assessed 36 studies on the impact of exposure to disaster media, with 29 studies focusing on terrorist events and 7 addressing natural disasters (Pfefferbaum et al., 2014). Most of the studies (n=24) asked about the duration or frequency of contact with media coverage, while others (n=11) asked about viewing specific images or scenes associated with the disaster coverage (Pfefferbaum et al., 2014). Pfefferbaum and colleagues showed a positive correlation between disaster television viewing and increased cases of PTSD and PTS for survivors of trauma, among other outcomes (Pfefferbaum et al., 2014). While these researchers were able to show a correlation between disaster television viewing and traumatic stress reactions, no such correlation was found with newspaper or radio exposure, and only 3 studies explored internet use as a distinct variable (Pfefferbaum et al., 2014). This highlights the need for this dissertation to address the impact of social media in particular, as it often contains images similar to television, yet has fewer studies that have explored the posttraumatic impact of content in this medium.

One study that did assess the impact of social media use was done by researchers from Ariel University in Israel (Goodwin, Palgi, Hamama-Raz, & Ben-Ezra, 2013). This study surveyed a random sample of 1000 New York metropolitan area residents one month following Hurricane Sandy in order to determine if levels of post-traumatic stress reactions were higher among those who learned of the hurricane through traditional media or social media. Goodwin and colleagues (2013) determined that there was a statistically significant stress response level that was higher among the group that used social media in lieu of traditional media (ie: newspapers, television and radio), and postulate that this is due to the social contagion effect, or

negative feelings that come about as a result of reading the negative experiences of others, particularly those that are known to the reader.

The differences between these studies that identified natural disaster or terrorism as the traumatic events, versus the traumatic experiences discussed during the #MeToo movement should also be noted. The experiences of surviving a natural disaster or terrorist attack, while horrific in their own right, are different from the deeply personal consequences of experiencing sexual violence. This is not to say that experiencing a terrorist attack or natural disaster does not have significant and personal consequences, but rather, that the intimate nature of sexual violence, an intimate act of violence usually perpetuated on an individual as opposed to a collective, has impacts that are dissimilar from those stemming from larger scale tragedies. The exposure from the #MeToo movement was unique from the other studies discussed in that it shed light on the sheer magnitude of sexual violence in our society. While there may be survivors who experience relief in knowing they are not alone, or that others have suffered similarly, it could likewise induce feelings of powerlessness and hopelessness to recognize the frequency of incidence, or inescapability of violence in our communities.

While there is limited available research on the effects of social media on PTS, multiple studies explore the negative effects of social media on mental health and suicidality. A 2012 meta-analysis of the ways in which social media can influence suicidal behavior states that “evidence is growing that social media can influence pro-suicide behavior” (Luxton, June, & Fairall, 2012). This coincides with the study completed in 2011 that showed a higher rate of emergency room visits for suicide attempts following the announcement of celebrity suicides (Jeong et al., 2012). Researchers postulate that these effects are largely due to the “emotional contagion” effect, described as the transferring of emotional states from one person to another

(Kramer, Guillory, & Hancock, 2014). While historically it was thought that in-person interaction was necessary for emotional contagion to take place, a 2014 study conducted by the core data science team at Facebook, inc. determined that, “in contrast to prevailing assumptions, in-person interaction and nonverbal cues are not strictly necessary for emotional contagion (Kramer, Guillory, & Hancock, 2014, p.1). For the survivors living through the #MeToo movement, this may mean exposure to feelings and experiences of other survivors that they may have been unaware of previously, whether intentionally or unintentionally, may well impact the survivor’s own lived experience.

Studies such as the one completed by Facebook show the negative impact that media exposure, primarily television and social media, could have on those that have experienced trauma. While the #MeToo movement has provided a platform for survivors to speak out, an act that is often touted as beneficial for survivors of sexual violence, it also brought the traumatic experiences of these survivors into the spotlight. One potential consequence of this type of media exposure is retraumatization, or the “traumatic stress reactions, responses, and symptoms that occur consequent to multiple exposures to traumatic events that are physical, psychological, or both in nature” (Duckworth & Follette, 2012, p.2). It is often referred to as a means to “capture distress that occurs with the retelling of a trauma narrative” (Duckworth & Follette, 2012, p.2). This type of retraumatization could impact a survivor’s daily life experiences in their home, work or everyday life. Addressing issues of sexual violence publicly requires an understanding of the impact this attention has on those who are most impacted by the issue.

Involvement in Advocacy: The Impact on Trauma Survivors

The primary tactic utilized by the sexual assault survivor's movement has been to promote and encourage disclosure of trauma in both individual and public settings. Over twenty years ago, it was clear that the "strategic metaphor of 'breaking the silence' is virtually ubiquitous throughout the movement" (Alcoff & Gray, 1993, p.261), with numerous articles, books, organizations and agencies named intentionally to reflect the importance of the survivor's voice. Now, the Consensus Model continues to discuss the need for processing traumatic experiences as part of the second stage of recovery, with Herman (2015) describing this stage as when "the survivor tells the story of the trauma" (p.195). This does not mean that the survivor must simply state how their trauma has unfolded, but rather that the survivor has the experience of telling their story, processing it fully, and feeling supported or affirmed in the experience of retelling. Additionally, the third stage of the Consensus Model allows for further integration and retelling of the survivor story as part of the survivor mission, where survivors may choose to publicly or privately speak about their experiences during the process of seeking and promoting justice (Herman, 2015).

Despite this need for retelling and processing, the 2017 National Crime Victims Survey showed that rape and sexual violence were the least likely to be reported to law enforcement of all the crimes surveyed, with only twenty-three percent of incidents being reported to law enforcement (Casteel, Wolfe, & Nguyen, 2018). It is important to note, that even though speaking out and telling one's story is seen as a critical part of recovery from sexual violence, it is not imperative or important for the survivor to speak out to law enforcement, or to seek justice in a legal sense in response to their trauma in order for the healing to occur. Regardless, these low reporting statistics are significant and attributed to a number of factors, including fear of not

being believed, self blame, concerns about how the system will handle allegations, fear of retaliation, fear of exposure and feeling as though this were a private matter (Casteel, Wolfe, & Nguyen, 2018).

These personal experiences of survivors' fears and concerns is contradictory to the literature that promotes disclosure and discussion as necessary for healing. This discrepancy, while important to note, may simply reflect the difficulties survivors face while moving through their process of healing from trauma. Nearly thirty years ago, Alcott and Gray (1993) discussed the ways in which "speaking out serves to educate the society at large about the dimensions of sexual violence and misogyny, to reposition the problem from the individual psyche to the social sphere where it rightfully belongs, and to empower victims" (p.261). This disclosure of an individual experience is still discussed as a necessary part of the healing process, as it often aids in the processing of traumatic material and leads to feelings of political and personal empowerment (Draucker et al., 2011; Stemple, 2003). Still today, most trauma treatment modalities, including CMTT, encourage the discussion or processing of the traumatic material as necessary for healing. CMTT devotes the second of the three stages to the "processing of traumatic material in enough detail and to a degree of completion and resolution to allow the individual to function with less posttraumatic impairment" (Courtois, 2004, p.418), and allows for the survivor to move into the third stage of the survivor mission, which also often includes speaking out about the experience. With regards to the #MeToo Movement, this model highlights the potential benefits that come from publicly or privately acknowledging one's survivorhood (stages two and three), while adding to the positive benefits that come from feeling as though one is speaking out against a form of injustice (stage three). One key component of the CMTT that was not acknowledged in the initial implementation of this #MeToo movement as

compared to the “metoo. Movement” as developed by Burke, however, involves the first stage, where survivors prepare themselves for the processing stage through the development of internal and external resources in order to safely navigate the potential dangers, or retraumatization, that can come from retelling.

In following the feminist ecological framework, it could be argued that the #MeToo movement created a type of disruption to the oppressive, patriarchal system that supports and benefits perpetrators of sexual violence, as it created a moment where hundreds of high-powered individuals lost their jobs or public admiration due to allegations of sexual violence. The act of speaking out and being heard, as encouraged by the #MeToo movement, also follows the third stage of the consensus model described above. It gives space for the survivor to share their story, and restructure their trauma narrative in a way that acknowledges and supports the experience of survivorhood, instead of questioning or minimizing it. Furthermore, the act of speaking out allows for connections to be made between survivors and their support systems, which exemplifies the restoration and healing as a result of human connection that is promoted through RCT.

Back to Zoe

With all the information presented regarding the experience of trauma survivors, a revisit to Zoe’s case example can help place these theories and research into context. Following her experience with sexual violence, it is clear that Zoe was unable or unwilling to identify her experience as such. This could be due to a multitude of factors, including but not limited to a lack of understanding of the importance of consent, what actually constitutes experiences of sexual violence, as well as her own fears about acknowledging the pain and the reality of that

which had taken place. This experience relates to Judith Herman's explanation of the dialectic of trauma, which she describes as the "conflict between the will to deny horrible events and the will to proclaim them aloud" (Herman, 2015, p. 1).

When observed within the context of the consensus model, it appears as though Zoe remained partially in stage one (seeking safety), while also moving into stage three (life restructuring). Zoe was able to find security and comfort in avoiding the acknowledgement of her lived experience, while simultaneously moving forward with the modification of sobriety, likely in order to alleviate her fears that this experience would happen again. She restructured her life as though she had never experienced this trauma, and her internalization of her own guilt and feelings of self-blame surrounding the trauma are evident through her continued avoidance of alcohol.

As the #MeToo movement began to unfold, Zoe appears to be experiencing some increased post-traumatic symptoms. These include an increase in her symptoms of anxiety, sleep difficulties, nightmares, a decline in self-care, isolation from loved ones, and repeatedly revisiting her traumatic experience, likely in response to her having not adequately completed the stage one work of developing resources to assist with safer processing of traumatic material as outlined in the Consensus Model. Through her observations of the #MeToo movement, Zoe appears to be re-evaluating her own experiences and perceptions of the night in question. It is as though through her witnessing the collective action of the individuals coming forward with their own stories, Zoe is pushed towards re-evaluating and processing her own experiences in a way that she hadn't previously (stage two).

Whether Zoe ultimately determines whether or not she was assaulted, her increased awareness as a result of the #MeToo movement challenged her to reconsider the events in

college and how they have continued to impact her to this day. Zoe's experience is just one reflection of the broad impact of this social media phenomenon that has touched millions of lives and connected individuals, survivors, perpetrators and allies to the experiences of millions of people worldwide.

Research Question

There seems to be an ever-increasing amount of trending social movements such as the #MeToo movement, that are quickly spread through the use of both traditional and social media. The #MeToo movement encompasses both the influx of stories as a response to a viral twitter post, as well as resources, advocacy and education. There has been well-documented research on three key aspects of the #MeToo movement, including the impact of social media, involvement in advocacy and impact of trauma disclosure. However, while this research describes aspects that make up a large portion of the #MeToo movement, it gives little understanding of how the movement as a whole has impacted individual survivors of sexual violence. As a result of this new and widespread movement, it is imperative that we enhance our understanding of the ways it is impacting individual survivors and ask: What is the impact, if any, of the #MeToo movement on survivors of sexual violence?

Introduction to Paper Two: A Qualitative Study Exploring the #MeToo Movement

The first paper of this dissertation addresses the cultural and social representations of sexual violence, the impact of trauma on survivors, and the potential ways that the #MeToo movement has impacted individuals and systems. It also posed a call to action in order to determine how the #MeToo movement has impacted survivors of sexual violence. This second paper will include the methodology and findings of an exploratory study that utilized a qualitative, semi-structured phenomenological interview approach to answer the question: In what ways has the #MeToo movement, propelled by social media and advocacy initiatives, impacted survivors of sexual violence?

