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#WhyIDidntReport: Women Speak Out About Sexual Assault on Twitter

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Background: In September 2018, Dr. Christine Blasey Ford accused then-nominee to the U.S. Supreme Court Brett Kavanaugh of sexual assault. When then-U.S. President Donald Trump questioned her credibility on Twitter, sexual assault survivors began tweeting their reasons for not reporting using the hashtag #WhyIDidntReport. This study examined how these posts were discussed on Twitter and to what extent the tweets fit within levels of the Social Ecological Model (SEM).

Method: This study used quantitative content analysis to code 1,000 tweets with #WhyIDidntReport for violence type, reasons for not reporting, and SEM levels.

Results: Overall, 68.7% of posts mentioned a specific reason for not reporting; of these, 24.1% referred to the perpetrator being in a position of power, 36.3% feared not being believed, and 20.6% mentioned that others invalidated the assault. In addition, 47.6% mentioned a specific form of violence. Within the SEM, 47.6% referred to individual, 52.6% to relational, 43.2% to community, and 21.7% to societal reasons for not reporting.

Conclusion: Reading social media content allows healthcare providers to directly discover how survivors talk about their experiences, priorities in the care environment, and how to support a patient-centered and trauma-informed approach.

Implications: Understanding reasons people do not report sexual assault is critical for healthcare professionals to engage patients in open, honest screening and intervention efforts.

KEY WORDS:

Sexual violence; social ecological model; Twitter

In September 2018, Dr. Christine Blasey Ford accused then-nominee to the U.S. Supreme Court Brett Kavanaugh of sexual assault. Soon after, U.S. President Trump questioned Dr. Ford's veracity on Twitter, saying that she or her parents would have reported the assault to the authorities 30 years ago if it "was as bad as she says." Immediately, sexual assault survivors responded

by tweeting their reasons for not reporting using #WhyIDidntReport (Fortin, 2018). These tweets represent the lived experiences of myriad individuals and the barriers that prevented them from seeking help, whether from law enforcement, healthcare providers, or both. Understanding these barriers can aid forensic nurses and other providers in overcoming patient barriers to disclosure and reporting, offering insights into how to create a trauma-informed care environment.

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The authors declare no conflict of interest.

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Sexual Violence

The Rape, Abuse, and Incest National Network (2018) estimates that, in the United States, a person is sexually assaulted every 98 seconds. This amounts to 321,500 assaults occurring each year among those aged 21 years and older and 60,000 assaults against children (Department of Justice, 2015; U.S. Department of Health and Human Services, 2013). However, sexual assault is the most underreported crime in the country: As many as 63% of all assaults are

unreported (National Sexual Violence Resource Center, 2015). Estimates suggest that one in five women and one in 10 men will experience sexual assault in their lifetime (Centers for Disease Control and Prevention [CDC], 2015). Even more alarmingly, only about six of every 1,000 perpetrators are caught or reprimanded (Department of Justice, 2015).

Sequelae of Assault

In addition to the trauma of assault, survivors evince more and more intense physical and mental health problems including chronic pain, depression, persistent fear states, and disturbed sleep (Burton et al., 2013, 2016; Csoboth et al., 2005; Humphreys et al., 2011; Humphreys & Lee, 2005). Furthermore, they often attain less success in educational and career pursuits than do their nonabused peers (Adams et al., 2013; Hall, 2000). In addition, betrayal trauma—the experience of being injured or traumatized by someone or something upon which the victim was dependent on for support or survival—can readily compound the experience and may influence a survivor's future relationships with partners and family members (Burton et al., 2019; Martin et al., 2013). Betrayal trauma may proceed as equally from a trusted other who behaved abusively or from an institution or community that failed to respond appropriately or support the survivor (Smidt et al., 2019; Smith & Freyd, 2017). This type of traumatization is particularly common among survivors who were not initially, if ever, believed (Smith & Freyd, 2017).

Social Discourse on Sexual Assault

Despite the prevalence of sexual assault and its clear impact on health, public discourses about sexual assault are often confined to blame assessment, self-defense options for those thought to be at risk, or the mental health of survivors (García-Moreno et al., 2015). The use of social media to understand how affected individuals view the systems ostensibly designed to aid survivors offers the forensic nursing community an important opportunity to gain a new and different understanding of how to best reach and engage survivors in care. Social media can provide survivors, care providers, and others the opportunity to reclaim narratives around sexual violence and to facilitate support for a public health response to sexual violence (Carlyle, 2017). In fact, #WhyIDidntReport was only one in a series of sexual-assault-related hashtags that achieved significant dissemination on and beyond social media. Others, including #WhyIStayed, #NotOkay, and #MeToo, exploded as responses to problematic, often victim-blaming, messages in popular media (Clark, 2016; Guidry et al., 2020; O'Neil et al., 2018; Weathers et al., 2016). To understand the potential impact of these hashtags on sexual assault prevention and treatment, it is necessary to approach them from a public health framework.

