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Exploring the association between anticipated and actual responses to disclosures of intimate partner violence and sexual assault

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Abstract

Victims of intimate partner violence (IPV) and sexual assault (SA) commonly disclose their experiences to friends or family members, or within other personal relationships. Disclosure recipients' responses to these disclosures are associated with victims' mental health. Previous research has separately measured both actual responses to IPV/SA and anticipated responses to IPV/SA (e.g., response to a hypothetical scenario) from the perspective of disclosure recipients. Yet, little research has described the association between disclosure recipients' anticipated and actual responses. The aim of the current paper was to use a prospective design to examine the association between disclosure recipients' anticipated and actual responses to IPV/SA, including positive and negative social reactions, perceptions of victim responsibility, empathy, and confusion and ineffectiveness about how to respond. Participants ($N = 126$ college students aged 18–23; 70.6% women) answered questions about their anticipated responses to a hypothetical IPV/SA disclosure scenario, and then six months later answered the same questions about their actual responses to an actual disclosure of IPV/SA. Although most anticipated and actual responses were significantly associated, associations were moderate in size. Some associations were stronger for participants with a closer relationship to the victim, for participants who had their own victimization history, for women, and for men. Individuals can predict their responses to some degree, but are not totally accurate in doing so.

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Open research statement

As part of IARR's encouragement of open research practices, the author(s) have provided the following information: This research was not pre-registered. The data used in the research are available upon request. The data can be obtained by emailing: katie.edwards@unl.edu. The materials used in the research cannot be publicly shared but are available upon request. The materials can be obtained by emailing: katie.edwards@unl.edu.

Keywords

Dating violence; disclosure; intimate partner violence; sexual assault; social reactions; social support; sexual violence; victim blaming

Intimate partner violence (IPV) and sexual assault (SA) victimization are prevalent experiences (Black et al., 2011) that are associated with numerous negative physical and mental health outcomes (Banyard et al., 2017; Dworkin et al., 2017; Exner-Cortens et al., 2013). Victims of IPV or SA often disclose their experience to friends, family members, or other individuals with whom they have a social relationship (Sylaska & Edwards, 2014). The disclosure experience is critical, because negative behavioral responses (called social reactions) from disclosure recipients are associated with victims' subsequent posttraumatic stress symptoms, and depression (Dworkin et al., 2019; Edwards et al., 2015a; Sigurvinsdottir & Ullman, 2015b).

Although most research on disclosure has focused on victims' reports of the responses they received from others, research has increasingly sought to understand the experiences of disclosure recipients (i.e., people who receive disclosures of IPV/SA and provide social reactions to another individual) (Edwards & Dardis, 2020). Prior research suggests that approximately half of college students (42–55%) have received a disclosure in the past six months (Edwards & Neal, 2015; Paul et al., 2013), and that receiving a disclosure can be an emotionally significant event, leading to positive outcomes such as increased feelings of closeness or negative outcomes such as emotional distress (Milliken et al., 2016). Research attempting to understand the experiences of disclosure recipients has generally addressed verbal and behavioral responses to disclosure (i.e., social reactions) and cognitive responses to disclosure (e.g., perceptions of the victim and whether they were helpful to the victim). We use the term *responses to disclosure* to encompass both behavioral and cognitive responses.

Although most research on disclosure recipients has assessed the recipients' actual responses, anticipated responses (that is, responses to a hypothetical disclosure scenario) are a useful construct to assess in two key areas of research. First, assessing anticipated responses to disclosure provides important descriptive information about normative responses to various scenarios, and thus, can be used in experimental contexts comparing responses in various scenarios (Paul et al., 2014a; Untied et al., 2012). For example, an experimental study could manipulate the gender of the victim to determine how these factors affect responses. These experimental studies assess anticipated responses to scenarios (not responses to actual situations). The utility of measuring anticipated responses is unclear because the degree to which those responses correspond to subsequent actual responses is unknown. Second, when evaluating the effectiveness of programs designed to improve responses to disclosure (Edwards & Ullman, 2018), anticipated responses offer an alternative to the measurement of actual responses, which cannot be used as an outcome across all participants because not all participants will receive a disclosure during the period of time in which the study is occurring. However, because the association between these

anticipated and actual responses is not known, the utility of anticipated outcomes for these program outcomes is also unclear.

Thus, the current paper explored this association between anticipated and subsequent actual responses. In the following sections, we describe the theoretical reasoning for this association. We then review literature on behavioral and cognitive responses, and finally review the limited literature on potential moderators of the association between anticipated and actual responses.

Theoretical background

The theory of planned behavior (Ajzen, 1991) is a commonly-used theory to describe individuals' behavior in a particular situation that is relevant to understanding matches and mismatches between intended and actual social reactions to IPV/SA. In general, theory of planned behavior suggests that beliefs and attitudes about the behavior, subjective norms surrounding the behavior, and perceived behavioral control work together to create a behavioral intention, which subsequently leads to behavioral enactment. Consistent with this theory, anticipated responses should be a strong predictor of actual responses. However, research suggests that the link between anticipated and actual responses may be more complicated. For example, research on bystander behavior in situations of IPV/SA shows that anticipated bystander behavior is not associated with subsequent bystander behavior (Austin et al., 2016), or may be moderated by aspects of the bystander situation (Hoxmeier et al., 2017). This may occur because it may be difficult to predict one's own future behavior. In particular, it may be that individuals anticipate offering prosocial reactions, but under the stress of a challenging situation, they do not act as prosocially as they anticipated. Although the theory of planned behavior pertains to predicting actual behavior (for example, social reactions), one might also apply the theory to how intended cognitive responses may be associated with actual cognitive responses, that is, how an individual anticipates their social reactions and cognitive responses such as empathy should be associated with their actual social reactions and cognitive responses.

