

Sexual Assault Labels, Compassion for Others, Self-Compassion, and Victim Blaming

Violence Against Women
1–24

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DOI: 10.1177/10778012231168635

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Abstract

Two studies examined whether label preferences (survivor, victim, neither/other/both) and past assault experience (assaulted or not assaulted) are related to compassion for others, self-compassion, rape myth acceptance, and cognitive distortions surrounding rape. Findings indicate that a preference for a victim label is related to more negative outcomes (e.g., propensity to victim-blame, less compassion for others) compared to those advocating for a survivor label or falling into a neither/other/both category. Furthermore, those who experienced sexual assault have significantly lower self-compassion compared to those who do not experience sexual assault. Implications for the impact of labels are discussed.

Keywords

sexual assault, compassion for others, self-compassion, rape myth acceptance, cognitive distortions surrounding rape

Sexual violence—the occurrence of any sexual activity when one party does not consent—is a common experience with one in three women and one and four men experiencing sexual violence (Centers for Disease Control [CDC], 2021). Attempted or completed rape—a specific form of sexual violence—is a more prevalent issue for women (one in five) compared to men (one in 38; CDC, 2021). Sexual violence is a traumatizing experience that can have lasting negative psychological (i.e., damage to self-esteem, thoughts of self-blame), physiological, and financial effects (Black et al., 2011; CDC, 2021; Ovenden, 2012). In fact, the CDC (2021) estimates

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that the cost per individual assaulted for medical fees, legal fees, and lost productivity averages to around \$122,461 annually.

To prevent sexual violence, the CDC (2021) recommends five factors: (1) Promote social norms that protect against violence. This refers to educating people about the bystander effect and encouraging men and boys to act as allies as women are the group most negatively affected by sexual violence. (2) Teach skills to prevent sexual violence. This refers to education on what healthy intimate relationships look like, promoting healthy social skills in relationships, promoting healthy sexuality, providing empowerment-based training, and promoting emotional intelligence. (3) Provide opportunities to empower and support girls and women. This refers to increasing economic equality and leadership opportunities for women. (4) Create protective environments. This refers to improving safety in places such as schools, the workplace, and the community. (5) Support victims/survivors to lessen harm. This involves creating more victim-centered services and treatments.

Rape Myths and Cognitive Distortions Surrounding Rape

To empower women and girls and encourage men and boys to be allies (as suggested by the CDC [2021]), we must first address issues that are reflected in the perpetuation of the rape culture in which we live as well as the language we use to describe women who experience assault. A rape culture is a culture that normalizes and encourages men to be sexually aggressive toward women (Buchwald et al., 1993). This sexual aggression can take the form of street harassment—such as cat-calling—on the low end of the spectrum to outright rape on the high end of the spectrum. The continuum is often a sequential process—societal acceptance of “minor” verbal violence paves the way for an escalation of violence. Rape culture also perpetuates rape myths and cognitive distortions surrounding rape, which include societally accepted false beliefs that justify and normalize male sexual aggression toward women (Lonsway & Fitzgerald, 1994). Encouraging men and boys to be allies is, arguably, one of the most important steps in addressing sexual violence as men tend to be more likely than women to endorse rape myths and such endorsement is associated with increased hostility toward women (Suarez & Gadalla, 2010). This process involves examining how society views women—especially those who experience sexual assault. To address views of women perpetuated by rape culture, however, we have to examine language and views of not just men, but also of women, as rape culture and victim-blaming are often internalized by women (Moor, 2007; Moor & Farchi, 2011).

Language and Perceptions of Those Who Experience Sexual Assault

When we create labels or categories for phenomena we experience, we are essentially creating schemas (i.e., mental representations of people, groups, experiences). Some labels and their schemas are circulated through society to the extent that those who are given a label or choose to operate under a label may further internalize that label and thus adopt label-specific characteristics as part of their identity (Moradi et al.,

2012; Thoits, 2011). This can further reinforce label-specific schemas and behaviors, even if those labels and associated behaviors are stigmatizing (Becker, 1963; Link, et al., 1989; Markowitz et al., 2011). However, some labels—such as survivor or victim of sexual assault—may not have universally acknowledged definitions both within and across different cultures (Papendick & Bohner, 2017). Different individuals may have different schemas or conflicted feelings for the same constructs depending on their life experiences (Anderson & Gold, 1994).

Some organizations and researchers have proposed that, when referring to those who experience sexual assault, the term victim may be considered pejorative and lead to a sense of powerlessness that can ultimately hinder recovery. (e.g., Dunn, 2005; Jean-Charles, 2014; Rape, Abuse, Incest National Network [RAINN], 2009). While a victim label may potentially lead to painful self-conscious emotions that impede recovery from traumatic events (Maercker & Müller, 2004; Thompson & Waltz, 2008), a survivor label may be empowering and therefore aid in recovery.

Despite the push to label those who experience sexual assault as survivors to foster a sense of empowerment, victim labels were historically preferred as a means to advocate for legal protections for women (Dunn, 2005). Historically in sexual assault dialogue, a victim label conjured the image of a helpless woman on the receiving end of abuse over which she had no control or defense (Dunn, 2005). This imagery was more likely to elicit sympathy and, therefore, add momentum to movements centered on legal protections for women who experience sexual assault (Dunn, 2005; Hunter, 2010).