Background Information: Creating the Context

The #MeToo movement references a viral campaign, fueled predominantly by social media platforms such as Facebook and Twitter, that was intended to raise awareness of the prevalence of sexual assault and harassment. The #MeToo movement, as discussed in this dissertation, differs from the organization developed by activist and leader Tarana Burke, titled the “metoo. Movement”. The organization, as developed by Burke, was created with the intention of minimizing the stigma of sexual violence and connecting survivors of sexual violence to resources that may support them.

The #MeToo movement, as discussed in this dissertation, represents the viral campaign and subsequent moment in history which began in October 2017 after celebrity Alyssa Milano posted the following to her twitter: “Me too. Suggested by a friend: If all the women who have been sexually harassed or assaulted wrote ‘Me too.’ as a status, we might give people a sense of the magnitude of the problem” (as quoted by Garcia, 2017). Prior to this tweet, Milano was

unaware of the organization and advocacy efforts utilizing the same slogan, as developed by Burke. After being informed of the original advocacy efforts, Milano quickly reached out to Burke in order to rectify the situation and give credit to the person who started it all.

According to a study by Pew Research Center, in the year following the initial tweet by Milano there were over 19 million posts using the hashtag #MeToo (Anderson & Toor, 2018). While 71% of these tweets were written in English, the other 29% were written in various languages, including Afrikaans (7%) , Somali (4%) and Spanish (3%), (Anderson & Toor, 2018). It is also important to note that these posts have continued to this day, with individuals continuing to come forward with their own stories of sexual violence. This data not only represents the global impact of the movement, but also the sheer magnitude of people who were witnessing and responding to the #MeToo posts.

One way to understand how survivors have been impacted by this movement is through an understanding of the ways in which both clinicians and survivors of sexual violence conceptualize their experience of trauma and recovery. One contemporary understanding of this experience is shown through the Consensus Model of Trauma Treatment. CMTT is a model that was initially developed in response to a survey done by the Complex Trauma Task Force (CTTF), appointed by the International Society for Traumatic Stress Studies (ISTSS) (Cloitre et al., 2011). This survey was intended to “obtain expert opinions about the salient symptoms of Complex PTSD and more importantly, recommendations for its treatment” (Cloitre et al., 2011). While this model was originally developed with the intention of addressing Complex Trauma, it has become a widely utilized in the treatment of sexual trauma, whether or not that trauma is categorized as complex.

The use of the Consensus Model of Trauma Treatment is significant for this research not only because of its frequent use with survivors of sexual violence, but because of the overlap between the three phases of the Consensus Model and how these phases may correlate to the experiences of survivors living through the #MeToo movement. CMTT follows a three phase approach, with the first phase focusing on “ensuring the individual’s safety, reducing symptoms, and increasing important emotional, social and psychological competencies” (Cloitre et al., p.5, 2011). The second phase includes the complete processing of the traumatic experiences and the survivor’s memories, and the third and final phase includes moving forward from the “end of the treatment to greater engagement in relationships, work or education, and community life” (Cloitre et al., p.6, 2011). In essence, this model encourages seeking safety and increasing coping skills prior to the processing of traumatic material, which will ultimately lead to a more integrated life with greater capacity for engagement in the full life experience.

This model also can give insight into the potential ways survivors may respond to the #MeToo movement. Some may feel a decreased sense of safety as a result of the new influx of traumatic or triggering material, while others experience a sense of increased safety that comes from knowing the sheer number of people who have shared similar experiences of sexual violence (stage one). Stage two speaks to the impact of processing traumatic material that may have begun, or been influenced by, a survivor’s decision to participate in the movement and share their own stories with those around them. Lastly, the third stage of the consensus model, which leading trauma researcher Judith Herman, refers to as a survivor mission, speaks to the potential for healing that comes from social action. Herman describes that “public truth telling is the common denominator of all social action” and this form of social action was the crux of what made up the #MeToo movement (Herman, 2015, p.208), In addition to the public truth telling,

the second form of social action described in Herman's description of the survivor mission includes the pursuit of justice. Herman describes how "the survivor draws power from her ability to stand up in public and speak the truth without fear of the consequences", which is important "not only for her personal well-being but also for the health of the larger society" (Herman, 2015, p.209-210). This third stage, or survivor mission, represents both the personal and societal benefits of the #MeToo movement at large, and the impact of survivor's involvement in social justice for both the individual and broader society.

Introduction to the Research Study

As our society moves towards an ever-increasing use of technology and social media platforms, movements such as the #MeToo movement that are fueled by online social platforms have become more and more prevalent. The following study was developed with the intention of gaining an understanding of the way the #MeToo movement impacted survivors of sexual violence. This study utilized a qualitative, empirical approach in order to understand the experiences of survivors of sexual violence during this moment in history.

Recruitment and Participation

The University of Pennsylvania's Institutional Review Board preapproved this research project and its methodologies before recruitment began. A purposive sampling approach was utilized, and participants were recruited from online forums. These online forums were specifically chosen because their primary utilization was to address issues related to gender and/or sexual violence, such as the "Survivor Speaks" group on Facebook. This sampling and recruitment strategy was beneficial in that it provided relatively easy access to large numbers of

sexual assault survivors who had already shown interest in the topic at hand, and as a result, may have been more willing to engage in research about this topic. Furthermore, as the majority of #MeToo postings took place on social media, it seemed that this would be an appropriate place to recruit participants who were aware of the movement.

In order to be included in this study, participants must have self-identified as a victim of sexual violence more than one year prior to the beginning of the study but no more than ten years prior to the study. In addition, participants must have identified as women between the ages of 21 and 45, and must have been over the age of 18 at the time of their experience with sexual violence. It should be noted that no questions were specifically asked about type(s) of sexual violence experienced. Individuals were excluded from the study sample if they identified as male, however no questions were asked to determine if the participants identified as genderqueer or non-binary. Participants were also excluded from the study if they were receiving inpatient psychiatric services or intensive outpatient mental health services at the time of the study. The recruitment flier that was posted in the abovementioned forums can be seen in Appendix A.

Interested individuals were asked to contact the researcher via email or phone in order to discuss study eligibility. All participants signed and returned the informed consent form, providing consent to be interviewed and recorded, as well as consent for the use of anonymous quotes from their interviews to be included in the completed document.

From the “Survivor Speaks” group previously mentioned, over forty members responded to the researcher, reporting interest in participating. Many of those who expressed interest did not, however, complete the required consent forms, and were therefore not included in the study. Additionally, eight men who had requested to participate were deemed ineligible, as well as

several people whose experiences of sexual violence took place when they were under the age of 18, or outside of the timeline required by the study.

Sample

There were eleven (n=11) individuals who participated in this study. All of the participants were between the ages of 22 and 35 and identified as female; ten used she/her pronouns, and one participant stated a preference for the pronouns they/them/theirs. Ten of the participants were employed, and the eleventh identified as a student. Of the eleven participants, five acknowledged making a #MeToo post or publicly identifying as a survivor of sexual violence, while six reported that they did not participate nor identify as a survivor publicly. Information regarding sexual orientation, race and income were not gathered.

Data Collection and Analysis

Interviews were conducted through the use of Zoom, an online video conferencing platform, and transcribed using a transcription service. In order to further protect the anonymity of the study participants, all video recordings were deleted once they were transcribed, and all transcribed interviews were stored on the researcher's password protected computer in an encrypted file. Participants were also given pseudonyms in order to protect confidentiality, with the researcher being the only individual with access to the participants names and consent forms.

Interview topics included the participants' experiences of learning of the #MeToo movement, their responses to the movement, and the impact, if any, that the #MeToo movement

had on their media consumption, social relationships, distress levels, mood and functioning (see Appendix C for interview questionnaire).

This interviewer intentionally did not request information regarding the specifics of the survivors' experiences with sexual violence, in order to minimize the potential for further retraumatization as a result of their participation in this study, although some participants did volunteer this information throughout their interviews. It is important to note that the goal of this study was not to focus on the participants' specific histories of sexual violence, but rather the experiences that came from witnessing a social movement that focuses on those traumatic events, regardless of the individual's personal narrative.

Upon termination of the interview, participants were provided with information on available resources that could assist them with any further concerns that may have arisen as a result of completing this study; in addition, they were given a \$15 gift card to Amazon.com as compensation for their time and participation.

In order to best organize the data gathered, the researcher utilized an inductive approach to analysis. First, open, line by line coding was done with the intention of reading through the data in order to develop a general sense of the themes presented. Next, focused coding was utilized in order to identify the most commonly presenting themes, and a codebook was developed. Lastly, the third review of the data allowed the researcher to look further into the identified themes within the codebook for the specific thematic issues most prominently raised.

Research Findings and Discussion

There were nine themes identified that were specific, significant, and critical to the research question. Each of these themes was identified in various ways by multiple participants.

Each theme will be presented, and discussed within the context of the literature reviewed in order to better understand the specific implications. Additionally, there is some overlap within the context of the themes, and judgement calls were made in order to determine where the content fit best. The themes that will be presented and discussed are as follows:

- Survivors supporting survivors (identified in 10/11 interviews),
- Saturation: Feelings of being triggered or overwhelmed (identified in 9/11 interviews)
- Gratitude about increased awareness (Identified in 9/11 interviews)
- Increased comfort in speaking about SV (Identified in 9/11 interviews)
- Changing perceptions about sexual violence (identified in 8/11 interviews)
- Questions of longevity or impact (identified in 7/11 interviews)
- Guilt over not participating in the movement (Identified in 6/11 interviews)
- Concerns over the minimization of sexually violent experiences (identified in 6/11 interviews)
- Caution or protection of self around media consumption (identified in 5/11 interviews).

Theme One: Survivors Supporting Survivors

One primary theme that came through during the interview process for this dissertation was the support survivors were both giving and receiving to and from one another, both privately and publicly on social media platforms during the #MeToo movement. This support included feelings of being seen or supported by someone who has experienced something similar, feeling as though one can be a support to others, and feelings of increased confidence at disclosing

experiences of sexual violence after witnessing the support that community members and loved ones were providing others.

Ten of the eleven participants discussed communicating with friends, family members and acquaintances who they had seen posting #MeToo statuses in order to provide and/or receive support, regardless of whether or not they posted their own #MeToo status. Some participants, like participant B, identified reaching out to fellow survivors, stating, “I tried to message friends that I saw posting for the first time to make sure that they had the support they needed”. This sentiment was echoed by participant H who stated, “I do remember sending all the people I knew who were posting about it, I was sending them texts or private messages and being like, I saw what you posted. I'm really sorry about what happened. And I've gone through this too. I'm here for you.” Participant I stated, “I want to make sure I offer support to someone. So, if I see a post, if they're public about it, I'll comment. If I know about it privately, I'll message them and I just want people to know I'm there 'cause I get it, 'cause I've been there.” This sentiment, of wanting to provide support for friends and acquaintances, was echoed frequently throughout this research. There was also no clear pattern as to the specific emotional tone felt by the participants discussing this theme, and the emotional range fluctuated between positive feelings, such as feeling uplifted or affirmed, and more negative feelings such as feeling as though this communication was burdensome or exhausting.

