An Observational Analysis of 'Me Too' Narratives from YouTube

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Abstract

The 'me too' movement originated to help survivors of sexual violence by providing resources and building a community of advocates to exemplify the magnitude of sexual violence victimization. This movement gained momentum via Twitter due to the viral hashtag—#metoo. YouTube is often used as a means of expression in younger generations, thus sexual violence survivors began using the platform as a way to disseminate 'me too' narratives. Therefore, this study aimed to examine how sexual violence narratives resulting from the 'me too' movement are being told on YouTube and understand the components of the narratives related to self-blaming mindsets. Based on predetermined search criteria, researchers identified and screened YouTube videos of people sharing 'me too' narratives, and developed themes and codes (e.g., type of violence, perpetrator characteristics). Descriptive statistics and a logistic regression were conducted using demographic, experience, and attitudinal data to predict self-blaming mindsets. Sixty-two YouTube videos were included, consisting of 96 individual 'me too' stories. The sample was mostly female, and perpetrators were predominately strangers. The model explained 19.3% of the variance in self-blaming attitudes. Odds of self-blaming rose 4.589 times for those who experienced sexual harassment, and 6.109 times for those who experienced rape. If the perpetrator was not mentioned in the video, odds of self-blaming dropped by 89.4%. This study suggests self-blaming beliefs are prominent among victims, even when they have the space to share their story. Overall, our findings support the continued need for further education and support for victims.

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Introduction

Sexual violence is a complex public health problem that led to the development of the 'me too' social movement. The 'me too' movement, founded in 2006 by Tarana Burke, originally aimed to help women of color from low socioeconomic communities heal after experiencing sexual violence. Since initiation, 'me too' has expanded support to all individuals who have experienced sexual violence. By providing a platform, the 'me too' movement has helped reduce feelings of isolation and raise awareness of the incidence of sexual violence in communities (About Me Too, 2018). On October 15, 2017, the actress Alyssa Milano, tweeted "If you've been sexually harassed or assaulted write 'me too' as a reply to this tweet" (Milano, 2017). In less than twenty-four hours the tweet had 55,000 replies with #metoo being the top trending hashtag (Sayej, 2017). A global conversation was ignited around sexual violence in the months following the 'me too' movement (About Me Too, 2018).

In the United States, one in three women and one in six men will experience at least

one incident of sexual violence in their lifetime (Smith et al., 2017). Sexual violence is defined as "a sexual act committed against someone without their freely given consent" (Basile et al., 2014, pg. 11). Sexual violence is an all-encompassing non-legal term that is composed of three categories: 1) sexual assault, 2) sexual harassment, and 3) rape. Defining the three subcategories is essential to accurately discuss sexual violence (Basile et al., 2014). Sexual assault is any sexual activity or contact perpetrated without consent, while sexual harassment is any unwelcome behavior or comments made by one person to another (Office on Women's Health, 2017a). The third category, rape, is defined as any sexual assault that includes sexual penetration, no matter how slight, without consent (Office on Women's Health, 2017b).

In addition to Twitter, other social media platforms such as Facebook and YouTube spotlighted the 'me too' movement. YouTube.com is a worldwide video sharing platform that allows users to upload their own videos as well as watch, comment, and like other posted videos. With over 1.9 billion users, YouTube has become one of the highest-traffic social media sites to date ("YouTube by the numbers," 2018). Researchers have begun investigating how YouTube can be an asset in telling stories and explaining the motivations and emotions behind specific topics (Foley et al., 2015). Previous studies have looked at personal narratives via YouTube as it pertains to cancer stories, eating disorders, and being a youth of color (Chou et al., 2011; Holmes, 2017; Phelps-Ward & Laura, 2016). With the limited literature surrounding the recent 'me too' social movement, social media platforms like YouTube allow researchers to analyze a variety of narratives to better understand the impact of the movement (Hwang & Kim, 2015).

In the current 'me too' movement era, a firm emphasis has been made to challenge social norms and steer away from victim-blaming (About Me Too, 2018; McMahon, 2010). Victim-blaming differs from self-blaming behavior. In victim-blaming, others place partial or full fault on the victim for the actions that occurred to them; whereas, in self-blaming, and individual blames themselves for the assault that perpetrated toward them. Social norms theory suggests that: 1) an individual's behavior is often influenced by misperceptions of how their peers think and act, and 2) correcting perceived norms can lead to decreases in problem behavior (Perkins & Berkowitz, 1986). Until recently, the responsibility to prevent sexual assault fell on the victims through risk reduction (e.g., do not drink, avoid certain clothing; Anderson & Whiston, 2005) and as a result, rape myths became more normative (Aronowitz et al., 2012). The concept of rape myths originated in the 1970s from sociologist and feminist scholars to explain cultural norms that exist to validate sexual aggression against women. The myths function as a means to rationalize violence, marginalize experiences, and maintain power dynamics along with blaming the victim (Burt, 1980; Edwards, Turchik et al., 2011). Examples of rape myths are the belief that what a woman wears, her drinking behaviors, or her overall demeanor constitutes a woman prompting her assault (Hayes-Smith & Levett, 2010). Additionally, research has found the acceptance of rape myths can predict sexually violent acts and that men's engagement in sexual violence can be predicted by rape myth acceptance (Loh et al., 2005).