Behavioral responses to disclosure: Anticipated and actual social reactions

Social reactions to disclosure can be positive (e.g., providing support and resources) or negative (e.g., blaming the victim, taking control of decisions) (Ullman, 2010), and negative reactions in particular are associated with negative mental health outcomes (Dworkin et al., 2019). Most research on disclosure recipients has assessed the social reactions that they provided in a specific instance of disclosure (i.e., actual social reactions), and not anticipated social reactions to a hypothetical scenario (Beeble et al., 2008; Davis & Brickman, 1996; Paul et al., 2013, 2014a, 2014b). However, in general, participants report far more positive than negative reactions, both for actual social reactions and anticipated social reactions (Davis & Brickman, 1996; Edwards & Ullman, 2018; Paul et al., 2013, 2014a; Untied et al., 2012). In one study, there was a difference between actual and intended responses in terms of number of resources recommended: a group of participants who responded about actual responses recommended far fewer resources to victims than a group of participants who

anticipated responses (Fleming et al., 2020). However, no research has examined whether anticipated behavioral responses longitudinally predict actual behavioral responses.

Cognitive responses to disclosure: Perceptions of the victim and assistance

In addition to disclosure recipients' behavioral responses to survivors (i.e., social reactions), researchers may also seek to understand anticipated and actual cognitive responses to disclosure, including perceptions of victim responsibility and empathy for the victim, and perceptions of assistance, including confusion about how to respond and perceptions of ineffectiveness (Ahrens & Campbell, 2000). Extant research shows the importance of these cognitive responses. One study found that among college students receiving disclosures, as many as two-thirds felt unsure of how to help the victim, and less than half of supporters think they did a good job helping the survivor (Banyard et al., 2010). A subsequent study similarly found that participants sometimes felt uncomfortable providing support in IPV/SA disclosure situations, and sometimes felt that their response was unhelpful (Cusano & McMahon, 2019). Disclosure recipients often feel confusion, guilt, and distress if they feel they do not know how to help (Christiansen et al., 2012). Indeed, such confusion about how help victims predicts supporter distress (Milliken et al., 2016). At least one study has compared anticipated and actual cognitive responses cross-sectionally, finding a group who reported on anticipated responses was similar to a group reporting actual responses on awareness of resources that may be helpful to victims (Fleming et al., 2020). However, no research has examined whether anticipated cognitive responses longitudinally predict actual cognitive responses.

Hypothesized moderators

Although no research has examined potential moderators of the association between anticipated and actual responses to disclosure, extant literature provides clues to factors that may impact this association. One factor is gender of the disclosure recipient. As compared to men, women tend to provide fewer negative and more positive social reactions (Bonnar-White et al., 2018; Iles et al., 2018). Cognitive responses may also differ according to gender, with women being more empathetic than men (Osmann, 2011; Verhofstadt et al., 2016). Women are also more likely to receive disclosures than men (Edwards et al., 2020a), and thus, may have more accurate views of how they will respond due to greater experience. Another potential moderator is previous victimization. Victims may have a better understanding of appropriate responses and a more accurate prediction about how they may respond to disclosure as a result of their own experiences with disclosure (Lorenz et al., 2018). More negative and fewer positive reactions may be provided when alcohol was involved in the assault, compared to disclosures where alcohol was not involved in the assault (Ullman & Najdowski, 2010), whereas disclosure recipients with a closer relationship to the victim tend to provide fewer negative and more positive reactions (Edwards & Dardis, 2020). It may be that disclosure recipients respond more negatively and less positively than they would have anticipated when alcohol was involved in the assault and when the victim is not someone with whom they have a close relationship.

The current paper

The link between anticipated and actual responses is unclear, and to our knowledge, no previous studies have examined this association, either cross-sectionally or prospectively. Prospective studies of this association are needed in particular to understand how anticipated responses are associated with actual responses provided later, thereby minimizing the potential for recall biases on self-reported anticipated responses. In the current paper, we explored the association between anticipated and actual responses to disclosure six months later (Aim 1). Responses to disclosure included behavioral responses (i.e., negative and positive social reactions) as well as cognitive perceptions of the victim (degree to which recipient holds the victim responsible, and empathy for the victim) and cognitive perceptions of assistance (degree to which recipient is confused about what to do, and degree to which they felt their response was ineffective in helping). We hypothesized, based on the theory of planned behavior, that anticipated responses would be strongly associated with subsequent actual responses. Because previous research shows that disclosure recipient gender (Bonnar-White et al., 2018; Iles et al., 2018), whether alcohol was involved in the assault (Ullman & Najdowski, 2010), and relationship closeness between the recipient and victim (Edwards & Dardis, 2020) may impact anticipated and actual responses, we examined these constructs as potential moderators of the association between anticipated and actual responses (Aim 2). We hypothesized that the positive association between anticipated and actual responses would be stronger for women than men, stronger for victims than nonvictims, stronger when alcohol was not involved in the assault than when alcohol was involved, and stronger when the relationship between the recipient and victim was close than when the relationship was not close.

