Research Article

Reconsidering Forced Labels: Outcomes of Sexual Assault Survivors Versus Victims (and Those Who Choose Neither)

Jessica Williamson[1] and Kelly Serna[1]

Abstract
The goal of the current study was to assess the effects of self-labeling on attitudes related to victim- and self-blaming and self-compassion outcomes in 85 participants (75 women, 10 men) who have experienced sexual assault. Participants classified themselves as either a survivor, victim, or neither survivor nor victim of sexual assault. Regardless of self-classification, groups did not differ in victim-blaming (rape myth acceptance), self-blaming, or levels of self-compassion. Implications for language and forced labels of those who have experienced sexual assault are discussed.

Keywords
self-compassion, sexual assault

According to the National Intimate Partner and Sexual Violence Survey conducted by the Centers for Disease Control in 2010, 18.3% of women and 1.4% of men will experience attempted or completed sexual assault within their lifetime (report prepared by Black et al., 2011). Individuals who experience sexual assault are faced with an increased risk (compared with the general population) of posttraumatic stress disorder, depression, anxiety, suicidal ideation, and psychosomatic illnesses that can drastically decrease quality of life and impair functioning (Black et al., 2011). As feelings of fear, shame, helplessness, and hopelessness are often cited as negative outcomes following assault, medical and mental health professionals agree that

[1]Kansas State University, Manhattan, USA

Corresponding Author:
Jessica Williamson, Kansas State University, 1114 N. Midcampus Drive, Bluemont Hall 492, Manhattan, KS 66506, USA.
Email: jessrwilliamson@gmail.com

empowerment and regaining a sense of control is tantamount to recovery from such traumatic events (e.g., Ovenden, 2012).

Over the past few decades, public discourse has pushed for the consideration of a dialogue meant to empower those who have experienced sexual assault by referring to them as survivors rather than as victims (e.g., Dunn, 2005; Jean-Charles, 2014; Rape, Abuse & Incest National Network [RAINN], 2009). A victim label could imply that an individual was passive or accepting of their assault and may not currently be actively working toward recovery (Dunn, 2005). Victim labels can theoretically lead to self-conscious emotions such as shame, guilt, and a lack of self-compassion. Such feelings have the potential to impede recovery following traumatic events (Thompson & Waltz, 2008). The term survivor, on the contrary, implies strength of will, resistance to the assault or self-shaming after-effects, and an active role in facing one's traumatic experience and recovery.

Labeling and Internalization of Labels

Labels are societally shared ideas or schemas (mental representations of objects, events, people, groups, etc.) which can be internalized, made part of one's identity, and result in a self-fulfilling prophecy (Moradi, Martin, & Brewster, 2012; Thoits, 2011). Research in sociological interactionist perspectives pertaining to labeling theory originally focused on how criminal labels (Becker, 1963) can increase recidivism when internalized by so-called criminals. Researchers have modified labeling theory to examine constructs such as stigma against mental disorders and the negative consequences that can occur with internalization of such stigmas (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989). For example, Markowitz, Angell, and Greenberg (2011) examined how stigmatized schizophrenia-related labels affect appraisals from others, self-appraisals, and coping with symptoms of mental illness. Perceived stigma from others and internalization of stigma against mental illness had the ability to negatively impact coping with schizophrenia (Markowitz et al., 2011). However, some labels—such as survivor or victim of sexual assault—may not have universally acknowledged definitions. Different individuals may have different schemas for the same constructs depending on their life experiences.

Victim and Survivor Labels

Despite survivor labels being more prevalently used by advocates of abused women today, victim labels were more widely used in the past (Dunn, 2005). As part of the claims-making process to draw attention to the social problem of female-targeted abuse and assault, a victim label connoted the image of a woman passively enduring abuse that occurred through no fault of her own (Dunn, 2005). Such images of helplessness, when applied to abused women, had the power to incite sympathy and thus impact movements centered on justice for victimized women (Dunn, 2005; Hunter, 2010). Although this schema was perhaps integral in women's rights movements, internalization of such a label may be considered demeaning and perpetuate feelings

of powerlessness, whereas survivor narratives project an image of opposition and reacquisition of power. In fact, a study on the narratives of those who were sexually abused as children (Hunter, 2010) found that individuals who viewed themselves as victims had a narrative of ongoing suffering or victimhood, thus internalizing a negative label. Hunter describes individuals with victim narratives as being unable to move away from the intense negative emotions related to their assault and explains that they seem unable to develop a strong sense of self beyond their narrative of being a victim. Understandably, internalizing a victim label (if described as above) could negatively impact one's ability to cope with sexual assault.