A sense of solidarity and understanding was identified by nearly all of the participant survivors, including those who didn't publicly speak out about their experiences. Some of these survivors disclosed feeling supported by their community even without their public participation in the movement. Participant K stated that even though she didn't expose her experiences on social media, “I still knew that I was supported by my community for having been a survivor

myself because I saw the ways that other survivors and other friends who came forward were supported and loved by our community.” A similar sentiment was echoed by two other research participants, who disclosed that their partners’ responses to the movement allowed them to feel more confident in disclosing their experiences to future partners, which also correlates to Theme Four, or the increase in comfort related to speaking about sexual violence.

Some survivors, like Participant I who was quoted above, discussed their reasons for participating in this communication as a wish to support other survivors. Other participants, like Participant H, identified that the support she expressed was both for others, as well as herself. She stated, “I did genuinely want to give support, but in hindsight, I definitely think there was also an element of feeling really alone and like I needed to be supported as well. And if I connected with people who understood, like maybe I could build my support network too.”

This building of a support network was echoed by multiple participants. For example, Participant A discussed the deepening of relationships that resulted in response to #MeToo, noting,

I feel like I have more of a personal connection with some of those friends and acquaintances that like, now we know we’ve both gone through things that we never would’ve talked about before and a lot of us have had conversations about trauma, about recovery, about dealing with seeing it every day.

Participant G, even went so far as to name it a “club for survivors”, then stating, “I’d meet random people who I didn’t know but we’re kind of connected and like, one degree off of the inner circle. It’s created a lot of opportunity for connection with survivors that, otherwise, I probably would have never had the chance to connect with”; and she further described the “weird sense of community and belonging across like the different people I would connect within it or connect too within it”.

This feeling of connection or mutuality reflects the reparative work that comes during the third stage of the Consensus Model. As Herman describes, “traumatic events destroy the sustaining bonds between individual and community. Those that have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection to others” (2015, p.214). It appears as though the #MeToo movement, by encouraging survivors to speak out, has provided a platform for many of the survivor participants to connect with one another and develop a community that they may not have been connected with previously, possibly establishing connection between those bonds that had previously been broken by their traumatic experience. This theme correlates strongly to the third stage of the consensus model, or the reconsolidation and rebuilding of life following survival of a traumatic experience, and the involvement in a survivor mission. Through the communication and support received from fellow survivors, and community members at large, survivors have had an opportunity consistent with work done during the third stage of trauma recovery. Namely, they were given the opportunity for community building, speaking out, and giving and/or receiving support to/from other survivors of sexual violence, thus becoming involved with a survivor mission made available by this movement. This theme also represents opportunities consistent with the first stage of trauma recovery, in which survivors build upon their resources in order to more safely navigate through the following two stages. This theme, arguably more so than any of the others, allowed survivors to develop a support system that could help them navigate the potential retraumatization that may have come as a result of the #MeToo movement.

Since this theme was identified by so many of the survivors, I think it is also important to discuss the outlier, or the eleventh participant who did not identify giving or receiving support during this time. This participant reported that she did not feel the need for support, largely due

to her own work experiences as working for a sexual violence prevention agency for over a decade. This survivor, more than any of the others, could arguably be considered to be in the third phase of the consensus model – where she has fully processed integrated her experiences into her life, and was continuing to work towards her survivor mission of sexual violence prevention. It is also possible that this survivor’s experiences of working in sexual violence prevention provided the same type of connection to a survivor community for her that the other ten participants were beginning to realize through the #MeToo movement. As a result, she identified the #MeToo movement having less of an impact on her than some of her friends, colleagues and acquaintances.

Theme Two: Saturation – Feelings of being triggered or overwhelmed

The experiences of the participants during this movement, unfortunately, did not come without a cost to some of the survivors participating in this research study. Nine of the eleven participants included in this study discussed some feelings of being overwhelmed or retraumatized by the continuous exposure to stories of sexual violence that took place as a result of the trending hashtag #MeToo. Several of the survivors discussed feeling as though they were unable to escape the stories of sexual violence that were being told around them, describing it as “almost like an onslaught and you could not avoid it for a long time” (Participant F), or that it simply “felt like there was no end in sight” (Participant A). Participant F further described it as a “feeling of overwhelmingness ‘cause you couldn't escape it.” Of note, these feelings were often discussed within the context of some sort of vacillation between wanting to engage and wanting to disengage from the conversation, or between moments of agency and moments of

powerlessness. This reflects the dialectic of trauma, and the fluctuation between symptoms of avoidance versus symptoms of intrusion that often follow traumatic experiences.

The survivors disclosed how this lack of a respite impacted their mood and overall functioning. Participant I disclosed the emotional toll that the constant barrage of stories of sexual violence had on her, exclaiming, “You're seeing how frequent it is and it's just it's-- it-it just tears you to shreds. It was-- it's disgusting, it's heartbreaking. It's-it's a lot of-- a lot of different emotions.” Participant A discussed the anticipatory fear she felt while awaiting another #MeToo story to unfold, describing a sense of hypervigilance which mimics the experiences often observed in posttraumatic reactions. Participant A stated “that it was really hard not knowing. You know? Is today going to be the day that a piece of news breaks and I have to go through that and possibly go home sick, and deal with everything that’s going on?” Similarly, Participant G discussed the same sense of hypervigilance, a common consequence of trauma where the “human system of self-preservation seems to go onto permanent alert (Herman, 2015, p.35), and one of the diagnostic criteria for Post Traumatic Stress Disorder (PTSD) (American Psychiatric Association, 2013). Participant G described how “it began to feel crippling and impossible at times, because of just like how frequent it was coming at you and the ability to not only fight within your own story but then, like, you sit with other peoples in theirs.” She described the feeling of not knowing how to self-regulate these emotions, especially during times when she was in her professional role, stating, “When it comes up in work settings. I can't just run to my bedroom and do a deep breathing meditation and ground myself.” Similarly, Participant B discussed her frustrations with the conversations taking place around her as an educator, stating, “If I never had to talk to another teenage boy about why girls, boys, women don't lie about being raped, it would be too soon”.

One survivor in particular discussed what was identified as a physical response to traumatic material. In describing how she would attempt to avoid the thoughts that were coming up as a result of #MeToo, Participant C would find herself “either pushing it out of my head to try to not think about it or even like, really this I know it sounds weird, but it's just strange to say, um, I like instinctively just like, squeeze my legs together”. This response could easily be described by many clinicians as an automatic, physical response to trauma, or more simply, a post-traumatic symptom that highlights the level of intrusion this participant experienced in response to the #MeToo posts, and the efforts she was taking to protect herself, both consciously and subconsciously.

Under the same theme of saturation comes the shocking realization of how many individuals' lives had been impacted by sexual violence – which in many ways overlaps with Theme Five (Changing Perceptions of Sexual Violence). In regard to the theme of saturation, several survivors, like Participant H, discussed how they originally attempted to reach out to most people that were making #MeToo posts, but ultimately had to stop because “there hit a point where there were just so many that I wasn't necessarily sending a message to everyone. I stopped posting, or trying to reach out ‘cause it was kind of overwhelming.” This feeling of being overwhelmed at the sheer number of survivors coming forward was echoed by Participant G, who very succinctly stated, “It's really tough to just think that like, ‘It's not just me.’” Participant D even went so far as to state that she began to feel desensitized to others' experiences of sexual violence, stating, “It's becoming the norm, you know. Like I feel like at this point like nothing's really that shocking”. This further reflects the dialectic of trauma, as the participants describes moving from intrusion to numbness, and discusses another symptom associated with PTSD: feelings of detachment (American Psychiatric Association, 2013).

This theme highlights the traumatic impact that this movement had on many of the survivors who lived through it, and it should not go unnoticed that nearly all of the participants in this study identified this feeling. It is clear that for the survivors who identified the feelings of saturation, a large percentage of the participants in this study, the responses to the #MeToo movement mimicked the post traumatic reactions most often described in trauma literature. Many of the responses described above parallel those found in post traumatic reactions, particularly the feelings of intrusion, feeling overwhelmed, feelings of numbness or shutting down, withdrawal and dissociation. This theme also highlights the intensity of the affective experience for survivors during this movement, and when taken into consideration with the theme above, notes the juxtaposition between feelings of support and feelings of being overwhelmed, both in response to the same stimuli.

Theme Three: Gratitude for Increased Awareness

While participants in this study did predominantly identify as feeling overwhelmed or oversaturated with the #MeToo posts they were witnessing, several participants also identified feelings of gratitude and appreciation for the increase in awareness of the issues related to sexual violence (n=9). Of note, several survivors identified within this theme also discussed the feelings of frustration over what it took to get to this moment of advocacy. Regardless, these feelings were still included within this theme, as they address the challenges necessary in order for gratitude to be felt, or the ruptures that allow for repair to take place.

Within the theme of gratitude, participants discussed the feelings of validation, empowerment and inspiration after seeing so many others discuss their experiences of sexual violence. Participant E identified this as “safety in numbers” and Participant F noted that this led

to “seeing women who have been silenced be able to have voice and be able to speak their story”. This correlates to many participants highlighting the difference in the ways in which they were able to engage in conversations around sexual violence (see Theme Four).

Multiple survivors also discussed their feelings of gratitude around changing attitudes towards sexual violence, discussing the “awareness and some real changes” (Participant A). Many participants discussed feeling comforted by the number of people reaching out to them, with Participant K succinctly stating, “I feel like it was one of the first times in my life, and I expect the lives of many where, they really felt supported by the entire world”, and Participant G further stated that “the more people that spoke out, the less alone I know I felt, and I know others felt”. This sense of camaraderie, for the survivors in this study, was a crucial component of the movement that allowed them to feel comfortable speaking about their own experiences, whether privately or publicly.

Conversely, Participant A identified feeling understood and justified in her feelings of anger, stating, “Now at least when I was angry people could understand why. Because they were seeing it too. They were seeing it in the news, they were seeing it from other people in their lives, and I felt like other people understood why I was angry when before they didn’t understand”. This understanding of Participant A’s experience appeared to be a dramatic shift for her, with other people understanding the underlying causes of her anger that maybe they hadn’t been willing to recognize previously, without the sheer amount of survivors telling their stories.

Some survivors, like Participant F, identified the juxtaposition between feeling “thankful and wanting to honor the people sharing their experiences,” while simultaneously recognizing “that was kind of triggering, you know, seeing it everywhere on your news feeds and on the news just forces you to relate it to yourself and your own experiences with sexual violence.” This

juxtaposition of the gratitude felt for the increasing awareness, combined with the frustration at needing to expose their own traumas in order for the experiences of others to be believed, was highlighted several times. Similarly, survivors discussed their frustration over what they perceived as the need for “credible evidence” for more high-profile cases of sexual violence that came to light as a result of #MeToo (Participant F). While some were grateful for this increase in “credibility”, others like Participant B identified feeling like survivors “have to expose their own personal pain in order to justify, you know, whatever one person on the media is going through”. This sentiment was echoed by Participant A who stated, “We all have to pool our personal pain just to be able to justify this one person not reporting their case.”

These experiences described the phenomenon of feeling both empowered, yet also angry at having to work so hard to be seen or acknowledged. It encompasses the experience of feeling an increased sense of safety that comes from recognizing that the participant was not alone in their experience, but also the frustrations that come about with knowing that not only are these issues of sexual violence so prevalent, but that the survivor is responsible for bringing attention to it and having these issues be acknowledged. This encompasses both the first and third stage of the consensus model, with survivors feeling an increased sense of safety or stability, while simultaneously becoming involved in advocacy work. However, this advocacy did not always appear to be driven by the experience of healing, but rather by the feelings of anger and frustration that came as a result of not being believed, or not feeling as though survivor’s voices were being heard.