Overall, the prevalence of sexual violence is continuing to increase globally. The 'me too' movement has empowered thousands of individuals to share their stories and has begun shifting social norms that could lead to

less sexual violence (Aronowitz et al., 2012). Because of the limited research on the 'me too' movement, analyzing personal narratives of 'me too' could add valuable insight to what is currently known about sexual violence. This study aims to: 1) look at how sexual violence narratives are being told on YouTube, and 2) understand how components of these narratives relate to victim-blaming (self-blame) beliefs.

Methods

The data for this project were collected via a single Google search string to identify personal stories that emerged in response to the 'me too' movement on YouTube. This method was chosen because it allows for decreased bias, free sharing, and the ability to limit issues like geography and cross-sectional data collection (Barry et al., 2018). YouTube has also become a means of expression in younger generations, thus is an appropriate avenue to find valuable narrative data. Previous studies have used YouTube as a tool for analysis in a variety of health topics including rape culture (Garcia & Vemuri, 2017), powdered alcohol use (Barry et al., 2018), and immunizations (Keelan et al., 2007).

Data Collection

A multi-staged approach to data collection was employed in this study. First, the research team collected YouTube videos—on a computer that had the cookies cleaned—based on search criteria and basic information for all videos/narratives. They then screened videos as a team and developed themes. Lastly, individually, they watched the videos in their entirety and coded narratives based on the agreed upon themes.

Videos for analysis were identified by first conducting a Google search using terms "me too," "my story," and "site:youtube.com" in a singular search string. Only videos uploaded between October 15, 2017 and September 13, 2018 were included. Alyssa Milano first tweeted about #MeToo on October 15, 2017 and data collection began in September 2018. Additional inclusion criteria were that videos had to: (1) contain a personal account of sexual violence, and (2) be in English. Duplicates and videos removed by YouTube were not included. The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) model was utilized to outline the inclusion and exclusion of narratives (Moher et al., 2009).

Codebook

The research team collected descriptive information from all videos that resulted from the original search (n = 221), including: (1) name of video, (2) channel name, (3) search page number, (4) date uploaded, (5) length of the video, and (6) number of views. One-hundred and fifty-five videos were excluded because they did not meet the inclusion criteria (e.g., not a personal story, not in English). The final sample of videos (n = 62) was divided by the four-member research team and reviewed for initial themes. Several of the videos presented multiple stories, prompting the researchers to separate the video sample into individual stories to obtain a final sample of 97 narratives. The PRISMA flow diagram in Figure 1 outlines the procedures used to come to the final sample.

After the initial analysis, the research team watched a subset of narratives together, (n = 20) of the stories to narrow down themes, solidify final codes, and increase interrater reliability (MacQueen et al., 1998). The researchers divided the remainder of stories