Although the representation of women who experience sexual assault as victims was likely an impetus in pushing for legal protections, research has shown that those who experience sexual abuse and who viewed themselves as a victim reported experiencing ongoing suffering and continued negative emotions related to their assault (Hunter, 2010). A victim label might also actively create stigma by creating an image of a helpless person passively experiencing trauma (Spry, 1995). While a survivor label conjures a picture of someone either fighting back against an attacker or fighting to overcome their resulting trauma, a victim label may shame those if victimhood is associated with passivity during or after trauma (Spry, 1995). Furthermore, the use of victim-centered language may increase victim blaming. Society often perpetuates victim-blaming attitudes by citing assaulted individuals' actions or behaviors as causes of assault, such as telling them they should not have been intoxicated, should not have dressed a certain way, should not have been out late at night, should not have invited men over, etc. Because of this, it is also common for assaulted individuals to internalize societal views of victim-blaming (Hayes et al., 2013; Lonsway & Fitzgerald, 1994; Moor, 2007). Conversely, a survivor label has been related to overcoming the trauma of sexual assault (Levy & Eckhaus, 2020).

However, there is also the question of whether the path to survivorhood is a transformative process wherein one may start out labeling the self as a victim. Research has shown that some may initially view themselves as a victim of sexual assault and later grow to see themselves as a survivor with time (Hunter, 2010; Pollino, 2021). To add to the confusion of which label is appropriate, further research has shown that some individuals dislike labels at all as they do not wish to incorporate the sexual assault

experience into their identity (Hunter, 2010; Williamson & Serna, 2017). Hesitance to be labeled has been attributed to things such as the belief that others will make judgments about them, believing that those who experience sexual assault likely suffer emotional damage or mental illness because of it (Ovenden, 2012). Others may also attribute certain behaviors and life or occupational choices of those who have been assaulted to their assault (Ovenden, 2012).

Compassion for Others

Compassion for others involves mindfully observing and acknowledging the pain, hardships, and suffering of others without downplaying their pain or letting one's own emotions cloud one's perceptions of the experiences of others (Pommier, 2010). When exercising compassion for others, we acknowledge our similarity with others, that others make mistakes and experience hardships just as we do (Goetz et al., 2010).

Past research (Murphy, 2018) has indicated that both self-compassion and compassion for others are significant predictors of increased help-seeking behaviors following sexual assault and that compassion for others is significantly and negatively related to self-stigma when seeking help. This may imply that compassion for others plays a role in compassion for the self. Similar past research (Lim & DeSteno, 2016) has shown that experiencing adverse events makes one more empathetic toward the negative experiences of others and, thus, may increase compassion for others. This implies that experiencing sexual assault may increase one's compassion for others who also experience sexual assault and may, therefore, theoretically decrease victim-blaming of others among those who experience sexual assault.

Self-Compassion

Self-compassion is the expression of love, kindness, and understanding toward oneself and is usually exercised in circumstances that tend to elicit harsh self-criticism (Neff, 2003a; Neff & Vonk, 2009). Self-compassion involves three components: Self-kindness (vs. self-judgment), common humanity (vs. isolation), and mindfulness (vs. overidentification; Neff, 2003a). Neff (2003a) explains that when exercising self-compassion, one is generally addressing harmful self-attitudes following a negative situation or in the face of self-attributes or actions that elicit thoughts of self-dislike or shame. Those who exercise self-compassion are less likely to engage in harsh self-criticism or feel isolated in their pain. They are also more likely to acknowledge their negative emotions and approach their pain with openness and curiosity. When considering their pain, they are less likely to exaggerate or downplay their negative emotions (Neff, 2003a).

Empowering individuals who experience sexual assault to practice self-compassion and to love and view themselves positively may be beneficial in the recovery process following sexual assault (Dunn, 2005; Thompson & Waltz, 2008). This may be done by promoting a survivor rather than victim label (Dunn, 2005). However, very little

past research has examined the differences between labels (survivor, victim, neither) in self-conscious outcomes and rape myth acceptance. Murphy (2018) found that self-compassion was significantly and negatively related to rape myth acceptance. Williamson and Serna (2017) found that self-compassion was significantly and negatively related to self-blame in individuals who had experienced sexual assault. Williamson (2019) found that women who had experienced sexual assault trauma had significantly lower levels of self-compassion compared to women who experienced other types of trauma. Specifically, these women were higher in the self-judgment and overidentification components of self-compassion and marginally significantly lower in self-kindness. However, prior research has found that among those who experience sexual assault trauma, different labels do not result in differences in levels of self-compassion (Williamson & Serna, 2017).

Although Williamson and Serna (2017) examined the aforementioned variables (differences in label preferences as predictors of self-compassion and self-blame outcomes in those who experience sexual assault), their preliminary research did not explore why those who had been assaulted chose certain labels, nor did they explore the general population's (assaulted and nonassaulted individuals) definitions of the labels. Williamson and Serna (2017) also did not examine differences between those who are and are not assaulted in their views of survivor versus victim labels. Examining labeling preferences among those who have not been assaulted is also a valuable endeavor as determining definitions of labels is a collective, cultural effort. Because participants were asked in the Williamson and Serna (2017) study to indicate their label in an open-ended question, some participants chose to elaborate on their label choice, but not all provided reasons. Furthermore, whether label differences were related to differences in compassion for others was also not examined.

Hypotheses and Goals

The goals of the current studies are to expand on past research such as that by Williamson and Serna (2017) to explore differences in compassion for others, self-compassion, and rape myth acceptance and cognitive distortions surrounding rape among those who believe that specific labels are better used to describe those who experience sexual assault. Data were collected from two studies. In the larger, overall study (Study 1), differences in compassion for others, rape myth acceptance, cognitive distortions surrounding rape, and self-compassion were examined among those who endorsed a label of survivor, victim, either, or neither as the most appropriate label for individuals who experience sexual assault. Views of label transitions (e.g., whether participants view that people transition from victim to survivor labels, or whether they feel that people always maintain one label) were also explored.

At the end of Study 1, participants were asked whether they had ever experienced sexual assault. If they answered yes, they were invited to participate in Study 2 in which they answered questions about their own experiences with self-blame, perceived blame from others, and self-labeling. It was hypothesized that those who were not assaulted and who endorse a survivor label should have the highest levels of self-

compassion compared to all other combinations. Those who were assaulted and prefer the survivor label should have the highest levels of compassion for others and the lowest levels of rape myth acceptance and cognitive distortions surrounding rape (Lim & DeSteno, 2016; Williamson, 2019). There are no formal hypotheses concerning responses about transitioning between labels as this part of the study is exploratory.