Theme Four: Increased Comfort in Speaking About Sexual Violence

The fourth theme includes feelings of increased comfort in engaging in discussions about sexual violence. Nine participants discussed the ways in which #MeToo has allowed them to feel more comfortable in conversations about sexual violence, identifying decreased feelings of shame and increased feelings of confidence and support when speaking about their own experiences or the experiences of others. Several participants alluded to the changes in the ways in which society at large more readily engage in conversations around sexual violence, with Participant G acknowledging these were conversations that “we never even had five, ten years ago”.

Both Participant A and Participant F referred to this movement as having “opened the door” to having more in-depth, personal conversations with male friends and family members in their lives. Others described sexual violence as a “more socially acceptable topic” (Participant H) that is “not as stigmatized” (Participant J) and almost freeing after “people have kept it so quiet and so under the rug for so long” (Participant I). It appears as though, for these survivors, the #MeToo movement has eliminated the taboo from conversations about sexual violence, and provided them with the support and confidence necessary in order to acknowledge and confront these conversations in their everyday lives.

Several survivors discussed real change-making conversations that they began leading as a result of the movement. One survivor, Participant B, discussed the in-depth conversations she was having with male friends about the dynamics of sexual relationships, stating,

It led to a really important discussion, I think, amongst people too about what that means and what that looks like and what entitlement is, right? Like what entitlement to sex looks like, what and how that is about power. I’ve had lots of conversations with guy friends about that. Like, no, maybe you don’t think you did anything wrong, but that doesn’t mean you didn’t.

Participant K discussed how following this movement she began running support groups for fellow survivors, indicating, “I’m not sure if I would have had the confidence to do that if it wasn’t for movements like #MeToo”. These new conversations not only represent the increased comfort that these women had in engaging in such topics, but also the engagement of the “other”, or in this case, men who may have unknowingly engaged in behaviors that perpetuated the culture of sexual violence.

One of the reasons identified for this increase in comfort included descriptions of the participants calling on the collective “courage and strength” they witnessed in order to feel justified or validated in their conversations (Participant J, Participant K). Another reason identified for this newfound comfort was the decrease in shame associated with the experience following the collective outpouring of individual stories. Participant H described sexual violence as “an act of violence that depends on shame and is intended to cause shame”, and that the choice survivors make to speak out “defined the violence” within the experience, as opposed to the shame that was previously so prominent.

While there is no certainty, one could argue that this upswing in the comfort levels associated with this conversation may have helped survivors move more quickly through the processing and integration phase of their trauma recovery. By the #MeToo movement encouraging survivors to come forward with their stories, the movement was simultaneously encouraging the dialogue that is so often seen as a necessary component of healing. Through the normalization of the experiences of sexual violence, this movement allowed survivors who may have not previously engaged in the second stage of the consensus model, or the processing and storytelling portion of their recovery, to do so. Furthermore, it allowed them the space and time

to process these experiences not only with clinicians or individuals in their lives, but with other survivors that may have disclosed their own experiences.

Theme Five: Changing perceptions about sexual violence

Several participants (n=8) within this study identified the ways in which the #MeToo movement has impacted their own perceptions or understanding of sexual violence. This primarily was addressed in three different subthemes. First, was the change in perception around the prevalence of sexual violence. Participant H discussed feeling “surprised at how many of us there were”, which was a sentiment echoed by several participants as they discussed the people in their lives that came forward unexpectedly with their own experiences of sexual violence.

Participant D disclosed feeling as though the images or stories she had heard about what sexual violence looks like was different than what she was seeing, stating that “there's so many stories, and they don't all fit just one or two narratives you might see in the movie or wherever, you know? It's not the scary guy jumping out in the bushes. It's like, everyone you know. Or not everyone you know, but so many people you know have been abused or are abusers”. This experience echoes the experience of feeling oversaturated by stories, as discussed in Theme Two.

Participant I, discussed the experience she had after several older women in her life, including her mother, came forward with an experience of sexual violence as a result of the #MeToo movement. She discussed the impact this had on her own sense of processing, stating, “You don't expect to hear that from a parent. And it was really hard.” Similarly, two other participants explored their feelings surrounding men in their lives coming forward, and how this changed their perceptions of who experiences sexual violence. This new understanding of who is

impacted by sexual violence changed the narrative from an individual's story, to a collective experience shared by many.

The impact of men coming forward and speaking about their own experiences was also discussed by Participant J when she discussed the impact of celebrity Terry Crews speaking out about his experience of being groped, and how this validated her feelings of being violated when similar situations had happened to her. She described how “every single time you are groped or something like that at like a party or a club, obviously you're not going to report every single thing like that. So, I think him coming forward and being like, ‘This happened to me. It was very upsetting’” was impactful. This concept also correlates to the next subtheme identified, or the new ways survivors understood the meaning of sexual violence.

A second subtheme identified was the concept of changing perceptions about what constitutes sexual violence. Several participants discussed experiences in their lives that they originally did not categorize as sexual violence that were brought up and reconsidered under the new framework provided by the #MeToo movement. Participant C discussed how “the whole movement kind of made me realize that I am a victim too, and maybe I didn't consider myself a victim at first because alcohol was involved”. She further acknowledged that “seeing all these posts made me realize that there are a lot of different kinds of sexual assault and sexual violence and it doesn't discriminate”. The experience of minimizing her own story of sexual violence, to the point where she did not categorize it as such prior to the movement could be viewed as a type of internalized oppression experienced by this survivor. Sexual violence, in a way, had been so normalized, and so consistently associated with the victim's actions instead of the perpetrators, that this survivor did not believe her own experience qualified due to her own consumption of

alcohol, echoing the ways in which society continued to minimize the experience of survivors whose narratives didn't fall under the neatly arranged myths of what sexual violence looks like.

The impact of putting definitions to the experience described by Participant C were highlighted separately by Participant B, who discussed how it "is really powerful, to have a definition and a name for something that perhaps [survivors] hadn't defined or named before". This sentiment was also felt by Participant D who stated, "Situations that I thought were the norm, or guys just being guys or whatever, was clearly not okay. So, it definitely like helped put things in perspective." Another survivor, Participant I, discussed her unwillingness to see herself as a survivor prior to the movement, and how these feelings changed with her shift in perceptions around what constitutes sexual violence, stating, "I didn't really want to see things for what they were because that meant something bad happened to me. And it was really hard to deal with the fact that something bad had happened." The concept of the difficulty in facing the reality of one's experience was echoed multiple times, and led to the third subtheme identified.

This third subtheme includes the impact on the internal processing of the participant's experience as a result of their new perceptions of what constitutes sexual violence. Several survivors discussed processing their experiences of sexual violence in ways that they had not considered prior to the movement. For example, Participant G discussed the authenticity and vulnerability she witnessed in the #MeToo posts, discussing how "it created great empathy on a large scale for everyone who's experienced it, but then also showing that inward empathy itself has been really beautiful in my healing journey". In essence, Participant G was describing her own internalization of the care and support she was providing for other survivors during this movement, representing her own experience of being in the final stage of the consensus model, a

stage that includes life restructuring and consolidation, and often a survivor mission (Cloitre et al., 2011).

However, not all survivors that discussed this theme were as far along in their trauma processing as Participant G. Participant D, for example, discussed the ways in which this movement was forcing her to address areas of her life that she hadn't previously connected to her experiences of sexual violence, stating, "It made me think about it more... It's evaluating in different ways and stuff. And then like I'm always kind of seeing it through repercussions or ways that I handle my-my current relationship." This subtheme truly represents the experience of moving between the three stages identified in the consensus model of trauma treatment, and how that advancement was impacted by this movement.

This theme of the changing perceptions related to sexual violence as a result of the #MeToo movement correlates strongly to Relational Cultural Theory (RCT), and how cultural perceptions and understandings may influence personal experiences. This theory was developed following discussions in Jean Baker Miller's book *Toward a New Psychology of Women* (1976), which noted that the traditional theories of counseling and human development focused on pathologizing the individual, with limited understanding of the contextual experiences within the individual's lives, or the relationships that impacted them – including the relationships of women and other marginalized groups to the society at large. In relation to this movement and theme in particular, RCT provides a framework of understanding how the individual's experience of sexual violence and understanding of that event may be influenced by cultural depictions of the same phenomenon. As the narrative around what constitutes sexual violence changes in society, so too does the understanding of the survivor's own story.

This theme of changing perceptions in the way sexual violence is understood speaks to the larger issue at hand of the ways in which sexual violence had historically been represented in a cultural context. It alludes to the ways in which society has historically represented stories of sexual violence as individual, violent acts being perpetrated by dangerous strangers, reinforcing myths about who perpetrates and experiences sexual violence. For many of the survivors that identified these changes in perception, they had not understood the prevalence of sexual violence nor what may constitute sexual violence, likely due to the taboo nature of this topic and the ways in which the culture at large addressed (or didn't address) it. As a result of this movement and newfound attention to the prevalence and reality of sexual violence, the shift in understanding surrounding this issue allowed survivors to process their experiences differently – thus furthering their ability to move through the second stage of the consensus model, the stage of processing and understanding their experience fully.

Theme Six: Questions of Longevity or Impact

The sixth theme identified included questions of the longevity or impact of the movement. Seven of the survivors interviewed discussed feeling as though this movement was “a passing phase” (Participant F) or “feeling like it’s just a trend. Not something really important that people are going to pay that much attention to” (Participant G). Participant A discussed how “it’s nice when these things kinda get some attention and people feel like they can speak out, but I didn’t really expect it to last.”

The second question within this theme is the question of whether or not this movement will have an impact on the culture at large and actually result in a paradigm shift. Participant B, alluded to this when stating:

I'm also always skeptical of social media movements, and how much they're actually able to change discourse and socio-cultural norms.... who knows how much that actually is able to change the greater reasons and you know, the deeper reasons and the root causes of why sexual violence happens. Like are perpetrators reading this and changing their behavior? I don't know.

This feeling was reiterated multiple times throughout the conversation with these survivors, as they identified the ways in which they were witnessing cultural changes happening, or not happening. Participant E called this moment “a starting point” where we are seeing the amount of people coming forward while simultaneously also recognizing the need for further change, stating, “If all that happens is that we know many, many people are hurt by this and affected by it, then that's not enough.”

These questions of the longevity of the movement are understandable, especially considering how quickly social media movements typically become irrelevant. Additionally, this concern may also echo the survivor’s feelings of hopelessness reflected in the experiences of witnessing stories of sexual violence being invalidated or questioned prior to the movement taking place, and the fear that this movement will soon be considered irrelevant, despite the pandemic of sexual violence continuing. For the survivors, these questions represent not only the need for continued action towards the ending of sexual violence, but also the larger issues of feeling as though these issues are easily dismissed or overlooked within the confines of the larger culture.

Theme Seven: Guilt Over Not Participating in the Movement

Six of the eleven participants discussed some feelings of guilt in relation to their choices to not identify as a survivor publicly during this movement. Of these six, five discussed not making a #MeToo post, while the sixth identified that she made one several months after the

movement gained traction. Participant B and Participant H both chose not to disclose their survivor status because they were not ready for specific people in their lives to know about their experiences, particularly their boyfriend and parents respectively. Participant B discussed this choice, describing it as a “taking a big physical and metaphorical step back from the conversation”. Participant H described why she made this choice by stating, “I was afraid of giving voice to that might do and not only for myself but for those around me, and I think I wasn't ready to step into that possibility yet.” Similarly, Participant K discussed concerns about her future career, and questioning whether her experiences as a survivor would limit her future professional opportunities, stating “I didn't want to be looked at or perceived differently after having gone through that and having admitted to it.” Participant G discussed her wish to make a post, and the dichotomy between wanting to speak out versus the fear of the potential impact it may have had on them. They stated their reasons for holding back, describing the question of “What do I do? Every ounce of me wants to [make a post] but I don't feel safe.” They further went on to describe how difficult it was for them “to have such a wonderful movement come forward, but still feel silenced and like I couldn't tell my full story publicly”.