Public Health and Sexual Violence Prevention

The CDC (2020) use the Social Ecological Model (SEM) to frame prevention strategies for sexual violence. The SEM depicts the interplay of risk and protective factors across individual, relationship, community, and societal factors, highlighting the need for multilevel approaches to prevention (CDC, 2020). Messages about sexual violence on social media platforms fall within the societal level as they reflect and, at times, shape the social and cultural norms surrounding violence. However, within any given message, risk and protective factors at the other levels may be addressed, thus illustrating mutual influence. For example, alcohol or drug use at the individual level, unsupportive family environment at the relationship level, and lack of support from the police at the community level are all risk factors for sexual violence (CDC, 2020) and potential reasons why a person may not report sexual assault. Carlyle (2017) called for more research investigating conversations about violence on social media and how such discourses may promote a public health approach to prevention by encouraging societal level, rather than individual level, responses. Moreover, examining social media content—because it is user generated—can provide a more robust understanding of the barriers to reporting than traditional approaches. This is because the content is not bound by the same recruitment and participation biases found in laboratory research, which often relies on self-report survey and/or interview. As such, to understand the content and potential impact of #WhyIDidntReport, this study posed the following research questions:

RQ 1: How were #WhyIDidntReport posts discussed on Twitter, and how did users engage (via retweets, likes, and replies) with these posts?

RQ 2: To what extent did post content fit within levels of the SEM?

Method

This study used a quantitative content analysis of 1,000 distinct tweets containing the hashtag #WhyIDidntReport. Tweets were collected via random sampling in September 2018 using the web-based social media mining tool netlytic.org.

Coding Variables

“Twitter engagement variables” were defined as retweets (sharing another's post with one's own Twitter followers), likes, and replies (direct comment on a tweet). “Twitter-specific variables” included the post author's identification (individual, commercial, nonprofit, other), inclusion of visuals, and inclusion of hyperlinks to other sources. “Reasons for not reporting” included fear of being blamed, shame, perpetrator in a position of power, feeling threatened, fear of retribution, fear of not being believed, felt it was not important, others having invalidated the assault, did not realize it was abuse, believed they deserved it, felt afraid, believed



FIGURE 1. Example of perpetrator in a position of power.

perpetrator would go free, police/authorities did not take action in the past, police/authorities will not take action, perpetrator was a member of law enforcement, and did not want to relive trauma. “Violence type variables” included physical violence, sexual violence, harassment, rape, emotional/psychological aggression, verbal abuse, economic control, stalking, cyberstalking, and reproductive coercion. “Relationship to perpetrator variables” included family member, friend of family, friend/acquaintance, stranger, coworker/superior, coach/other leader, teacher/school faculty, (potential) romantic partner, and person in power. “SEM variables” included individual, relational, community, and societal reasons for not reporting (see Figures 1–13 for reflective exemplars).

Intercoder Reliability

Two coders analyzed tweets. Intercoder reliability was established using 10% ($n = 100$) of the sample, after which the first coder coded the remainder of the sample. The individual coefficients were all considered to be reliable, with the lowest Krippendorff's alpha coefficient at 0.81.

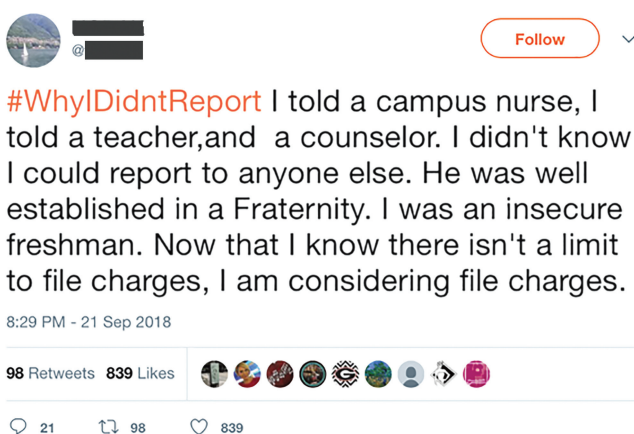


FIGURE 2. Example of perpetrator in a position of power.

