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The Impact of #MeToo on Reasons for Sexual Assault Disclosure

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The Impact of #MeToo on Reasons for Sexual Assault Disclosure

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ABSTRACT

Sexual assault is a long-standing widespread problem. Yet, despite the high prevalence of sexual assault, it is the most underreported crime of all crimes reported to the police (Bureau of Justice, 2018). The #MeToo movement has had a significant impact on the way in which sexual assault survivors disclose their experiences and the reasons they disclose. Disclosure appears to be an important factor in survivors' healing from their assault, with increasing coping, greater attachment to others, and positive growth cited as effects of disclosure provided that the response to the disclosure is positive to the survivor (Ahrens & Aldana, 2012; Borja et al., 2006; Frazier et al., 2004, Orchowski & Gidycz, 2012). Yet, there is limited literature regarding differences in reasons for disclosure. Guided by the Disclosure Process Model (Chaudoir & Fisher, 2001) this study sought to compare reasons for disclosure across three different disclosure experiences: interpersonally before #MeToo, interpersonally after #MeToo, and on social media after #MeToo. Differences for reasons for disclosure were measured by Reasons for Disclosing Sexual and Intimate Partner Violence Scale (RDSIPVS) (Turner et al., 2019). Survivors' reflections on #MeToo, disclosure satisfaction and mental health functioning, as measured by experience of PTSD symptoms and adaptive coping were also examined. Data were analyzed using a one-way between-subjects analysis of variance (ANOVA) (Field, 2018). Results indicated that differences in reasons for disclosure exist between the three disclosure process experiences and that the #MeToo movement may have impacted specific reasons for disclosure. Survivors' reflections were the #MeToo movement are positive. However, among survivors who received negative reactions from participating in #MeToo, many suffered particularly harmful reactions. Survivors reported elevated levels of trauma symptoms with a wide range of levels coping. Findings indicate the importance of disclosure recipients, particularly mental health

professionals, understanding reasons for disclosure and the potential role of social media in

disclosure processes.

PsyD Clinical Dissertation Signature Page

This Clinical Dissertation, written under the direction of the student's Clinical Dissertation Chair and Committee and approved by Members of the Committee, has been presented to and accepted by the faculty of the Clinical Psychology PsyD Program in partial fulfillment of the requirements for the degree of Doctor of Psychology. The content and research methodologies presented in this work represent the work of the student alone.

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The Impact of #MeToo on Reasons for Sexual Assault Disclosure

Statement of the Problem

Sexual assault is a long-standing, widespread problem, particularly in the United States. According to the Rape, Abuse, and Incest National Network (RAINN) (2022), an American is sexually assaulted every 68 seconds. Despite the high prevalence of sexual assault, there are significant barriers to disclosure; it is the most underreported crime of all crimes reported to the police (Bureau of Justice, 2018). These barriers may be due to the "stigmatization of sex and sexuality" and a culture of victim shaming and blaming (Tyson, 2019). Yet, the #MeToo movement changed societal notions and norms regarding sexual assault by bringing to light the pervasive nature of sexual violence and encouraging survivors to disclose their experiences publicly (Alaggia & Wang, 2020).

Disclosure is an important factor in survivors' healing from their assault. Positive reactions to disclosure are correlated with increased coping, greater attachment to others, and positive growth for the survivor (Ahrens & Aldana, 2012; Borja et al., 2006; Frazier et al., 2004, Orchowski & Gidycz, 2012). Negative reactions, however, contribute to higher rates of depressive and posttraumatic symptoms (Ullman & Peter-Hagene 2014). The #MeToo movement created a platform for public discourse of sexual assault disclosure and reactions to disclosure, and ultimately, was a catalyst for social change. Yet, #MeToo has also been criticized for its lack of inclusivity by focusing on female survivors with male perpetrators (Bruggeman, 2019; Gieseler, 2019; Holden, 2019; Neal, 2018; Williamson et al., 2020). Therefore, it is unclear if #MeToo has been beneficial or harmful to survivors' disclosure processes.

Understanding why and how survivors chose to participate in #MeToo, can lead to a better understanding of the impact that #MeToo has had on survivors and society. Research

indicates that the reasons for disclosing on social media are different from the reasons for

disclosing interpersonally to formal and informal recipients. For example, survivors who disclose

to formal and informal recipients typically disclose to obtain help or care (Halstead, Williams, &

Gonzalas-Guarda, 2017; Littleton, 2010; Orchowski & Gidycz, 2012; Walsh, et al., 2019;

Ullman, 2010). Research utilizing textual analysis of social media posts indicate that not only do

disclosures on social media elicit support, but they also promote advocacy for greater societal

change (Alaggia & Wang, 2020, Barker-Plummer & Barker-Plummer, 2017; Hassija & Turchik,

2016; Mendes & Ringrose, 2019 Orchowski & Gidycz, 2012; Swanson & Szymanski, 2020).

Therefore, to best understand how #MeToo effected disclosures interpersonally and on social

media, it is important to examine the potential differences in reasons for disclosure across modes

of disclosure.

