Social Support and Sexual Assault on the Small Screen: Analyzing Social Support Practices on *Private Practice*

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ABSTRACT

Previous communication research regarding sexual violence and social support has focused on disclosure patterns, which are viewed as a product of perceived support. However, it is likely that the mere perception of support does not provide the same benefits as enacted support (Goldsmith, 2004). Furthermore, many models of support limit the ability to analyze impactful support practices that occur in everyday interactions. This study seeks to overcome the complications associated with studying perceived support by focusing on the enactment of social support in the medical drama *Private Practice*. This study recognizes how relationship and identity impact disclosure processes, acts of support, and evaluations of support. Focus is also given to analyzing communal support between the primary victim and her significant other. When analyzing the narratives, communication privacy management theory was used to understand how characters disclose sexual assault and manage their post-disclosure relationships. The study found that social support following sexual assault can be problematic when it ignores elements of relationship and identity, violates the survivor's privacy boundaries, and becomes an obligation that impedes the survivor's healing process.

Keywords: Enacted social support, sexual assault, communication privacy management

INTRODUCTION

As a form of interpersonal violence, sexual assault lacks adequate research in the field of communication. Additionally, enacted social support has only begun to gain momentum within a larger existing body of research on perceived social support. Thus, the available research for enacted social support following sexual assault is limited. This study addresses the lack of research on enacted social support following disclosure of sexual assault by analyzing the medical drama *Private Practice* (ABC, 2007-2013). *Private Practice* aired six seasons and followed the professional and personal lives of a group of fictional doctors in Los Angeles, California. This study recognizes the impact media have on informing beliefs regarding sexual assault and how mediated content serves as a model for prescribing social support behaviors after sexual assault disclosure.

Previous research on social support and sexual assault primarily comes from interdisciplinary research on interpersonal violence and psychology. Communication studies research mainly addresses disclosure of sexual assault and interactions of social support that occur in the immediate aftermath of sexual assault (e.g., Botta & Pingree, 1997; Middleton, McAninchm, Pusateri, & Delaney, 2016). Other research explains the impact of social support for survivors of sexual violence, how individuals are impacted by disclosure, and how romantic partners navigate their relationship after rape (e.g., Branch & Richards, 2013; Lorenz et al., 2018; Petronio, Flores, & Hecht, 1997). However, commonly used methods of study focusing on perceived support have failed to grasp the ongoing and relational nature of social support after sexual assault. A previous study found that 94% of sexual assault survivors felt that their confidants recognized sexual assault but did not provide adequate support (Middleton et al., 2016). Furthermore, television creates representations of social support after sexual assault that have the potential to prescribe support practices that are both helpful and harmful.

LITERATURE REVIEW

Sexual Assault

Sexual assault is a growing concern in the United States and across the world (O'Connor, Cusano, McMahon, Draper, 2018). This concern has developed not because of the growing prevalence of sexual violence but because of

increasing social awareness of sexual assault. Sexual assault is a broad category of violence and violation that incorporates greater inclusivity for survivors than definitions of rape and other acts of sexual violence (Pluretti & Chesebro, 2015). This inclusivity refers to both sex and gender as well as the act of violence itself. Although men can also be victims of rape, many definitions of rape deny their existence, such as those which require vaginal penetration (Pluretti & Chesebro, 2015). All acts of rape are sexual assault, but not all sexual assault is considered rape; however, the terms are often used interchangeably (Botta & Pingree, 1997).

College aged women are the most likely to experience sexual assault (O'Connor et al., 2018). Nevertheless, 20% of women will experience sexual assault in their lifetime (Botta & Pingree, 1997; Branch & Richards, 2013). This statistic is considered conservative as it is estimated that only 11% of rapes are reported to the police, which may explain why global measures report that 35% of women will experience sexual assault (Long & Butler, 2018). Approximately two-thirds of rape victims report disclosing to someone, though infrequently reporting to law enforcement (Remer & Ferguson, 1995). Low disclosure and reporting rates can be attributed to stigmas and myths surrounding rape and rape victims. Sexual assault disclosure is considered high-risk as it can have consequences such as strained relationships and ostracism (Pluretti & Cheseboro, 2015). These consequences may be viewed as a result of the abjectification of sexual assault discourse, as sexual assault has historically been labeled taboo (Botta & Pingree, 1997).

Rape myths create cultural acceptance of rape (Cwik, 1996), and "take the form of victim blaming, excusing the perpetrator, or justifying sexual violence as acceptable under certain circumstances" (O'Connor et al., 2018, p. 439). Some of the most common rape myths perpetuate the ideas that rape is preventable by resistance, only happens to promiscuous women, is desired by most women, and that women often falsely accuse men of rape (e.g., Cwik, 1996; O'Connor et al., 2018; Ryan, 2011). Rape myths evolve over time to incorporate hegemonic ideas of sex and gender but they have also evolved to become more subtle (O'Connor et al., 2018).