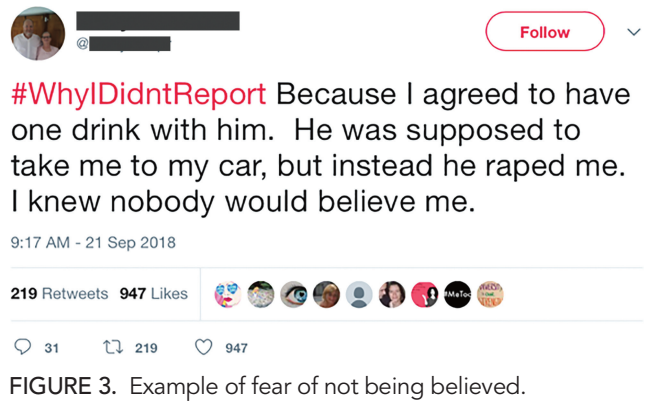


FIGURE 3. Example of fear of not being believed.

Statistical Methods

Descriptive analyses were carried out for all variables. Because social media engagement variables are not normally distributed, Mann–Whitney U tests were used to check for differences in Twitter engagement between tweets with and without a number of dichotomous variables. Distributions of the engagement frequencies were evaluated and found to be similar based on visual inspection of a box plot for all variables involved in the Mann–Whitney U tests.

Results

The primary goal of this study was to examine how #WhyIDidntReport posts were discussed on Twitter. Of the total sample, 68.4% mentioned a specific reason for the victim not reporting; of these, 24.1% referred to the perpetrator being in a position of power (see Figures 1 and 2), 36.3% feared they would not be believed (see Figures 3 and 4), 20.6% mentioned others invalidated the assault (see Figures 5 and 6), 15.4% referred attributions of blame (see Figures 7 and 8), and 14.3% mentioned shame as a reason for not reporting (see Figures 9 and 10). Figure 11 illustrates the reasons for not reporting.

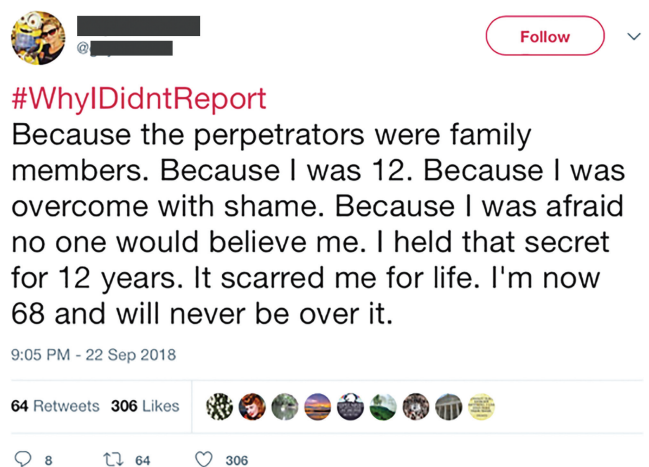


FIGURE 4. Example of fear of not being believed.

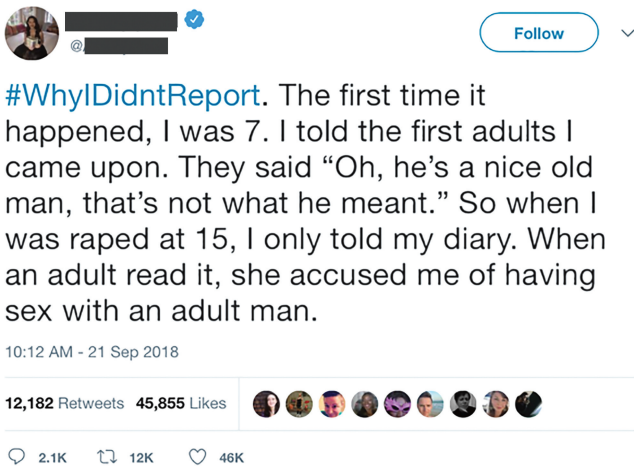


FIGURE 5. Example of others invalidating the assault.