This urge to speak out publicly was complicated by the feelings of guilt over the choice to not speak out. Participant D named this feeling, stating “I felt guilty for not talking about my story”, whereas Participant E described this guilt as “a little bit like giving up power again”. This sense of powerlessness arguably mimics the feelings of self-blame that are common amongst those struggling with post-traumatic reactions. This feeling of self-blame was also echoed by participant H who stated that it “felt like I was taking the less courageous route by not sharing, like I wasn't contributing to showing other people that I could be there authentically for them and that I could understand.”

These feeling of guilt and shame shared by the participants in this study seem to mirror the feelings of shame and self-blame that have often been identified as some of the many reasons why survivors don't report their own experiences of sexual violence (Spencer, Mallory, Toews, Stith, & Wood, 2017; Holland & Cortina, 2017). Additionally, this fear potentially correlates to Relational Cultural Theory and the feelings expressed in theme six, where the public minimization of sexual violence prior to the #MeToo movement had made survivors feel as though their experiences would continue to be minimized or held against them.

Theme Eight: Concerns Over the Minimization of Sexually Violent Experiences

The next theme, which was identified in six of the eleven interviews, discussed concerns about the minimization of sexually violent experiences. This concern was expressed in two ways: the first as concern that people were minimizing the experiences of those coming forward, and the second was concern for what was perceived as a sort of over-identification with sexually violent experiences. In a way, the participants who identified the frustration over individuals minimizing the experiences of those coming forward were expressing their own frustrations at the survivors (and others) observing those over-identifying with stories of sexually violence.

This first concern was highlighted in the interview with Participant A who discussed how survivors were coming forward with stories of their own pain and were dismissed by those that were "saying things like 'every woman I know experiences street harassment and things like that in her life' [which] kind of made it more impersonal". This observation was echoed by participant F who discussed "seeing a lot of responses about people thinking that, 'oh, is this just a trendy thing to do now? Are people making it up for attention? Are people blowing things out of proportion?' Or you know, kind of questioning where the evidence was and saying that it

wasn't fair to the people being accused". This concern for the perpetrator was also the observation for Participant I. She described feeling as though "people are a lot more judgmental than I think I've realized, and they're a lot crueler" after witnessing how "people could find ways to defend abusers, people could find ways to validate it and justify it." Similarly, Participant J described these observations, and thinking that "a lot of people feel unreasonably attacked. So maybe it is reasonably attacked - if you're feeling attacked from people talking about these experiences. Cause maybe you've been a perpetrator in a similar situation."

Contrarily, the other participants whose experiences fit into the theme of concerns over the minimization of sexual violence did so because of statements similar to those described above by Participant F. Participant D described "wondering if people were like trying to just get attention, or whether or not it was like authentic," describing concerns that "people aren't taking it as seriously now, that it's like almost like, well, everybody deals with trauma". This feeling was also described by Participant E who described feeling as though stories of sexual violence were becoming "cliché", describing feeling as though

there is a part of these movements that push it too far and then we lose sight of the actual issue... there are so many people who try and delegitimize these arguments that if you focus on silly things, you're actually adding fire to the other side's argument that's trying to say that this isn't a real issue.

These concerns echoed by both sets of survivors indicate just two of the many ways in which this movement was interpreted by survivors and society at large, with the issues relating to #MeToo and sexual violence becoming almost politicized into two factions: those who believe that all experiences of sexual violence are valid and worthy of attention, and those who believe that the categorization of all forms of sexual violence into one movement is detracting from the more "severe" forms of sexual violence that need to be addressed. This theme also echoes the themes above in discussing fears of being dismissed or invalidated when coming forward with

personal stories of trauma. Both forms of the frustration described within this theme, frustration that individuals are over-identifying with sexual violence and the frustration that those identifying as having been sexually violated have been dismissed, essentially boil down to the feeling that the story being told is being minimized.

Theme Nine: Caution or Protection of Self Around Media Consumption

The final theme identified in this research study includes the participants (n=5) feeling as though they needed to protect themselves or use caution when utilizing media, particularly social media or the news, during this movement. This is mostly in response to the first theme identified, feeling over saturated by traumatic material, however the primary difference identified is in the action, or lack thereof taken by the participants. The theme of saturation (theme one) did not include any action taken by the participants and was identified by significantly more survivors than this theme of caution or protection of the self, which required action on behalf of the participant in order to feel an increased sense of safety.

When discussing this theme, Participant J described how she “had to be very careful what I allowed myself to see, especially when I was at work so that I don't end up getting really upset”. This concern over seeing #MeToo material while in professional settings was felt by Participant F as well, who stated “I couldn't go on social media at work because I didn't want to get so emotional at work and have people, you know, attract any attention.”

Professional settings were not the only place where survivors felt the need to distance themselves from social media. Participant B discussed the impact that reading these posts had on her during her education, stating

I couldn't read them in public because the emotional response that I would have was just too strong and I was just, I can't do this on a five-minute break during my class and then

go back and focus on a lecture. You know? I won't be able to focus. I'll be distracted. I'll be upset. In severe cases start having PTSD symptoms, flashbacks, and then get really, really upset by it.

She further discussed feeling as though she needed to “cover my ears when everyone around me is talking about this out loud in public spaces” in order to stay where she was, stating that “otherwise I need to go home”. A similar sentiment was felt by Participant A who described how

people would just talk about the news and it felt so weird that for some people they would just be talking about the news when they talked about this. And I was like ‘I can't just sit around. For me this isn't talking about the news, this is talking about something that's deeply personal and really upsetting and I can't sit here. I have to leave'.... it was dealing with being kind of retraumatized by that over and over. It was definitely unexpected.

Several participants, including Participant A and Participant B, discussed the need to completely disengage from various forms of media in order to avoid the negative feelings associated with witnessing these #MeToo accounts. Participant F stated that she had to “stop consuming social media pretty much all together for a week or so.” Participant G described how she “had to be really, really particular with the type of media I consumed and how often I consumed it,” describing how “I totally backed away from Facebook and deleted it off of my phone”. This need to back away from the traumatic material not only overlaps with the themes of oversaturation and guilt over lack of involvement, but also speaks to the larger experience that trauma survivors had during this movement, of being both grateful for the increase in advocacy and awareness, while simultaneously struggling with the impact of the continued exposure to traumatic material that resulted from that increased awareness.

The need to escape identified within this theme could easily be identified by clinicians as the activation of the “fight or flight” response that often comes with surviving trauma. This theme significantly correlates to the first stage of the consensus model, or the need to seek safety

from traumatic exposure. It also parallels the theme of saturation (theme two), where there is a feeling of overstimulation that causes the survivor to want to withdraw, or numb themselves from the feelings associated with the trauma.

Study Limitations

Limitations of the recruitment and sampling strategy include the minimization of the potential for survivors who are not seeking out conversations about the me too movement, or those who may not identify as a survivor, to participate in the research. In an attempt to minimize this bias, snowball sampling was utilized in order to have a broader range of participants exposed to the recruitment material. Another limitation includes the small sample size, which made it so that no correlations between demographic information and research findings could be made.

One primary limitation of the data analysis was the limited number of researchers participating in this project with access to the data. In order to help increase reliability without the use of a second data analyst, the researcher evaluated the data multiple times, through a variety of different methodologies (open coding, line by line coding, and focused coding), however the information was unable to be triangulated as there was only one data gathering method: semi-structured qualitative interviews. Another limitation of this study, as with all qualitative studies, was the researcher's participation in the data gathering stage, which was likely to influence the participant's responses in some form or another, despite all efforts on behalf of the researcher. Additionally, this dissertation came about as a result of the researcher's own clinical experience working with survivors of sexual violence during the #MeToo movement which likely, although unintentionally, impacted the researcher's perspective prior to completing the study.

Discussion

The themes presented above show a multitude of connections between the #MeToo movement and the ways in which survivors experience and process trauma. Five of the nine themes, Saturation – Feelings of Being Triggered or Overwhelmed (theme two), Questions of Longevity or Impact (theme six), Guilt Over Not Participating in the Movement (theme seven), Concerns Over the Minimization of Sexually Violent Experiences (theme eight) and Caution or Protection of Self Around Media Consumption (theme nine), all correlate directly to post traumatic symptoms including feelings of guilt, shame, self-blame, numbing and withdrawal. While we cannot assume that the #MeToo movement is the cause for these symptoms having arisen, we can assume that there was some impact on the ways in which the survivors experienced these symptoms during the height of the #MeToo movement.

These themes noted above also correlate to the stage one of the consensus model that addresses the need to seek safety following traumatic exposure. The participants who endorsed themes of saturation and caution or protection of self around media consumption, described fluctuating feelings of intrusion and/or withdrawal as a result of the #MeToo movement. While these experiences of intrusion and withdrawal are common in survivors of trauma, stage one of the CMTT focuses on both seeking safety and developing resources in order to safely navigate the traumatic material. Theme two (Saturation: Feelings of Being Triggered or Overwhelmed) and theme nine (Caution or Protection of Self Around Media Consumption) may have emerged as a result of the lack of stage one preparation (developing strategies of self-regulation and external supports) that took place prior to the #MeToo movement. Those that identified theme nine (Protection of Self Around Media Consumption) appeared to be seeking safety, or finding

the ways in which they could minimize their exposure to the material that was causing them to feel dysregulated. Whereas those that identified theme one (Survivors Supporting Survivors) appeared to be developing resources to aid in the safe processing of trauma, another goal of the first stage of the CMTT, by developing a supportive community network.

Theme one (Survivors Supporting Survivors) also correlates to the later stages of the consensus model, as does theme three (Gratitude for Increased Awareness), four (Increased Comfort in Speaking About Sexual Violence), and five (Changing Perceptions About Sexual Violence). Specifically, these themes correlate to the experience of processing traumatic material (stage two) as well as the integration of trauma and involvement of a survivor mission (stage three). The ability for survivors to provide and receive support while discussing their experiences correlates to the experiences of processing trauma (stage two). As a result of the type of processing that took place during the #MeToo movement, some survivors were able to understand sexual violence, or their own traumas, in ways that were different than how they had previously understood the same experiences. Similarly, the ability to process and speak out about their own experiences either with their personal support systems, other survivors, or larger audiences as was the case through social media, closely resembles the type of self-advocacy described in the third stage of the consensus model. This stage, which Judith Herman referred to as the survivor mission, prioritizes the integration of the trauma into the survivor's experience, which often comes through the public retelling of the traumatic event or seeking justice.

Lastly, themes seven (Guilt Over Not Participating in the Movement) and nine (Caution or Protection of Self Around Media Consumption) reflect how individuals participate in social media. These themes provide an awareness of the potential impact of this type of media consumption, and provide clinicians with an understanding of how best to guide clients when

interacting with these platforms. For clinicians, and more specifically for social workers, there is a necessity to understand the ways different environments, or contexts, impact the clients we serve. While these themes that were presented were not shocking or groundbreaking, they did affirm the ways in which this particular context, one of a social movement that took place predominantly on social media, mimicked the experiences of both retraumatization and healing that often come from in person exposure to traumatic material and advocacy. While no definitive conclusions can be drawn from this research, the themes identified show the multitude of ways in which the survivors who participated, and likely others, have been impacted by this movement.