Although 90% of college aged women who report being raped were assaulted by someone they knew (Branch & Richards, 2013; Long & Butler, 2018), sexual assault scripts, which define what rape looks like and who rapists are, frequently ignore the possibility of acquaintance rape[1] (Botta & Pingree, 1997; Ryan, 2011). In the past, and still today, there remains a reluctance to acknowledge victims of acquaintance rape as victims of sexual assault (Botta & Pingree, 1997). Instead, many people believe in a script of blitz rape, or a random and violent attacker (Ryan, 2011). Societal reluctance to acknowledge sexual assault and disapproval and blaming of rape victims impacts a survivor's willingness to disclose (Christiansen, Bak, & Elklit, 2012; Cwik, 1996). Additionally, society often places guilt on the victim (Cwik, 1996); in fact, a study conducted at a U.S. university in 2015 found that one-third of participants indicated that they believed the victim "asked for it" (O'Connor et al., 2018, p. 447). The myth that victims are responsible for their rape is often based on the presence of alcohol, sexual history of the victim, or clothing the victim was wearing at the time of the assault (Branch & Richards, 2013; Long & Butler, 2018; O'Connor et al., 2018). Other rape myths include the belief that the perpetrator did not intend to rape the victim (O'Connor et al., 2018). This myth most commonly excuses the perpetrator's actions by attributing their behavior to alcohol or stating that men are unable to stop once sexually aroused (O'Connor et al., 2018).

Vague definitions and understandings of sexual assault and rape contribute to low reporting and disclosure; however, society also discourages disclosure through the continued stigmas and judgements placed on survivors of sexual assault. Survivors who expect to be questioned about what they were wearing, if they flirted, or how hard they tried to stop their rapist often will not disclose their assault out of fear of social retribution.

Social Support

Enacted and communal support. Enacted social support is action, more specifically what is said and done for others during troubles talk (Goldsmith, 2004). Studying enacted support differs from much of the research on social support as it does not focus on the quantity or perceptions of hypothetical support but rather on specific interactions and communicative processes (Goldsmith, 2004). Perceived social support, the most common type of support researched, refers to "a person's generalized cognitive appraisal of being supported rather than as a reflection of enacted behaviors" (Ross, Lutz, & Lakely, 1999, p. 896). However, the sole perception of support does not necessarily provide benefits, making it crucial to study the enactment of support (e.g., Goldsmith, 2004; Ross et al., 1999). Research specific to enacted support has shown that buffering effects are impacted by many factors including the severity and type of stressors and implementation of support (Goldsmith, 2004).

[1] Although "acquaintance rape" is a commonly used term, labeling rape in this way diminishes the severity of certain cases of rape and creates unnecessary distinctions between sexual violations. Though the author does not condone this label, this term best describes current social understandings of sexual assault.

Social support studies should consider the situational contexts of interaction, including the relationship (Frazier, Tix, & Barnett, 2003). Relationship history can impact an individual's ability to provide effective support due to differences in shared understanding of how partners think in relationships (Goldsmith, 2004). Understanding has been found to depend upon factors such as the tenor of the relationship, type of support needed and offered, quality of support, degree and nature of stress, the ability to act, and perceptions of the support provider and the support provided (Goldsmith, 2004).

As social support and communication scholar, Goldsmith (2004) outlines, "close relational partners are interdependent, they experience shared stressors… and stressors originating in one partner's experience affect the other" (p. 117). The idea of shared ownership of a stressor is known as communal support (Kam, Basinger, & Guntzviller, 2017). In communal support, rape can be viewed as a shared stressor with the potential to create dramatic changes in a relationship (Christiansen et al., 2012; Goldsmith, 2004). The relational others and confidants of a sexual assault survivor can become secondary victims due to their close relational identification and shared ownership of the stressor. Secondary victims report suffering from compassion stress, fatigue, and burnout (Remer & Ferguson, 1995). Communal support is present through framing the relationship as interdependent, using possessive and plural pronouns, and co-creating solutions to problems (Goldsmith, 2004; Kam et al., 2017). Furthermore, in a communal support relationship, no individual is exclusively the support provider or recipient. Communal support has been found to be embedded in daily interactions, resulting in invisible support when it is skillfully incorporated into communicative behaviors (e.g., Frazier et al., 2003; Goldsmith 2004).