In addition, 47.6% mentioned a specific form of violence. Of those, 95.6% referred to sexual violence and 40.5% referred to rape (see Figure 12). Reasons for not reporting could be categorized into levels of the SEM in almost three quarters (74.1%) of the tweets. Of those, 47.6% referred to individual, 52.6% to relational, 43.2% to community, and 21.7% to societal reasons (see Figure 13). In addition, 23.8% included a visual, and 13.8% included a hyperlink (see Table 1 for complete descriptive results).

Mann–Whitney *U* tests were used to determine if tweets with specific variables elicited significantly different engagement among Twitter users than tweets that did not use these variables. Tweets mentioning sexual violence, perpetrator in power, fear of retribution, perpetrator was law enforcement or coach/another type of authority figure, and fear of not being believed were all associated with significantly higher median levels of engagement. Mentioning family, friends, or a romantic partner as perpetrator; mentioning rape, physical violence, or harassment; and/or mentioning self-blame and not recognizing the experience as sexual assault were associated with significantly lower median levels of engagement. Finally, reasons for not reporting at both the relational and community levels of the SEM levels were

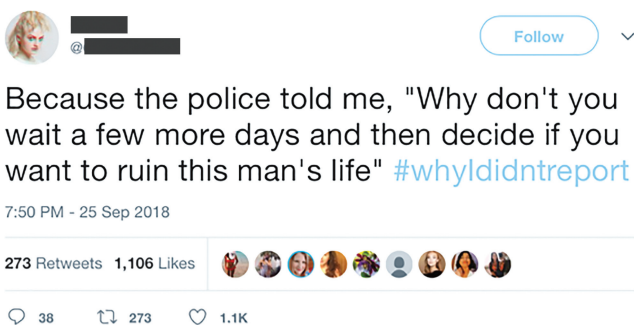


FIGURE 6. Example of others invalidating the assault.



FIGURE 7. Example of attributions of blame.

associated with significantly higher median levels of engagement (see Table 2 for complete results).

Discussion

Social media platforms have increasingly become a place for individuals to seek support and share both positive and negative personal experiences as well as to influence policies and practices in healthcare, government, and other institutions. Examining the conversations held on such platforms also offers insight into how social media offers opportunities for visibility, support, and activism. In the case of #WhyIDidntReport, survivors of sexual assault engaged in sharing and encouraging dialogues in response to the attack on Dr. Blasey Ford's credibility by then-U.S. President Donald Trump. Discussions tagged with #WhyIDidntReport covered attributions of blame—whether by self or others—reactions of friends and family, and identifying what had happened as abuse or assault as well as its effects on the individual. These tweets were authored by individuals from a wide variety of



FIGURE 8. Example of attributions of blame.



FIGURE 9. Example of shame.



FIGURE 10. Example of shame.

backgrounds and intersecting identities. Although authors included public figures such as celebrities, equally present were tweets from individuals who stated that they had never before disclosed their experience. The latter type of post may be of particular interest to forensic nurses and affiliated providers, as these posts can broaden understanding of how survivors decide whether or not to report their experiences with sexual violence.

The results of this study provide a perspective that is unique from previous content analyses of sexual-violence-related media content. Because many content analyses have focused on the broader context of violence and abuse—within which sexual violence is still often ignored—understanding of public discourses specifically around sexual assault remains underdeveloped. Carlyle et al. (2008) found that 96% of portrayals depicting a form of intimate partner violence (IPV) in their sample of newspaper stories referred to physical violence, with less than 2% mentioning sexual assault. A recent study by Carlyle et al. (2018) on IPV-related posts on the social media platform Pinterest found that, of the pins that portrayed a specific type of IPV, 63.1% portrayed or mentioned physical abuse, whereas 44.7% referenced sexual abuse. In contrast, and perhaps because #WhyIDidntReport was specifically in response to an allegation of sexual assault, the current study found that among tweets mentioning a specific form of violence, 95.6% referred to sexual violence and 40.5% referred specifically to rape, whereas only 7.6% referenced other physical violence.

Another interesting finding is the focus of #WhyIDidntReport on barriers to help-seeking, making the contribution of this study unique among social media investigations of IPV and sexual-violence-related hashtags.