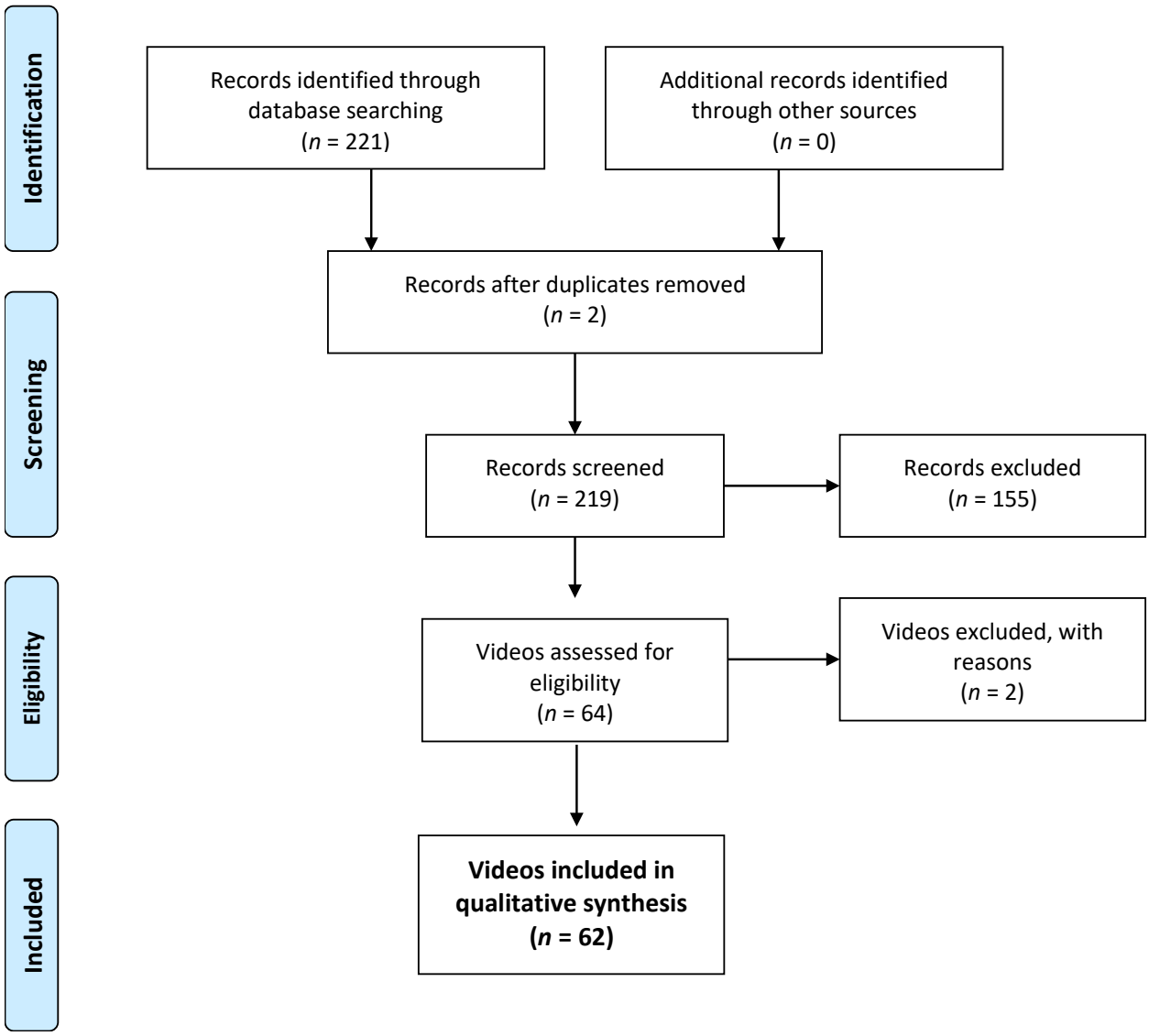

Figure 1. PRISMA flow chart of video inclusion procedures

and independently coded each of the stories according to finalized codes.

The final codes included: (1) gender (i.e., individual telling story was male, female, or transgender based on coder appraisal unless explicitly stated), (2) self-blaming (explained below), (3) need for education (i.e., individual expressed need for future education on topic), (4) cue to action (i.e., individual encourage others to speak out/tell story), (5) reported (i.e., individual reported sexual violence to police or other authorities), (6) type of interaction (explained below), (7) location of the event, (8) perpetrator (explained below), (9) long-term mental health consequences (i.e., individual identified psychological effects after event), and (10) multiple experiences (i.e., individual expressed more than one incident of sexual violence).

Self-blaming was identified if the individual expressed rape myth acceptance for their sexual violence incident. For the purposes of uniform and consistent coding, rape was defined as oral, vaginal, or anal penetration; sexual assault was any unwanted physical contact other than specified as rape; and sexual harassment was defined as any unwelcome verbal or non-physical interaction of a sexual nature. Location was initially coded by public, private, bar, house, or work. Then, researchers decided to combine variables and dichotomized location into public (e.g., bar, store, work, etc.) or private (e.g., home dwelling) settings. Perpetrator was divided into categories including stranger, coworker, friend, family, and partner/spouse. All of the individual stories in the sample were assessed using these codes. Due to the complex nature of the narratives, multiple codes could be applied to an individual story. All themes were coded as being explicitly stated by the narrator. If a component was not mentioned it was coded as not occurring. Using SPSS™ version 24, we conducted descriptive statistics and a logistic regression analysis to explain self-blaming beliefs among narrators. Demographic, experience, and attitudinal data were used for both analyses.

Results

In our sample of 'me too' stories, narrators were 10.3% male (n = 10), 88.7% female (n = 86), and 1.0 % transgender (n = 1) sharing their story on YouTube. The sample of individual stories identified 27 incidents of sexual harassment, 55 incidents of sexual assault, and 20 incidents of rape, with some individuals identifying multiple types of sexual violence in their story. Of the individuals who disclosed a location, 42.3% occurred in a public setting and 33.0% occurred in a private setting. Only 9.0% of individuals identified reporting their case to authorities. Out of the individuals that identified their relationship to the perpetrator, 33.0% were strangers, 20.6% were co-workers, 14.4% were friends, 11.3% were family members, and 6.2% were a partner/spouse.

Throughout the 'me too' stories, 24.7% expressed self-blame, 30.9% explained the need for further education, 56.7% encouraged others to speak out and tell their story, 30.9% experienced long-term mental health consequences following the event, and 37.1% identified multiple occurrences of sexual violence throughout their life. In our sample, 69.1% of the sexual assault victims expressed a need for more people to speak out, while only 23.6% of sexual harassment, and 25% of rape victims, encouraged others to share their story.

In our sample, of the individuals who portrayed self-blaming attitudes, meaning they felt partial blame for the incident occurring, 58.3% reported having long-term mental health consequences, and 41.6% called for further education on the sexual violence topic. In addition, 50.0% of individuals who had self-blaming attitudes and long-term mental health consequences called for an increase in education. See *Table 1* for all descriptive statistics.