Social support following rape. Social support has been found to have a buffering effect on all types of trauma and stress, including sexual assault (e.g., Borja, Callahan, & Long, 2006; Dworkin, Ullman, Stappenbeck, Brill, & Kaysen, 2018; Goldsmith, 2004). In fact, social support has been described to be the most predictive variable to adjustment after sexual violence trauma (Borja et al., 2006). However, the effectiveness of support is limited to the degree to which it effectively meets the survivor's needs. Previous studies on buffering effects have produced mixed results because of their inability to separate perceived support from enacted support (Goldsmith, 2004). Buffering effects of social support are viewed to improve physical health as well as mental well-being. Following sexual violation, victims may experience intense feelings of fear, isolation, depression, and anger (Borja et al., 2006). Communicating with others about their rape may help survivors make sense of their experience and cope (Pluretti & Cheseboro, 2015). In a study of female sexual assault survivors at a university, 34-43% of the participants met criteria for post-traumatic stress disorder (PTSD) (Dworkin et al., 2018). The daily lives of survivors of sexual assault are often disrupted by the trauma (Cwik, 1996), but social support can reduce the severity of PTSD symptoms and depression (Middleton et al., 2016). Studies on other demographics, such as veterans, have corroborated that social support and PTSD symptoms are negatively correlated (Dworkin et al., 2018). Researchers have reason to believe that social support has longitudinal effects on minimizing PTSD symptoms but can likewise mitigate daily changes in PTSD symptoms (Dworkin et al., 2018).

Benefits of social support after sexual assault include improved relationships, greater appreciation for life, spiritual growth, and a renewed sense of personal strength (Borja et al., 2006). However, social support that is viewed as unhelpful, such as behaviors that indicate disbelief or unresponsiveness during the disclosure process, can be detrimental to the victim and their recovery. Prior studies indicate that it is especially harmful when a romantic partner expresses disbelief (Borja et al., 2006; Lorenz et al., 2018). Furthermore, when a confidant does not provide sufficient support following disclosure, the primary victim can face setbacks in coping (Middleton et al., 2016). Despite the general understanding that support is beneficial and necessary, victims generally receive a mixture of reactions across their relationships (Lorenz et al., 2018). Nonetheless, talking about sexual assault in communal support can be beneficial to both the primary victim and their relational others (Pluretti & Cheseboro, 2015).

Gender scripts and romantic relationships. Most research on support in romantic relationships after sexual assault takes a heteronormative approach. Therefore, much of the existing research focuses on women as victims of sexual violence and men as their romantic partners. Although gender does not carry inherent communicative differences, distinctions emerge as men and women attempt to meet the social roles prescribed for them (Tannen, 1990). The repetition of such roles makes them appear natural to society and turbulence can arise when these roles are not being met in their socially constructed capacity. Men and women generally possess the same social support needs (Burleson, 2003; Goldsmith, 2004), yet they enact different communicative patterns (Tannen, 1990). Traditional sex scripts define men as emotionally independent, strong, and chivalrous, which can cause men to construct a protective framework for providing social support (Tannen, 1990). This can result in overprotective tendencies from male partners in a romantic relationship as they try to make their significant other feel protected (Christiansen et al., 2012).

Rape has been found to have severe repercussions on romantic relationships as "50-80% of female rape victims lose their boyfriends or husbands in the aftermath of the assault" (Christiansen et al., 2012, p. 247). Relationship status does not buffer the effects of sexual assault; instead, it can actually be harmful when a victim fears how their significant other will react (Moss, Frank, & Anderson, 1990). A previous study found that married women had greater emotional distress than single women regarding disclosure (Moss et al., 1990). Research also reports that men often feel unprepared to support survivors and evaluate their own support as ineffective (Christiansen et al., 2012).

Social support has tremendous implications for an individual's identity and can make it difficult for significant others during communal support if they feel it threatens their negative face or desire for autonomy and respect (Goldsmith, 2004). When considering social support interactions, "giving help puts one person in a superior position with respect to the other" (Tannen, 1990, p. 32). This can cause men, identifying with hegemonic masculinity, to feel emasculated when women emotionally protect them. For men, "fixing" generally manifests in tangible actions or a desire for vengeance and retribution (Cwik, 1996; Tannen, 1990). Significant others often describe feeling personally victimized and blame themselves for not being able to protect their partner (Cwik, 1996). This can become problematic when the primary victim exerts excessive energy in consoling their partner and minimizes how they are personally being impacted by the rape to make their significant other feel better. One way that survivors try to downplay the impact of the rape is by resuming regular activities in the relationship, such as sex. After sexual assault, survivors often have difficulty being sexually intimate with their partner (Moss et al., 1990). This challenge can create additional stress as the survivor tries to comfort their partner simultaneously sacrificing their own comfort.

Relational considerations for support. Relational dyads may also experience additional stresses as they cycle between recovery, personal adjustment, and relationship reorganization (Remer & Ferguson, 1995). The relationship may need to reorganize itself when roles unique to the relationship change. Role reversal occurs when individuals who, in the past, primarily provided support become the primary support recipients and conversely.