Method

Procedure

The current paper uses data from a larger study that took place at a residential, medium-size public university in the northeastern United States and received approval from the university's Institutional Review Board. The larger study was a randomized controlled trial to evaluate a program aiming to reduce negative and increase positive social reactions to IPV/SA disclosure (Edwards et al., 2020b). The university's Dean of Students sent emails to randomly selected, full-time, undergraduate students between the ages of 18 and 24 on the behalf of the researchers. These emails (initial and two reminders) were sent via mass email to 7,000 students in four batches across 4 weeks in the fall of 2018. We also sent an email from the research team to all professors at the University with classes greater than 60 students ($n = 205$ professors), as identified by the course catalog. Lastly, we posted fliers in residence halls and other shared spaces about the study. Overall, 1,831 students started the baseline survey (Time 1), of whom 1,268 consented to and completed the survey. Approximately 6 months later, participants completed the follow-up survey (Time 2; $n = 889$).

Participants

The current paper used a subset of participants from the broader study. At each time point, participants who had received a disclosure in the past 6 months answered questions about their actual responses, and participants who had not received a disclosure in the past 6 months answered questions about their anticipated responses (measurement technique described in detail subsequently). Thus, participants who responded at both Time 1 and 2 ($n = 889$) fell into four categories: participants who received a past-6-month disclosure at both time points and thus reported actual responses at both Times 1 and 2 ($n = 355$); participants who did not receive a past-6-month disclosure at either time point and thus reported anticipated responses at both Times 1 and 2 ($n = 197$); participants who received a past-6-month disclosure at Time 1 only and thus reported actual responses at Time 1 and anticipated responses at Time 2 ($n = 187$); and participants who received a past-6-month disclosure at Time 2 only and thus reported anticipated responses at Time 1 and actual responses at Time 2 ($n = 126$). Twenty-four participants did not answer the questions and thus are not included in the prior categories.

Given that our aim was to examine participants' anticipated responses and subsequent actual responses, participants for the current paper were the 126 students who reported anticipated responses to disclosure at Time 1 and actual responses to a disclosure at Time 2. We compared the sample of participants used in the current analysis ($n = 126$) to all other participants ($n = 1142$) on demographic variables (e.g., gender, sexual orientation, race, ethnicity, year in college, and age) using a series of t -tests and chi-square tests. Participants in the sample for the current paper were more likely to be in their second college year ($X^2 = 8.74, p = .00$) compared to participants who were in the broader study but not in the current sample. Groups did not differ on age, gender, sexual identity, race, ethnicity, or year in college besides second year.

The mean age of the participants included in this paper was 19.5 ($SD = 1.2$; range 18–23). Of the participants, 21.4% were in their first year ($n = 27$), 34.9% second year ($n = 44$), 19.8% third year ($n = 25$), and 23.8% fourth year ($n = 30$). Regarding gender, 70.6% of the participants identified as a woman ($n = 89$) and 29.4% identified as a man ($n = 37$). Although we gave options for non-binary identity and to self-identify, no students identified another gender. Participants were 92.1% White ($n = 116$), 5.6% Asian/Asian American ($n = 7$), 3.2% Black/African American ($n = 4$), and 0.8% American Indian or Alaska Native ($n = 1$). Four percent were Hispanic/Latino ($n = 5$). Compared to the general population demographics of the university, women were overrepresented in the current study (the university is approximately 50% women) and the racial composition was comparable (the university is 10% non-White students; University of New Hampshire, 2020). Participants were 92.1% heterosexual/straight ($n = 116$) and 6.5% sexual minority (i.e., lesbian, gay, bisexual, another non-heterosexual identity; $n = 8$).

Measures

Experiences of disclosure and characteristics of disclosure.—At Time 1, all participants in the current paper denied receiving a past-6-month disclosure and thus answered questions about a hypothetical scenario where a friend, family member, or

someone else told them they had been a victim of SA and/or IPV (“Imagine a friend, family member or someone else told you they had been a victim of sexual assault and/or intimate partner abuse. When we refer to sexual assault, we mean any type of unwanted sexual experience including [but not limited to] unwanted touching, verbal pressure for sex, use of physical force for oral, anal, and/or vaginal sex, giving someone alcohol or drugs so they cannot resist sex, etc. Intimate partner abuse refers to any sexual, physical and/or psychological abuse as well as stalking that happens within the context of a current or previous dating or intimate relationship”).

At Time 2, all participants endorsed the item, “In the past 6 months, has someone (e.g., friend, acquaintance, family member, dating/romantic partner) told you they experienced any of the following?” This item was followed by three items assessing receipt of SA disclosures (e.g., “someone [including, but not limited to, a romantic partner] used physical force, threats of physical force, alcohol/drugs to incapacitated you to have sexual intercourse [oral, anal, vaginal]”) and 13 items assessing receipt of physical, verbal, and psychological IPV disclosures (e.g., “their partner threw something at them,” “their partner refused to talk to them,” “their partner monitored their phone, email, social media account”).

Time 2 questions about the actual disclosure included whether the victim had been drinking when the experience happened and the relationship between victim and disclosure recipient. Some participants received multiple disclosures in the past 6 months; these participants responded to a series of question to identify the single disclosure for which they would respond to questions. We asked participants to answer the subsequent questions about a person who is over 18, who was a student at the university where the study was conducted, if applicable, and then to respond to questions about the most recent disclosure. Participants entered initials or a nickname to help them remember about whom they were answering questions.