Method

Participants

Participants across both studies (434; $M = 79$, $F = 353$, nonbinary/other = 2, $M_{\text{age}} = 19.89$, $SD = 4.66$) were students from the psychology participant pool of a Western university in the United States of America. Of the 434 participants, 148 indicated they had been sexually assaulted at some point in their lives. Of those who were assaulted, 138 identified as female, nine identified as male, and one identified as other/nonbinary.

Measures

Updated Illinois Rape Myth Acceptance Scale. The Updated Illinois Rape Myth Acceptance Scale (MacMahon & Farmer, 2011; Payne et al., 1999) is a 22-item measure which was scored on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). The original scale flipped the anchors so that higher scores indicated greater rape myth rejection. However, for ease of understandability, in the current study, the anchors were reversed so that higher scores indicated higher levels of rape myth acceptance. The scale measures acceptance of rape myths such as the idea that victims “ask” for sexual assault by engaging in certain behaviors (e.g., “*If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand*”), the idea that perpetrators rape accidentally (e.g., “*Guys don’t usually intend to force sex on a girl, but sometimes they get too sexually carried away*”), the idea that if victims do not engage in certain behaviors, like fighting back, it is not really rape (e.g., “*If a girl doesn’t physically resist sex—even if protesting verbally—it can’t be considered rape*”), and the idea that individuals commonly lie about their assault for personal gain or to save face (e.g., “*A lot of times, girls who say they were raped often led the guy on and then had regrets*”). Higher scores in the current study indicated greater acceptance of rape myths. The Cronbach’s alpha score for the current study was .933.

Bumby Cognitive Distortions Scales. The Bumby Cognitive Distortions Scales (Hermann et al., 2012) have 36 items designed to explore rape-supportive cognitions. The items are divided into two factors—Excusing Rape and Justifying Rape—and are scored on a scale of 1 (*strongly disagree*) to 4 (*strongly agree*). Example items include, “*Men who commit rape are probably responding to a lot of stress in their lives, and raping helps reduce that stress,*” and “*Since prostitutes sell their bodies for sexual purposes*

anyway, it is not as bad if someone forces them into sex.” The Cronbach’s alpha score for the current study was .929.

Self-Compassion Scale—Short Form. The Self-Compassion Scale—Short Form (Raes et al., 2011) is a 12-item scale adapted from the 26-item Self-Compassion Scale (Neff, 2003b). The two scales have been shown to have a significant and positive correlation (Raes et al., 2011). The items are scored on a 5-point Likert scale (1 = *almost never* to 5 = *almost always*) and encompass self-kindness versus self-judgment, mindfulness versus overidentification, and common humanity versus isolation. An example question includes: “*When I fail at something important to me I become consumed by feelings of inadequacy.*” The Cronbach’s alpha score for the current study was .858.

Compassion for Others. The Compassion for Others scale (Pommier et al., 2020) is a 16-item scale scored on a 5-point Likert scale (1 = *almost never* to 5 = *almost always*) and encompasses items related to kindness, common humanity, mindfulness, and indifference. It was modeled off of the Self-Compassion Scale (Neff, 2003b) and is restructured to measure compassion for others. An example item includes, “*I pay careful attention when other people talk to me about their troubles.*” The Cronbach’s alpha score for the current study was .905.

Questions About Which Label Is Better. Participants were asked, “Sometimes when people are sexually assaulted, we refer to them as either a ‘victim’ or a ‘survivor’ of sexual assault. Do you feel that one is better than the other?” At the beginning of this study, this question was open-ended and participants could write their answers and provide an explanation. I quickly realized participants had difficulty clearly stating which label they felt was better so I added an additional question for future participants for which they had to select “survivor,” “victim,” or “neither” from a menu. Before adding the clarification question, 180 participants had completed the study. I coded their responses using the new category of survivor, victim, or neither/other/both. If their responses did not clearly indicate that they felt one label was better than the other, their responses were labeled as “neither/other/both.”

Questions About Transition of Labels. Participants were also asked a series of yes/no questions about the stability and transition of labels:

Do you believe a person is always EITHER a survivor OR victim?

Can a person shift between labels (e.g., start out feeling like a victim, then later view themselves as a survivor).

Do you believe someone will have a hard time coping with an assault if they refer to themselves as a victim rather than as a survivor?

Questions in Study 2 For Participants Who Had Experienced Sexual Assault. At the end of the study, participants were asked whether they had ever been sexually assaulted as a contingency question. For those who answered yes, the survey was designed to bring up an additional question asking whether they would agree to continue answering additional questions specific to those who experienced assault. If they agreed to continue to participate in the second study, they were given the questions below (which were all volunteer based with the ability to not answer questions). These questions were experiential questions created for the current study. Answer options are provided next to the questions.

Do you now, at this point in time, blame yourself for your assault? (Yes/No)

Have you ever blamed yourself for your assault? (Yes/No)

If you told anyone about your assault, did they seem to blame you for it? (Yes/No)

Are you worried about how people will treat you if you tell them about your assault? For example, are you worried they will treat you with pity, treat you as though you're damaged, etc.? (Yes/No)

Do you now consider yourself a survivor, victim, or neither survivor nor victim? (Survivor, Victim, Neither survivor nor victim)

Has your idea of yourself as a survivor or victim changed at any point since your assault? (feel free to elaborate on the process). (Open ended answer option)

Procedures

Participants signed up for and completed the study online. Participants were asked whether to indicate a label preference and to explain their answers. Participants were then given different scenarios (described above). Following this, participants were asked questions about label stability and transition (listed above). Participants then completed all scales. Finally, participants were asked whether they had experienced sexual assault. If they answered yes, they were asked to participate in a second study containing a series of questions (listed above) regarding their thoughts and experiences about labels related to themselves and their sexual assault.