Survivor labels paint a picture of agentic individuals who do not passively experience abuse. If one were to associate survivorship with an idea that involves growth, compassion for the self rather than harsh self-judgment, and facing one's traumatic experience rather than avoiding it, it follows that self-labeling as a survivor would result in internalizing and complying with a survivorship schema. The implications are such that those internalizing "healthy" labels may cope better with traumatic events and experience positive mental health outcomes. For example, research has shown that internalizing the survivor label is related to better mental health outcomes following potentially traumatic disease diagnoses and treatments (Jagielski, Hawley, Corbin, Weiss, & Griggs, 2012).

Narrative research has also found that some individuals often initially view themselves as a victim of sexual assault and, through talking about their experience, confronting or reporting their attackers, and perhaps through helping other women, grow to see themselves as a survivor (Hunter, 2010). Hunter (2010) referred to such individuals as having a narrative of transformation or survivorhood. Those with a transformative narrative are more likely to illustrate positive views of themselves compared with those with victimhood narratives.

Narrative research follows a trend in which a portion of those who have experienced sexual assault dislike labeling themselves as either a survivor or a victim. The reasoning varies, though there are common themes. Some individuals indicate that labeling the self in general may make them feel like they are incorporating the sexual assault into their identity, which they want to avoid. Hunter (2010) referred to these individuals as having a transcendent narrative. Those who choose neither often indicate that they believe both labels have come to be associated with presumed psychopathology (e.g., depression, anxiety, posttraumatic stress disorder) resulting from their assault (Ovenden, 2012). Regarding life choices, hobbies, and deviant behavior such as drug use, interviewees in Ovenden's study expressed discomfort about the assumptions others seemed to make with either label. For example, respondents reported a tendency of outsiders to assume that interviewees engaged in drug or alcohol use because of their assault, or that they chose certain majors (e.g., psychology) as a result of sexual abuse. To those who choose neither, labels in general come with stereotypes and stigmas that they fear will be attached to their identity if they were to choose any label. Refusing to adopt a label and be stereotyped is what differentiates transcendent narratives from transformational narratives.

There is also the assumption that those who have experienced sexual assault all have the same experiential response to their assault with potentially traumatic levels of long-lasting stress that needs to be addressed therapeutically. Although those with a transcendental narrative seemed to view the event as horrific and injurious at the time it happened, they often report that their experience (after time had passed) was no longer so intrusive and that they did not care to label it or even think of it (Hunter, 2010; Ovenden, 2012).

In some cases, victim labels can actively create stigma. The language we use may celebrate those who fight an attacker by calling them survivor, but shames those who did not fight an attacker (which can happen for several reasons, including acquaintance rape, familial rape, intimate partner rape, and rape involving a weapon). The survivor is lauded while the victim is pitied (Spry, 1995). The absence of the survivor-fighter label leads to an idea that the individual "allowed" the assault to happen (Spry, 1995). In this way, a victim label theoretically has the potential to shame and isolate individuals. Feelings of disapproval, perceived lack of acceptance, and victim-blaming related to a victim label may be internalized and cause an individual to experience intensified stress and avoidance of working through a traumatic experience (Maercker & Müller, 2004). Whether this has quantifiable consequences for well-being outcomes is a goal of the current study.