One especially significant takeaway from this research, is that the #MeToo movement had a profound impact on the experiences of the survivors who participated in this research. Although the movement was highlighted for only a brief moment in history, that moment impacted the ways in which the majority of the participants related to their own experiences of sexual violence, as well as to other survivors. Looking retrospectively at the #MeToo movement, it is my hope that this research will provide a framework for both clinicians and individuals to understand the way social advocacy initiatives, and particularly initiatives that are fueled by social media, can impact individuals, both during and after the time in which the movement takes place. Clinicians may also decide to use the insights gained through this research to develop a more nuanced assessment of media exposure or involvement with similar movements, or to discern how these movements may be impacting their client populations. This understanding would allow clinicians to have increased empathy and awareness for individuals impacted by such movements, so as to not minimize the effects of both speaking out publicly and continued exposure to difficult or traumatic material, regardless of the medium on which it is presented.

This dissertation attempted to explore the meaningful ways in which this movement impacted survivors of sexual violence. During this process, it was most surprising to me to witness the multitude of ways in which survivors acknowledged, experienced, and healed from their traumas. Ironically, the theme that was most surprising, and simultaneously most affirming, was the most consistent throughout the interviews: Theme One, or Survivors Supporting Survivors. This theme, more than the others, speaks to the larger goals of the movement as expressed by both Tarana Burke and Alyssa Milano. While the other themes surely represent how far we still have to go as a society, this finding provides hope that a shift has occurred in the way individuals and especially survivors understand and engage in discussions about sexual violence.

Implications for Future Research

This study's goal was to understand the implications of the #MeToo movement for survivors of sexual violence, in order for survivors, providers, and the overall population to gain a more nuanced understanding of the ways in which large scale advocacy interventions impact survivors of trauma. This research may provide clinical providers with an understanding of how to incorporate an understanding of social media movements into treatment and recovery, or mitigate its potential deleterious effects through making more explicit connections between the ways this specific type of advocacy movement may impact the individual survivor. Specifically, the survivor participants discussed how this movement had opened doors for conversations surrounding sexual violence regardless of whether or not they were prepared for these conversations to take place. The conversations spurred by the #MeToo movement, while

cathartic or important for many, also led to fluctuating feelings of both wanting to engage and disengage from the conversations taking place, and sometimes ignited feelings of shame and guilt that resembled feelings that often come from traumatic encounters. This study also provided insight into the ways in which media reporting and social media impact survivors of sexual violence, and potentially other forms of trauma, hopefully in ways that promote increased awareness and compassion towards those that may be impacted by online social movements.

Further study that expands on this research should determine the long-term impacts of this movement for individual survivors of sexual violence. Additional research is necessary in order to determine if a paradigm shift in the way our society views and responds to sexual violence has taken place. Further study should include a greater quantitative component in order to solidify the exploratory research presented in a more generalizable format. Personally, I hope that this research can be utilized to develop a framework for understanding the ways in which social media and social movements are impacting survivors and those most closely connected to the issues being addressed.—As these types of social movements continue, it is imperative that we continue the dialogue on the impact of these advocacy initiatives for those that identify as part of the community where efforts are being focused, in order to both further their cause and simultaneously provide support for the individuals most impacted by their plight.

References

- About: History & vision. (2018). Retrieved from <https://metoomvmt.org/about/#history>
- Advocacy resource library: Toolkits. (2018). Retrieved from <https://metoomvmt.org/advocacy-resources-library/toolkits/>
- Alcoff, L., & Gray, L. (1993). Survivor discourse: Transgression or recuperation? *Signs: Journal of Women in Culture and Society*, 18(2), 260. Retrieved from http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2003&xri:pqil:res_ver=0.2&res_id=xri:ilcs-us&rft_id=xri:ilcs:rec:abell:R03813242
- Alexander, M. (2010). *The new jim crow*. New York: The New York Press.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Anderson, M., & Toor, S. (2018). *How social media users have discussed sexual harassment since #MeToo went viral*. Washington DC: Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2018/10/11/how-social-media-users-have-discussed-sexual-harassment-since-metoo-went-viral/>
- Ballou, M., Matsumoto, A., & Wagner, M. (2002). The feminist ecological model In M. Ballou, & L. S. Brown (Eds.), *Rethinking mental health & disorder: Feminist perspectives* (). New York: Guilford Press.

- Balogun-Mwangi, O., Matsumoto, A., Ballou, M., Faver, L., & Todorova, I. (2016). Women's pain, women's voices: Using the feminist ecological model and a participatory action research approach in developing a group curriculum for chronic pain. *Journal of Ethnographic & Qualitative Research, 11*, 1-16.
- Barrett, B. (2011). *Variations in women's help seeking in response to intimate partner violence: Findings from a canadian population-based study*. Thousand Oaks, Calif. : Sage Publications.
- Basile KC, Smith SG, Breiding MJ, Black MC, Mahendra RR. (2014). *Sexual violence surveillance: Uniform definitions and recommended data elements, version 2.0*. (). Atlanta (GA): Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/SV-Factsheet.pdf>
- Beres, M. A. (2007). 'Spontaneous' sexual consent: An analysis of sexual consent literature. *Feminism & Psychology, 17*(1), 93-108. doi:10.1177/0959353507072914
- Birrell, P. J., & Freyd, J. J. (2006). Betrayal trauma. *Journal of Trauma Practice, 5*(1), 49-63. doi:10.1300/J189v05n01_04
- Blevins, Christy A, Weathers, Frank W, Davis, Margaret T, Witte, Tracy K., Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). *The posttraumatic stress disorder checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation*. New York, N.Y.] : Kluwer Academic/Plenum Publishers. doi:10.1002/jts.22059
- Bloom, S. (2013). *The sanctuary model: A best-practices approach to organizational change*

- Bloom, S. L. (1997). *Creating sanctuary : Toward the evolution of sane societies* Taylor & Francis Group. Retrieved from [https://ebookcentral.proquest.com/lib/\[SITE_ID\]/detail.action?docID=1144583](https://ebookcentral.proquest.com/lib/[SITE_ID]/detail.action?docID=1144583)
- Carll, E. K. (2003). News portrayal of violence and women. *American Behavioral Scientist*, 46(12), 1601-1610. doi:10.1177/0002764203254616
- Carlson, B. (2005). *The most important things learned about violence and trauma in the past 20 years*. Thousand Oaks, CA : Sage Publications.
- Casteel, K., Wolfe, J., & Nguyen, M. (2018, January 2,). What we know about victims of sexual assault in america. *FiveThirtyEight* Retrieved from <https://projects.fivethirtyeight.com/sexual-assault-victims/>
- Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS expert clinician survey on best practices. *Journal of Traumatic Stress*, 24(6), 615-627. doi:10.1002/jts.20697
- Collin-Vézina, D., De La Sablonnière-Griffin, M., Palmer, A. M., & Milne, L. (2015). A preliminary mapping of individual, relational, and social factors that impede disclosure of childhood sexual abusedoi:2101/10.1016/j.chiabu.2015.03.010
- Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & II, G. S. (2008). Relational-Cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development*, 86(3), 279-287. doi:10.1002/j.1556-6678.2008.tb00510.x
- Courtois, C. A. (1988). *Healing the incest wound*. New York u.a: Norton.

Courtois, C. A. (2004). Complex trauma, complex reactions. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 412-425. doi:10.1037/0033-3204.41.4.412

Dawsey, J., & Sonmez, F. (2018). Trump mocks kavanaugh accuser christine blasey ford. Retrieved from <https://search.proquest.com/docview/2115586823>

Derogatis, L. R. (2000). *The brief symptom inventory-18 (BSI-18): Administration, scoring and procedures manual.* Minneapolis, MN:

Dorfman, L., Mejia, P., Cheyne, A., & Gonzalez, P. (2011). *Case by case news coverage of child sexual abuse.* Berkeley CA: Berkeley Media Studies Group.

Draucker, C. B., Martsolf, D. S., Roller, C., Knapik, G., Ross, R., & Stidham, A. W. (2011). Healing from childhood sexual abuse: A theoretical model. *Journal of Child Sexual Abuse*, 20(4), 435-466. doi:10.1080/10538712.2011.588188

Duckworth, M. P., & Follette, V. M. (2012). *Retraumatization: Assessment, treatment, and prevention.* New York: Routledge.

Eldra, S. (1999). *Type III trauma: Toward a more effective conceptualization of psychological trauma.* Thousand Oaks, Calif.] : Sage Publications.

EMDRIA. (2018). What is the actual EMDR session like? Retrieved from <https://emdria.site-ym.com/?120>

Enough is enough senate bill S5965, 2015-2016Cong. (2015). Retrieved from <https://www.nysenate.gov/legislation/bills/2015/S5965>

- Fitzgerald, L. F., Swan, S., & Fischer, K. (1995). *Why didn't she just report him? the psychological and legal implications of women's responses to sexual harassment*. Malden, MA : Published ... for the Society for the Psychological Study of Social Issues by Blackwell Publishing. doi:10.1111/j.1540-4560.1995.tb01312.x
- Flannery, D. D., Stephens, C. L., & Thompson, A. D. (2016). The impact of high-profile sexual abuse cases in the media on a pediatric emergency department. *Journal of Child Sexual Abuse, 25*(6), 627-635. doi:10.1080/10538712.2016.1187697
- Garcia, S. E. (2017, October 20,). The woman who created #MeToo long before hashtags. *New York Times* Retrieved from <https://www.nytimes.com/2017/10/20/us/me-too-movement-tarana-burke.html>
- Gentile, L., Ballou, M., Roffman, E., & Ritchie, J. (2009). Supervision for social change: A feminist ecological perspective. *Women & Therapy, 33*(1-2), 140-151. doi:10.1080/02703140903404929
- Gilbert, S. (2017). The movement of #MeToo: How a hashtag got its power. *The Atlantic*, Retrieved from <https://www.theatlantic.com/entertainment/archive/2017/10/the-movement-of-metoo/542979/>
- Goodwin, R., Palgi, Y., Hamama-Raz, Y., & Ben-Ezra, M. (2013). *In the eye of the storm or the bullseye of the media: Social media use during hurricane sandy as a predictor of post-traumatic stress*. Oxford,: Pergamon Press.
- Greenberg & Johnson. (2014). The EFT theory of change: Within and between. In S. Johnson (Ed.), *The practice of emotionally focused couples therapy* ()

Grinberg, E., & Shoichet, C. E. (2016, Sep 2,). Brock turner released from jail after serving 3 months for sexual assault. *CNN Wire Service* Retrieved from <https://search.proquest.com/docview/1815867718>

Hancock, K. A., & Haldeman, D. C. (2017). Between the lines: Media coverage of orlando and beyond. *Psychology of Sexual Orientation and Gender Diversity*, 4(2), 152-159. doi:10.1037/sgd0000228

Harvard Health Publishing. (2011). Understanding the stress response: Chronic activation of this survival mechanism impairs health. *The Harvard Mental Health Letter*, 27(9), 4. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21476246>

Hemmer, N. (2017). PTSD too: Survivors of sexual assault are the hidden face of post-traumatic stress disorder. *U.S. News & World Report*, Retrieved from <https://www.usnews.com/opinion/thomas-jefferson-street/articles/2017-12-05/metoo-reminds-us-women-are-the-hidden-face-of-ptsd>