Results

Correlational Analyses

Correlational analyses for all participants—regardless of assault status—were conducted. Compassion for others was significantly and positively correlated with self-compassion ($r = .203, p = .001$), significantly and negatively correlated with rape myth acceptance ($r = -.184, p = .001$), and with cognitive distortions surrounding rape ($r = -.256, p = .001$). Self-compassion was not significantly related to either rape

myth acceptance ($r = .071$, $p = .140$) or cognitive distortions surrounding rape ($r = .031$, $p = .518$) scales. Rape myth acceptance and cognitive distortions surrounding rape were significantly and positively correlated with one another ($r = .755$, $p = .001$).

Differences in Rape Myth Acceptance and Cognitive Distortions Surrounding Rape

A 3 (preference for survivor label, victim label, other/neither/both label) \times 2 (previously assaulted vs. not assaulted) factorial multivariate analysis of variance (MANOVA) was conducted with cognitive distortions surrounding rape and rape myth acceptance as dependent variables.

Overall Effects of Factorial MANOVA Model

The omnibus results for the factorial MANOVA showed a significant overall effect of label preference in the current model, $V = 0.03$, $F(4, 856) = 3.11$, $p = .015$, $\eta^2 = .014$. There was also a significant overall main effect of past assault status in the current model, $V = 0.02$, $F(4, 856) = 4.07$, $p = .018$, $\eta^2 = .019$. As per standard factorial analysis and MANOVA reporting guidelines, a breakdown of the main effects by IVs (label, assault status) and the interactions of the IVs are provided below this section of overall effects and are further broken down by DV.

Main Effect of Label—Cognitive Distortions Surrounding Rape. There was a significant difference between label preferences in cognitive distortions surrounding rape, $F(2, 428) = 3.61$, $p = .028$, $\eta^2 = .017$. Multiple comparisons indicate that those who thought the survivor label was better than the victim label were significantly lower in cognitive distortions surrounding rape ($p = .005$). However, those who prefer to label people who experience sexual assault as survivors were not significantly different in cognitive distortions surrounding rape scores compared to those who fell into the neither/other/both category ($p = .101$). Those who fell into the neither/other/both category were not significantly different in cognitive distortions surrounding rape scores compared to those who preferred the victim label ($p = .363$). See Table 1 for descriptives.

Main Effect of Past Assault Status—Cognitive Distortions Surrounding Rape. There was a significant difference between those who were and were not assaulted in cognitive distortions surrounding rape $F(1, 428) = 7.52$, $p = .006$, $\eta^2 = .017$. Those who had been assaulted were significantly lower in cognitive distortions surrounding rape compared to those who had not been assaulted. See Table 1 for descriptives.

Interaction of Label Preference and Assault Status—Cognitive Distortions Surrounding Rape. There was not a significant interaction between label preference and assault status in cognitive distortions surrounding rape, $F(2, 428) = 0.04$, $p = .964$, $\eta^2 = .000$. See Table 1 for descriptives and Table 2 for comparison p -values.

Table 1. Means and Standard Deviations.

Dependent variable	Label preference	Assault status	M	SD
Cognitive distortions surround rape	Survivor	Assaulted	47.23	9.11
		Not assaulted	50.31	11.60
		Total	49.11	10.78
	Victim	Assaulted	50.79	11.36
		Not assaulted	54.74	13.31
		Total	53.71	12.88
	Neither/other/both	Assaulted	49.46	10.59
		Not assaulted	52.73	11.72
		Total	51.66	11.43
	Total	Assaulted	48.56	10.04
		Not assaulted	52.23	12.15
		Total	50.98	11.59
Rape myth acceptance	Survivor	Assaulted	36.31	11.62
		Not assaulted	39.41	12.20
		Total	38.20	12.04
	Victim	Assaulted	42.13	13.26
		Not assaulted	45.32	16.58
		Total	44.49	15.77
	Neither/other/both	Assaulted	39.42	12.85
		Not assaulted	44.88	15.79
		Total	43.09	15.07
	Total	Assaulted	38.30	12.43
		Not assaulted	42.77	14.86
		Total	41.25	14.22
Compassion for others	Survivor	Assaulted	99.19	11.55
		Not assaulted	98.40	11.13
		Total	98.71	11.27
	Victim	Assaulted	91.00	13.23
		Not assaulted	95.19	11.67
		Total	94.10	12.16
	Neither/other/both	Assaulted	99.88	9.05
		Not assaulted	96.85	12.22
		Total	97.85	11.34
	Total	Assaulted	98.09	11.44
		Not assaulted	97.08	11.68
		Total	97.43	11.60
Self-compassion	Survivor	Assaulted	33.42	7.36
		Not assaulted	37.30	7.26
		Total	35.79	7.52
	Victim	Assaulted	32.75	9.00
		Not assaulted	37.17	7.12
		Total	36.02	7.85
	Neither/other/both	Assaulted	36.34	8.04
		Not assaulted	38.38	8.48

(continued)

Table 1. (continued)

Dependent variable	Label preference	Assault status	M	SD
		Total	37.71	8.37
	Total	Assaulted	34.30	7.96
		Not assaulted	37.66	7.68
		Total	36.51	7.93

Main Effect of Label—Rape Myth Acceptance. There was a significant difference between label preferences in rape myth acceptance, $F(2, 428) = 6.10, p = .002, \eta^2 = .028$. Multiple comparisons indicate that those who preferred the survivor label were significantly lower in rape myth acceptance compared to those who preferred the victim label ($p = .001$) and those who fell into the neither/other/both category ($p = .004$). Those who preferred the use of the victim label were not significantly different in rape myth acceptance scores compared to those who fell into the neither/other/both category ($p = .725$). See Table 1 for descriptives.