Victim- and Self-Blaming

Many societies place the onus of avoiding rape on women (the group most at risk of sexual assault), effectively creating a culture inundated with rape myths. Rape myths are false beliefs surrounding the factors that lead to sexual assault (Hayes, Lorenz, & Bell, 2013). A widely used definition created by Lonsway and Fitzgerald (1994) describes rape myth acceptance as "attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women" (p. 134). Such myths can include beliefs that women often lie about being raped, that wearing provocative clothing will lead to assault, or that if a woman drinks alcohol or allows herself to be alone with a man, she is to blame for a subsequent assault should one occur. Although it is accepted that men are the predominant perpetuators of rape myths, research indicates that some women may also endorse rape myths (Hayes et al., 2013). Literature (Moor, 2007) suggests that acceptance of rape myths and, subsequently, victim-blaming may be internalized by those who have experienced sexual assault.

It is unclear whether there are differences in rape myth acceptance and internalization among those who consider themselves survivors, victims, or neither. Examining such factors could have implications for treatment as internalized victim-blaming can increase feelings of shame and hinder responsiveness to treatment (Moor, 2007). If those adopting a specific label have lower levels of rape myth acceptance, it may be beneficial for future researchers to examine the benefits of exploring labels as a means of reducing internalized victim-blaming and encouraging self-compassion.

Self-Compassion and Trauma

Self-compassion consists of self-kindness, common humanity, and mindfulness and is elicited in situations during which one feels self-conscious emotions, such as self-directed shame and guilt following difficult situations (Neff, 2003a). Self-compassion prompts one to avoid harsh self-judgment, downplaying or exaggerating pain, and isolating oneself. Those high in self-compassion objectively view their pain, show themselves the same kindness they would a close friend, and consider how their pain is similar to that felt by others while realizing it is also part of the larger human experience.

Although self-compassion has been found to be significantly and negatively related to poor mental health outcomes in general (e.g., see meta-analysis by MacBeth & Gumley, 2012), self-compassion's relationship with trauma is a relatively new area of study. General research (e.g., Thompson & Waltz, 2008) on self-compassion and trauma has found that participants high in self-compassion are less likely to engage in trauma-related avoidance compared with those lower in self-compassion. Those high in self-compassion may experience a greater willingness to face, rather than avoid, painful experiences related to trauma.

Self-compassion has been shown to be significantly and negatively related to negative aspects of trauma on both the trait level and following self-compassion inductions designed to address symptoms of trauma (e.g., Beaumont, Galpin, & Jenkins, 2012; Dahm et al., 2015; Seligowski, Miron, & Orcutt, 2015). However, there is very little published research on self-compassion in those who have experienced sexual assault. A thesis by Close (2013) found that, in those who have experienced sexual assault, self-compassion was significantly and negatively related to outcomes such as psychological distress and negative cognitions related to trauma, shame, and self-criticism. Self-compassion was positively related to life satisfaction. A recent thesis (Cazeau, 2015) examined benefits of self-compassion inductions compared with a control condition (verbal and serial learning) following an imagined sexual assault scenario. Furthermore, Miron, Orcutt, Hannan, and Thompson (2014) found that a history of emotional abuse indirectly influenced overconsumption of alcohol through low levels of self-compassion, indicating that self-compassion training may be a valuable tool for mitigating some negative behavioral consequences of traumatic experiences. However, none of this research has examined the differences between labels (survivor, victim, neither) in self-compassion.

Because research has shown that self-compassion as both a trait and induction appears to have protective benefits against posttrauma symptoms, it is reasonable to think that self-compassion may play a role in adjustment following sexual assault. If a survivor label is considered adaptive (whereas a victim label may be considered maladaptive), those who consider themselves a survivor of sexual assault may have greater self-compassion compared with those who consider themselves a victim.

The Current Study

The goal of the current study was to examine self-labels in those who have experienced sexual assault and differences in levels of victim- and self-blaming attitudes as

well as levels of self-compassion. We had originally proposed that there would be differences in those who labeled themselves survivors when compared with victims (explained below). We had not anticipated that participants, when given the chance to write freely and asked to label themselves as either survivor or victim, would elect to describe themselves as neither. Hence, our hypotheses were adjusted after noticing a trend in the data (which is supported by interview research). We hypothesized that those who label themselves as survivors would be less likely to endorse victim- and self-blaming statements compared with self-labeled victims and those who chose neither. Because a survivor label should theoretically be associated with empowerment and therefore a lower likelihood of self- and victim-blaming, we hypothesized that those who self-labeled as survivors would experience greater levels of self-compassion compared with those who labeled themselves as victims or neither victim nor survivor.

