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College students' perceptions of alcohol's role in disclosures of sexual assault and intimate partner violence

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Abstract

Objective: Much is known about how alcohol increases the risk of sexual assault or intimate partner violence victimization during college. This research qualitatively explores perceptions about how alcohol influences *disclosures about these events* to informal supports.

Participants: Participants included college students who received a disclosure wherein they or the survivor were drinking during the disclosure ($n = 81$).

Methods: Responses were coded with regard to who was drinking and whether the effect of drinking during the disclosure was perceived as positive, negative, mixed, or neutral/none.

Results: Participants perceived alcohol to have both positive (e.g., increasing the likelihood of discussing difficult topics) and negative (e.g., cognitive impairment increased negative emotions) effects on disclosures.

Conclusion: Prevention and intervention efforts should identify targeted strategies (e.g., remembering one or two easy and helpful phrases; revisiting the topic again while sober) to help survivors and disclosure recipients have constructive conversations in the presence of alcohol.

Keywords : Drinking, partner abuse, social reactions, university students

Sexual assault (SA) and intimate partner violence (IPV) are common among college students.^{1,2} When people experience SA or IPV, they tend to disclose these experiences to informal supports – individuals such as friends, family members, and coworkers.³ Whereas much is known about alcohol increasing the likelihood of experiencing SA or IPV,^{4–6} relatively little is known about how drinking *during a disclosure* might influence *the disclosure experience*. The goal of this manuscript was to qualitatively examine perceptions of alcohol's role in shaping disclosure experiences in a sample of college students.

Sexual assault and intimate partner violence in college

Approximately 12–19% of college women indicate experiencing SA (i.e., sexual assault, attempted rape, rape) during their college career.² IPV in college is also prevalent problem, manifesting in one or more of three primary forms: physical violence, psychological aggression, and sexual violence.⁷ IPV is often first experienced in adolescence and young/emerging adulthood, the age of most college students.⁸ IPV affects between 10% and 50% of college students, according to reviews,⁹ depending upon the definition, type, and severity of IPV reported.

Experiencing SA or IPV has detrimental psychological and physical consequences for survivors, such as physical health problems, post-traumatic stress, depression, anxiety, and substance abuse.^{10–12} The likelihood of experiencing SA or IPV in college – paired with the level of potential damage of these consequences – underscore the importance of understanding ways in which formal and informal supports can help.

Disclosures about SA or IPV to informal supports and subsequent reactions

When people experience SA or IPV, one-half to two-thirds tell someone about the experience.^{13,14} Survivors are most likely to disclose to informal supports (i.e., trusted close others) rather than formally to the police or university.¹³ Disclosure recipients' responses are important for survivors' recovery.¹⁵ Whereas the effects of positive social reactions are not consistently associated with mental health, negative social reactions – reactions such as blaming the survivor for the event or not believing that the event happened – are related to greater post-traumatic stress disorder and depressive symptoms,^{14,15} problem drinking,¹⁶ and risk of revictimization.¹⁷ These negative reactions may also have negative implications for the relationship between the survivor and disclosure recipient.¹⁸ Given the prevalence of these SA or IPV events and disclosures to informal supports during college, and the importance of these reactions to survivor health, understanding an important and prevalent contextual factor – alcohol use – during the disclosure conversation can offer important insights into prevention and intervention strategies regarding drinking during these events.

Alcohol use during disclosures of SA/IPV

There is very little research to our knowledge exploring how drinking might affect the conversation where a survivor discloses SA/IPV to an informal support. In a conversation involving a disclosure about SA or IPV, alcohol may affect the survivor, the disclosure recipient, and/or the conversation dynamic. One study by Edwards and colleagues¹⁹

found that victims' alcohol use during a disclosure was associated with more negative alcohol-related social reactions, and disclosure recipients' alcohol use during disclosure was associated with more negative general social reactions.

Alcohol myopia theory²⁰ is one theoretical perspective that can guide predictions about how alcohol may affect thoughts, feelings, and behaviors during disclosure conversations. Broadly, alcohol myopia theory posits that intoxication results in impaired control of effortful cognitive processing – in other words, the narrowing of perceptual and cognitive functioning, allowing the person to focus on only the most immediate, attention-grabbing cues and restricting natural inhibition processes. This theory suggests several ways that impaired cognitive processing could affect disclosure conversations.