Main Effect of Assault Status—Rape Myth Acceptance. There was a significant difference between assault status groups in rape myth acceptance, $F(1, 428) = 6.61, p = .010, \eta^2 = .015$. Those who had been assaulted were significantly lower in rape myth acceptance compared to those who had not been assaulted. See Table 1 for descriptives.

Interaction of Label Preference and Assault Status—Rape Myth Acceptance. There was not a significant interaction between label preference and assault status in rape myth acceptance scores $F(2, 428) = .31, p = .735, \eta^2 = .001$. See Table 1 for descriptives and Table 2 for comparison of p -values for all interactions.

Table 2. Pairwise Comparisons Breaking Down Labels for Assaulted Versus Not Assaulted Groups.

Dependent variable		Comparison	p	
Cognitive distortions surrounding rape	Assaulted	Survivor—victim	.554	
		Survivor—neither/other/both	.859	
		Victim—neither/other/both	1.00	
	Not assaulted	Survivor—victim	.034	
		Survivor—neither/other/both	.354	
		Victim—neither/other/both	.790	
	Survivor	Assaulted—not assaulted	.070	
		Victim	Assaulted—not assaulted	.146
		Neither/other/both	Assaulted—not assaulted	.097
Rape myth acceptance	Assaulted	Survivor—victim	.227	
		Survivor—neither/other/both	.668	
		Victim—neither/other/both	1.00	
	Not assaulted	Survivor—victim	.017	

(continued)

Table 2. (continued)

Dependent variable		Comparison	<i>p</i>
Compassion for others	Survivor	Survivor—neither/other/both	.012
		Victim—neither/other/both	1.00
		Assaulted—not assaulted	.134
		Assaulted—not assaulted	.333
		Assaulted—not assaulted	.023
		Survivor—victim	.007
	Not assaulted	Survivor—neither/other/both	1.00
		Victim—neither/other/both	.006
		Survivor—victim	.203
		Survivor—neither/other/both	1.00
		Victim—neither/other/both	.965
		Assaulted—not assaulted	.642
Self-compassion	Survivor	Assaulted—not assaulted	.124
		Assaulted—not assaulted	.127
		Assaulted—not assaulted	.127
		Survivor—victim	1.00
		Survivor—neither/other/both	.120
		Victim—neither/other/both	.188
	Not assaulted	Survivor—victim	1.00
		Survivor—neither/other/both	.915
		Victim—neither/other/both	.963
		Assaulted—not assaulted	.001
		Assaulted—not assaulted	.017
		Assaulted—not assaulted	.128

Differences in Compassion for Others

A 3 (preference for survivor label, victim label, other/neither/both label) \times 2 (previously assaulted vs. not assaulted) factorial analysis of variance (ANOVA) was conducted with compassion for others as the dependent variable. Multiple comparisons were conducted examining the differences in the dependent variable among label preferences among all participants. Pairwise comparisons were also conducted to examine the effects of interaction between past assault and label preference on compassion for others.

Main Effect of Label—Compassion for Others. There was a significant difference between label preferences in compassion for others $F(2, 428) = 6.76, p = .001, \eta^2 = .031$. Multiple comparisons indicate that those who preferred the survivor label were significantly higher in compassion for others compared to those who preferred the victim label ($p = .005$). However, those who preferred the survivor label were not significantly different in compassion for others compared to those who fell into the neither/other/both category ($p = .771$). Those who fell into the neither/other/both category were significantly higher in compassion for others compared to those who preferred the victim label ($p = .036$). See Table 1 for descriptives.

Main Effect of Assault Status—Compassion for Others. There was not a significant main effect of past assault status on compassion for others, $F(1, 428) = .01, p = .922, \eta^2 = .000$. See Table 1 for descriptives.

Interaction of Label Preference and Assault Status—Compassion for Others. There was not a significant interaction between label preference and assault status on compassion for others $F(2, 428) = 2.31, p = .101, \eta^2 = .011$. See Table 1 for descriptives and Table 2 for comparison p -values.

Differences in Self-Compassion

A 3 (preference for survivor label, victim label, other/neither/both label) \times 2 (previously assaulted vs. not assaulted) factorial ANOVA was conducted with self-compassion as the dependent variable.

Main Effect of Label—Self-Compassion. There was a significant difference between labels in self-compassion $F(2, 428) = 3.32, p = .037, \eta^2 = .015$. Despite there being a significant main effect of label, multiple comparisons indicated that those preferring the survivor label were not significantly different from those who preferred the victim label ($p = .970$) or those who fell into the neither/other/both category ($p = .060$). Those who preferred the victim label were not significantly different from those who fell into the neither/other/both category ($p = .226$). See Table 1 for descriptives.

Main Effect of Past Assault Status—Self-Compassion. Status of past assault had a significant effect on self-compassion $F(1, 428) = 16.47, p = .001, \eta^2 = .037$. Those who had been assaulted were significantly lower in self-compassion compared to those who had not been assaulted. See Table 1 for descriptives.

Interaction of Label Preference and Past Assault Status—Self-Compassion. There was not a significant interaction between label preference and assault status on self-compassion $F(2, 428) = 0.76, p = .470, \eta^2 = .004$. See Table 1 for descriptives and Table 2 for comparison p -values for all comparisons.

Differences in Assault Status and Label Preference

Among those who had been assaulted, 74 participants (50%) felt a survivor label was better while 24 (16.2%) felt a victim label was better and 50 (33.8%) fell into the neither/other/both category. Among those who had not been assaulted, 116 (40.6%) felt the survivor label was better while 68 (23.8%) felt the victim label was better and 102 (35.7%) fell into the neither/other/both category.