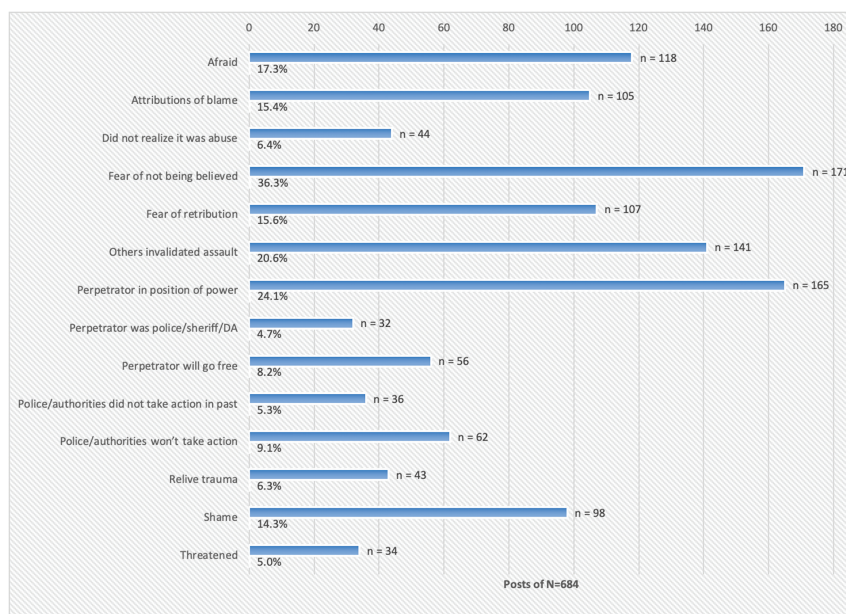


FIGURE 11. Overview of reasons to not report.

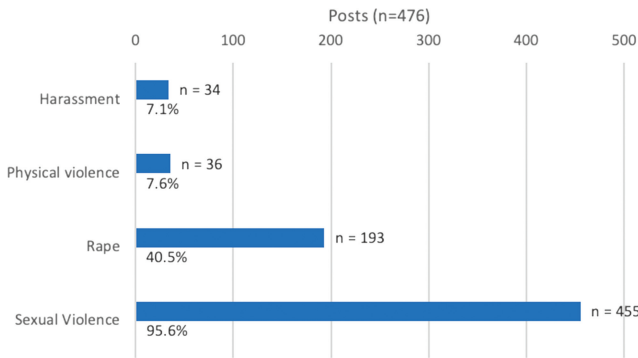


FIGURE 12. Overview of types of violence mentioned.

Although #WhyIDidntReport is similar to #WhyIStayed in terms of describing barriers to help-seeking after violence, it is more comparable with #NotOkay and #MeToo in terms of its focus on sexual violence, specifically. Neither of these latter hashtags reflected the same emphasis on obstacles to care or support services, however, which makes this particular study all the more relevant to the work of those providing such services. Identifying and developing remediations to such obstacles is vital to effective public health, policy, and institutional efforts to reduce the incidence and impact of sexual assault across populations.

Finally, the reasons for not reporting were more evenly distributed across levels of the SEM here than in other studies, possibly indicating a more comprehensive assessment of barriers to reporting. This suggests a social discourse that is moving away from individual victim blaming to understanding the full social context impacting these decisions. As Khan et al. (2020) note, this is in contrast to “rape myths” that are often otherwise pervasive in social discourses; these include beliefs that many women falsify assault claims, that some behaviors invite assault, that most assaults are perpetrated by strangers, and more. A broader and more contextualized understanding of the influences that discourage reporting thus has the potential to support enhanced and

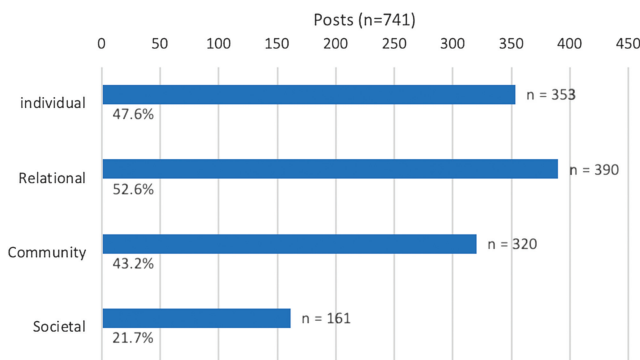


FIGURE 13. Overview of social ecological model constructs present.