Despite the concern of not receiving accurate information from peers, victims often disclose to their friends (Botta & Pingree, 1997). Support from informal sources tends to be received better than support from formal sources such as legal, medical, and mental health resources (Lorenz et al., 2018). Receiving informational support from friends may be considered more helpful by the primary victim, compared to educational resources, as there is a developed relationship between the survivor and their confidant (Borja et al., 2006; Botta & Pingree, 1997).

Women generally tend to seek closeness and confirmation of themselves from other women (Tannen, 1990). As expected, previous research has found that women are more likely to seek support from other women following sexual assault (Branch & Richards, 2013). Another reason for the sex variance in disclosure is that female friends tend to respond more positively to disclosure than male friends (Lorenz et al., 2018). By working through shared experiences, friends of the survivor, who have also been previously victimized, can help new survivors cope (Pluretti & Cheseboro, 2015). These supporters often draw on their own experience to provide support (Lorenz et al., 2018), which can increase relational understanding and create a sense of safety (Goldsmith, 2004).

Communication Privacy Management

Communication privacy management theory (CPM) consists of three elements: privacy ownership, privacy control, and privacy turbulence (Petronio, 2013). The first component of CPM describes how individuals perceive a right to privacy for their personal information. CPM works under the assumption that people understand that disclosure involves risks (Petronio et al., 1997), and as previously established, sexual assault disclosure is high-risk due to the stigmas and relational consequences of disclosure (Pluretti & Cheseboro, 2015). Therefore, CPM provides a natural way to examine disclosure processes as a product of social and relational concerns.

Privacy control examines how individuals decide to share private information through the use of personally defined privacy rules that are influenced by motivations, values, and needs (Griffin, Ledbetter, & Sparks, 2015; Petronio, 2013). The extent of the risks associated with disclosure also inform a person's disclosure patterns such as who they tell, how much they share, and when they share it (Petronio, 2013). Privacy turbulence occurs when confidants experience confusion to privacy boundaries or break the boundaries set by the original owner of information (Griffin et al., 2015). Ignoring or intentionally breaking a survivor of sexual assault's privacy boundaries can have tremendous implications on the individual's healing process. Confidants of sexual assault disclosure may experience a confidentiality dilemma when they feel that the survivor's well-being depends upon them intentionally breaching the collective privacy boundaries (Griffin et al., 2015).

Despite the many complications of disclosing sexual assault, some research has shown that victims of sexual violence *need* to disclose their experience (Pluretti & Cheseboro, 2015). Petronio, who developed CPM, has

conducted research that focuses on children disclosing experiences of sexual abuse, but many of the findings can be applied in a larger context of sexual violation. She and her coauthors make the argument that "By keeping the secret of abuse, the perpetrator's crime becomes a lifelong sentence for the victim" (Petronio et al., 1997, p. 101). Disclosure of sexual violence, though weighted with risk, can be beneficial to a survivor's healing and growth after sexual assault.

Disclosing rape. Previous research has found that disclosing about sexual assault can help victims acknowledge their experience as rape, an important step in healing (Borja et al., 2006; Petronio et al., 1997; Pluretti & Cheseboro, 2015). Yet victims face a myriad of challenges throughout the disclosure process (Botta & Pingree, 1997). Prior to disclosure, survivors of sexual violence often fear blame, rejection, and having their private information shared without their consent (Middleton et al., 2016). Studies have reported that as victims disclose, they often feel embarrassment, fear, anxiety, and similar emotions to those described during the actual assault (e.g., Cwik, 1996; Pluretti & Cheseboro, 2015). This has caused the disclosure process to become known as the second injury or second rape (Cwik, 1996).

Despite the importance of relationship and identity in social support, the relational closeness between the confidant and the victim has not been found to correlate to fear and reluctance to disclose (Pluretti & Cheseboro, 2015). In fact, it can be more difficult for victims to disclose with those they are close with due to fear of hurting a loved one or being judged by them (e.g., Bicanic, Hehenkamp, van de Putte, van Wijk, de Jongh, 2015; Moss et al., 1990).

Disclosure can depend upon factors unique to the relationship and individual as well as the availability of established relationships and trusted confidants (Pluretti & Cheseboro, 2015). When making decisions about disclosure, victims described considering how well they believed the confidant would be able to provide support to influence with whom they disclosed (Petronio et al., 1997; Pluretti & Cheseboro, 2015). Women are considerably more likely than men to have a person disclose sexual assault to them, which reflects the belief that women are more capable of providing emotional support (Branch & Richards, 2013). Additionally, the victim's perception of how "strong" the confidant is and how they will manage the information according to the survivor's personal boundary preferences impacts disclosure (Petronio et al., 1997). Victims have also described feeling a sense of obligation to tell their present or future romantic partners, as not disclosing may be viewed as dishonesty (Cwik, 1996; Pluretti & Cheseboro, 2015).