Explanations for Choosing Survivor Label. All participants were asked to explain why they preferred a particular label. Themes tended to revolve around ideas that survivor

is more empowering or positive, that using the term victim refers to someone unable to cope with the event in such a way that they are now displaying unhealthy behavior. Some explanations for a survivor-label preference also engage in victim-blaming by implying that a victim is someone who engages in behaviors that allow for revictimization. Examples of comments made by those choosing survivor as a better label are as follows:

Victim has a negative connotation towards it. Meanwhile, the word 'survivor' indicates a more positive tone toward it.

I believe that the term survivor is better than the term victim. The reason being that the term survivor has a positive connotation to it whereas the term victim has a negative connotation. Often times, when someone is a victim, they use it as an excuse for their toxic behavior.

The term victim brings with it all sorts of connotations. Especially that there is a sort of permanence to the position of victim. Victims tend to feel sorry for themselves and feel there is nothing they can do to deal with their situation. Victims seem to stay in that position and continue to allow perpetrators of inappropriate sexual conduct into their lives because they are victims. Survivors who get a hold of their lives and make decisions to prevent sexually inappropriate situations where it is possible and put into their lives preventive measures against this sort of activity. Survivors understand that should a sexually inappropriate situation happen to them it has nothing to do with anything they have done wrong. The fault is completely with the perpetrator of such an activity.

Explanations for Choosing Victim Label. Justifications and explanations for choosing a victim label seemed to fall under themes such as the idea that survivor is a label only for those whose lives are threatened (with the assumption that those assaulted never have their lives threatened, therefore they are a victim), survivor is a label for those who move past a traumatic event (with the assumption that those who are sexually assaulted cannot move past such an event), or that a victim label more accurately conveys the severity of the abuse. Some example comments of those who said a victim label is better are:

I believe it is called victim, because survivor to means you didn't die.

Victim seems to be a better word for it only because I don't feel as though they are a survivor. Survivor to me means their life was threatened, sexual assault is assault not attempted murder.

Those Who Fell Into Neither/Other/Both Category. Participants indicated a lack of preference for a myriad of reasons. Many participants falling in the "other" category indicated what each label made them think of or feel without clearly indicating whether one was better than the other. Some felt that labeling at all was bad, therefore both survivor and victim labels were equally bad. Some felt that the survivor and victim labels were interchangeable and there was no distinction between the two. Others felt more neutral

and indicated that it is up to those who experience sexual assault to determine what the labels mean and choose the one (or none) that best suits them.

No, because they both ultimately suffered the same event. When I hear ‘survivor,’ I think of someone that has healed and moved on, and sometimes not everyone moves on and that is okay.

I feel as though both terms are clearly the same because in both cases, a person has been sexually assaulted and have actually experienced it.

One is not better than the other because both are regarding the same situation.

If you survive being the victim, you are a survivor.

Being a survivor still deals with once being a victim. They are both related and neither word should have more attention.

The person who has been sexually assaulted shall choose whichever term they would like to use.

I do not think one is better than the other but I do think that a person who was sexually assaulted may like to be referred to either or simply because its [*sic*] their preference. In my opinion there is not a better term you can use for being sexually assaulted.

I feel that survivor is a better label for someone who surpasses and is able to overcome the sexual assault because the individual is able to continue living and striving for the best of themselves. On the other hand, I feel that victim is a better label for someone who gives into the pain of the sexual assault and doesn’t allow themselves to heal.

Views About Transitioning Between Labels

Pearson’s Chi-Square analyses were conducted to examine differences between those who were and were not assaulted in their frequency of responses to questions relating to transitioning between survivor and victim labels.

When asked, “Do you believe a person is always EITHER a survivor OR a victim?” there was no significant difference in the frequency of yes/no response for assault status, $\chi^2(1, N=434)=0.34, p=.558$. When asked, “Can a person shift between labels (e.g., start out feeling like a victim, then later view themselves as a survivor)?” there was no significant difference in frequency of yes/no response for assault status, $\chi^2(1, N=434)=2.64, p=.104$. When asked, “Do you believe someone will have a hard time coping with an assault if they refer to themselves as a victim rather than as a survivor?” there was no significant difference in frequency of yes/no response for assault status, $X^2(1, N=434)=1.27, p=.260$.

Study 2—Experiences of Those Who Had Been Assaulted

Of the 148 people who indicated they had been assaulted, only 22 (14.9%) indicated that they currently blamed themselves for their assault. When asked whether they

had ever (in the past) blamed themselves, 83 (56.1%) said yes. When asked whether they felt others blamed them for their assault, 27 (18.2%) said yes. Eighty-six (58.1%) respondents indicated that they were worried about how people would treat them if they told others about their assault. When asked about how they currently labeled themselves, 39 participants (26.4%) labeled themselves as a survivor, 33 (22.3%) labeled themselves as a victim, and 75 (50.7%) labeled themselves as neither survivor nor victim. One participant chose not to answer the question so their preferred label from Study 1 (which was neither survivor nor victim) was ascribed to their chosen label in Study 2.

Respondents were also asked whether they felt that their idea of what it means to be a survivor or victim of sexual assault had changed at any point since their assault. Explanations for responses as to why their view has changed or did not change are varied. Some themes revolve around a transition in labels because they felt that they healed or became “better,” and that is why they transitioned from victim to survivor. Some of those who indicated that there is no transition said it is because they always stuck with one label, while others indicated they preferred no label or to even think about the assault. Below are a few responses from participants who chose to answer the question:

I began to think of myself as a victim shortly after but once I began my internal healing process, I did not want to feel bad for myself. Survivor is a term that fits my situation much better.

At the beginning, I felt like a victim. The campus police treated me like a victim and people close to me who know did so as well. The front desk lady at the police station even said “I’m sorry, I feel so bad for you.” It wasn’t a great feeling. Now, I feel like a survivor. That has helped me cope much better.

Yes, in my opinion, I believe that a survivor is someone who has completely overcome an obstacle. They are no longer damaged [sic] and free from any type of trauma or harm. I still consider myself a victim because I’m still battling the effects from the assault. I’m not completely healed yet.