First, alcohol could affect a SA/IPV survivor's likelihood of making a disclosure. Alcohol is popularly considered to be a social lubricant that may disinhibit self-disclosure.^{21,22} Moreover, alcohol myopia theory may suggest that intoxicated survivors would be more likely to disclose if the event is salient and they have a desire to discuss the event. Although alcohol use during SA/IPV disclosure has not been examined specifically, early laboratory research yielded contradictory findings regarding whether alcohol increases general self-disclosure among women: some evidence suggests that women who believe themselves to be intoxicated make fewer self-disclosures,²³ while other evidence suggests that alcohol intoxication increases self-disclosure among women lower in social self-esteem.²²

Second, alcohol use may change disclosure recipients' reactions to the disclosure. Alcohol-related cognitive impairment may amplify the most immediate, salient emotions (e.g., anger, surprise) experienced by the disclosure recipient. Negative emotions paired with lowered inhibition may result in less empathetic, responsive, thoughtful, or supportive responses. Negative emotions might also increase the likelihood of negative reactions like blaming the victim or contacting the perpetrator. Attentional short-sightedness resulting from alcohol myopia may impede the disclosure recipient's ability to focus on the conversation or pay attention to more nuanced or subtle cues like body language, undermining their ability to provide effective support.^{24,25} Finally, the disclosure recipient may be less able to recall resources for the survivor.

In the current manuscript, we explore college students' open-ended responses to a question about how alcohol altered a disclosure of SA or IPV that they experienced in the last six months. The current article is the first to our knowledge to qualitatively examine the perceived impact of the role alcohol plays in the *disclosure* process. Understanding these processes is an important part of efforts to improve the disclosure experience for SA/IPV survivors in addition to providing implications for theory development. We expected responses to reveal both positive (e.g., increased likelihood of disclosing) and negative (e.g., increased anger) facets of the role of alcohol in the disclosure process.

Method

Procedure and participants

The current article uses follow-up data from a larger intervention trial study aimed at improving disclosure recipients' responses to disclosures of SA/IPV (*Masked for Review*).²⁶ Full recruitment details can be found in (*Masked for Review*).²⁷ In brief, the study 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 university's Dean of Students sent mass emails to 7,000 randomly selected, full-time, undergraduate students on the behalf of the researchers. Some students were also recruited through email contact with professors, classroom visits, and by posting fliers in residence halls and other shared spaces about the study. Full-time undergraduate students at the university qualified for the study. Overall, 1,831 students started the survey, of which 1,268 qualified for, consented to, and completed the baseline survey. Participants were randomized to the intervention condition or the control condition. Six months later, these participants were invited to a follow-up survey, which was completed by 889 participants (70.1% response rate). Participants were compensated with a \$15 gift card for completing the baseline and a \$25 gift card for completing the follow-up.

In the current analyses, we used data from the participants who completed the follow-up survey as the open-ended question regarding disclosure experiences was only asked at the second timepoint.

We also restricted analyses to participants who reported receiving a disclosure in the last six months, and who reported that either they (i.e., the disclosure recipient) or the victim were drinking alcohol during the disclosure ($n = 82$). One participant indicated in their open-ended response that they accidentally selected they were drinking during the disclosure when in reality they were not; this participant was excluded, resulting in a final sample of 81 participants. We use data from both intervention and control participants due to the qualitative nature of the analyses. While we examine differences by condition on receiving a disclosure or on drinking during the disclosure, we believe that information garnered from all participants is valuable in understanding how alcohol affects the disclosure process regardless of intervention condition.

The mean age of participants was 19.9 (range 18–23, $SD = 1.4$). Approximately two-thirds of students identified as a woman (70.4%; $n = 57$), 29.6% identified as a man ($n = 24$). Participants were 95.1% White ($n = 77$), 4.9% Black/African American ($n = 4$), 3.7% Asian/Asian American ($n = 3$), 1.2% Native Hawaiian/Pacific Islander ($n = 1$). Just under five percent (4.9%) were Hispanic/Latino ($n = 4$). Most participants (88.9%; $n = 72$) identified as heterosexual/straight.