Regression Analysis

A logistic regression analysis was conducted to predict occurrences of self-blame based on attributes of experiences or beliefs. Education, cue to action, sexual harassment, sexual assault, rape, and perpetrator were assessed as independent variables in the model to explain self-blame. The logistic regression model statistically significantly explained 19.3% (Psuedo R^2 = .1903) of the variance in self-blame ($X^2(10)$ = 20.66, p = .024). If an individual was sexually harassed, they had 4.589 times the odds of experiencing self-blame (OR =

4.589, $z = 2.03$, $p = .043$, CI = 1.051-20.031). If an individual was raped, they had 6.109 times the odds of experiencing self-blame (OR = 6.109, $z = 2.35$, $p = .019$, CI = 1.351-27.628). If the perpetrator was not stated or identified in the narrative, the individual had .106 times the odds (were 89.4% less likely) of experiencing self-blame (OR = .106, $z = -2.28$, $p = .022$, CI = .015-.727). See *Table 2* for the regression model.

Table 1

Descriptive Statistics for a Sample of Individuals Telling Their 'Me Too' Story via YouTube

Variable	*N*	%
Gender		
Female	86	88.7
Male	10	10.3
Transgender	1.0	1.0
Self-blaming	24	24.7
Need for Education	30	30.9
Cue to Action	55	56.7
Reported to Authorities	9	9.3
Type of Sexual Violence		
Sexual Harassment	27	27.8
Sexual Assault	55	56.7
Rape	20	20.6
Location		
Public	41	42.3
Private	33	34.0
House	29	29.9
Work	19	19.6
Bar	7	7.2
Perpetrator		
Stranger	32	33.0
Friend	14	14.4
Family	11	11.3
Co-Worker	20	20.6
Partner/Spouse	6	6.2
Not-mentioned	14	14.4
Long-Term Mental Health Consequences	30	30.9
Multiple Experiences	36	37.1

Note. *n* = individuals that identified/described variable in story, % percentage

Table 2

Logistic Regression Results for Prediction of Self-blaming Attitude Among a Sample of Sexual Violence Survivor Stories

Variable	OR	SE	*Z*	*p*	CI
Education	1.436	.865	.6	.548	(.441-4.673)
Cue to Action	1.375	.897	.49	.626	(.382-4.941)
Sexual Harassment	4.589	3.45	2.03	.043*	(1.051-20.031)
Sexual Assault	1.007	.650	.01	.991	(.285-3.567)
Rape	6.109	4.703	2.35	.019*	(1.351-27.628)
Perpetrator					
Stranger	.288	.208	-1.73	.084	(.070-1.184)
Friend	.892	.669	-.015	.879	(.206-3.875)
Coworker	.408	.339	-1.08	.281	(.080-2.081)
Partner or Spouse	.726	.749	-.31	.756	(.096-5.492)
Did not say	.106	.104	-2.28	.022*	(.015-.727)
Constant	.270				

Note. * Indicates a significant result

Discussion

RQ 1: How are sexual violence narratives being told on YouTube?

After collecting and coding 97 narratives, the following variables emerged: victim-blaming/self-blaming, reporting, type of sexual violence, location, multiple occurrence, relationship to the perpetrator, and cues to action, suggesting common themes are told through narratives on YouTube.

Victim-blaming/self-blaming. The 'me too' movement has effectively empowered individuals to share their stories via social media platforms. With the 'me too' movement shifting its focus towards empowering sexual violence victims (About Me Too, 2018), it was surprising to see self-blaming mindsets still prevalent within our sample. Individuals that had been raped and sexually harassed were more likely to identify self-blaming attitudes. Concurrent with existing literature (Hayes et al., 2013), all stories in this study that expressed self-blaming attitudes aligned with the acceptance of rape myth beliefs. Some of the rape myth beliefs mentioned in the videos were clothing ("I shouldn't have worn those leggings"), promiscuity, ("I led him on"), and alcohol use ("That is the drunkest I have ever been in my life").

Several studies support a relationship between sexual violence and long-term psychological symptoms displayed, such as maladaptive coping strategies, social adjustment, post-traumatic stress disorder, and depression (Chaudhury et al., 2017). A majority of the individuals that identified a self-blaming attitude reported having long-term mental health consequences after the event. This may be due to the individual feeling they caused the sexual violence event. Although the 'me too' movement is a world-wide phenomenon, American culture continues to perpetuate normative beliefs of not believing survivors' stories and shaming those who speak out or seek help (Khan et al., 2018).

Reported. Compared to the national sexual violence report rates, the sample

analyzed in this study displayed very low rates of reporting their incident to authorities or law enforcement (10% of the sample vs. 23% nationally; National Sexual Violence Resource Center, n.d.; National Criminal Justice Reference System, 2018; Rennison, 2002). The low report rate represented by our sample could be explained by: a victim's desire to maintain their social identity (Khan et al., 2018); feeling that the incident is not "police worthy;" feeling ashamed (Alderden & Long, 2016); the fear of being mistreated or not believed (World Health Organization, n.d.b.); feeling guilt, embarrassment, and/or mistrust related to the criminal justice system; and a desire to keep the violence private (National Institute of Justice, 2010). Furthermore, an inconsistency among terminology is prominent in the literature due to the legal considerations set forth by individual states, potentially decreasing the reporting rates (Chou et al., 2011). For example, in some states, being under the influence of alcohol forfeits one's ability to provide consent, while in other states, unless a person is unconscious, they can still give consent under the influence of alcohol. And finally, perhaps those represented in our sample feel their account on YouTube serves as a mechanism for reporting, despite the fact that authorities are not involved.