I think any kind of sexual assault makes victims of it, but as long as you overcome the feelings of victim and feel free from it, you will be a survivor so that you can talk about your experiences to inform other how to avoid/react it or how to treat yourself to become mentally healthy afterwards.

I feel like “Victim” and “Survivor” are two strong words that I would not call myself, if I was talking about the assault. Usually when I talk about the assault, I talk about it as if it were just a thing that happened to me, as neither a victim or survivor, I believe mostly because it wasn’t something that caused be agony in any way, shape or form. I feel like if I were to label myself as a “victim” or “Survivor”, I should have had a stronger sense of crisis and shock going through my body, as well as more violence or something, but I think of it as a really inappropriate place of events that took place, to a person who faced little to no trauma or suffering afterwards.

Discussion

The goals of the current studies were to examine whether there were differences between individuals who preferred certain labels (survivor, victim, neither/other/both) in rape myth acceptance, cognitive distortions surrounding rape, compassion for others, and self-compassion. Sexually assaulted and not assaulted individuals were also compared in the aforementioned variables while also examining the interaction of assault status with label preference. Additional exploratory goals involved examining the reasoning for choosing specific labels and experiential responses of individuals who experience sexual assault.

Preferred label had a significant main effect on cognitive distortions surrounding rape, rape myth acceptance, compassion for others, and self-compassion. Past assault status had a significant main effect on cognitive distortions surrounding rape, rape myth acceptance, and self-compassion.

Although there were significant main effects for most variables, there were no significant overall interaction effects throughout the study, perhaps due to potentially lower power of the sample size. Despite there being no significant overall interaction effects, there were instances in which individual comparisons were significant. Because the main effects for many analyses were significant, interaction effects may have been nonsignificant due to sample size. Larger sample sizes in the future may promote significant interactions.

Survivor label preference being related to lower rape myth acceptance and cognitive distortions surrounding rape can be considered in line with past research (Dunn, 2005; Jean-Charles, 2014) advocating that language matters in how we view and treat others. However, those preferring survivor labels were not significantly different compared to those who fell into the neither/other/both category in cognitive distortions surrounding rape scores, though they were significantly lower in rape myth acceptance scores compared to individuals in the neither/other/both category. There may be differences between the cognitive distortions surrounding rape and the rape myth acceptance scales in some findings due to the fact that—while both measure misconceptions about rape and sexual violence—the vast majority of the items on the Bumby cognitive distortions surrounding rape scale focus more on distorted beliefs about rape while the rape myth acceptance scale focuses more on revealing how biases people hold against certain demographics (e.g., race, gender, age, etc.) influence whether they are likely to believe allegations of rape (Johnson, 2018). Those who fell into the neither/other/both category were not significantly different in cognitive distortions surrounding rape or rape myth acceptance scores compared to those who preferred the victim label. This could potentially be because of the limitation that there were different reasons people fell into the neither/other/both category ranging from the belief that those who are assaulted should not have a label forced on them to feel that there is no difference between labels. Lack of consensus in reasoning that resulted in participants choosing or being placed into the neither/other/both category may paint an inconclusive picture. The findings on labels partially support the hypothesis as a survivor label preference was related to a significantly lower likelihood to believe in rape myths

compared to people who consider such individuals as victims and potentially (according to the Rape Myth Acceptance Scale) compared to people who are more ambivalent about terminology.

Both the survivor label group and the neither/other/both group were significantly higher in compassion for others when compared to those in the victim label group. However, the survivor label group was not significantly different than those who fell in the neither/other/both category. This partially supports hypotheses. Perhaps experiencing adversity increases compassion for others (Lim & DeSteno, 2016).

It should be noted that although there was a significant main effect of the label on self-compassion, there were no significant group differences according to post hoc analyses. Those choosing neither/other/both were only marginally higher ($p = .060$) in self-compassion compared to those choosing survivor labels. This marginally significant difference may have contributed to the overall significant effect and a larger sample size might result in a significant outcome.

The finding that those who experience assault are lower in rape myth acceptance and cognitive distortions of rape compared to individuals who are not assaulted may be explained by research that indicates that experiencing adversity makes one more aware of the experiences of others (e.g., Lim & DeSteno, 2016). One would think, however, that this would also mean that assaulted individuals would have greater compassion for others compared to those who are not assaulted. Perhaps the particular compassion for others measure used, which is a modified version of the self-compassion scale and a more general version of compassion for others, is not nuanced enough to provide insight into compassion for others who experience specific traumatic situations. Another potential issue that is specific to this portion of the analysis may be lumping all assaulted individuals together when examining the main effects. As can be seen when discussing the interaction effects of assaulted individuals, those who preferred the victim label had significantly lower levels of compassion for others compared to assaulted individuals preferring the survivor and other/neither/both labels. The label an assaulted individual prefers may play a larger role in their compassion for others. Assaulted individuals experiencing lower self-compassion compared to those not assaulted is in line with past research findings that women who experience sexual assault have the lowest levels of self-compassion compared to other types of trauma (Williamson, 2019) and may have issues with fear of compassion and being kind to the self in general (Boykin et al., 2018).

Differences in Assault Status and Label Preference

Participants generally indicated they preferred a survivor label while a third of participants fell into the neither/other/both category. Participants largely seemed to indicate that a victim label was not preferred. In general, survivor labels seemed to be associated with empowerment and were viewed as more positive compared to a victim label. As with past research (Williamson & Serna, 2017), there were mixed conceptualizations of what exactly it means to be a victim. Some participant definitions or comments revolved around the severity of assault (whether someone's life was threatened)

while others focused on psychological factors (survivors move past traumatic events while victims do not). Also as mirrored in past research (Williamson & Serna, 2017), there were several different views of those in the neither/other/both category, with some feeling that there was no distinction between the survivor and victim labels, others feeling that those who experience sexual assault should not be labeled at all or should be able to choose their own label. There were no differences between those who had and had not been assaulted in their views about transitioning between labels.