Measures

To determine which open-ended question they received, participants were first asked if they had received a SA or IPV disclosure from someone in the past six months. Modeled after previous research,²⁸ participants were asked, "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 was followed by three items about SA (e.g., "someone [including, but not limited to, a romantic partner] used physical force, threats of physical force, alcohol/drugs to incapacitated to have sexual intercourse [oral, anal, vaginal]") and 13 items about IPV (e.g., "their partner monitored their phone, email, social media account," "their partner threw something at them"). Participants who indicated they had received a disclosure were asked two additional questions asking about whether each person was drinking during the disclosure: (1) "In the past six months when [insert name] talked to you about their experience, were they drinking alcohol? If

you spoke with them more than once about their experience in the past 6 months, please consider all your conversations and whether they were drinking during most of those conversations” and (2) “In the past six months when [insert name] talked to you about their experience, were you drinking alcohol? If you spoke with them more than once about their experience in the past 6 months, please consider all your conversations and whether they were drinking during most of those conversations.”

If participants indicated yes to either question or both questions (i.e., either they or the survivor were drinking during the disclosure, or both), participants received the following prompt: “Earlier you said that [insert name] shared their experience with you when you or they had been drinking. We are trying to understand what it is like to talk about these topics when drinking. In a few sentences, please tell us what impact, if any, drinking during conversations with [insert name] about their experiences was like for you. For example, did alcohol present challenges, make it easier, have no impact or change how you reacted? Please be sure to not provide any identifying information in your response.” Note that if participants indicated both they or the survivor were drinking during the disclosure, they only responded to this question once.

Analysis strategy

We coded the data using conventional content analysis.²⁹ Conventional content analysis was fitting for the short-answer questions because responses were succinct, and content analysis allowed us to quantify the frequency of responses. First, we created a codebook and coding procedure for coding written responses regarding alcohol’s role in disclosures about SA or IPV. Second, two trained research assistants coded the responses according to the codebook.

Codebook development and coding procedure

The first four authors independently read all qualitative responses, each developing a list of possible thematic categories to code based on their independent reading. Next, these authors held a meeting to share identified categories and rationale. Based on this discussion, they developed a codebook of possible categories from the disclosure descriptions. Two undergraduate research assistants were trained

in the coding procedure and independently coded all responses using the final codebook. The research assistants started by coding a small subset of the data (approximately 15 responses), then met with the first two authors to discuss questions about the codebook. The research assistants then independently coded the rest of the data in an iterative fashion. Between iterations, the first two authors and research assistants met to discuss any changes needed to the scheme. Discrepancies between coders were discussed among the coders and the first two authors, and revisions to the codebook were iteratively made through discussion and recoding until consensus was reached. All changes to the codebook were documented and codebook versions were retained to create an audit trail, consistent with best practices for establishing qualitative quality criteria.³⁰

Coding scheme

Any portion of responses discussing alcohol affecting the actual victimization or assault or experience that was not relevant to the disclosure conversation was ignored for coding. Research assistants coded responses on three primary dimensions: Target, valence, and a desire to discuss the topic while sober. First, regarding the target, coders coded the role of the person mentioned in relation to the effects of alcohol. Possibilities included: Survivor, disclosure recipient, conversation/dynamic/relationship (i.e., the response referred to how alcohol affected the dynamic of the situation, not an individual person), and not sure/unclear/not applicable. Coders could indicate as many targets as necessary (0 = *absent*, 1 = *present*). All participants were asked to write from the perspective of the disclosure recipient; however, some instead wrote about themselves as a survivor, in which case responses were coded as such (e.g., target coded as survivor). When participants wrote about the impact of alcohol on others as survivors, these quotes were also coded as survivor.