Anticipated and actual social reactions.—Participants responded to an initial version of the Social Reactions Questionnaire—Shortened (Relyea & Ullman, 2015; Ullman et al., 2014). At Time 1, the present participants all answered questions about their anticipated behavior, and at Time 2, they answered questions about their actual behavior. This scale has two subscales: negative reactions (10 items; e.g. “Told them that they were irresponsible or not cautious enough”; “Tried to take control of what they did/decisions they made”), and positive reactions (4 items; e.g. “Listened to their feelings”). Response items for anticipated reactions ranged from 1 = *extremely unlikely* to 5 = *extremely likely*, and response items for actual reactions ranged from 1 = *never* to 5 = *always*. Thus, assessments of anticipated reactions reflected the *likelihood* of engaging in the reaction in a hypothetical scenario, whereas assessments of actual reactions reflected the *frequency* with which a reaction was provided in a real disclosure scenario. Final scores on the subscales were a mean of items. Reliability for anticipated reactions at Time 1 was $\alpha = .80/.78$ for negative and positive, respectively, and for actual reactions at Time 2 was $\alpha = .84/.68$ for negative and positive, respectively.

Anticipated and actual cognitive responses.—Participants responded to two scales from the Friends’ Perceptions of the Victims and the Assault questionnaire (Ahrens &

Campbell, 2000): the victim responsibility scale (four items, e.g. “I was angry at them for letting this happen”) and the empathy scale (three items, e.g. “I could imagine being in her place”). At Time 1, the present participants all answered questions about their anticipated perceptions, and at Time 2 answered questions about their actual perceptions. Response items for both anticipated and actual perceptions ranged from 1 = *strongly disagree* to 5 = *strongly agree*. Final score on the subscales was a mean of items. Reliability for anticipated victim responsibility at Time 1 was $\alpha = .78$, and for actual victim responsibility at Time 2, was $\alpha = .84$. Reliability for anticipated empathy at Time 1 was $\alpha = .73$, and for actual empathy at Time 2, was $\alpha = .81$.

Participants responded to two scales from the Friends’ Perceptions of their Assistance questionnaire (Ahrens & Campbell, 2000), the confusion scale (six items, e.g. “I didn’t know what to do to help them”) and the ineffectiveness scale (six items, e.g. “I felt that my efforts to help didn’t help them”). At Time 1, the present participants all answered questions about their anticipated perceptions, and at Time 2 they answered questions about their actual perceptions. Response items ranged from 1 = *strongly disagree* to 5 = *strongly agree* for both anticipated and actual perceptions. Final score on the subscales was a mean of items. Final score on the subscales was a mean of items. Reliability for anticipated confusion at Time 1 was $\alpha = .82$, and reliability for actual confusion at Time 2 was $\alpha = .81$. Reliability for anticipated ineffectiveness at Time 1 was $\alpha = .80$, and reliability for actual ineffectiveness at Time 2 was $\alpha = .83$.

Previous victimization.—At Time 1, participants responded to two questions asking if they had ever, in their lifetime, experienced unwanted sexual contact or unwanted sexual intercourse (0 = no, 1 = yes), with the questions (Banyard et al., 2007; Ward et al., 1991), “In your lifetime, have you had sexual contact with someone when you didn’t want to?” and “In your lifetime, have you had sexual intercourse with someone when you didn’t want to?” Sexual contact and sexual intercourse were defined. Participants also responded to four questions asking if they had ever, in their lifetime, experienced verbal, physical, or psychological PA (0 = no, 1 = yes), for example, “My partner insulted or swore or shouted or yelled at me.” These questions were taken from the Revised Conflict Tactics Scale (Straus & Douglas, 2004). Any participant who experienced unwanted sexual contact, unwanted sexual intercourse, verbal, physical, or psychological PA was coded as 1 = yes for this variable.

Analysis plan

Missing data on variables was low (0% to 4%), so listwise deletion was used for all analyses. Although we did not find that the intervention that was the subject of the larger study from which these data were drawn significantly impacted actual social reactions (Edwards et al., 2020b), we controlled for intervention condition in all analyses. Aim 1 was to examine the association between anticipated and actual responses to disclosure 6 months later. For social reactions, assessments of anticipated reactions reflected the likelihood of engaging in the reaction in a hypothetical situation, whereas assessments of actual reactions reflected the frequency with which a reaction was provided in an actual disclosure situation. For cognitive responses to disclosure, assessments of both anticipated

and actual responses to disclosure reflected the extent to which participants agreed or disagreed that they experienced that response. We conducted bivariate correlations between Time 1 anticipated responses and the corresponding Time 2 actual responses (negative, positive; victim responsibility, empathy, perceptions of confusion, and ineffectiveness). We then conducted multiple regression analyses where anticipated responses predicted actual responses to disclosure. These analyses were conducted in two steps. Step 1 included covariates intervention condition and race, as well as all hypothesized moderators (gender, previous disclosure recipient victimization, alcohol-involved victimization, and close relationship) as co. Step 2 included anticipated reactions.

Aim 2 was to identify moderators of the relationship between intended and actual responses. We built upon the Aim 1 multiple regression analyses in which the outcomes were Time 2 actual responses by adding step 3, which included the interaction terms between the anticipated response and moderator. We tested each potential moderator in a separate model and used the SAS Process macro (Hayes, 2017) to probe significant interactions.