When examining label preferences and self-reported self-blame of those who had been assaulted, very few participants currently blamed themselves for their past assault, though over half indicated that they had (at some point in the past) blamed themselves. This may provide support for past narrative research (e.g., Hunter, 2010) indicating that there may be a transition from initially viewing the self as a victim of sexual assault to later viewing the self as a survivor or not labeling themselves at all. This could provide insight into the possibility that survivor and victim labels are, in fact, distinct and that victim labels may have a pejorative connotation. Over half of the assaulted participants were worried about how other people would treat them if they knew about the assault, which shows some awareness of the prevalence and pervasiveness of rape myths and the rape culture in which we live. Interestingly, despite over half of assaulted participants previously indicating in Study 1 that they felt a survivor label was better for those who had been assaulted, when asked about how they currently labeled themselves in Study 2, half of the participants indicated that they preferred neither the survivor nor victim label. The other half of assaulted participants were almost evenly split in preferring either a survivor or victim label. This also mirrors past research (e.g., Hunter, 2010; Ovenden, 2012; Williamson & Serna, 2017) illustrating that some individuals who experience sexual assault prefer to not label themselves at all, often reporting that to label themselves to incorporate the event into their identity and give their assault more power over them than they want. Further explanations on why these individuals chose these labels for themselves is warranted.

Limitations

Using the short-form version of the self-compassion scale may have been a limitation of the current study. The reliability of the short-form scale was lower than that found in past studies using the full scale (e.g., Williamson & Serna, 2017). Furthermore, a nuanced picture of the subscale factors cannot be provided with the short-form version and past research (Williamson, 2019) has shown that there are specific aspects of self-compassion that are affected by specific types of trauma (e.g., sexual assault vs. other types of trauma). Using the full scale may have provided a more in-depth picture of the aspects of self-compassion that are different between those who do and do not experience sexual assault. Future researchers might also consider using the self-compassion scale specifically in the context of sexual assault for relevant participants. For example, adding instructions for participants who have experienced sexual assault to answer questions on the scale while thinking about how they relate

to themselves in the context of their assault might be beneficial in examining the relationship between self-compassion and self-conscious feelings in the context of assault.

Another limitation is that participants were asked to indicate which label they thought was best (survivor, victim, something else) but were not asked to provide what they felt was a definition of each label. Asking participants to define each label would have provided a more comprehensive picture of whether there is a consensus on what is generally accepted in terms of label definitions. Conversely, it could also be argued that label definitions informed by past label theory research on victim and survivor language could have been provided for participants. In this scenario, all participants could be provided with the same definitions and then asked to choose which they feel best describes those who experience sexual assault. Though there were significant differences between label choices on some outcome variables, it is not clear *why* these differences exist, especially when there is no cohesive standard definition among participants for each label. Standardizing labels and having participants choose a specific label with a provided definition in addition to providing explanations for their reasoning may provide further insight into the intersection of label choice and outcomes such as compassion for others, rape myth acceptance, etc.

It is also a limitation that the reasons for choosing an answer other than survivor or victim spanned a wide range of ideologies among participants, yet for the sake of brevity and to avoid creating a potentially infinite number of groupings when coding, all participants falling into 'other' were lumped together. When asked to explain choices, some refrained from choosing survivor or victim for reasons spanning issues such as the desire for people who experience sexual assault to choose their own label while others indicated that they felt the labels were exactly the same. Although both fall into the "other" category, they do so for varied reasons. If future researchers provide concrete definitions for categories and allow participants to choose from predefined labels, this might make the "other" distinction more cohesive among participants. In addition to predefined labels for survivor and victim, categories such as "both," "neither," and "other" could be added as separate choices with the option to elaborate on one's answer. This might provide insight into laypeople's understanding of sexual assault-related labels.

Another limitation is that there is no direct measurement of the internalization of rape myths among those who were assaulted. Arguably, the lower likelihood of those who were assaulted endorsing rape myths in the current studies could be seen as an indication that rape myths are not internalized, however, there is no direct evidence that this is the case.

The possibility that differences in baseline education levels about labeling theory and current academic writings about sexual assault labels (e.g., the push for a survivor rather than victim label) may have influenced participants' choice of labels. Students who have had past experience with social services or sexual assault groups and survivor education may have also been influenced by their past experiences to choose certain labels. Future research might employ an experimental design to see whether labels themselves impact the perceptions of people who experience sexual assault. Furthermore, the use of vignettes to provide different scenarios involving common

rape myths may be useful in determining whether people may be more likely to label those who experience specific situations as a survivor, victim, or not even consider a certain situation as rape. For example, rape myths often involve blaming those who are raped if they were drinking, had been flirting with someone prior to their assault (“leading them on”), if they did not fight back or explicitly say no, or if the person raped is in a romantic relationship with their rapist (Campbell, 2017; Grubb & Harrower, 2009). Future vignette research could explore whether defined labels for survivor and victim influence how participants label individuals when given different vignette scenarios.

Future Directions

The CDC (2021) recommends several strategies involving increasing emotional intelligence, increasing respect and value of women, and decreasing victim-blaming in order to address the rape culture in which we live and the sexual violence women experience as a result of said culture. Overall, the current studies indicate that viewing people who experience sexual assault as victims tends to be related to overall negative outcomes. There were mixed findings for positive outcomes for those who preferred a survivor label or fell into the “other” category. In general, findings indicate that further exploration of the role of language in addressing rape myths and cognitive distortions about rape may be important for addressing the rape culture in which we live and providing vital education to reduce violence against women. To do this, it seems that we must also come to a consensus on what these labels mean and how best to address which label (if any) is most appropriate for women who experience sexual assault-related violence.


Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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