Second, researchers coded the perceived valence of the response regarding alcohol's role in the disclosure process. Here, options included: Positive/helpful (i.e., alcohol made the process better in some way), negative/harmful (i.e., alcohol made the process worse in some way), mixed/ambivalent (i.e., response mentions a mixture of positive, negative, and/or neutral aspects), neutral/no effect (i.e., noting alcohol did not or would not affect the process), and unclear/not applicable/

random (e.g., noting they do not drink or have these kinds of conversations). Mixed or ambivalent responses were a unique code identifying responses that contained content with more than one valence. Responses that were unclear in their valence (e.g., "alcohol revealed more details") were coded as unclear/not applicable. Responses that noted alcohol would not affect the conversation because they did not drink were coded as unclear/not applicable. Coders were asked to only select one perceived valence (0 = *absent*, 1 = *present*).

Third, research assistants coded for whether the response noted that the SA or IPV event conversation should be discussed or be revisited when sober (0 = *no*, 1 = *yes*) and for whether participants declined to respond (0 = *no*, 1 = *yes*). After coding was complete, we examined common patterns identified according to target and valence.

Results

Descriptive statistics and frequencies

Of the 81 participants, 91.4% ($n = 74$) reported that the survivor was drinking during the disclosure and 63.0% ($n = 51$) reported that they (i.e., the disclosure recipient) were drinking during the disclosure. Forty-three participants (53.1%) reported that both the survivor and themselves were drinking during the disclosure. Approximately 30.9% ($n = 25$) described how alcohol affected the survivor, 39.5% ($n = 32$) described how alcohol affected the disclosure recipient, and 16.0% ($n = 13$) described how alcohol affected the conversation or dynamic. Approximately 25.9% ($n = 21$) of responses were coded as unclear or not applicable regarding target.

Regarding valence, across all 81 responses, 33.3% ($n = 27$) of responses were coded as positive or helpful, 12.3% ($n = 10$) were coded as negative or harmful, 7.4% ($n = 6$) were coded as mixed or ambivalent, and 16.1% ($n = 13$) were coded as neutral or no effect. Approximately 28.4% ($n = 23$) were coded as valence unclear or not applicable, and 2.5% ($n = 2$) declined to respond. In general, participants wrote an average of 21.5 ($SD = 16.9$; range 1 to 79) words per response. Below, excerpts from responses are documented exactly as participants wrote them, including spelling or grammar errors.

Alcohol's effect on the survivor

Positive effects

Of the responses coded for describing how alcohol affected the survivor (30.9%; $n = 25$), more than half (60.0%; $n = 15$) were coded as positive or helpful. Many participants noted that alcohol would make the survivor more likely to bring up and talk about the SA/IPV event, often through being more comfortable or open when drinking, for example, "Makes it easier to talk about how they were really feeling" and "Alcohol seemed to make her more comfortable to speak about whatever was on her mind." Participants also indicated alcohol made it more likely survivors would bring up difficult or emotional topics in particular. For example, one woman shared that, "Alcohol made it easier for her to share something very personal and stressful." Several participants noted that the disclosure may not have happened if alcohol had not been involved, for example, "It allowed her to tell me things she probably otherwise wouldn't have" and "I think drinking alcohol made it easier for my friend to talk about her experiences, it seemed to relax her enough to be able to talk about it more openly. Although, I do feel that she would not have opened up easily had the first conversation been between us not when drinking or after drinking."

Negative effects

Of the 25 responses describing how alcohol affected the survivor, only two (8%) were coded as negative or harmful. Participants referred to the cognitive impairment of alcohol as a detriment to the survivor's ability to remain calm during the conversation: "She gets really emotional and angry. Then she wouldn't talk about what was wrong" and "Alcohol made it feel like I was hearing things that I wouldn't have otherwise heard from [initials]. It made me feel like I wasn't supposed to know about it."