Method

Participants and Procedure

Participants were 85 (females = 75, males = 10) individuals who took part in an online study on experiences and self-views of those who have been sexually assaulted. The study was advertised for students on Sona and for the general public on social media sites such as Facebook, Twitter, and Tumblr. The student portion of the sample received course credit for participation, whereas the nonstudent portion of the sample participated on a volunteer basis.

The average age was 23 years ($SD = 7$). The average age of reported assault was 14 years (with a median age of 15 years and a range of 3-34 years). The average number of years passed since the assault was 9 ($SD = 8$, range = 0-32 years). The majority of participants ($N = 70$) were European American, five were African American, six were Hispanic/Latinx, one was Asian, one was Native American, and two identified as biracial/other. Of the 85 participants, 35 referred to themselves as survivors, 24 referred to themselves as victims, and 26 indicated that they thought of themselves as neither a victim nor a survivor.

Measures

Victim-blaming. To assess victim-blaming, we used the Updated Illinois Rape Myth Acceptance (UIRMA) scale (McMahon & Farmer, 2011). The UIRMA scale consists of 22 questions measured on a 5-point Likert-type scale (1 = *strongly agree*, 5 = *strongly disagree*). The scale consists of four subscales: She asked for it (e.g., *When girls go to parties wearing slutty clothes, they are asking for trouble*), He didn't mean to (e.g., *Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away*), It wasn't really rape (e.g., *If the accused "rapist" doesn't have a weapon, you really can't call it rape*), and She lied (e.g., *Rape accusations are often used as a way of getting back at guys*). Higher scores indicate less agreement with rape

myths, while lower scores indicate greater agreement with rape myths. The internal consistency Cronbach's α for the current study was .93.

Self-blaming. The Attributions of Rape scale (AOR; Meyer & Taylor, 1986) was used to assess self-blaming on the part of the participant. The AOR has several subscales regarding various possible contributing factors. Specifically, the measure assesses poor judgment on the part of the participant (e.g., *I am too trusting*), societal factors that contribute to rape (e.g., *There is too much pornography*), and whether the individual considers herself or himself a victim type (e.g., *I got what I deserved*). The AOR scale contains 15 questions and is scored on a 5-point Likert-type scale (1 = *not at all*, 5 = *completely*). Because we hypothesized that there were differences in self-blame between those who considered themselves victims or survivors, we looked only at the Victim-Type and Poor Judgment subscales. Cronbach's α for the Victim-Type and Self-Judgment subscales for the current study was .72. Cronbach's α for the composite scale was .78.

Self-compassion. The Self-Compassion Scale (SCS; Neff, 2003b) consists of 26 items scored on a 5-point Likert-type scale (1 = *almost never* to 5 = *almost always*). The 26 items encompass six subscales or three competing pairs of subscales. These subscales include Self-Kindness Versus Self-Judgment, Mindfulness Versus Overidentification, and Common Humanity Versus Isolation. For the current study, we used a composite score rather than examining subscales. An example item from the Self-Compassion Scale is, "I try to be loving towards myself when I'm feeling emotional pain." Internal consistency reliability for the total self-compassion score was .94.

Survivor or victim. Participants were given a blank text-entry box and asked to type whether they considered themselves a survivor or victim of sexual assault. This open-entry answer option allowed participants to enter whatever label they wanted.

Results

A MANOVA was conducted to examine the differences in self-blaming, victim-blaming (via rape myth acceptance), and self-compassion in those who described themselves as survivors, victims, or neither. As previously stated, the original hypotheses and data collection framed the choices of labels as "survivor or victim." However, approximately one third of participants elected to label themselves as neither survivor nor victim; therefore, this trend was incorporated into analyses.

Bivariate correlations indicated that the only variables significantly related to one another were self-compassion and self-blame ($r = -.41$). Greater levels of self-compassion were related to lower levels of self-blame (or higher levels of self-blame are related to lower levels of self-compassion). Whether participants viewed themselves as survivor, victim, or neither did not have an overall significant main effect, $V = .11$, $F(8, 160) = 1.1$, $p = .36$, $\eta_p^2 = .05$ (see Table 1 for means and standard deviations).