Results

Descriptive statistics for major study variables can be found in Tables 1 and 2. In general, participants anticipated that they would be very or moderately likely to provide positive social reactions and unlikely to provide negative social reactions. Similarly, participants provided positive social reactions with moderate frequency, and negative reactions infrequently. Participants expected that they would have moderate levels of empathy and low levels of victim responsibility, confusion, and ineffectiveness. In terms of actual responses, participants also reported moderate levels of empathy, and low levels of victim responsibility, confusion, and ineffectiveness.

Aim 1: Association between anticipated and actual responses

At the bivariate level, we found that anticipated and actual negative reactions, and anticipated and actual positive reactions, were significantly positively associated (Table 1). That is, we found that participants who anticipated a higher likelihood of providing negative and positive reactions tended to give those reactions more frequently during a subsequent disclosure. We also found significant positive associations between anticipated and actual victim responsibility, empathy, confusion, and ineffectiveness (Table 2). That is, participants who more strongly agreed that they anticipated these responses tended to more strongly agree that they experienced these responses during a subsequent disclosure. In step 2 of the multiple regressions, the same pattern was observed after accounting for the effects of the covariates: anticipated responses were significantly associated with all corresponding actual responses (Tables 3 and 4).

Aim 2: Moderators of relationship between anticipated and actual responses

Regarding behavioral responses, the interaction between anticipated negative social reactions and close relationship was the only significant interaction (Table 3; Figure 1). The adjusted means for actual responses at \pm one SD from the intentions mean were 1.15/1.19 for participants with a non-close relationship with the victim and 1.01/1.51 for participants

with a close relationship with the victim. The simple slope test was not significant for non-close relationship ($b = .04$; $p = .80$) but was significant for close relationship ($b = .51$; $p = .00$), suggesting that participants with a close relationship were more likely to give more negative social reactions if they anticipated doing so, whereas this was not the case for participants with a non-close relationship to the victim.

Three interactions were significant for cognitive responses (Table 4): the interaction between victim responsibility and previous victimization, the interaction between empathy and gender, and the interaction between effectiveness and gender. These significant interactions are depicted in Figure 1. For victim responsibility, the adjusted means for actual responses at $-/+$ one SD from the intentions mean were 1.36/1.59 for non-victims and 1.26/2.11 for victims. The simple slope test was not significant for non-victims ($b = .24$; $p = .19$), but was significant for victims ($b = .87$; $p = .00$), suggesting that victims responded with more victim blame if they intended to do so, where this was not the case for non-victims. For empathy, the adjusted means for actual responses at $-/+$ one SD from the intentions mean were 3.04/4.08 for women and 3.30/3.21 for men. The simple slope test was significant for women ($b = .56$; $p = .00$), but was not significant for men ($b = -.05$; $p = .83$), suggesting that men tended to have moderate empathy for victims in an actual scenario regardless of the level of empathy they anticipated, whereas women who anticipated being more empathetic were more likely to actually be more empathetic when receiving a disclosure. Finally, for ineffectiveness, the adjusted means for actual responses at $-/+$ one SD from the intentions mean were 1.60/2.09 for women and 1.35/2.46 for men. The simple slope test was significant for both women ($b = .35$; $p = .00$) and men ($b = .80$; $p = .00$), suggesting that both men and women tended to feel ineffective in an actual situation if they anticipated this response, but that this association was stronger for men than women.

Discussion

The goal of the current paper was to explore the association between anticipated and actual responses to disclosures of IPV/SA. Given that researchers may have several reasons to measure anticipated responses (e.g., experiments, program evaluation), it is important to understand how these anticipated responses are associated with actual responses. In Aim 1, we explored the association of anticipated responses to disclosure with actual responses to a subsequent disclosure. In Aim 2, we explored potential moderators of this association. Findings indicate that most anticipated and actual responses were significantly associated, suggesting that people are at least somewhat accurate at predicting their future behavioral and cognitive responses.

With regard to both behavioral and cognitive responses to disclosure, individuals who anticipated higher likelihood of most social reactions also reported those reactions more frequently. This is consistent with the theory of planned behavior (Ajzen, 1991), which suggests that behavioral intentions subsequently lead to behavioral enactment. Not all research finds that anticipated behavior is associated with actual behavior; for example, anticipated bystander behavior does not predict actual bystander behavior (Austin et al., 2016). In addition, associations for negative and positive social reactions were of moderate strength (bivariate correlations = .39 and .21). Thus, individuals are somewhat accurate at

predicting their future reactions; however, they may respond differently than they expect in an actual situation.

One potential explanation for this finding is that the questions about anticipated reactions pertained to the likelihood of offering a given reaction, whereas the questions about actual reactions pertained to the frequency with which that reaction was offered. Some individuals might have rated themselves as being highly likely to offer a reaction that they ultimately only offered once. Such individuals would have made accurate assessments of their future behavior even though their scores on anticipated and actual reactions would be different. Future research should assess both the anticipated and actual frequency of engaging in various social reactions. A second explanation is that individuals may engage in fewer overall behaviors or a narrower range of reaction types in an actual scenario than they endorse in response to a general hypothetical disclosure scenario. Without having more contextual details about the characteristics of the disclosure experience, individuals may endorse a wide range of potential reactions. When in an actual disclosure situation, they may select a subset of the reactions they know to be appropriate to fit the specific needs of the victim with whom they are interacting (Cutrona & Russell, 1990). For example, one might view both tangible assistance and emotional support as desirable reactions and thus endorse anticipating both reactions in response to a general question about a wide variety of potential hypothetical scenarios. However, in an actual situation, a particular victim might only need emotional support. This explanation may also explain why in previous research, participants reporting on actual responses recommend fewer resources than participants reporting on a hypothetical scenario (Fleming et al., 2020). Alternatively, disclosure recipients may provide a narrower range of reactions (e.g., listening only) when they are confused about how to respond. Future research using measurement of anticipated social reactions should consider that these anticipated social reactions are only moderately predictive of the frequency of subsequent social reactions and take this finding into consideration when drawing conclusions.