Mixed effects

In coding, we defined a mixed response as a response that included a combination of positive, negative, and/or neutral components. Of the 25 responses describing how alcohol affected the survivor, 16.0% ($n = 4$) were coded as mixed or ambivalent. Participants indicated an increased likelihood of disclosing when drinking, but that it may

simultaneously be accompanied by greater emotionality: “[Name] had been drinking when she shared her predicament with me, while I have not. This allowed her to voice her opinions where she otherwise would have held out if she were sober. Although I was sad she was so upset and the alcohol could not have been helping that, she gave more open information about her situation for me to help more” and “It was alarming because I wasn’t expecting it. And I felt bad that we were drinking and smoking because it just felt like bad coping. I worried bc we weren’t in a good frame of mind. But I also thought being drunk was the only [way] she could talk about it.”

Neutral effects

No responses were coded as neutral or no effect for the survivor.

Alcohol’s effect on the disclosure recipient

Positive effects

Of the responses describing how alcohol affected the disclosure recipient (39.5%; $n = 32$), 31.3% ($n = 10$) were coded as positive or helpful. Participants wrote about alcohol making it easier to empathize or listen, for example, “I believe that being intoxicated helped me better listen and really feel empathy for her situation. I felt I was a better friend to her while being drunk” and “I think drinking may have made it easier for me to react in a strong way of compassion, empathy, and sharing my own experiences.” There was also a common thread across responses about the disclosure recipients’ alcohol use resulting in less perceived judgment: “Having consumed alcohol made it easier for both of us to say what was on our mind. It was easier to say the things that were said because there was less fear of being judged” and similarly, “[t] made it less awkward for me to talk about. I felt a little better about offering support and advice without making them feel pitied. It also helped me be able to share my own relating experiences and empathize with them.” Interestingly, participants also wrote about how alcohol may give them more confidence in their role as a supporter: “Drinking makes me more confident so I feel like I can give better advice where as if I wasn’t drinking I might not have given such advice, not that it is bad advice but I’m just sort of closed and dont want to make anything worse.”

Negative effects

Of the 32 responses describing how alcohol affected the disclosure recipient, 25.0% ($n = 8$) were coded as negative or harmful. Participants commented that it was or would be difficult to understand the situation fully, possibly due to anxiolytic or physiological effects. For example, "It made it hard to tell how she was feeling." Participants also mentioned how alcohol would affect emotions, which in turn might impact reactions. For example, "It always makes it difficult because I feel uncomfortable during those conversations. Alcohol most definitely makes the process more difficult, as irrational emotions are introduced into the situation. A calm environment like over a coffee or something is ideal. No pressure."

Mixed effects

Of the 32 responses describing how alcohol affected the disclosure recipient 12.5% ($n = 4$) were coded as mixed or ambivalent. Some responses indicated a combination both negative and neutral aspects, typically related to alcohol facilitating the discussion. For example, one participant noted, "It was alarming because I wasn't expecting it. And I felt bad that we were drinking and smoking because it just felt like bad coping. I worried [because] we weren't in a good frame of mind. But I also thought being drunk was the only way she could talk about it." Other participants offered responses with both beneficial and harmful aspects. One participant shared that, "She was really emotional. I was overly nice and tried to comfort her."

Neutral effects

Of the 32 responses describing how alcohol affected the disclosure recipient, 15.6% ($n = 5$) were coded as neutral or no effect. Some participants thought alcohol did not affect their experience or reactions as the disclosure recipient, including, "Alcohol didn't impact my thoughts and responses in the situation" and "I was not very intoxicated when she had told me so it did not affect how I reacted. She is a good friend I would have been there for her drunk or not and help her through these times."

Alcohol's effect on the dynamic or conversation

We explored responses that referred to how alcohol influenced the conversation or dynamic between the survivor and disclosure recipient. These mentioned a reference to alcohol's impact on the conversation itself or the bond, rapport, or relationship between the parties.

Positive effects

Of the 13 responses describing how alcohol affected the dynamic or conversation, 46.2% ($n = 6$) were coded as positive or helpful. Similar to effects on the survivor, participants noted that conversations or dynamics more easily occurred while drinking. Examples include, "Alcohol makes conversations easier to have and drinking helps to push the truth out in a conversation. It takes away the awkwardness barrier," and "It just made us more comfortable and relaxed. Possibly more honest."

Negative effects

Of the 13 responses describing how alcohol affected the dynamic or conversation, 23.1% ($n = 3$) were coded as negative or harmful. All three responses referenced the cognitive difficulties related to understanding the conversation, such as, "alcohol made the conversations more emotional and erratic- hard to follow."