Type of sexual violence, location, and multiple exposures. Contrary to expectations, our study displayed a higher rate of sexual violence in public versus private locations (Duwe et al., 2008; RAINN, 2015). Sexual violence offenses occurring in a private location are more inclined to be rape offenses (Greenfield, 1997). This could explain our study results since individuals identify a higher rate of public sexual violence, and lower incidence of rape. The prevalence of sexual assault in our sample was higher than that of previous studies, however the prevalence of rape and sexual harassment were lower (RAINN, n.d.). This could be attributed to the heavy emphasis of media coverage during the 'me too' movement on celebrity stories headlined as "sexual assault" rather than harassment and rape. Thus, individuals could have felt that sharing stories about sexual assault was more appropriate than sharing other forms of sexual violence.

Previous literature has suggested a relationship between prior sexual assault incidents and predicting future re-victimization (Sorenson et al., 1991). Women who have a history of sexual victimization are two times more likely to experience victimization in the future (Ellis et al., 1982; Gidycz et al. 1995; World Health Organization, n.d.a). Our sample support this with reports of multiple experiences of sexual violence occurring.

Perpetrator. Current literature shows the majority of sexual violence incidents are perpetrated by an intimate partner, relative, friend, or acquaintance (National Institute of Justice, 2010). Contrary to this statistic, the largest percentage of perpetrators described in our study were strangers. One potential explanation for this could be that testimonies are being shared on YouTube, a public forum. It is likely unsafe for a person who experienced violence with someone they know to share their account in such a public way. In fact, studies show that victims of sexual violence, especially by someone they know, are unwilling to share their story with anyone (Ahrens, 2006; Weiss, 2010), let alone on a forum available to anyone with Internet access. Also, if the perpetrator described on YouTube is not a stranger, viewers are more likely to know and identify the perpetrator. This could result in increased risk of retaliation against the victim by the perpetrator, or even backlash from people who know the perpetrator. Studies show that oftentimes, friends and family rally around perpetrators in an effort to protect their name, and criticize the media for causing smear

campaigns of perpetrators (Ahrens, 2006; Jones et al., 2009).

Cue to Action. The 'me too' movement has empowered individuals to share their sexual violence stories in an effort to raise awareness regarding the pervasiveness of sexual violence (About Me Too, 2018). This social movement, in conjunction with the widespread availability of social media, has increased the number of stories being told publicly and has provided a new platform for stories to be shared. Since the 'me too' movement was designed to raise awareness and gained popularity via social media, we anticipated that individuals would continue to use social media as a platform to share their stories and empower others. It was not surprising that majority of individuals in our sample also encouraged others to tell their story through a social media platform.

RQ2: Which variables are associated with self-blaming beliefs?

When predicting self-blaming attitudes evident in YouTube narratives, regression analyses suggested that being a victim of sexual harassment or rape was positively related to self-blame, whereas stories that did not mention or identify the perpetrator (e.g., stranger, friend) were negatively related to self-blame. Self-blame can be a result in cases of sexual harassment due to the responsibility placed on the victim when harassment first occurs (De Judicibus & McCabe, 2001; Jensen & Gutek, 1982). According to the US Equal Employment Opportunity Commission (EEOC), a person can be reprimanded for sexual harassment in the workplace if their behavior is consistent or severe, which might be left to the victim to determine. In cases of continued harassment, responsibility is placed on the victim to confront the harasser, document the harassing behavior if it continues after confrontation, and report the behavior to a person of authority (EEOC, n.d.). This stance on harassment can lead to a victim feeling that they did not interpret the situation correctly, or that they did not intervene or take proper steps to stop the harassing behavior in the event it occurs (Jensen & Gutek, 1982). No matter the situation, reporting sexual harassment falls to the victim to prove and document the situation.

Concerning why there was more self-blame associated in rape cases, one explanation could be that rape is a severe type of sexual violence often perpetrated by someone the victim knows. The victim of rape might feel that they "should have known" or "seen the signs" before the rape occurred. Additionally, alcohol is involved in many rapes, especially among teens and young adults (Franklin, 2010; Mouilso et al., 2012; Shorey et al., 2015). Blaming oneself for consuming alcohol, especially while underage or in excess, could be a reason why those who experienced rape also experienced more self-blame.

The only predictor variable negatively associated with self-blame (i.e., narrators were less likely to express self-blaming) was not revealing the identity of the perpetrator in the YouTube story. In other words, the narrator did not indicate whether their perpetrator was a stranger, friend, coworker, or significant other. A plausible explanation for this is that those who do not mention their perpetrator's identity may have removed the perpetrator's influence over their story, more so than those who describe their perpetrators more fully. In other words, if there is no perpetrator, there is also no victim (and no victim to blame). Additionally, in telling their story of survival, the narrators may not want to give any weight to the characteristics of their sexual aggressor. Several studies investigating healing from trauma indicate that having a new sense of self (e.g., feeling less like a victim) promotes healing and returns power back to the person healing

from trauma (Draucker et al., 2009; Neuman Allen & Wozniak, 2010).