Table 1. Means and Standard Deviations of Different Groups.

Variable	Survivor	Victim	Neither	Total
Victim-blaming (rape myth acceptance)	89.5 (17.3)	86.3 (14.0)	82.7 (17.3)	86.5 (16.5)
Self-blame	26.2 (6.5)	24.7 (6.7)	27.5 (6.9)	26.1 (6.7)
Self-compassion	70.8 (18.2)	72.8 (17.7)	67.9 (19.7)	70.5 (18.5)

Note. The higher the score on rape myth acceptance, the *less likely* someone was to agree with rape myths. The higher the self-blame score, the *more likely* someone was to consider the assault a result of their poor judgment and them being a victim type. Higher scores of self-compassion indicate greater levels of self-compassion.

Because some literature suggests that a label of survivor may be part of a transitory process in which an individual originally considers herself or himself a victim before adopting a survivor status, we controlled for the number of years that had passed since the assault and the present day. This was originally not part of our hypotheses as, to our knowledge, there is no literature estimating the average number of years passed at which one generally transitions from a victim to survivor label if such a transition occurs at all. Controlling for years passed since assault also did not result in significant differences, $V = .12$, $F(8, 158) = 1.2$, $p = .28$, $\eta_p^2 = .06$, nor did controlling for gender, $V = .11$, $F(8, 158) = 1.1$, $p = .36$, $\eta_p^2 = .05$.

Special population research faces issues of low power as one obviously cannot assign individuals to life- or health-threatening conditions. Much of the research using special populations—such as survivors of traumatic experiences—tends to have small sample sizes. It can take an unreasonable amount of time and resources to obtain a large sample in a timely manner when it comes to special populations (van de Schoot, Broere, Perryck, Zondervan-Zwijnenburg, & van Loey, 2015) such as those who experience sexual assault. For special populations research, reporting effects in small samples is better than discounting research with small samples as, even with small samples, we can establish groundwork for certain phenomena. However, there are methods to address the issue of small sample size. Bayesian analysis is a way to comparatively test hypotheses using small samples. Such analyses require a much smaller ratio of parameters to observations (Lee & Song, 2004). Because we considered the possibility of low power, we elected to conduct Bayesian analyses.

There are additional reasons for conducting Bayesian analyses. Bayesian analyses allow us to make inferences about both the null and alternative hypotheses, something *p* values do not allow (Jarosz & Wiley, 2014). This means that we can consider the data under both null and alternative hypotheses. While the *p* value depends on hypothetical data, the Bayes's approach uses the actual observed data in relationship with both the null and alternative hypotheses. Furthermore, the *p* value does not actually grant statistical evidence. In fact, one is likely to find differences in groups in large sample sizes even if those differences do not actually have practical significance. Given this, one cannot assume that two *p* values from studies of different sample sizes are statistically of similar weight (Jarosz & Wiley, 2014). However, with a Bayesian analysis, two equal Bayes's factors do actually represent the equivalent amount of evidence regardless of sample size because Bayesian analyses are ratios of probabilities.

Using JASP (2016) statistical software, we conducted Bayesian analyses examining differences in groups on outcome variables to address small sample size issues by comparing the likelihood that data fit under the null hypothesis with the likelihood that data fit under the alternative hypothesis. BF_{01} = likelihood of data given H_0 divided by the likelihood of data given H_1. As BF_{01} increases, evidence for the null hypothesis increases and evidence for the alternative hypothesis decreases. One can compute the inverse of BF_{01} ($1 / BF_{01}$) to illustrate data in terms of the alternative hypothesis. That is, one can state to what extent the data are likely to occur under the alternative hypothesis rather than the null hypothesis.

We used Bayesian Information Criteria (Wagenmakers, 2007) to compare the fit of the data under the null hypothesis that there would not be group (victim, survivor, neither) differences in self-blaming, and the alternative hypothesis that there would be group differences in self-blaming. An estimated Bayes's factor (null/alternative) suggested that the data were .242:1 in favor of the null hypothesis, or 4.13 times more likely to occur under a model without including an effect of group, rather than a model with the grouping (survivor, victim, neither) variable. In other words, this supports our previous findings that there were no differences in self-blaming among those considering themselves a survivor, victim, or neither survivor nor victim and would likely remain true even if we increased the sample size.