Disclosure is not only difficult for the primary victim but also for the confidant. The confidant's worldview can shift post-disclosure to view the world as an unsafe and generally evil place (Branch & Richards, 2013). Confidants may also experience added stress after having sexual violence disclosed to them. This is compounded when the confidant and survivor disagree on reporting the sexual assault (Middleton et al., 2016). Previous studies indicate that most confidants recognize the importance of balancing their emotions and reaction during disclosure (Middleton et al., 2016). However, confidants, like other support providers, have reported feeling unequipped to provide adequate support and face challenges balancing curiosity and respect for privacy (e.g., Christiansen et al., 2012; Cwik, 1996; Middleton et al., 2016).

METHODS

Method of Archive Selection

Unlike other television shows that portray rape as something that happens to minor characters, *Private Practice* was able to create a poignant conversation regarding sexual assault and social support by weaving the narrative across several episodes. Although social support is an ongoing process, this analysis limits itself to the six episodes immediately following the rape of Charlotte King. These episodes were selected based on the relevance of social support and sexual violence to the episode's plot and their proximity to disclosure. To obtain the relevant scenes from the episodes, scenes that did not involve the primary victim or discussion about the primary victim and her assault were eliminated. Goldsmith's (2004) concept of enacted social support was then used to eliminate scenes that only hypothetically addressed support. Due to the limitations of studying television, instances in which support was not visibly present were considered when they included descriptions and evaluations of support.

Method of Analysis

Scenes were then categorized based on the characters' relationship with Charlotte as a friend or romantic partner. Once the most relevant relationships were identified, CPM was used to analyze the situations in which disclosure occurred and how confidants managed boundary coordination. Special attention was given to scenes directly

involving disclosure and boundary management as well as regard for relationship and identity. Furthermore, words of encouragement, advice, and tangible support were analyzed in the situation they were provided. Charlotte's assessments of their support was then analyzed based on her immediate reaction and her long-term evaluation of the support.

Analysis of support interactions between Charlotte and her fiancé Cooper were based upon Goldsmith's (2004) concept of communal support. Focus was given to how both Charlotte and Cooper provided and received support in their relationship following the assault. Furthermore, everyday interactions, use of possessive plural pronouns, and support in routine talk were all categorized as meaningful actions of enacted social support. The implications of support practices were determined by how Charlotte's healing process was impacted by the support and the evolution of the relationship.

RESEARCH QUESTION

Studying enacted social support provides insight into how relationship and identity impact disclosure processes, acts of support, and evaluations of support. However, due to the complicated nature of social support and the social stigma of sexual assault, CPM, a disclosure theory, was used to assist in navigating the complex representations of disclosure processes. These theoretical implications led to the development of the following research question: How do relational partners manage privacy boundaries while providing enacted social support after disclosure of sexual assault?

RESULTS

The results of this study indicate that relationship and relational history have a significant impact on the primary victim's willingness to disclose as well as how the relationship is maintained after disclosure. Experiential understanding was not found to impact willingness to disclose but did influence the evaluations and effectiveness of support practices. Furthermore, relational others' consideration for identity influenced the primary victim's evaluations of support. Violation of privacy boundaries was found to be used as a form of social support, though it also resulted in the termination of support relationships. The results indicate that the primary victim was least willing to disclose to her significant other and that their relationship experienced the most drastic changes following disclosure of sexual assault.

Coworkers…friends?

Charlotte King is an independent, strong-willed, and emotionally distant character. Throughout the first four seasons Charlotte develops few meaningful relationships with the doctors at Oceanside Wellness, besides her fiancé Cooper. However, after her brutal rape, Charlotte is forced to turn to people she barely considers friends for support. Despite the emotional distance between Charlotte and the other characters, relational history and identity still impacted the support relationships Charlotte had with those who can be loosely defined as 'friends'. Although all of Charlotte's coworkers provided some form of social support throughout the archive, the most complex and meaningful enactments of support come from her interactions with the characters Addison and Violet. Each character's enacted support following disclosure is discussed below.

Addison. Charlotte and Addison lack nearly any type of personal relational history, as Addison and Charlotte only had a professional workplace relationship before Charlotte's attack. Regardless, Addison is the first person Charlotte contacts after being assaulted. As other studies have found, women are often most comfortable disclosing sexual assault to other women (Branch & Richards, 2013). Yet, Charlotte's motivation to contact Addison was more likely related to the tangible support she was seeking. Addison is an OB-GYN, so although Charlotte told Addison that she had *not* been raped, she provided a form of indirect disclosure when she allowed Addison to perform a pelvic exam. At first, Addison felt privileged that Charlotte asked for her and tells Charlotte that she will be there for her no matter what. However, Charlotte did not view the disclosure as advancing their friendship. In fact, when Addison tries to make her emotional support more available, Charlotte responds with comments like "we're not friends" and "I only need one thing from you, to keep your damn trap shut about what happened" (Rhimes & Zinberg, 2010).