We found evidence that the associations between anticipated and actual responses were moderated by relationship closeness, previous victimization experience (on part of the disclosure recipient, and gender (Aim 2). Such aspects of the disclosure have been found in previous research to impact actual responses (Edwards & Dardis, 2020; Ullman & Najdowski, 2010). Participants with a close relationship with the victim were more likely give a more negative reaction with the victim if they anticipated doing so, whereas participants were not as accurate in predicting their likelihood of negative responses for non-close victims. This finding was consistent with hypotheses, and may be due to the fact that participants were asked to think broadly about the ways in which they would response do a disclosure in which the nature of the relationship was not specified. Participants may have imagined a friend disclosing to them when responding to the hypothetical scenario. In addition, it is possible that disclosure recipients react in ways that they do not expect when responding to someone whom they do not know well.

Significant moderated effects were also found for the associations of anticipated and actual cognitive responses. First, participants with a victimization history were more accurate in predicting their victim blame response than participants without a victimization history. This

finding was not surprising and was consistent with hypotheses, as victims likely have more personal experience than non-victims with both giving and receiving disclosures (Paul et al., 2013) and thus may have a more accurate view of their response. Second, women were more accurate in their predictions about their empathy than men (consistent with hypotheses). Specifically, men tended to have moderate empathy for victims regardless of the level of empathy they anticipated, whereas women who anticipated being more empathetic were more likely to actually be more empathetic. Men are more likely to accept rape myths and to blame victims than women (Grubb & Turner, 2012), and these stronger beliefs may have been harder to recalibrate when receiving a disclosure. On the other hand, women tend to have more empathy for victims than men (Osman, 2011), so they may be more able to accurately judge their likelihood of feeling empathy in a given scenario. In addition, women are more likely to have themselves been victimized (Black et al., 2011), which could have improved their accuracy in predicting their empathy.

Finally, the association between anticipated and actual ineffectiveness was stronger for men, contrary to hypotheses. Men's anticipated ineffectiveness was generally lower than women, but their actual ineffectiveness was higher than women. Men tend to have had less experience receiving disclosures (Edwards et al., 2020a), which may result in feeling less confident about their responses, whereas women may have had experience in this realm to draw upon when predicting their anticipated and actual ineffectiveness. Due to the high number of statistical moderation tests we conducted (e.g., these two interactions would not have been significant if using a *p*-value adjustment), and lack of an overall pattern, we interpret these results tentatively. Future research should seek replication.

Limitations and future directions

There are several limitations of this study related to the sample. First, we only included participants who had not received a past-six-month disclosure at Time 1 and subsequently received a disclosure by Time 2. Although we analyzed demographic differences between these participants and participants who received disclosures at both Times 1 and 2, the current sample may not be generalizable beyond individuals who have not received a recent disclosure. Second, our data lacked diversity in terms of race and sexual orientation. In particular, sexual minority students are at higher risk for IPV/SA victimization and may have unique experiences around IPV/SA disclosure (Edwards et al., 2015b; Sylaska & Edwards, 2015). Future research should focus on sexual minority disclosure recipients, especially given evidence that sexual minority survivors receive more negative social reactions to disclosures of sexual assault and even anticipate receiving more negative reactions, both of which have harmful psychological impacts (Moschella et al., 2020; Sigurvinsdottir & Ullman, 2015a). Third, given the topic matter of the current study, it is likely that some self-selection into the study occurred, which limited our variability and led to a more homogenous sample of students interested in the topic of violence disclosure.

Several limitations related to the study design are important to note. First, our sample size was low, and interactions require more sample size to be fully powered than do main effects (McClelland & Judd, 1993). Thus, our moderation analyses were likely underpowered to find significant moderation, especially for gender, given that our sample

of men was small ($n = 37$). The small sample size of men also increased risk for spurious findings. Future research should seek to replicate these findings. Second, it is possible that our sample size limited our ability to explore IPV and SA disclosure separately; future research could examine the relative association of anticipated and actual responses for each of these types of violence disclosure. Third, participants only answered questions about one actual scenario; future research could use a within-person design to explore whether anticipated and actual responses may match differently in different disclosure situations. Fourth, participants' responses at Time 2 may have been influenced by their research participation at Time 1; for example, reporting anticipated negative responses at Time 1 may have prompted participants to reflect on their attitudes and change their behavior. Finally, our hypothetical scenario was broad, simply asking participants to imagine a friend, family member or someone else told you they had been a victim of sexual assault and/or intimate partner abuse. More specific scenarios may yield more or less accurate predictions. In addition, the use of a broad hypothetical scenario precluded participants from reflecting on a similar scenario to the one they ultimately responded to. However, it is likely not feasible to ask about a sufficiently wide range of specific scenarios to permit situation-specific matching of anticipated to actual responses. Qualitative research is needed to understand why anticipated and actual responses may differ and specifically how disclosure recipients perceive that actual disclosure situations (including aspects of the victimization) differed from their expectations.