Using the same methods, we compared the fit of the data under the null hypothesis that there would not be group differences in victim-blaming and the alternative hypothesis that there would be group differences in victim-blaming. An estimated Bayes's factor suggested that data were .29:1 in favor of the null hypothesis, or 3.16 times more likely to occur under a model without including the effect of group. That is, there were no differences in rape myth acceptance among those considering themselves a survivor, victim, or neither survivor nor victim.

Finally, we compared the fit of the data under the null hypothesis that there would be group differences in self-compassion and the alternative hypothesis that there would not be group differences in self-compassion. An estimated Bayes's factor suggested that data were .148:1 in favor of the null hypothesis, or 6.76 times more likely to occur under a model without including the effect of group compared with a model including the effect of group. There were no differences in self-compassion among those considering themselves a survivor, victim, or neither survivor nor victim.

Results indicate that, among those who have experienced sexual assault, there is no significant difference in outcomes such as the degree to which one engages in self- and victim-blaming regarding participants' sexual assault experiences (measured by the AOR scale and the Rape Myth Acceptance scale). Furthermore, there is no difference between groups in levels of self-compassion. These findings were further supported when conducting Bayesian analyses which can address issues of small sample sizes.

Participant Comments

Although we did not ask them to do so, some participants chose to qualify or explain their choice of label. Some participants also chose to explain why they did not choose

a specific label. As we did not expect this to happen, we made no formal hypotheses regarding reasoning for label choice. However, we have provided the explanations provided by those who chose to qualify their responses below.

Survivor. Among those who identified as survivor, it was rare that participants qualified why they labeled themselves thus. One individual wrote, "Two assaults. I prefer Survivor." Some did indicate that they had never really spoken of the issue with anyone or had never considered the issue of labels, but in thinking about it now, they would prefer to call themselves a survivor.

Victim. Those who labeled themselves as victims were more likely to explain their choice compared with those who labeled themselves as survivors. Below are quotes of self-labeled victim respondents who qualified why they preferred the victim rather than survivor label:

> I would prefer to be called a victim, not a survivor. In my mind, a survivor is someone who experiences a situation that others have died in, like a Holocaust survivor, and have made it out alive regardless. On the other hand, victim doesn't have such a strong connotation tied to it, and it can mean a variety of things, which is what I prefer. Sexual assault does not have to be a type of life-threatening experience, for me it wasn't. I feel the title "survivor" should be reserved to those who have had life-threatening experiences in their life, whether that be through sexual assault, or any other form of assault.

> I don't really talk about it but I would prefer victim because I don't think my life was in danger I hope.

> If I have to pick, I pick victim since there's this horrible stigma with survivor that's all "oh yay, you overcame this and you're stronger and better off than before" or "you need to overcome this and stop being hurt."

Neither. Participants who elected to write neither victim nor survivor (even though this was not an option offered as a potential answer) were also likely to explain their answers. Many participants just wrote "neither" and often followed with "I don't talk about it." A few also indicated that they felt it did not matter what they were referred to as. Below are quotes of those who chose "neither" when explaining why they made their particular choice of label.

> I'm alive, so technically I survived. I don't consider myself a victim, but I was on the receiving end, so technically I was the victim. I don't care which term is used. I think both terms can be a bit condescending.

> I don't talk to people about it. But I wouldn't prefer either of them because I don't identify myself as one.

> Neither. I say I have been the target of sexual assault.

