

Introduction

- Sexual assault survivors face high service needs and barriers to care (Cusack et al., 2021; Walker et al., 2019; WCSAP, n.d), particularly those with minoritized identities.
- **Survivor-centered care** prioritizes choice, collaboration, and individualized support (Goodman et al., 2016)
- **Safety-related empowerment** reflects survivors’ sense of control over their safety and future (Cattaneo & Goodman, 2010; Perez et al., 2012).
- To ensure services actually meet survivor's needs, reduce barriers, and promote positive outcomes.

Research Questions

1. How does survivor-centered care relate to survivors' perceived empowerment and PTSD symptoms?
2. How do minoritized identities influence the relationship between survivor-centered care and help-seeking intentions?

Method

- US Participants through Prolific using quota sampling for race/ethnic categories.
- Measures included: Survivor Defined Practice Scale, Measure of Victim Empowerment Related to Safety, General Help Seeking Questionnaire, Short PTSD Rating Interview.
- Survivors reported on care experiences for survivor-specific and/or non-specific agencies.

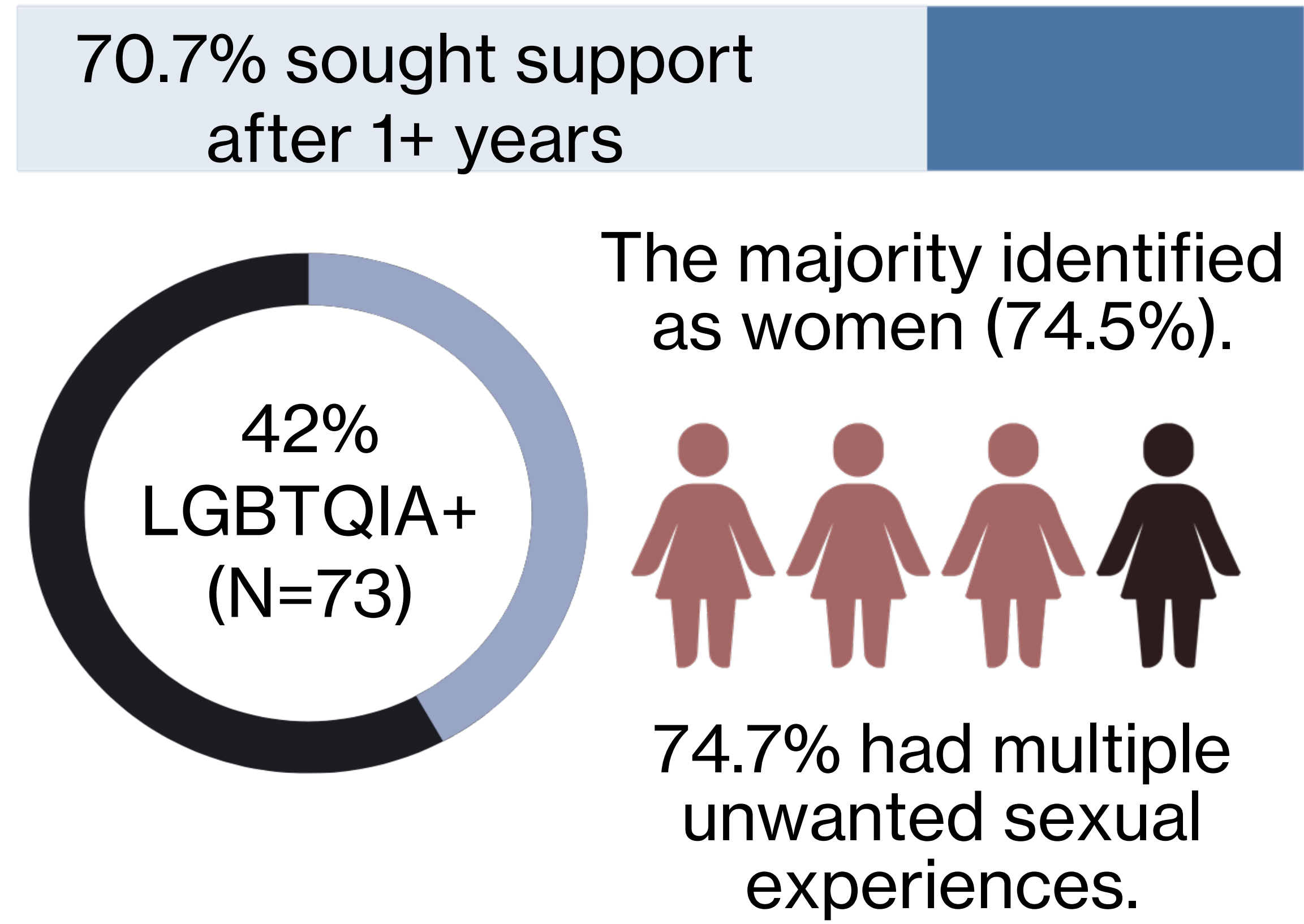
References



“I Felt Safe and Understood”: Perceptions of Survivors on Formal Support Services Following Unwanted Sexual Experiences

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Understanding Survivor Experiences:

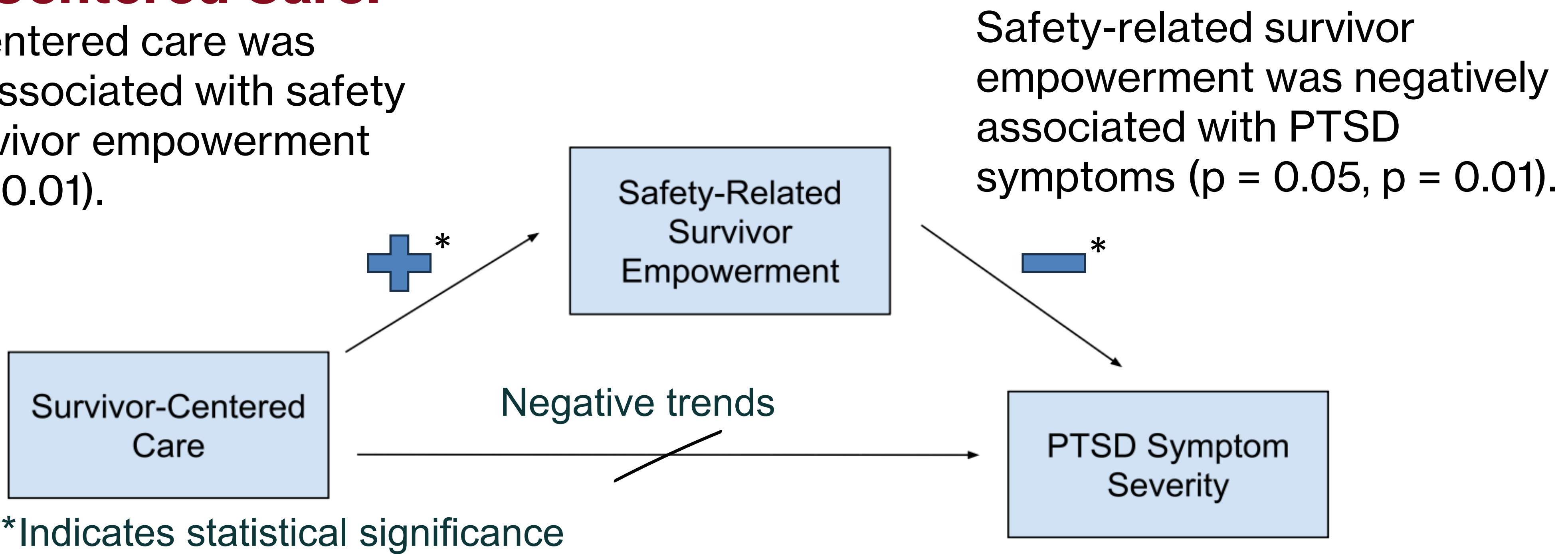


Clinical Implications:

- **Centering autonomy** of survivors is important for their outcomes and future-help seeking.
- Expand access to **population-specific and identity-affirming** services.
- **Encourage collaboration and program evaluations** to assess effectiveness of survivor-centered practices.

Survivor-Centered Care:

Survivor-centered care was positively associated with safety related survivor empowerment (p<0.05, p<0.01).



These findings were consistent for **both survivor specific and non-specific agencies**.

Help Seeking:

	% of n=173	95% CI									
		Non-Specific Agencies					Survivor-Specific Agencies				
		B	SE	β	t	p	B	SE	β	t	p
Survivor-centered care	-	0.41	0.16	0.24	2.58	0.01*	0.50	0.28	0.21	1.80	0.08
LGBTQIA+	42%	-0.22	0.19	-0.10	-1.16	0.25	-0.60	0.23	-0.30	-2.68	0.01*
White	40%	-0.30	0.23	-0.14	-1.28	0.20	-4.82	0.27	-.23	-1.81	0.08
Black or African American	21%	0.32	0.28	0.11	1.15	0.25	0.18	0.31	0.07	0.57	0.57
Native American or Alaska Native	20%	-0.12	0.25	-0.05	-0.48	0.63	0.05	0.27	0.02	0.17	0.86
Hispanic or Latinae	17%	-0.33	0.25	-0.13	-1.30	0.20	-0.55	0.30	-0.21	-1.83	0.07
Asian	29%	0.07	0.28	0.03	0.26	0.80	-0.19	0.33	-0.08	-0.57	0.57
Native Hawaiian or Pacific Islander	1%	0.19	0.73	0.02	0.26	0.80	-	-	-	-	-

Note * p <0.05.

Discussion

- Prioritizing survivor needs, autonomy, and context increases feelings of empowerment and lowers PTSD **across all settings**.
- Empowerment is a **key mediator** between survivor-centered care and PTSD.
- Survivor-specific organizations show a **stronger care-empowerment link** likely due to mission-driven frameworks.
- In non-specialized agencies, **survivor-centered care significantly predicts help-seeking**.
- It’s likely that **receiving unexpected survivor-centered care** may have a **stronger impact on future help-seeking**.
- LGBTQIA+ survivors report lower help-seeking, **highlighting a disparity in care**.

Limitations

- Only direct effects examined, which limits our understanding of intersectionality.
- Reliance on a convenience sample, where the majority had experienced violence over a year after their unwanted sexual experience.
 - Did not examine prior trauma history;
 - Unclear whether participant reports were tied to the most severe assault.

Acknowledgements

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