Implications

Studies asking participants to respond to hypothetical scenarios are common in fields studying IPV/SA disclosure, bystander behavior, and cognitive responses to victims such as victim blame (e.g., Paul et al., 2014a; Untied et al., 2012). However, prior to the current study, the utility of this design was unclear. Researchers measuring anticipated responses to disclosure in vignettes may need to consider these results of the current paper when interpreting their findings. Although individuals can predict their responses to some degree, the association between anticipated and actual responses is only moderate, meaning there are some limitations to measuring anticipated responses. In addition, the accuracy of anticipated responses to vignettes and actual responses may differ according to personal factors such as previous victimization and gender; thus, these factors should be measured in vignette studies. Based on the results of the current study, we suggest that 1) research should assess actual responses whenever possible, given that it is actual responses that will ultimately impact survivors' recovery (Dworkin et al., 2019), and 2) researchers assess the association between anticipated responses and actual responses in their target population before conducting a study using anticipated responses, to understand the limitations of their study. Although we focused on responses to disclosure, it may also be advisable to conduct similar studies in other social science fields. For example, studies may measure intended reactions to situations with spouses or children, or intended helping behavior in situations beyond IPV/SA, such as that to prevent alcohol-related injury and overdose. In regard to practice implications, practitioners should further include boys and men in IPV/SA programs to reduce perceptions of victim responsibility and increase empathy (Carlson et al., 2015). Program developers may also consider the impact of relationships on reactions, and work to reduce intended negative reactions among those with a close relationship with

the victim. Finally, it may be important for program participants to discuss the ways in which they anticipate responding and their reasons for how and why they might respond. Facilitators may also alert participants of the factors that may change how they respond, even if they intend to respond positively. These discussions, in conjunction with role plays, could increase the likelihood that positive changes in anticipated responses lead to positive changes in actual social reactions.

Conclusion

This is the first paper to examine the relationships of anticipated and actual behavioral and cognitive responses in college students' responses to IPV/SA disclosure. Despite its limitations, this research has important implications for research: although anticipated responses predict actual responses, researchers using anticipated responses in research should be cautious about their conclusions. In addition, the current paper identified constructs that moderate the association between anticipated and actual responses, which should be measured in future research on this topic. Researchers and practitioners should create programs to improve disclosure recipient responses that aim to positively impact IPV/SA survivors' recovery.

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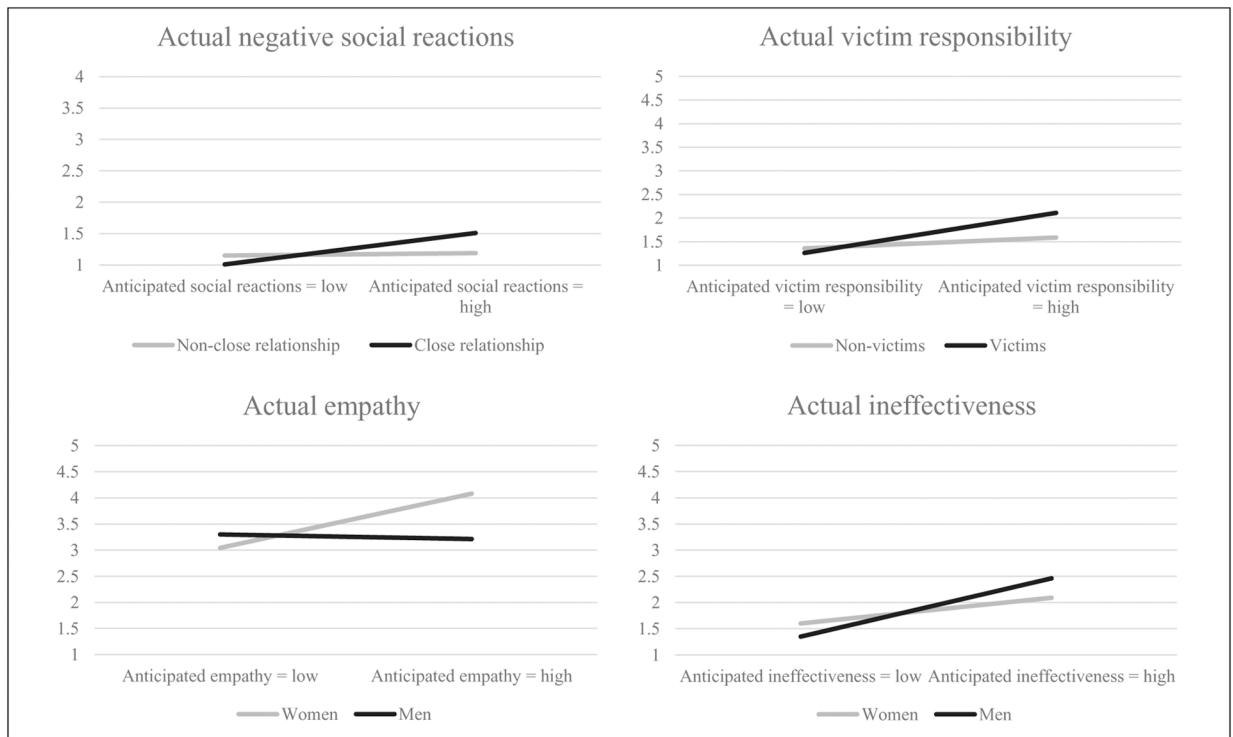


Figure 1.
Significant moderation effects (Aim 2).

Table 1.

Bivariate correlation between Time 1 anticipated and Time 2 actual social reactions.