Herman, J. L. (2015). *Trauma and recovery : The aftermath of violence--from domestic abuse to political terror*. New York: Basic Books. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=1016105&site=ehost-live>

Hill, E. (2016, Jun 6,). '20 minutes of action': Father defends stanford student son convicted of sexual assault; court statement by father of brock turner adds to concern over 'lenient' six-month sentence he received for intent to rape an unconscious woman. *The Guardian* (London, England)

- Holland, K. J., & Cortina, L. M. (2017). "It happens to girls all the time": Examining sexual assault survivors' reasons for not using campus supports. *American Journal of Community Psychology*, 59(1-2), 50-64. doi:10.1002/ajcp.12126
- Isely, P., Isely, P., Freiburger, J., & McMackin, R. (2008). *In their own voices: A qualitative study of men abused as children by catholic clergy*. Binghamton, NY : Haworth Press.
- Italie, L. (2017, Oct 18,). Me too: Alyssa milano elevates harvey weinstein conversation. *AP Worldstream* Retrieved from <https://search.proquest.com/docview/1951784889>
- James, M. (2018, August 8,). Brock turner, ex-stanford university swimmer convicted of sexual assault, denied new trial. Retrieved from <https://www.usatoday.com/story/news/2018/08/08/stanford-university-swimmer-convicted-assault-denied-new-trial/943186002/>
- Jeong, J., Shin, S., Kim, H., Hong, Y., Hwang, S., & Lee, E. (2012). The effects of celebrity suicide on copycat suicide attempt: A multi-center observational study. *Social Psychiatry and Psychiatric Epidemiology*, 47(6), 957-965. doi:10.1007/s00127-011-0403-7
- Johnson, & Susan, M. (2012). *The practice of emotionally focused couple therapy* (2nd ed.) Routledge Ltd. doi:10.4324/9780203843871 Retrieved from <https://www.taylorfrancis.com/books/9781136916052>
- Jones, J. S., Alexander, C., Wynn, B. N., Rossman, L., & Dunnuck, C. (2009). Why women don't report sexual assault to the police: The influence of psychosocial variables and traumatic injury. *Journal of Emergency Medicine*, 36(4), 417-424. doi:10.1016/j.jemermed.2007.10.077

Jones, J. S., Wynn, B. N., Kroeze, B., Dunnuck, C., & Rossman, L. (2004). Comparison of sexual assaults by strangers versus known assailants in a community-based population. *American Journal of Emergency Medicine*, 22(6), 454-459.
doi:10.1016/j.ajem.2004.07.020

Jones, L. K., & Cureton, J. L. (2014). *Trauma redefined in the DSM-5: Rationale and implications for counseling practice*. Greensboro, NC : The National Board for Certified Counselors Inc. doi:10.15241/lkj.4.3.257

Kowalczyk, L. (2018, Mar 7.). Allegations of employee mistreatment roil renowned brookline trauma center. *Boston Globe (Online)* Retrieved from <https://search.proquest.com/docview/2011369214>

Kramer, A. D. I., Guillory, J. E., & Hancock, J. T. (2014). Experimental evidence of massive-scale emotional contagion through social networks. *Proceedings of the National Academy of Sciences of the United States of America*, 111(24), 8788-8790.
doi:10.1073/pnas.1320040111

Krayer, A., Seddon, D., Robinson, C. A., & Gwilym, H. (2015). *The influence of child sexual abuse on the self from adult narrative perspectives*. Binghamton, NY : Haworth Press.

LaMotte, S. (2017, October 19.). For some, #MeToo sexual assault stories trigger trauma not empowerment. *Cnn* Retrieved from <https://www.cnn.com/2017/10/19/health/me-too-sexual-assault-stories-trigger-trauma/index.html>

Lasky, N., Fisher, B., Henrikson, C., & Swan, S. (2017). *Binge drinking, greek-life membership, and first-year undergraduates: The “perfect storm” for drugging victimization.*

Binghamton, NY : Haworth Press.

Levin, A. (2015). Domestic violence more burdensome on underserved diverse populations. *Psychiatric News*, 50(22), 1. doi:10.1176/appi.pn.2015.11a17

Lombardi, E. L. (2001). *Gender violence: Transgender experiences with violence and discrimination.* New York,: Haworth Press.

Luxton, D. D., June, J. D., & Fairall, J. M. (2012). Social media and suicide: A public health perspective. *American Journal of Public Health*, 102 Suppl 2(S2), S200.

doi:10.2105/AJPH.2011.300608

Maercker, A., & Mehr, A. (2006). *What if victims read a newspaper report about their victimization?.* Kirkland, WA : Hogrefe & Huber. doi:10.1027/1016-9040.11.2.137

McCartan, K. F., Kemshall, H., & Tabachnick, J. (2015). *The construction of community understandings of sexual violence: Rethinking public, practitioner and policy discourses.*

London: Brunner-Routledge part of the Taylor & Francis Group. Retrieved

from <https://doi.org/10.1080/13552600.2014.945976>

Merriam-webster's medical dictionary (2016). (New edition ed.). Springfield, Massachusetts: Merriam-Webster, Incorporated.

Merritt, A., LaQuea, R., Cromwell, R., & Ferguson, C. (2016). Media managing mood: A look at the possible effects of violent media on affect. *Child & Youth Care Forum*, 45(2), 241-258.

doi:10.1007/s10566-015-9328-8

Messman-Moore, T., Ward, R. M., Zerubavel, N., Chandley, R. B., & Barton, S. N. (2015).

Emotion dysregulation and drinking to cope as predictors and consequences of alcohol-involved sexual assault. *Journal of Interpersonal Violence*, 30(4), 601-621.

doi:10.1177/0886260514535259

Meyers, M. (1994). *News of battering*. Oxford, England] : Oxford University Press.

Miller, J. B. (1976). *Toward a new psychology of women*. Boston: Beacon Press.

National Association of Social Workers. (2008). *Code of ethics of the national association of social workers.* Washington, DC: NASW Press.

Office of Governor Andrew M. Cuomo. (2017). Governor cuomo orders comprehensive statewide review of compliance with "enough is enough" law to protect students from sexual assault on college campuses. Retrieved from <https://www.governor.ny.gov/news/governor-cuomo-orders-comprehensive-statewide-review-compliance-enough-enough-law-protect>

Ohlheiser, A. (2017). The woman behind 'Me too' knew the power of the phrase when she created it — 10 years ago. Retrieved from <https://search.proquest.com/docview/1953014009>

Pagelow, M. D. (1981). *Woman-battering : Victims and their experiences* /. Beverly Hills : SAGE Publications.

Papendick, M., & Bohner, G. (2017). *"Passive victim - strong survivor"? perceived meaning of labels applied to women who were raped*. San Francisco, CA : Public Library of Science.

Patricia, S. (2014). *Experiences of stress in a trauma treatment course*. Washington, D.C. : Council on Social Work Education.

Perry, B. D., & Szalavitz, M. (2007). *The boy who was raised as a dog : And other stories from a child psychiatrist's notebook--what traumatized children can teach us about loss, love, and healing*. Boulder: Basic Books. Retrieved

from [https://ebookcentral.proquest.com/lib/\[SITE_ID\]/detail.action?docID=5368958](https://ebookcentral.proquest.com/lib/[SITE_ID]/detail.action?docID=5368958)

Pfefferbaum, B., Newman, E., Nelson, S., Nitiéma, P., Pfefferbaum, R., & Rahman, A. (2014).

Disaster media coverage and psychological outcomes: Descriptive findings in the extant research. *Current Psychiatry Reports*, 16(9), 1-7. doi:10.1007/s11920-014-0464-x

Pfefferbaum, B., Nitiéma, P., Pfefferbaum, R. L., Houston, J. B., Tucker, P., Jeon-Slaughter, H., & North, C. S. (2016). Reactions of oklahoma city bombing survivors to media coverage of the september 11, 2001, attacks. *Comprehensive Psychiatry*, 65, 70-78.

doi:10.1016/j.comppsy.2015.09.010

Pirani, F. (2017, December 19,). From weinstein to lauer: A timeline of 2017's sexual harassment scandals. *The Atlanta Journal - Constitution* Retrieved

from <https://search.proquest.com/docview/1970345177>

Planty, M., Langton, L., Krebs, C., Berzofsky, M., & Smiley-McDonald, H. (2013). *Female victims of sexual violence, 1994-2010 : bureau of justice statistics special reports*. ().Office of Justice Statistics. Retrieved

from <https://statistical.proquest.com/statisticalinsight/result/pqpresultpage.previewtitle?docType=PQSI&titleUri=/content/2013/6066-19.213.xml>

RAINN. (2019). Campus SaVE act. Retrieved from <https://www.rainn.org/articles/campus-save-act>

Rodriguez, H. (2018, September 29.). Since the kavanaugh hearing, calls to king county sexual-assault hotline have tripled. *The Seattle Times* Retrieved

from <https://search.proquest.com/docview/2113709304>

Rowntree, M. (2010). *'Living life with grace is my revenge'*. London] : Sage Publications.

Seligman, R., & Kirmayer, L. (2008). Dissociative experience and cultural neuroscience:

Narrative, metaphor and mechanism. *Culture, Medicine and Psychiatry*, 32(1), 31-64.

doi:10.1007/s11013-007-9077-8

Serisier, T. (2017). *Sex crimes and the media* Oxford Research Encyclopedia of Criminology.

doi:10.1093/acrefore/9780190264079.013.118

Sexual assault reform act, PenalU.S.C. (2018).

Shelby, R. M., & Hatch, A. R. (2014). Obscuring sexual crime: Examining media representations of sexual violence in megan's law. *Criminal Justice Studies*, 27(4), 402.

doi:10.1080/1478601X.2014.928459

Soraya, S. (2005). *Association between physical partner violence, posttraumatic stress, childhood trauma, and suicide attempts in a community sample of women*. New York, NY] : Springer Pub Co.

Spencer, C., Mallory, A., Toews, M., Stith, S., & Wood, L. (2017). Why sexual assault survivors do

not report to universities: A feminist analysis. *Family Relations*, 66(1), 166-179.

doi:10.1111/fare.12241

Spiegel, D., & Cardeña, E. (1991). Disintegrated experience: the dissociative disorders revisited. *Journal of Abnormal Psychology, 100*(3), 366-378. doi:10.1037/0021-843X.100.3.366

Stack, L. (2016). Light sentence for Brock Turner in Stanford rape case draws outrage. Retrieved from <https://search.proquest.com/docview/1793943208>

Stemple, L. (2003). Lifting the curtain of silence: Survivors speak about rape behind bars. *Journal of the American Academy of Psychiatry and the Law Online, 31*(3), 361. Retrieved from <http://www.jaapl.org/content/31/3/361.abstract>

Stemple, L. (2003). *Lifting the curtain of silence: Survivors speak about rape behind bars*. Bloomfield, CT : The Academy.

Stevens, L. (1997). *Bringing order to chaos: A framework for understanding and treating female sexual abuse survivors*. Thousand Oaks, Calif. : Sage Publications.

Sudderth, L. (1998). *"It'll come right back at me": The interactional context of discussing rape with others*. Thousand Oaks, Calif. : Sage Publications.

Swenson, K. (2017). Woody Allen, of course, warns of 'witch hunt atmosphere' following Harvey Weinstein scandal. Retrieved from <https://search.proquest.com/docview/1951811077>

Tashel, B. (2017). *Disenfranchisement and ambiguity in the face of loss: The suffocated grief of sexual assault survivors*. Minneapolis, Minn. : National Council on Family Relations.