TABLE 1. #WhyIDidntReport Descriptives on Twitter

Variable/subvariable	Percentage ^a
Identity Twitter poster	
Individual: male	21.1% (n = 211)
Individual: female	63.7% (n = 637)
Nonprofit/community	5.0% (n = 50)
Other	4.5% (n = 45)
Cannot tell	3.5% (n = 35)
Link included	13.8% (n = 138)
Reasons for not reporting	68.4% (n = 684)
Afraid	17.3% (n = 118)
Attributions of blame	15.4% (n = 105)
Did not realize it was abuse	6.4% (n = 44)
Fear of not being believed	36.3% (n = 171)
Fear of retribution	15.6% (n = 107)
Others invalidated assault	20.6% (n = 141)
Perpetrator in position of power	24.1% (n = 165)
Perpetrator was police/sheriff/DA	4.7% (n = 32)
Perpetrator will go free	8.2% (n = 56)
Police/authorities did not take action in past	5.3% (n = 36)
Police/authorities will not take action	9.1% (n = 62)
Relive trauma	6.3% (n = 43)
Shame	14.3% (n = 98)
Threatened	5.0% (n = 34)
Other	49.7% (n = 340)
Relationship to perpetrator	48.6% (n = 486)
Coach/another leader	8.0% (n = 39)
Coworker/superior	7.6% (n = 37)
Family member	9.9% (n = 48)
Friend/acquaintance	14.6% (n = 72)
Friend of family	3.5% (n = 17)
Multiple perpetrators	14.4% (n = 70)
Person in power	30.9% (n = 150)

(continues)

TABLE 1. #WhyIDidntReport Descriptives on Twitter, Continued

Variable/subvariable	Percentage ^a
Romantic partner	6.4% (n = 31)
Stranger	4.9% (n = 24)
Did not say specifically	29.8% (n = 145)
Specific form of violence	47.6% (n = 476)
Harassment	7.1% (n = 34)
Physical violence	7.6% (n = 36)
Rape	40.5% (n = 193)
Sexual violence	95.6% (n = 455)
Social Ecological Model: explanation for not reporting	74.1% (n = 741)
Individual	47.6% (n = 353)
Relational	52.6% (n = 390)
Community	43.2% (n = 320)
Societal	21.7% (n = 161)
Visual included	23.8% (n = 238)

^aThree percent or above.

more accessible services for survivors. As an example, a recent study of university-affiliated women of color found that these women carefully considered how reporting an experience of sexual assault or IPV would be perceived by their families and communities (Burton & Guidry, 2021). As one of the participants in that study commented, “[There’s] the shame thing, if like you have been touched, like no one’s going to want to marry you, like you are... my family—or like my culture, they say like you are like rotten fruit at that point, so no one wants to, you know, get rotten fruit” (Burton & Guidry, 2021, p. 7). For survivors who identify with marginalized populations, the risk of being ostracized may thus force a choice between valued social connections and reporting the assault. In examining the distribution of reasons #WhyIDidntReport across SEM levels, it may thus be possible to develop survivor services that provide needed support across a variety of domains.

Implications for Practice

Overall, the relatively high level of all types of Twitter engagement (retweets, likes, and replies) with mentions of

sexual assault and abuse is suggestive of a robust social discourse on these issues; however, the presence of physical abuse in a tweet was associated with a lower median level of engagement. This suggests that there remains a discursive disconnect between sexual assault and intimate partner or relationship violence, despite the fact that as many as one in three U.S. women report at least one lifetime instance of sexual violence by an intimate partner (National Center for Injury Prevention and Control, 2018). Clearly, there is need for further dialog and examination of these issues for forensic nurses and other care providers to develop more patient-centered intervention and prevention strategies. As definitions of sexual assault and sexual violence become more encompassing of coercive sexual experiences, intimate partner assaults, and other types of nonconsensual sexual contacts, survivors may be better able to name their experiences as sexual assault and/or IPV, whereas providers may be better able to communicate with patients and clients about those experiences (Bagwell-Gray et al., 2015; Khan et al., 2020).

Of particular interest in the latter is that this study’s sample may more accurately reflect a substantive and accurate range of sexual violence experiences and discursive processes because it is public-generated content and not subject to framing by traditional news media or nonprofit support organizations. Our findings show that tweets mentioning rape were associated with lower Twitter engagement in the form of a lower median frequency of likes and replies, which may be because of the “severity” of the word and the concept, whereas tweets mentioning powerful perpetrators were more likely to elicit engagement—possibly as a reflection of the precipitating incidents. In cases where the latter is at issue, providers must attend to the safety and privacy of the individual as well as to the experience: Reporting could create fractious situations with the family and community, especially where social supports may be tied to one or both.