Variable	M (SD)	1	2	3
1. T1 Anticipated negative social reactions	1.48 (0.52)	—		
2. T1 Anticipated positive social reactions	4.69 (0.50)	-.41***	—	
3. T2 Actual negative reactions	1.27 (0.46)	.39***	-.30**	—
4. T2 Actual positive reactions	3.85 (0.76)	-.22*	.31**	-.10

Note. Although we present all correlations, the correlations of interest to address Aim 1 are **bolded**. T1 = Time 1. T2 = Time 2.

*
 $p < .05$.

**
 $p < .01$.

 $p < .001$.

Table 2.

Bivariate correlations between Time 1 anticipated and Time 2 actual perceptions of victim and assistance.

Variable	<i>M (SD)</i>	1	2	3	4	5	6	7
1. T1 Anticipated victim responsibility	1.52 (0.58)	—						
2. T1 Anticipated empathy	3.31 (0.94)	-.17	—					
3. T1 Anticipated confusion	2.50 (0.78)	.33***	.29**	—				
4. T1 Anticipated ineffectiveness	2.20 (0.72)	.39***	.32***	.77***	—			
5. T2 Actual victim responsibility	1.60 (0.79)	.39***	-.18*	.18*	.22*	—		
6. T2 Actual empathy	3.52 (0.99)	-.23*	.43***	-.20*	-.15	-.09	—	
7. T2 Actual confusion	2.22 (0.80)	.16	.28**	.46***	.39***	.55***	-.08	—
8. T2 Actual ineffectiveness	1.94 (0.72)	.26**	-.33***	.41***	.48***	.70***	-.08	.74***

Note. Although we present all correlations, the correlations of interest to address Aim 1 are **bolded**. T1 = Time 1. T2 = Time 2.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 3.

Regression analysis predicting actual social reactions (Aim 1) and moderation analyses (Aim 2).

	Negative social reactions	Positive social reactions
	β	β
Main effect (Aim 1)		
Anticipated	.56 ^{***}	.29 ^{**}
R^2	.23 ^{***}	.08 ^{**}
Gender (Aim 2)		
Gender	-.02	-.26 ^{**}
Anticipated	.51 ^{***}	.28 [*]
Anticipated \times Gender	.08	.01
R^2	.00	.00
Victimization (Aim 2)		
Victimization	.14	-.01
Anticipated	.57 ^{***}	.25 [*]
Anticipated \times Victimization	-.01	.06
R^2	.00	.00
Alcohol-involved victimization (Aim 2)		
Alcohol-involved	-.08	-.16
Anticipated	.69 ^{***}	.10
Anticipated \times Alcohol-involved	-.17	.23
R^2	.01	.02
Close relationship (Aim 2)		
Close	.11	.26 ^{**}
Anticipated	.05	.60 [*]
Anticipated \times Close relationship	.55 ^{**}	-.33
R^2	.05 ^{**}	.01

Note. All coefficients are adjusted for intervention condition, race, gender, previous disclosure recipient victimization, alcohol-involved victimization, and close relationship. Continuous independent variables were centered. Gender was coded as 0 = women and 1 = man. Victimization was coded as 0 = non-victim and 1 = victim. Alcohol-involved victimization was coded as 0 = not alcohol-involved and 1 = alcohol-involved. Close relationship was coded as 0 = non-close relationship and 1 = close relationship.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 4.

Regression analysis predicting actual cognitive responses (Aim 1) and moderation analyses (Aim 2).

	Victim responsibility	Empathy	Confusion	Ineffectiveness
	β	β	β	β
Main effect (Aim 1)				
Anticipated	.38 ^{***}	.38 ^{***}	.47 ^{***}	.49 ^{***}
R^2	.12 ^{***}	.12 ^{***}	.21 ^{***}	.21 ^{***}
Gender (Aim 2)				
Gender	.03	-.14	.01	.05
Anticipated	.27 [*]	.51 ^{***}	.42 ^{***}	.36 ^{**}
Anticipated \times Gender	.20	-.26 [*]	.10	.24 [*]
R^2	.02	.05 [*]	.01	.04 [*]
Victimization (Aim 2)				
Victimization	.16	.08	.05	-.03
Anticipated	.18	.48 ^{***}	.38 ^{**}	.45 ^{***}
Anticipated \times Victimization	.30 [*]	-.15	.15	.06
R^2	.05 [*]	.01	.01	.00
Alcohol-involved victimization (Aim 2)				
Alcohol-involved	.04	-.10	.03	.10
Anticipated	.29	.29 [*]	.54 ^{***}	.60 ^{***}
Anticipated \times Alcohol-involved	.13	.17	-.12	-.17
R^2	.01	.02	.01	.02
Close relationship (Aim 2)				
Close	-.04	.11	-.03	-.04
Anticipated	.38	.50 ^{**}	.29	.44 ^{**}
Anticipated \times Close relationship	.01	-.14	.23	.06
R^2	.00	.01	.02	.00

Note. All coefficients are adjusted for intervention condition, race, gender, previous disclosure recipient victimization, alcohol-involved victimization, and close relationship. Continuous independent variables were centered. Gender was coded as 0 = women and 1 = man. Victimization was coded as 0 = non-victim and 1 = victim. Alcohol-involved victimization was coded as 0 = not alcohol-involved and 1 = alcohol-involved. Close relationship was coded as 0 = non-close relationship and 1 = close relationship.

* $p < .05$.

** $p < .01$.

*** $p < .001$.