Limitations

This study has three important limitations. First, researchers were not able to capture the full story of sexual violence incidents, due to the limiting nature of video posts. Since individuals chose how detailed they wanted to be with their stories and researchers could not ask follow-up questions, important information could have been missed. Although we chose this method to prevent observer bias, future researchers could utilize a follow-up interview for more in depth data collection. The narrators did not know data was being collected or what exactly to say in their accounts. Because data was collected based on explicit factors, there could have been some experiences that were not mentioned, potentially leading to the underestimation of the occurrence of particular beliefs, attitudes, and incidence of experiences. In addition, the YouTube algorithm also weakened the study through the repetition and deletion of a number of videos. The generalizability of these results are subject to certain limitations; for instance, the videos analyzed are not generalizable to all cases of sexual violence because our sample is a specific population already motivated to come forward, and was predominantly female. Lastly, subjectivity of video coding procedures could have limited our findings. Attempts to mitigate researcher bias were taken by using intercoder reliability measures. Despite its limitations, this study offers valuable insight into the 'me too' movement and its impact on the sexual violence culture of our society.

Implications for Health Behavior Theory

Given the rise of the 'me too' movement on social media, this study highlights the use of YouTube as a platform for sexual violence narratives and provides information on the need for continued focus on this topic. Notably, this study suggests that norms can shift based on the social environment (i.e., sharing a story on YouTube creates different norms than sharing a story with friends). Future theoretical research, particularly around health communication and social norms, should consider the social context to which a variety of health behaviors are being shared, observed, or measured.

Further, many individuals who experienced sexual violence called for further education on this topic, as well as a space for survivors to share their stories. This result supports previous findings that indicate the more sexual knowledge an individual has, the less likely they are to accept negative social norms or to accept rape myth attitudes (Aronowitz et al, 2012). While there has been an increased focus on preventing sexual violence on college campuses (Dills et al., 2016), stronger prevention initiatives and support for survivors could be implemented in a variety of workplace settings and social groups (e.g., churches, gyms). In addition, sexual violence training should clarify the various, and often confusing, constructs and definitions that exist within sexual violence terminology (e.g., sexual assault vs. sexual harassment), and provide information on health consequences relating to sexual violence and resources that are available in the community.

On a systemic level, sexual violence victims often do not report the crime to the criminal justice system for a variety of reasons (e.g., fear of not being believed; World Health Organization, n.d.b.). Public health professionals, practitioners, and lobbyists have the opportunity to utilize information and data from the past along with new information evolving from the 'me too' movement to advocate for sexual violence victims and improve current response practices related to sex-related crimes.

Conclusion

This analysis revealed common themes among sexual violence narratives shared on social media. Specifically, our results indicate that sexual violence victims are still subject to self-blaming mindsets and suggest a need for education and further empowerment for other individuals to share their stories. The study findings support that the 'me too' movement has increased the societal awareness of the complexities of sexual violence and provide a foundation for additional investigation on this topic.

Discussion Questions

1. In what ways has YouTube helped advance the sexual violence conversation through the 'me too' movement?
2. What are other examples of ways health behavior researchers can use YouTube and other social media platforms to further sexual violence awareness and prevention?

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References

About Me Too. (2018). Retrieved January 15, 2019, from https://metoomvmt.org/about/

Ahrens, C. E. (2006). Being silenced: The impact of negative social reactions on the disclosure of rape. *American Journal of Community Psychology*, *38*(3), 263–274. https://doi.org/10.1007/s10464-006-9069-9

Alderden, M., & Long, L. (2016). Sexual assault victim participation in police investigations and prosecution. *Violence and Victims*, *31*(5), 819–836. https://doi.org/10.1891/0886-6708.VV-D-14-00103

Anderson, L. A., & Whiston, S. C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly*, *29*(4), 374–388. https://doi.org/10.1111/j.1471-6402.2005.00237.x

Aronowitz, T., Lambert, C. A., & Davidoff, S. (2012). The role of rape myth acceptance in the social norms regarding sexual behavior among college students. *Journal of Community Health Nursing*, *29*(3), 173-182. https://doi.org/10.1080/07370016.2012.697852

Barry, A. E., Muraleetharan, D., Nelon, J., Lautner, S., Callahan, M., Zhang, X., Herren, M., Chaney, B., & Stellefson, M. (2018). Public perceptions of powdered alcohol use and misuse: Narrative perspectives from YouTube. *American Journal of Health Education*, *49*(4), 214–221. https://doi.org/10.1080/19325037.2018.1465865

Basile, K. C., Smith, S. G., Breiding, M. J., Black, M. C., & Mahendra, R. (2014). *Sexual violence surveillance: Uniform definitions and recommended data elements*. Atlanta, GA: Centers for Disease Control and Prevention.

Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, *38*(2), 217–230. https://doi.org/10.1037/0022-3514.38.2.217

Chaudhury, S., Bakhla, A. K., Murthy, P. S., & Jagtap, B. (2017). Psychological aspects of rape and its consequences, Psychology and Behavioral Science International Journal, *2*(3), 555586. https://doi.org/10.19080/PBSIJ.2017.02.555586

Chou, W. -Y. S., Hunt, Y., Folkers, A., & Augustson, E. (2011). Cancer survivorship in the age of YouTube and social media: A narrative analysis. *Journal of Medical Internet Research*, *13*(1), e7. https://doi.org/10.2196/jmir.1569

De Judicibus, M., & McCabe, M. P. (2001). Blaming the target of sexual harassment: Impact of gender role, sexist attitudes, and work role. *Sex Roles*, *44*(7), 401–417. https://doi.org/10.1023/A:1011926027920

Dills, J., Fowler, D., Payne, G. (2016). Sexual violence on campus: Strategies for prevention. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Draucker, C. B., Martsolf, D. S., Ross, R., Cook, C. B., Stidham, A. W., & Mweemba, P. (2009). The essence of healing from sexual violence: A qualitative metasynthesis. *Research in Nursing & Health*, *32*(4), 366–378. https://doi.org/10.1002/nur.20333

Duwe, G., Donnay, W., & Tewksbury, R. (2008). Does residential proximity matter? A geographic analysis of sex offense recidivism. *Criminal Justice and Behavior*, *35*(4), 484–504. https://doi.org/10.1177/0093854807313690

Edwards, K. M., Turchik, J. A., Dardis, C. M., Reynolds, N., & Gidycz, C. A. (2011). Rape myths: History, individual and institutional-level presence, and implications for change. *Sex Roles*, *65*(11–12), 761–773. https://doi.org/10.1007/s11199-011-9943-2

Ellis, E. M., Atkeson, B. M., & Calhoun, K. S. (1982). An examination of differences between multiple- and single-incident victims of sexual assault. *Journal of Abnormal Psychology*, *91*(3), 221–224. https://doi.org/10.1037/0021-843X.91.3.221

Foley, N. M., O'Mahony, M., Lehane, E. A., Cil, T., & Corrigan, M. (2015). A qualitative content analysis of breast cancer narratives hosted through the medium of social media. *British Journal of Medicine and Medical Research*, *6*(5), 474–483. https://doi.org/10.9734/BJMMR/2015/15309

Franklin, C. A. (2010). Physically forced, alcohol-induced, and verbally coerced sexual victimization: Assessing risk factors among university women. *Journal of Criminal Justice*, *38*(2), 149–159.

https://doi.org/10.1016/j.jcrimjus.2010.02.004

Garcia, C. K., & Vemuri, A. (2017). Girls and young women resisting rape culture through YouTube videos. *Girlhood Studies*, *10*(2), 26–44. https://doi.org/10.3167/ghs.2017.100204

Greenfeld, L. A. (1997). *Sex offenses and offenders: An analysis of data on rape and sexual assault* [Data set]. American Psychological Association. https://doi.org/10.1037/e377662004-001

Hayes, R. M., Lorenz, K., & Bell, K. A. (2013). Victim blaming others: Rape myth acceptance and the just world belief. *Feminist Criminology*, *8*(3), 202–220. https://doi.org/10.1177/1557085113484788

Hayes-Smith, R. M., & Levett, L. M. (2010). Student perceptions of sexual assault resources and prevalence of rape myth attitudes. *Feminist Criminology*, *5*(4), 335–354. https://doi.org/10.1177/1557085110387581

Holmes, S. (2017). 'My anorexia story': Girls constructing narratives of identity on YouTube. *Cultural Studies*, *31*(1), 1–23. https://doi.org/10.1080/09502386.2016.1138978

Hwang, H., & Kim, K. -O. (2015). Social media as a tool for social movements: The effect of social media use and social capital on intention to participate in social movements. *International Journal of Consumer Studies*, *39*(5), 478–488. https://doi.org/10.1111/ijcs.12221

Jensen, I. W., & Gutek, B. A. (1982). Attributions and assignment of responsibility in sexual harassment. *Journal of Social Issues*, *38*(4), 121–136. https://doi.org/10.1111/j.1540-4560.1982.tb01914.x

Jones, J. S., Alexander, C., Wynn, B. N., Rossman, L., & Dunnuck, C. (2009). Why women don't report sexual assault to the police: The influence of psychosocial variables and traumatic injury. *The Journal of Emergency Medicine*, *36*(4), 417–424. https://doi.org/10.1016/j.jemermed.2007.10.077

Keelan, J., Pavri-Garcia, V., Tomlinson, G., & Wilson, K. (2007). YouTube as a source of information on immunization: A content analysis. *JAMA*, *298*(21), 2482–2484. https://doi.org/10.1001/jama.298.21.2482

Khan, S. R., Hirsch, J. S., Wambold, A., & Mellins, C. A. (2018). "I didn't want to be 'that girl'": The social risks of labeling, telling, and reporting sexual assault. *Sociological Science*, *5*, 432–460. https://doi.org/10.15195/v5.a19