The results of this study generally have important implications not only for the care of sexual assault survivors but also for universal implementation of trauma-informed care strategies. Forensic nurses and other healthcare providers should be aware of public discourse on sexual violence as it provides valuable insights into patient perspectives. Of particular importance were the tweets where the writers described not recognizing that the experience was in fact abuse or assault. As one user in this sample noted, “It took me a decade of denial to realize what it was.” Although this user specifically references denial, others pointed out that they were told it was normal, to be expected, or that a romantic partner could not be guilty of assault. These reflect the influence of the “rape myth” discourses described above. Providers must therefore be cognizant that some survivors neither identify as such, nor do they identify their experiences as assault. As such, simply asking a patient

TABLE 2. Dichotomous Independent Variables and Median Engagement Among #WhyIDidntReport Tweets

Engagement variable	Variable	Median present	Median absent	U	p Value
Boost engagement					
Retweets	Specific type of violence	354.00	154.00	147,860.500	<0.001
Likes	Specific type of violence	1,073.50	664.00	143,370.000	<0.001
Replies	Specific type of violence	30.00	15.00	147,215.000	<0.001
Retweets	Specific type: sexual violence	444.00	4.00	7,208.500	<0.001
Likes	Specific type: sexual violence	1,553.00	12.00	7,317.500	<0.001
Replies	Specific type: sexual violence	40.00	1.00	7,089.500	<0.001
Retweets	Reason: perpetrator in power	9,206.00	78.00	66,571.500	<0.001
Likes	Reason: perpetrator in power	31,503.00	281.00	66,633.000	<0.001
Replies	Reason: perpetrator in power	1,650.00	8.00	67,318.000	<0.001
Retweets	Reason: fear of retribution	9,185.00	97.00	47,794.500	<0.001
Likes	Reason: fear of retribution	41,589.00	407.00	48,537.000	<0.001
Replies	Reason: fear of retribution	2,150.00	13.00	47,957.500	<0.001
Retweets	Reason: fear of not being believed	757.00	91.50	69,846.000	<0.001
Likes	Reason: fear of not being believed	3,083.50	303.50	71,385.000	<0.001
Replies	Reason: fear of not being believed	78.00	3.00	70,573.000	<0.001
Retweets	Reason: authorities will not take action	757.00	126.50	22,416.500	0.034
Retweets	Reason: perpetrator was law enforcement	12,067.00	122.00	16,350.000	<0.001
Likes	Reason: perpetrator was law enforcement	31,501.50	16.00	11,100.000	<0.001
Replies	Reason: perpetrator was law enforcement	1,600.00	16.00	15,674.000	<0.001
Retweets	SEM: relational prevent reporting	259.00	173.00	75,279.500	0.019
Likes	SEM: relational prevent reporting	884.50	645.00	77,726.500	0.001
Replies	SEM: relational prevent reporting	29.00	22.00	77,300.500	0.002
Retweets	SEM: community prevent reporting	1,693.50	75.00	89,875.500	<0.001
Likes	SEM: community prevent reporting	5,782.00	316.00	87,962.000	<0.001
Replies	SEM: community prevent reporting	123.00	10.00	87,303.000	<0.001
Replies	SEM: societal prevent reporting	26.00	25.00	41,452.500	0.029
Retweets	Perpetrator: coach/another leader	55,695.00	111.00	15,246.000	<0.001
Likes	Perpetrator: coach/another leader	246,843.00	539.00	15,764.500	<0.001
Replies	Perpetrator: coach/another leader	4,400.00	15.00	15,349.000	<0.001
Retweets	Perpetrator: person in power	9,206.00	52.00	41,707.000	<0.001
Likes	Perpetrator: person in power	41,589.00	187.00	41,685.500	<0.001
Replies	Perpetrator: person in power	2,100.00	6.00	42,005.500	<0.001
Retweets	Multiple perpetrators	2,731.50	114.00	18,223.500	0.001
Likes	Multiple perpetrators	12,723.00	583.50	17,122.000	0.018
Replies	Multiple perpetrators	1,026.50	16.00	17,285.000	0.012
Decrease engagement					
Retweets	Specific type: physical violence	39.50	451.00	5,298.500	0.001
Likes	Specific type: physical violence	74.00	1454.00	5,136.500	<0.001

(continues)

TABLE 2. Dichotomous Independent Variables and Median Engagement Among #WhyIDidntReport Tweets, Continued