Discussion

As a result of the desire to empower those who have experienced sexual assault and return a modicum of the control that was stripped from them, many advocates have pushed for referring to such individuals as survivors rather than victims. According to labeling theorists, adopting a specific label may incite individuals to exhibit behaviors they feel are typical of said label. Negative labels may lead to poorer coping, whereas labels viewed as positive may foster healthier outcomes following sexual assault. Although much literature has examined narratives and conducted interviews regarding survivor–victim labels, research has yet to quantify the outcomes of those who label themselves as survivors or victims on factors such as self-blaming, victim-blaming, and self-compassion. We originally hypothesized that those who considered themselves survivors of sexual assault would have lower levels of self- and victim-blaming and higher levels of self-compassion compared with those who considered themselves victims of sexual assault. We adjusted our hypotheses to include participants who indicated that they thought of themselves as neither a survivor nor a victim, though we maintained the hypothesis that those who considered themselves survivors would still be less likely to victim- and self-blame and maintain higher levels of self-compassion.

Self-labeled victims, survivors, and those who felt they were neither victim nor survivor did not differ in self-blaming, victim-blaming via endorsement of rape myths, and self-compassion. This remained true even after controlling time since the sexual assault and when conducting Bayesian analyses to address issues of small sample size. It is worth noting that although groups did not differ in self-compassion, self-compassion was significantly and negatively related to self-blame in general. To our knowledge, no other research has looked specifically at self-compassion and self-blame. This is an especially important finding as there is a rise in trauma-centered self-compassion interventions (most centering around military veterans). Regardless of label, focusing on ways to increase self-compassion is a promising avenue of research. As explained previously, self-compassion has been shown to be a promising buffer against negative outcomes following traumatic events. Self-compassion inductions catered to sexual assault survivors may be more beneficial in addressing self-blaming attitudes and self-conscious emotions (e.g., shame, guilt) and increasing a sense of empowerment than merely promoting a survivor label.

More research is needed to determine the nuanced effects of labeling on both positive and negative outcomes as labeling theory proposes that people internalize and exhibit behaviors thought to be typical of labels. Intuitively, it would make sense that those who self-label as a survivor would therefore experience more positive outcomes (e.g., less acceptance of rape myths, decreased likelihood of blaming the self, and greater self-compassion) compared with those who self-label as a victim or neither. Based on the findings of the current study, however, we suggest that survivor versus victim labels may not be as straightforward as advocates imply. In light of the comments presented by participants in the current and past studies (e.g., Hunter, 2010; Ovenden, 2012), it seems that survivor and victim definitions of labels and their implications are tenuous. Despite the shift in and ample discourse on the topic of survivor- and victimhood, it appears that

not all of those who have experienced sexual assault have the same definitions of what it means to be a survivor or a victim.

There are a few limitations of the current study. In the current study, we did not use a measure to assess a specific "schema" or attitudes about specific labels that differentiates between what it means to be a sexual assault survivor or victim. Such a measure, to our knowledge, does not exist. We lack stable and cohesive agreed-upon definitions of survivor and victim of sexual assault (an issue discussed in the current article). Because of this, labels of such constructs exist on the idiographic level. More in-depth research should be conducted to examine lay definitions of survivor and victim, and whether labeling is a transitional process, before an appropriate measure to assess label-related schemas can be created.

The study has potentially low power with only 85 participants. However, the sample size is not rare considering that this is a special population. Furthermore, we addressed the small sample size issue by conducting Bayesian analyses, which supported our findings.

Another potential limitation is that only 10 of the 85 participants were male. Although females experience sexual assault with a significantly greater frequency than males, it is still important to include the outcomes of men as there exists stigma against men as targets of sexual assault in our culture. As Hunter (2010) found, men are less likely to experience a narrative that transitions into survivorhood. In the current study, it would have been imprudent to compare male-to-female outcomes with such uneven group sizes; therefore, we focused our discussion of sexual assault on the experiences of women. We did, however, control for gender in one of our analyses and there were no significant effects.

Sexual assault was not explicitly defined in the study. A wide range of experiences may be included in the definition of sexual assault, including both attempted and completed penetrative rape. Because sexual assault was not explicitly defined, those who have experienced attempted but not completed or penetrative assault may not have felt they could take part in the current study. Future research should use explicit definitions to include a wider array of participants who may be unsure as to what constitutes sexual assault.