Due to the lack of relational understanding and Charlotte's resistance to support, Addison only provides Charlotte support in the immediate aftermath of the attack, lasting three episodes. When Addison does enact support, it is primarily tangible and informational support. Although Addison was not acting through her official

position as a medical practitioner, these support interactions are formatted more like an exchange between a doctor and patient. Addison helps Charlotte get cleaned up, performs a pelvic exam, and prescribes medication to prevent sexually transmitted infections. However, throughout these interactions, small enactments of emotional support were also present, such as Addison holding Charlotte's hand, validating Charlotte's lie during the forensic collection, and not submitting a rape kit despite her legal obligation.

Charlotte was initially grateful for Addison's physical help, but her attitude towards Addison changed when she tried to pressure Charlotte into reporting the rape. Addison explains to Charlotte "you need support, counseling. If you try to keep this a secret it's going to eat you alive" (Rhimes & Liddi-Brown, 2010). To which Charlotte replies, "You ever been violated? Anybody rape you lately?" (Rhimes & Liddi-Brown, 2010). Addison's comment reflects Petronio's ideas of how survivors should seek support (Pluretti & Cheseboro, 2015), and Charlotte's response reflects how she feels ownership over the information, especially since Addison has not had a similar experience (Griffin et al., 2015).

Being Charlotte's only confidant, with strict and explicit instructions not to tell anyone, greatly impacts Addison in a way that many other confidants report being affected (Remer & Ferguson, 1995). She begins to have difficulty sleeping and her worldview shifts as she questions what the purpose is in helping others when bad things keep happening. In an attempt to get help for Charlotte, Addison goes to Sheldon, Charlotte's closest friend besides Cooper. Addison tells Sheldon that Charlotte was raped and that she does not know what to do because she is not close friends with her. Sheldon then goes to Violet, the other therapist at the practice, and tells her that *she* needs to talk to Charlotte.

Violet. Sheldon's demand that Violet talk to Charlotte ignores their complex relational history. Violet and Charlotte had a strained relationship in the past, complicated by the fact that Violet is Cooper's best friend. Immediately following the attack, Violet provides support to Cooper but does not attempt to support Charlotte. When Addison suggests that Violet talk to Charlotte, she shows little interest saying "Charlotte's Vietnam and I'm a vet" (Rhimes & Liddi-Brown, 2010). The characters who were aware of Charlotte's rape wanted Violet to speak to her because Violet had been sexually assaulted in her past. However, this desire prioritizes the experiential understanding of Violet and ignores the relational conflict between Charlotte and Violet. Furthermore, it ignores how Violet could be negatively impacted by providing support as a survivor herself.

Eventually Violet goes to Charlotte and initiates an emotionally supportive conversation. She begins by establishing understanding saying "I know how hard it can be to reintegrate after you've been victimized" (Rhimes & Zinberg, 2010). Charlotte tries to say that Violet does not understand but Violet interrupts her and tells her about her rape. Charlotte is clearly uncomfortable during the interaction, so Violet does not push her and just says that she will be there for her. This interaction shows Violet's consideration for the lack of relational closeness.

Violet continues to provide emotional support to Charlotte during the investigative procedures by going with her to the lineup and placing her hand on Charlotte's shoulder as a sign of solidarity. However, when Violet tries to guilt Charlotte into reporting the rape, Charlotte shuts down and hostilely responds "I am so sick and tired of hearing about your rape. That was twenty years ago and you're still talking about it" (Rhimes & Tinker, 2010). In Violet's attempt to create understanding, she made the situation about herself instead of prioritizing Charlotte. This shows how experiential understanding is not guaranteed to have a beneficial impact.

Violet is better able to cope with the disclosure compared to Addison, despite being formerly victimized. However, Violet also breaks Charlotte's desired boundary coordination because she believes that it is best for Charlotte that Cooper knows the truth, exemplifying what CPM considers a confidentiality dilemma (Griffin et al., 2015).

Despite Charlotte's previously strained relationship with Violet, learning about Charlotte's rape improves their relationship, a phenomenon shown in previous studies (Borja et al., 2006). Violet eventually becomes someone that Charlotte seeks advice from for topics like how to regain physical intimacy in her relationship. Additionally, Charlotte is able to tell Violet exactly what she needs Violet *not* to say when supporting her. Before leaving, Charlotte tells Violet "Thank you. I never said that, and I'm mean to you a lot of the time because you're all touchy feely and annoying, but you told me about your rape and that helped me. It helps me. Thank you" (Rhimes & Stoltz, 2011). In the end, Violet's support was helpful to Charlotte, but there were still components of her support that were not effective and ignored their identities and relationship.