U.S. Department of Health and Human Services. (2018). Sexual violence: Definitions. Retrieved from <https://www.cdc.gov/violenceprevention/sexualviolence/definitions.html>

Van der Kolk, Bessel A. (2014). *The body keeps the score : Brain, mind, and body in the healing of trauma*. New York: Viking Books.

Wallace, K. (2017, December 27,). After #MeToo, more women feeling empowered. *Cnn* Retrieved from <https://www.cnn.com/2017/12/27/health/sexual-harassment-women-empowerment/index.html>

Walsh, K., DiLillo, D., & Scalora, M. J. (2011). The cumulative impact of sexual revictimization on emotion regulation difficulties. *Violence Against Women, 17*(8), 1103-1118. doi:10.1177/1077801211414165

Wayne Drash. (2016, Jun 10,). Ex-stanford swimmer: Brock turner is 'the problem'. *CNN Wire Service* Retrieved from <https://search.proquest.com/docview/1815950973>

Weiss, K. G. (2010). Too ashamed to report: Deconstructing the shame of sexual victimization. *Feminist Criminology, 5*(3), 286-310. doi:10.1177/1557085110376343

Weiss, K. G. (2013). "You just don't report that kind of stuff": Investigating teens' ambivalence toward peer-perpetrated, unwanted sexual incidents. *Violence and Victims, 28*(2), 288. doi:10.1891/0886-6708.11-061

West, C. M., & Johnson, K. (2013). Sexual violence in the lives of african american women. Retrieved from <http://www.dx.doi.org/10.13140/2.1.3850.9444>

Wilchins, R. A., Lombardi, E., Priesing, D., Malouf, D. (1997). *First national survey of transgender violence*. New York: GenderPAC.

William, G. (2014). *Sexual victimization, alcohol intoxication, sexual-emotional responding, and sexual risk in heavy episodic drinking women*. New York,: Plenum Press.

Wilson, L. C., & Miller, K. E. (2016). *Meta-analysis of the prevalence of unacknowledged rape*. United States: doi:10.1177/1524838015576391

Wolfe, M., Jones, B. D., & Baumgartner, F. R. (2013). A failure to communicate: Agenda setting in media and policy studies. *Political Communication*, 30(2), 175-192.
doi:10.1080/10584609.2012.737419

Women's Media Center. (2017). *The status of women in the U.S. media 2017*. (). Retrieved from https://www.womensmediacenter.com/assets/site/reports/the-status-of-women-in-u.s.-media-2017/10c550d19ef9f3688f_mlbres2jd.pdf

Wrenn, L. (2003). *Trauma: Conscious and unconscious meaning*. New York]: Human Sciences Press etc.

Wyatt, G. (1994). *Sexual harassment and prior sexual trauma among african-american and white american women*. New York, NY] : Springer Pub Co.

Xavier, J. M. (2000). The washington transgender needs assessment survey. Retrieved from <http://www.gender.org/vaults/wmas.html>

Yan, H. (2018, September 28,). The national sexual assault hotline got a 201% increase in calls during the kavanaugh hearing. *Cnn* Retrieved from <https://www.cnn.com/2018/09/24/health/national-sexual-assault-hotline-spike>

Ziegenmeyer, N. (1992). *Taking back my life*. New York: Simon & Schuster.

Appendix A: Recruitment Flier



The #MeToo Movement and its impact on survivors of sexual violence

This dissertation is part of the requirements for the Doctorate in Social Work (DSW)

University of Pennsylvania School of Social Policy and Practice

Volunteers wanted for a research study on the impact of the #MeToo Movement.

Eligible participants must:

- Have been a victim of sexual violence more than one year prior, and no more than ten years prior to participation in this study
 - Be between the ages of 21 and 45
- Have been over the age of 18 at the time of their experience with sexual violence
 - Not be currently enrolled in inpatient or intensive daily treatment programs
 - Have available internet access
 - Be familiar with the #MeToo movement

All research participation will be conducted online through semi-structured interviews. If you meet these criteria and are interested in participating, please contact Kaley Gerstley at KaleyG@Upenn.edu. This research is being conducted under the direction of Dr. Marcia Martin. Those who participate will be given a 15\$ gift card to Amazon.com.

Appendix B: Informed Consent

Title of the Research Study: The #MeToo Movement and its impact on survivors of sexual violence

Protocol Number: 833543

Principal Investigator: Dr. Marcia Martin

Emergency Contact: Office of Regulatory Affairs - (215) 898-2614

You are being asked to take part in a research study. This is not a form of treatment or therapy. It is not supposed to detect a disease or find something wrong. Your participation is voluntary which means you can choose whether or not to participate. Whether you decide to participate or not to participate there will be no loss of benefits to which you are otherwise entitled. Before you make a decision, the purpose of the study, the possible risks and benefits of being in the study and what you will have to do if you decide to participate will be explained. The research team is going to talk with you about the study and give you this consent document to read. You do not have to make a decision immediately; you can take the consent document home and share it with friends and family.

If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to sign this form and a copy will be given to you. Keep this form, in it you will find contact information and answers to questions about the study. You may ask to have this form read to you. You may discontinue your participation in this study at any point and

there will be no penalty for doing so. If you do decide to discontinue participation in the study, all of the information you have already provided will be deleted.

What is the purpose of the study?

The purpose of the study is to gain a better understanding of the impact of the #MeToo movement on people who have experienced sexual violence. It is being completed as part of a research project for a Doctorate of Social Work (DSW) dissertation at the University of Pennsylvania School of Social Policy and Practice.

Why was I asked to participate in the study?

You are being asked to join this study because you have a personal understanding of the #MeToo movement. As someone who has experienced sexual violence, you are in a unique position to provide insight on the impact of mass media exposure about sexual violence. By responding to recruitment criteria, you have identified that you may be interested in discussing your experiences during the #MeToo movement. You are over the age of 18, and are not currently receiving inpatient psychiatric treatment or intensive day treatment.

How long will I be in the study?

The study will be conducted through a single-session, online interview that is expected to last for approximately thirty minutes to one hour.

Where will the study take place?

You will be asked to meet at a time that is convenient for both you and the researcher utilizing Zoom Video Conferencing, a software that is both encrypted and HIPAA compliant. A link to the researcher's Zoom account will be provided for you. Please ensure that you are in an environment where you can speak freely about your experiences.

What will I be asked to do?

You will be asked to provide some general demographic information and to discuss your feelings and experiences in reaction the #MeToo movement.

How will the information provided be managed?

The interviews will be audio recorded and transcribed, and all audio recordings will be deleted following transcription. After transcription, all data will be will be de-identified, and could be stored and distributed for future research studies without additional informed consent.

What are the risks?

The primary risk to take into consideration when choosing to participate in this study is the risk of possible retraumatization as a result of discussing sexual violence and the #MeToo movement. While writing the research protocol, the researchers were cognizant of this risk and attempted to minimize it by not asking specifically about your experiences with sexual violence, and all participants will be provided with information about available support services following the interview.

How will I benefit from the study?

There is no known direct benefit to you, with the exception of a \$15 Amazon.com gift card.

However, your participation could help us understand the ways in which discussions around sexual violence may impact survivors of sexual violence, which can benefit you indirectly. In the future, this may help other people to better understand the impact of the #MeToo movement.

What other choices do I have?

Your alternative to being in the study is to not be in the study.

What happens if I do not choose to join the research study?

You may choose to join the study or you may choose not to join the study. Your participation is voluntary.

There is no penalty if you choose not to join the research study. You will lose no benefits or advantages that are now coming to you, or would come to you in the future.

When is the study over? Can I leave the study before it ends?

The study is expected to end after all participants have been interviewed and all the information has been collected. The study may be stopped without your consent for the following reasons:

- The PI feels it is best for your safety and/or health-you will be informed of the reasons why.
- You have not followed the study instructions
- The PI, the sponsor or the Office of Regulatory Affairs at the University of Pennsylvania can stop the study anytime

You have the right to drop out of the research study at any time during your participation. There is no penalty or loss of benefits to which you are otherwise entitled if you decide to do so.

Withdrawal will not interfere with your future care.

If you no longer wish to be in the research study, please contact Kaley Gerstley, at KaleyG@Upenn.edu and request that your data be removed from the study.

How will confidentiality be maintained and my privacy be protected?

We will do our best to make sure that the personal information obtained during the course of this research study will be kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

Pseudonyms will be provided for all research participants, and no identifying information will be utilized. All recordings of interviews will be stored on the researcher's computer, transcribed by the researcher or research assistant, and deleted immediately following transcription.

Will I have to pay for anything? You will not be asked to pay for anything during this study.

You will be asked to utilize a computer for videoconferencing that will not be provided to you.

Will I be paid for being in this study?

Each participant will be awarded a 15\$ gift card to Amazon.com.

Who can I call with questions, complaints or if I'm concerned about my rights as a research subject?

If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should speak with the Principal Investigator listed on page one of this form. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Office of Regulatory Affairs with any question, concerns or complaints at the University of Pennsylvania by calling (215) 898-2614.

When you sign this document, you are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.

Signature of Subject

Print Name of Subject

Date

Appendix C: Interview Guide

Introduction:

1. Introduce interviewer by name
2. Thank them for participating
3. Purpose of interview: We are interviewing survivors of sexual violence as part of dissertation research for the University of Pennsylvania's Doctorate of Social Work program. **The purpose of the study is to better understand the impact of the #MeToo movement on people that have experienced sexual violence.** The interview will be recorded and take approximately 60 minutes. If at any time you want to stop the recording, you can. You don't have to answer any questions that you don't want to. In the write up of this research, you will be given a pseudonym so that your information remains confidential. You can discontinue the interview at any time, or request that your data not be used. Would you still be interested in being interviewed? Do you have any questions I can answer before we begin?

Interview:

1. Can you tell me about your media consumption?
 - a. How many hours per week do you spend watching TV?
 - b. Do you use social media?
 - i. What types?
 - ii. How frequently?
 - c. What is your primary source of information on current events?

2. Tell me what you know about the #MeToo movement?
 - a. What do you remember about your first time hearing about the #MeToo movement?
 - b. What is your understanding of the purpose of #MeToo?
 - c. Did you make any posts on social media about #MeToo?
3. Has the #MeToo movement changed or made a difference in your life in any way? How so?
 - a. Has the #MeToo movement caused you to change any of the ways in which you interact with media?
 - b. Have you found yourself feeling more impacted by your experiences being a survivor of sexual violence since the beginning of the movement?
 - c. Are there good things that have come out of the #MeToo movement? Can you tell me about them?
 - d. Are there negative things that have come out of the #MeToo movement? Can you tell me about them?
4. What is important for people to understand about the #MeToo movement, if anything?

That's the end of the questions I have. Do you think there's anything I haven't asked about that is important to cover?

Thank you for participating.

Appendix D: Resources for Survivors of Sexual Violence

1. National Sexual Assault Hotline: 1-800-656-HOPE (4673)
 - This is a national hotline that automatically routes the caller to the nearest sexual assault service provider.

2. National Sexual Violence Resource Center: www.NSVRC.org
 - This website offers information and resources relating to sexual violence, including a legal resource library

3. National Organization for Victim Assistance: www.trynova.org
 - NOVA is an organization devoted to advocating for victims and connecting them to services and resources

4. Psychology Today: www.psychologytoday.com
 - A registry of mental health clinicians, to help find detailed professional listings for treatment centers and clinicians within the United States.