Future research should also focus on construct education to help individuals form a stable and cohesive definition of what the labels of victim and survivor mean. Advocates could provide educational seminars and observe outcomes based on which labels participants choose after all receive the same information. Would individuals persist with a specific label following education on what a label entails? When all labels are defined and accessible to individuals, would those who label themselves as a survivor have better outcomes than those who label themselves as a victim? Furthermore, would there still be a certain percentage of people who choose to label themselves as neither a survivor nor victim? It would also be important to continue to control for the amount of time that has elapsed from the time of the assault to the time of measurement. Controlling for elapsed time will help to determine whether there is a natural transition from the victim to the survivor schema and whether time plays a factor in such a transition.

If future research were to find that there are different outcomes when all individuals have the same definitions yet choose different labels, steps could perhaps be taken to modify schemas to increase adaptive functioning. Research has shown that personal constructs of labels may be changed through information and education. For example, Moradi et al. (2012) illustrated that through courses on feminism and exposure to feminists, participants experienced a shift in personal constructs of feminism and whether they labeled themselves as feminists. Students who had previously held negative or ambivalent personal constructs of feminism (e.g., feminists are women who hate men and like to yell, while nonfeminists do not share the same behaviors) were likely to identify as feminist later on following education and exposure to feminism. Perhaps if advocates clearly define labels of survivor, victim, and the possibility of a transitional model, we may find that survivor labels are related to better outcomes. Education may make individuals feel more comfortable transitioning to a survivor label by addressing any potentially negative personal constructs that impede coping. Labeling theory (e.g., Link & Phelan, 1999; Macionis, 2012) suggests that once we adopt a label, we act in accordance with said label, modifying our behavior to match schemas associated with the label. Therefore, those who understand and adopt a survivor label may adopt survivor attitudes and experience positive outcomes.

A final limitation is that we did not originally offer an option for the label of "neither survivor nor victim" or "other." Perhaps more participants would have chosen a third label if one had been offered; therefore, the number of participants considering themselves neither a survivor nor victim in the current study may be an underestimation. Future research should offer other options (perhaps both "neither" and "other"). Asking and coding for explanations of label choice would be beneficial and such information could also be used to inform treatment of those who have experienced sexual assault.

The types of labels we offer in general—for example, survivor or victim—may, in and of themselves, be inappropriate to many individuals who have experienced sexual assault. Spry (1995) argued that sexual assault labels rely on a phallocentric language system that defines experiences within attackers' language. Forcing women to choose between the labels of survivor or victim strips them of the ability to define and give meaning to their own experiences and devalues human agency (Nissim-Sabat, 2009; Schott, 2012; Spry, 1995). The identity of the target of the assault is forever tied to the phallus such that she thereafter becomes either a victim or a survivor of the phallus (Spry, 1995). As Spry admits, however, there currently is no adequate female-centered language surrounding sexual assault experiences.

Based on qualitative findings from the current study (which supports past qualitative interview studies), it is suggested that forced labels of survivor or victim may not be inherently positive for all individuals. As found in the current study and in past research, labeling someone in general (or asking them to label themselves) implies that those who have experienced sexual assault must see their assault as a life- or identity-changing experience. Many individuals indicate that they often choose neither because they do not feel that their assault has changed them in any way. They do not wish to give power to the assault by assigning themselves a label and therefore, to their thinking, adopt the identity and perhaps stigma associated with any label.

Even if we were to achieve universally recognized definitions of labels, the act of labeling and forcing individuals to choose labels at all means that we potentially force individuals to incorporate their experiences with assault into their identity, which may not be something some individuals want. This reductionist mind-set detracts from the power of the individual to define their own experience with their assault. It is important to not only allow for and respect self-labeling, but to also allow for and respect lack of labeling.

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Author Biographies

Jessica Williamson has a PhD in experimental psychology with a focus on translational social/personality and health psychology from East Tennessee State University. She is currently an instructor at Kansas State University. Her research focuses on self-compassion as a buffer against depression, anxiety, stress (including trauma-related stress), and perceptions of self-compassion inductions.

Kelly Serna has a BS in psychology and a Certificate in conflict resolution from Kansas State University. Her research focuses on sexual violence on college campuses and how victim anonymity affects crime reporting. She is currently employed as an investigator for a government contractor. She is also a certified victim advocate and works with domestic violence shelters in the greater Kansas City area.