Romantic Partner

Charlotte and Cooper's relationship began in the first season of *Private Practice*. Their relationship was focused purely on sexual intimacy at first and ended when Charlotte opens a competing practice. The couple fluctuates between relational statuses and is continuously challenged by their conflicting communication styles,

ideas of what constitutes a relationship, and their goals for the future of the relationship. Nevertheless, Charlotte and Cooper appear to have a strong foundation to their relationship and are engaged when Charlotte is attacked.

Cooper. Cooper did not find out that Charlotte had been raped until three episodes after the attack when Violet told him Charlotte's secret. Immediately after the assault, when Cooper still did not know about the rape, Charlotte tried to protect Cooper. Being aware of Cooper's distress, she calls him over and rubs his head saying "I'm okay Coop, I'm okay" despite being violently raped hours earlier (Rhimes & Liddi-Brown, 2010). Charlotte continues to protect Cooper when she asks him to get her coffee as she cries out in pain while receiving treatment. Cooper had tried to support Charlotte, but her concern for him once again resulted in Charlotte shielding her fiancé and facing her trauma without his support. Charlotte's initial reaction to minimize her pain and delay disclosing to Cooper can be seen as a method of protecting him (Bicanic et al., 2015; Moss et al., 1990).

Prior to finding out that Charlotte's assault included rape, Cooper felt like a failure as a romantic partner and a man by accepting and depending upon Charlotte. This reaction is a result of traditional gender roles that label "true men" as strong and independent protectors (Tannen, 1990). Cooper exemplifies this idea when he expresses his disappointment in himself saying "I'm her man. I'm supposed to keep her safe" (Rhimes & Liddi-Brown, 2010). Charlotte supporting Cooper after the assault is not inherently problematic. However, it is troublesome when Charlotte says things like "he needs me to be okay. But he hates me now, or resents me" (Rhimes & Cragg, 2010). This comment shows how Charlotte is concerned with how Cooper views her and puts his well-being before her own. Ultimately, Charlotte's concern for Cooper prevents her from being honest and coping with her experience.

Cooper's response, even before he knows that Charlotte was raped, was overprotective. Upon hearing of the attack, Cooper gives a lengthy speech of what he will do to make Charlotte feel safe. Yet his speech does more to help himself process what happened than result in actual support for Charlotte as his overprotective behavior is a way for him to take control of the situation (Christiansen et al., 2012). Cooper also tries to tell others how they should act around Charlotte and continuously tells Charlotte and others that he knows what she needs. However, Cooper's constant supervision makes Charlotte feel like a child.

When Cooper was told by Violet that Charlotte was raped, Charlotte was immediately able to tell the difference in how he looked at her. However, unlike the other instances in which Charlotte provided Cooper support, Cooper meets the behavioral expectations of confidants and tells Charlotte he understands why she could not identify her attacker, what he would do to support her, and that he loves her.

Charlotte frames the experience as only hers when she says "you are not inside this, Cooper. You have no idea" (Rhimes & Zinberg, 2010). On the other hand, Cooper tends to frame the stressor as equally theirs, such as when Naomi asks Cooper how he is, and he responds by telling her "we're good" and describes how *they* were doing after the attack (Rhimes & Cragg, 2010). Cooper takes ownership of the issue when he becomes emotional about the defense attorney not prosecuting the attacker. Cooper was justified in having an emotional response, but once again, he did not consider the type of support Charlotte needed. Charlotte wanted to move on and try to be positive, but Cooper's reaction forces the attention on the negative and how she *needs* to pursue legal action. After this, Charlotte is forced to take control of supporting herself emotionally and begins to speak in clichés. This frustrates Cooper and the other characters who do not understand how Charlotte is trying to move on from her attack.

Cooper, like the other supporters, faces a setback in the relationship when he tries to pressure Charlotte to identify her attacker. He believes that he knows what Charlotte needs but this forces her to heal at his pace. Therefore, when Charlotte proceeds with the investigation, it is not her choosing but a method of appeasing Cooper.

Like most romantic relationships after sexual assault, Charlotte and Cooper have to navigate how they interact after the rape (Christiansen et al., 2012). Their relationship becomes strained and nearly falls apart when Cooper kisses another woman after becoming frustrated with Charlotte's inability to be intimate. His lack of understanding is further reinforced in comments like "Charlotte's too damaged to want a kid… or to have the sex that makes a kid" (Rhimes & Cragg, 2010). Although these words are not spoken in Charlotte's presence, the lack of understanding infects their relationship. Cooper often says that he wants to be patient with Charlotte and understands but his actions and lack of support indicate otherwise. In a conversation with her friend, Charlotte expresses that she is fearful that Cooper will leave her but does not know how to become physically intimate again, which is a common issue following sexual assault (Moss et al., 1990). Charlotte's feelings can be seen as legitimate concerns because Cooper says things like "the Charlotte I fell in love with is gone" and "my job is to hold up the corpse and smile" (Rhimes & Cragg, 2010). *Private Practice* does a good job expressing Cooper's feelings but may provide too much validation for his lack of empathy.