Loh, C., Gidycz, C. A., Lobo, T. R., & Luthra, R. (2005). A prospective analysis of sexual assault perpetration: Risk factors related to perpetrator characteristics. *Journal of Interpersonal Violence*, *20*(10), 1325–1348. https://doi.org/10.1177/0886260505278528

MacQueen, K. M., McLellan, E., Kay, K., & Milstein, B. (1998). Codebook development for team-based qualitative analysis. *CAM Journal*, *10*(2), 31–36. https://doi.org/10.1177/1525822X980100020301

Mallenbaum, C., Ryan, P., & Puente, M. (2018). A complete list of the 60 Bill Cosby accusers and their reactions to his prison sentence. *USA TODAY*. https://www.usatoday.com/story/life/people/2018/04/27/bill-cosby-full-list-accusers/555144002/

McMahon, S. (2010). Rape myth beliefs and bystander attitudes among incoming college students. *Journal of American College Health*, *59*(1), 3–11. https://doi.org/10.1080/07448481.2010.483715

Milano, A. (2017, October 17). If you've been sexually harassed or assaulted write 'me too' as a reply to this tweet.pic.twitter.com/k2oeCiUf9n [Tweet]. Retrieved January 15, 2019, from https://twitter.com/alyssa_milano/status/919659438700670976?lang=en

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *BMJ, 339*, b2535.

Mouilso, E. R., Fischer, S., & Calhoun, K. S. (2012). A prospective study of sexual assault and alcohol use among first-year college women. *Violence and Victims*, *27*(1), 78–94.

National Institute of Justice. (2010). Victims and Perpetrators. Retrieved January 17, 2019, from https://www.nij.gov:443/topics/crime/rape-sexual-violence/Pages/victims-perpetrators.aspx

National Sexual Violence Resource Center. (n.d.). Get Statistics. Retrieved January 17, 2019, from https://www.nsvrc.org/statistics

Office on Women's Health. (2017a). Harassment. Retrieved January 20, 2019, from https://www.womenshealth.gov/relationships-and-safety/other-types/harassment

Office on Women's Health. (2017b). Rape. Retrieved January 20, 2019, from https://www.womenshealth.gov/relationships-and-safety/sexual-assault-and-rape/rape

National Criminal Justice Reference System. (2018). *Sexual Violence*. https://ovc.ncjrs.gov/ncvrw2018/info_flyers/fact_sheets/2018NCVRW_SexualViolence_508_QC.pdf

Neuman Allen, K., & Wozniak, D. F. (2010). The language of healing: Women's voices in healing and recovering from domestic violence. *Social Work in Mental Health*, *9*(1), 37–55. https://doi.org/10.1080/15332985.2010.494540

Perkins, H. W., & Berkowitz, A. D. (1986). Perceiving the community norms of alcohol use among students: Some research implications for campus alcohol education programming. *International Journal of the Addictions, 21*(9–10), 961–976. https://doi.org/10.3109/10826088609077249

Phelps-Ward, R. J., & Laura, C. T. (2016). Talking back in cyberspace: Self-love, hair care, and counter narratives in black adolescent girls' YouTube vlogs. *Gender and Education*, *28*(6), 807–820. https://doi.org/10.1080/09540253.2016.1221888

RAINN. (n.d.). *The Criminal Justice System: Statistics*. RAINN Organization.

Retrieved March 14, 2021, from https://www.rainn.org/statistics/criminal-justice-system

RAINN. (2015). Scope of the Problem: Statistics. Retrieved January 17, 2019, from https://www.rainn.org/statistics/scope-problem

Rennison, C. M. (2002). *Rape and sexual assault: Reporting to police and medical attention, 1992-2000: (387542004-001)* [Data set]. American Psychological Association. https://doi.org/10.1037/e387542004-001

Sayei, N. (2017). Alyssa Milano on the #MeToo movement: 'We're not going to stand for it anymore' [Internet]. https://www.theguardian.com/culture/2017/dec/01/alyssa-milano-mee-too-sexual-harassment-abuse

Shorey, R. C., Brasfield, H., Zapor, H. Z., Zapor, H. Z., Febres, J., & Stuart, G. L. (2015). The relation between alcohol use and psychological, physical, and sexual dating violence perpetration among male college students. *Violence Against Women*, *21*(2), 151–164. https://doi.org/10.1177/1077801214564689

Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Sorenson, S. B., Siegel, J. M., Golding, J. M., & Stein, J. A. (1991). Repeated Sexual Victimization. *Violence and Victims*, *6*(4), 299–308.

US Equal Employment Opportunity Commission (EEOC). (n.d.). Facts About Sexual Harassment. Retrieved February 2, 2019, from https://www.eeoc.gov/fact-sheet/facts-about-sexual-harassment

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

World Health Organization. (n.d.a). Violence against women data. Retrieved January 20, 2019, from https://www.who.int/news-room/fact-sheets/detail/violence-against-women

World Health Organization. (n.d.b). *World report on violence and health* (pp. 147–181). Retrieved January 20, 2019, from https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

YouTube by the numbers. (2018). Retrieved January 20, 2019, from https://www.youtube.com/yt/about/press/