Engagement variable	Variable	Median present	Median absent	U	p Value
Replies	Specific type: physical violence	4.00	42.00	5,010.000	<0.001
Likes	Rape	618.00	1570.00	24,246.000	0.038
Replies	Rape	25.00	40.00	24,413.500	0.048
Retweets	Harassment	18.00	451.00	4,926.500	0.001
Likes	Harassment	63.50	1506.50	4,660.500	<0.001
Replies	Harassment	3.00	39.50	4,613.500	<0.001
Retweets	Reason: fear of being blamed	27.00	270.00	22,219.500	<0.001
Likes	Reason: fear of being blamed	89.00	802.00	21,872.000	<0.001
Replies	Reason: fear of being blamed	3.00	29.00	21,596.000	<0.001
Retweets	Reason: did not realize it was abuse	2.00	233.00	6,867.500	<0.001
Likes	Reason: did not realize it was abuse	13.50	771.00	7,633.500	<0.001
Replies	Reason: did not realize it was abuse	1.00	25.00	8,109.500	<0.001
Retweets	Reason: not want to relive trauma	91.00	173.00	10,428.500	0.007
Likes	Reason: not want to relive trauma	178.00	689.00	10,479.000	0.008
Replies	Reason: not want to relive trauma	5.00	22.00	10,542.500	0.009
Likes	Perpetrator: family member	418.50	889.50	8,681.500	0.047
Retweets	Perpetrator: friend of family	11.00	262.00	2,449.500	0.007
Likes	Perpetrator: friend of family	46.00	1036.00	2,524.500	0.010
Replies	Perpetrator: friend of family	2.00	33.00	2,414.000	0.005
Retweets	Perpetrator: friend/acquaintance	21.00	381.00	9,410.500	<0.001
Likes	Perpetrator: friend/acquaintance	123.00	1719.00	9,628.000	<0.001
Replies	Perpetrator: friend/acquaintance	4.00	53.00	9,400.500	<0.001
Retweets	Perpetrator: romantic partner	7.00	235.00	4,143.500	<0.001
Likes	Perpetrator: romantic partner	53.00	855.00	4,482.500	0.001
Replies	Perpetrator: romantic partner	4.00	31.00	4,692.500	0.002

about history of sexual violence or assault is not likely to yield accurate responses. Careful history taking is vital. The provider must not create a shaming or traumatizing situation by forcing the patient to identify the experience as sexual assault, as identifying as a survivor may bring with it reflections on social identity and self-concept that the patient is not ready or able to integrate. Even if the patient identifies as a survivor, studies suggest that they may not readily share that information with a provider (Burton & Carlyle, 2015). Although forensic nurses are usually aware of their patient's most immediate trauma, other providers may not routinely include screening for histories of sexual assault (Burton et al., 2019). This may lead to overlooked risk factors as well as missed opportunities to mitigate any of the myriad health conditions resulting from sexual assault. Finally, and perhaps most importantly, sexual assault disclosures should prompt health-care providers to acknowledge the considerable strength

and resilience of survivors and their potential for healing (Harvey, 2007).

Limitations

One limitation of this study is possible selection bias of the people who choose to tweet #WhyIDidntReport. Those willing to use the hashtag could be more comfortable discussing the topic and/or have already sought support such that they were less traumatized by recalling their experiences. In addition, it is unclear whether the respondents in this study used Twitter frequently or infrequently, further limiting the generalizability of the sample and the results. Finally, U.S. Twitter users tend to be younger; 38% of U.S. adults between the ages of 18 and 29 years and 26% of U.S. adults between 30 and 49 years old use the platform versus 17% of adults between 50 and 64 years old and only 7% of those over 64 years old (Perrin & Anderson, 2019). Future studies should consider focusing on other social media platforms as well as on older populations.

Conclusions

Health professionals need to be aware of social media platforms and consider using them to learn about and engage with survivors. Understanding the language used by survivors to share their stories and give voice for their experiences is imperative for working with them in an appropriately supportive manner. Developing a therapeutic relationship with a patient requires trust, patience, and understanding—all of which may be compromised in the context of trauma—and the lack of a shared language can lead to retraumatization (Cleary & Hungerford, 2015). Reading social media content allows providers to passively discover how survivors talk about their lived experiences, their priorities in the care environment, and how to help ensure a patient-centered and trauma-informed approach. Moreover, understanding the reasons why people do not report sexual assault is of vital importance for healthcare professionals aiming to engage patients in open, honest screening and intervening conversations.

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