Mixed effects

Of the 13 responses describing how alcohol affected the dynamic or conversation, 7.7% ($n = 1$) was coded as mixed/ambivalent. This participant noted, "I don't think the conversation would have come up without the use of alcohol, but it definitely did not play a part in how I responded."

Neutral effects

Of the 13 responses describing how alcohol affected the dynamic or conversation, 15.4% ($n = 2$) were coded as neutral or no effect. One participant noted that the conversation was about catching up and would have happened regardless of whether they had been drinking: "We both hadn't talked in a while and I brought drinks over to talk and make dinner. We both were working on one drink at the time when

the conversation started to turn to this topic. It was coming anyway because we were both catching each other up on our lives. I don't think alcohol was a motivator in this situation because we are close friends where we would have talked about it anyway without the influence of alcohol."

Revisiting the topic when sober

Across all categories of responses, some participants (4.9%; $n = 4$) mentioned that they should or did revisit the topic while sober, often in the context of alcohol making it easier to bring up or break the ice but with a desire to revisit sober so that the issue could be taken seriously and effective support could be provided. For example, "I felt like I wanted her to stop talking about it until she was sober but I also didn't want to cut her off...also make sure she knew that i wanted to continue it later on the next day."

Discussion

Sexual assault and intimate partner violence experiences are prevalent, and responses by informal supports are important for survivors' recovery. This research represents a first step in understanding a contextual factor that may help or hinder the process of disclosing to someone about sexual assault or intimate partner violence –that of drinking during the disclosure. To our knowledge, no studies of the role of alcohol in disclosure of IPV/SA exist in the literature. Participants wrote about how alcohol affected an actual disclosure they had received in the previous six months. In general, results indicated that more responses were coded as positive (33.3%) than negative (12.4%) or mixed (7.4%), suggesting that participants viewed alcohol as more favorable than unfavorable overall.

The effects of alcohol on survivors during the disclosure process were seen by participants as largely positive; more than half (60%) of the responses were coded as positive or helpful (vs. 8% as negative). Specifically, when participants wrote about effects on survivors, they commonly discussed how alcohol increased survivors' ability and/or willingness to disclose SA/IPV. For example, normative perceptions

around how people behave when drunk (e.g., blackouts and forgetting events) allowed survivors to overcome the perceived awkwardness of bringing up an emotionally charged topic. Although this finding of disinhibition is consistent with alcohol myopia theory,²⁰ it was somewhat surprising that this effect was framed in mostly positive rather than negative terms. This finding may reflect a belief in our participant population that it is helpful to disclose SA/IPV, and that survivors generally want to disclose, but may be inhibited from doing so. That participants perceived survivors used alcohol as a way of “lifting the burden” of the discussion was particularly interesting, given that survivors may wish to have discretion in who they tell if they anticipate negative social reactions.¹⁴

The evidence surrounding alcohol’s influence on the disclosure recipient providing support, however, was less homogeneous. Approximately one-third (31.3%) were coded as positive, whereas 25% were coded as negative. Some wrote that they could be more empathetic, honest, and confident when receiving a disclosure while drinking. Others wrote that drinking would impair their cognitive and emotional responses, making the conversation more difficult. This is consistent with theory and research on the cognitive effects of alcohol,^{24,25} as well as previous research showing that alcohol use during disclosure is associated with more negative reactions.²⁸ Still others (16%) wrote that drinking would not affect their ability to provide support.

Fortunately, some participants noted a desire to have another discussion about the experience while not under the influence of alcohol (e.g., “Alcohol...made a better opportunity to reach out again to talk about it”). While it is unknown whether survivors and/or disclosure recipients did indeed follow up with conversations when not drinking, researchers and clinicians designing and implementing treatments for survivors and prevention approaches for disclosure recipients may wish to encourage reaching out again to receive or provide support at a time when alcohol is not involved.