The Disclosure Processes Model (DPM), which examines when and why interpersonal

disclosure may be beneficial to the discloser, can be utilized as a framework for understanding

differences in reasons for disclosure. The DPM posits that disclosure is a combination of

decision-making and outcome processes that are mediated by three distinct processes: alleviation

of inhibition, social support, and changes in social information (Chaudoir & Fisher, 2010). The

underlying motivational factors for these processes are the goals disclosers have for either

disclosure or nondisclosure. The #MeToo movement contains all the mediating processes

described in the DPM. Survivors' disclosure inhibitions were alleviated because they were

encouraged to disclose their assaults online, and survivors received public widespread social

support. Survivors also provided and witnessed changes in social information through their own

disclosures, other survivors' disclosures, and public discourse related to #MeToo. Yet, it is

unclear what the goals, or reasons, for disclosure were for survivors who participated in the movement.

Not only will examining the impact of #MeToo on reasons for disclosure contribute to the knowledge base on the effectiveness and impact of digital social movements, but research examining reasons for disclosure within different contexts has clinical implications. Therapists working with sexual assault survivors can utilize the data about reasons for disclosure to support survivors' decisions about disclosing to law enforcement, healthcare providers, loved ones, or on social media.

Critical Literature Review

Rates of Sexual Assault

To understand the depth of the problematic nature of sexual assault, it is important to first understand how rates of sexual assault are measured. Capturing accurate prevalence rates have implications for diverting community and financial resources and the development and implementation of policies. Furthermore, public knowledge of prevalence rates of sexual assault has implications for societal norms, expectations, and beliefs regarding sexual assault. According to the National Sexual Violence Resource Center (NSVRC), it is difficult to measure the prevalence of sexual violence in the United States as there is no single source of data that can provide a full picture (NSVRC, 2022). Furthermore, how sexual violence, sexual assault, and rape are defined and operationalized varies across studies and thus can impact the way in which the data is analyzed and the results that are reported. Information regarding sexual violence is largely gathered by two national surveys: The National Crime Victimization Survey (NCVS) (Morgan & Thompson, 2021) and the National Intimate Partner and Sexual Violence Study (NISVS) (Smith et al., 2018). Of note, the NCVS survey includes participants who are a

minimum age of 12 years and thus, information regarding child sexual assault among children younger than 12 years are not collected (Morgan & Thompson, 2021). The NISVS survey includes participants who are ages 18 years old or older (Smith et al., 2018)

The NCVS (Morgan & Thompson, 2021) is an annual survey conducted by the Bureau of Justice Statistics (BJS) and is the primary source of information on criminal victimization for the United States. Each year, a representative sample of American households is identified, and individuals are interviewed about their experiences of criminal victimization including whether the crime was reported to the police and reasons why the crime was or was not reported (BJS). Participants are asked to answer questions regarding their experience of several different types of crimes such as robbery, burglary, larceny, motor vehicle theft, assault, and rape. Information is gathered from individuals age 12 or older both by telephone and in-person interviews. Of note, the NCVS is limited by the definitions and the language it uses to ask about behaviors. For example, interviewers ask about "rape" and "sexual assault" without providing the definitions of those terms unless the participant asks (NSVRC, 2011) Additionally, the NCVS does not collect data from individuals who are unhoused or live in institutional settings (e.g., nursing homes and correctional institutions) or military bases (Morgan & Thompson, 2021).

The NISVS (Smith et al., 2018), conducted by the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC), is an annual telephone survey that collects national- and state-level data about intimate partner violence, sexual violence, and stalking victimization in the United States (Smith et al., 2018). It was designed in collaboration with the Department of Justice (DOJ) and Department of Defense (DOD) in 2010. Each year, lifetime and 12-month prevalence data are collected through random digit-dialing in all 50 states and the District of Columbia. Surveys are conducted with English- and Spanish-

speaking adults using uniform definitions and survey methods (Smith et al., 2018). Notably, the

most recent data on sexual assault prevalence available by the NISVS is the 2015 report (Smith

et al., 2018). According to the CDC (2022) website, an updated report is forth coming.

In addition to these two national studies, the Federal Bureau of Investigation (FBI)

collected data regarding rape from law enforcement through the Uniform Crime Reports (UCR)

until 2019 (FBI, 2019). Unlike the NCVS and NISVS, the UCR only collected data on rape that

is formally reported to law enforcement. Additionally, data collected for the UCR is limited as

data is requested monthly on a voluntary basis from law enforcement agencies and thus, may be

incomplete and not representative of the country. Another complicating factor is that the legal

definition of rape has changed over the last several years. Prior to 2013, rape was defined as "the

carnal knowledge of a female forcibly and against her will" (FBI, 2018). After 2013, rape was

defined as "the penetration, no matter how slight, of the vagina or anus with any body part or

object, or oral penetration by a sex organ of another person, without the consent of the victim"

(DOJ, 2012). Reports of attempts or assaults to commit rape are also included in this data.

However, statutory rape and incest are excluded.