Despite the challenges surrounding their physical intimacy, Charlotte and Cooper have the most direct style of communication with this topic. When navigating this issue, Charlotte is able to tell Cooper what she needs from him during metacommunication about how they are not talking. During this discussion, Cooper initiates a new

method of being close to each other: eating fried chicken. Recognizing that Charlotte needs a different outlet than talking, he brings her fried chicken whenever they are unable to talk or be physically intimate. Fried chicken becomes a way for Cooper to express his care for Charlotte while also serving to relieve tension during stressful situations. Overall, the show provides conflicting representations of Cooper and the effectiveness of his support practices. These representations can be seen as reflecting the cyclical responses a relationship undergoes after sexual assault disclosure.

DISCUSSION

Social support is a substantial part of a survivor's healing process. However, despite the near constant reiterations of the importance of support in *Private Practice*, the majority of characters in the show do not provide adequate support. This is substantiated by previous research that indicates that survivors' expectations for support are not met following disclosure of sexual assault (Middleton et al., 2016). The relationship and support interactions between Charolette and her friends shows how relational history and common experience impact the ability to effectively provide support. As this analysis has found, shared understanding and experiences inform the context and type of support provided, often resulting in reluctance to provide support (Pluretti & Cheseboro, 2015). Unlike the results of former studies (e.g., Cwik, 1996; Goldsmith, 2004; Moss et al., 1990), this reluctance occurred with an individual who shared a similar experience, not an individual who lacked understanding. Previous research generalizes the helpfulness of women who enact social support (e.g., Lorenz et al., 2018; Tannen, 1990). However, not all women are adequately prepared to offer effective support, and support practices can be unhelpful when focused on the support provider and their desires for the survivor's disclosure and healing.

Within romantic dyads, communal support following sexual assault has the potential to become problematic. Social support between romantic partners has been found to impede a survivor's healing when they feel obligated to continuously provide support for their significant other in a way that ignores their own needs (Moss et al., 1990). *Private Practice* exemplifies this issue as Charlotte denies her rape and puts Cooper's feelings before her own. This analysis further highlights how traditional gender roles impact how romantic partners accept support from and provide support to their significant other. For example, Cooper's shame at accepting support illustrates how hegemonic masculinity defines men as emotionally independent (Tannen, 1990). Social support in romantic dyads have particular strategies and dynamics that concern identity, ownership of information, and empathy for an experience that cannot be understood. By understanding the individuals and relational history, instead of the experience, partners can decide how to construct ongoing social support. This is shown when Cooper realizes that he needs to stop pressuring and ordering Charlotte and instead brings her fried chicken as a form of support.

Perhaps the most profound implication of this analysis was that breaking boundary coordination can be seen as a form of social support in itself. This analysis provides insight into how support is given when the victim does not disclose but when individuals learn of assault through boundary violation. This intentional breach can get survivors the support confidants are unable to provide. However, boundary violations are controversial as they break trust and remove power and agency from the survivor (Griffin et al., 2015; Petronio et al., 1997).

Media representations of support following sexual assault acknowledge the importance of social support but fail to highlight the reality that survivors often have inadequate support systems. Though somewhat realistic in this portrayal, *Private Practice* missed an opportunity to educate viewers on how support could be provided in meaningful ways by addressing the relationship and identity of the characters. Instead, the show takes a shallow approach to social support by rarely showing successful enactment of emotional support. Overall, this analysis illuminates that not enough is being done to support victims of sexual assault or educate individuals on how to provide effective social support following sexual assault.

LIMITATIONS AND FUTURE DIRECTIONS FOR RESEARCH

This study was limited by the few representations of enacted support. Conversations about support and characters' perceptions of support were necessary to approach enacted social support holistically. Studying an interpersonal concept through media poses additional limitations. Traditional interpersonal studies of social support account for lived experiences of real people, which can be seen to produce a more authentic view of support relationships. This study was limited because of its analysis of scripted support. This also meant that follow-up, or any type of question, could not be asked. Instead, this analysis depended solely upon the representations provided by the show. However, mediated representations of social support also provide elaborate opportunities to examine

the cultural expectations of enacted support that are reflected in media. These representations define who should provide support, under which circumstances they provide support, and how support should be provided.

Future research should extend this study to real life social support actions from the perspective of sexual assault survivors. Research should focus on communal support in romantic dyads that continued and terminated after sexual assault. Without creating a model for support, future studies should identify trends between relationship, identity, and positive evaluations of support following sexual assault. Future research in media studies should continue to navigate social support interactions. Attention should also be given to the implications of social support representations for sexual assault in single episode narratives. Representations of formal support sources in television also provide a unique opportunity to understand how individuals value formal and informal support sources in differently.

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