Implications for prevention, treatment, and research

Prevention and intervention efforts should also identify targeted strategies to help both survivors and disclosure recipients have constructive conversations about the event in the presence of alcohol. For

survivors, it may be useful to consider to whom they wish to disclose, and how much they want to disclose, prior to drinking heavily around others. This thoughtfulness could prevent over-disclosure due to disinhibition, especially given that disclosure is often met with negative reactions from others that are associated with worse recovery outcomes.¹⁵ For disclosure recipients, it may be useful to develop interventions that help them feel more empathetic and comfortable, regardless of whether they have consumed alcohol. These interventions could also include strategies to improve responses if they receive disclosures while drinking. For example, participants mentioned difficulty remembering information, so programming efforts that provide a few helpful and easy-to-remember phrases that disclosure recipients can offer even after drinking may help overcome the impairment barrier and still communicate support and assistance. Other suggestions for programming from this study include: (a) encouraging disclosure recipients to revisit the topic again while sober to convey their support and resources; (b) keeping alcohol use light to moderate and avoiding heavy drinking which has additional public health benefits beyond SA/IPV disclosure processes; and (c) finding relaxing environments where both parties feel comfortable and open to discussing emotional topics while remaining calm and supportive. Including programming material that specifically addresses the importance of returning to these conversations when sober may help reduce perceived awkwardness around bringing the topic up, or at least highlight the significance of discussing it sober despite the potential discomfort. However, if one or both parties are heavy drinkers or present with an alcohol use disorder, providing assistance for alcohol use may be an important corresponding programming effort.

Limitations and future directions

Findings from this study should be considered in light of limitations. First, we did not conduct qualitative interviews with participants and as such, were not able to probe or clarify responses that were unclear. Relatedly, participants were not explicitly prompted on different themes, so percentages here reflect participants who thought to mention various topics unsolicited. Future studies may wish to ask more in-depth questions to understand how factors such as typical drinking

levels, whether the friends typically drink together, and length and closeness of the relationship interact with drinking during the disclosure to influence social reactions and survivor outcomes. Second, we only examined perceptions of the disclosure recipient; future research should explore the perceptions of alcohol's impact from the perspective of the survivor. Third, the sample was largely homogeneous in its demographics. Future research may wish to explore how alcohol impacts conversations among different types of individuals across race, gender, sexual orientation, and age. Fourth, receiving the intervention six months earlier may have affected some people's experience. There was some content in this intervention related to alcohol use; future research may wish to explore efficacy of alcohol education on use of alcohol during these important conversations. Fifth, in linking to previous work, research has identified individual differences in responding to alcohol e.g., some people are more talkative when drinking, whereas others become more reserved;²⁰ and these individual differences may help explain some of the variability seen in our response. Given that the social context and type of relationship may also influence how the conversation unfolds, future research may wish to explore these possibilities and how they affect subsequent discussions and outcomes for the survivor and survivor-disclosure recipient relationship. Finally, we directly asked participants about the role of alcohol. Although we included language suggesting alcohol may not have changed how they reacted, and indeed a minority of participants did describe neutral or no impact of alcohol, the question may have prompted participants to assume alcohol does indeed play a role in disclosure interactions. Future research may ask more generally about participants' perceptions of the conversation to see if alcohol use is mentioned as a salient issue.

Conclusion

This study is the first to our knowledge to examine the role alcohol plays in an important context for the survivor: disclosure to informal supports. Strengths include a qualitative approach which allowed flexibility in understanding the range of ways alcohol can affect disclosure experiences, use of a large sample, and examining actual

disclosure experiences. Findings include perceptions that alcohol increases the likelihood of making a disclosure about sexual assault or intimate partner violence, with more mixed results regarding how it affects the disclosure recipient and actual conversation or dynamic. There are many areas for future programming efforts to incorporate content which may improve the way alcohol can be used during these conversations to be accompanied by more positive outcomes.

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Authors' contributions All authors contributed to the study conception and design. Data collection performed largely by Emily Waterman. Coding of responses performed by Lindsey Rodriguez and Emily Waterman. Background written by all authors. Analysis performed by Lindsey Rodriguez. Method section written by Emily Waterman. All authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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Data availability Data is available upon request.

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