In 2019, the FBI transitioned to a new system of collecting crime reports called the

National Incident-Based Reporting System (NIBRS). Similar to the UCR, the NIBRS requests

data monthly on a voluntary basis from law enforcement. Differently from the UCR which only

collected sexual victimization reports under the FBI definition of rape, the NIBRS sexual

victimization reports included reports of "rape, sodomy, sexual assault with an object, and

fondling" (Martin, 2021). Only 20 states reported sexual assault victimization data to the NIBRS,

and thus, national rates of formal police reports of sexual assault are not available (Martin,

2021).

Additional data regarding sexual violence are collected through smaller-scale studies conducted by researchers at various institutions across the country (NSVRC, 2022).

Prevalence of Sexual Assault and Impact on Disclosure Process

It is important to understand the prevalence rates of sexual assault and how individual characteristics of survivors (e.g., age, race/ethnicity, gender, sexual orientation, and environment) impact their experiences of sexual assault and, subsequently, disclosure processes. These differences contribute to the mediating processes (alleviation of inhibition, social support, and change in social information) that occur in disclosure.

According to the NCVS (Morgan & Oudekerk, 2019), sexual assault and rape are the least likely type of crime to be reported; up to 80% to of sexual assaults are not reported to the police (Morgan & Oudekerk, 2019). Thus, it is difficult to ascertain accurate prevalence estimates for sexual violence due to both lack of reporting and differences amongst definitions of sexual violence across studies. Through examining data collected by the NCVS, the Rape, Abuse, and Incest National Network (RAINN) estimates that an American age 12 or older is sexually assaulted every 68 seconds (RAINN, 2022). According to the NCVS, within the general public, there are 1.2 sexual assaults per 1,000 individuals aged 12 or older in 2020 (Morgan & Thompson, 2021). However, only 0.26 sexual assaults per 1,000 individuals of any age were reported to the police (Morgan & Thompson, 2022). Unfortunately, data regarding to whom survivors reported were not collected by either the NCVS nor the NISVS.

It is also difficult to ascertain true rates of change in the incidence of sexual assault over time. For example, the estimated rate of sexual assault occurrence fell 63% between 1993 and 2016, from a rate of 4.3 assaults per 1,000 people in 1993, to 1.2 assaults per 1,000 people in 2016 (DOJ, 2019; RAINN, 2020). Then, the estimated rate of rape or sexual assault increased:

1.4 assaults per 1,000 people ages 12 or older in 2017 to 2.7 assaults per 1,000 people ages 12 or

older in 2018 (DOJ, 2018). Rates then declined to 1.7 per 1,000 people ages 12 or older in 2019,

and 1.2 per 1,000 people ages 12 or older in 2020. It is unclear why and how trends of incidences

of sexual assault have changed over time. In her blog post on the NSVRC's website, Jennifer

Benner (NCSVRC, 2019) posited that the #MeToo movement, which gained traction in 2018,

and high-profile news stories regarding sexual assault cases, such as Harvey Weinstein and Dr.

Christine Blasey Ford's congressional testimony in 2019, increased societal awareness of sexual

violence and led to more people recognizing experiences as sexual assault, thus possibly

accounting for this increase in estimated rates of self-reported sexual assaults during that time.

Yet, rates of sexual assault decreased in 2019 and 2020. A possible explanation could be that the

longer-term impact of the #MeToo movement increased societal awareness of consent and

contributed to the reduction in rates of sexual assault. Exploring reasons for disclosure of sexual

assault during this period of time may aid in better understanding the changes in prevalence of

sexual assault over the last several years.

Despite the increase in self-reports of rape and sexual assault that the NISVS (Smith et

al., 2015) and NCVS (Morgan & Thompson, 2021) found, when compared to the rates of formal

reporting to the police collected by the UCR (2018), there was a decrease of reporting to police

from 2017 to 2018. According to the NCVS, 41% of self-disclosed rape and sexual assault were

reported to police in 2017, but only about 25% were reported to police in 2018 (Morgan &

Oudekerk, 2019). Rates of reporting sexual assault to police are variable when comparing the

most recent NCVS report (Morgan & Thompson, 2021) with the most recent UCR (2019). The

NCVS (Morgan & Thompson, 2021) reported that 0.26 of every 1,000 people ages 12 or older

reported their sexual assaults to police. However, the UCR (2019), reported that 0.43 of every

1,000 people reported their sexual assaults to police. As previously stated, the UCR may not a reliable source for accurately measuring formal reporting of sexual assault. As it is a voluntary report, there may be variability in various police departments' ability and degree of motivation to complete the UCR report. Furthermore, these studies only report on disclosure rates as opposed to reasons for disclosure. It remains unclear why survivors choose to disclose or not disclose assaults.

While sexual violence is a widespread issue in the United States, research indicates that certain populations are particularly impacted by sexual violence.

Age. Ascertaining incidence of sexual assault across various age groups is difficult as age groups are defined differently among surveys. Furthermore, the age at which individuals are at highest risk of being sexual assaulted has changed over time. For example, RAINN (2020) examined data collected by the NCVS in 1997 and found that individuals aged 12-34 are at the highest risk for rape and sexual assault. However, when examining data collected from 1997 to 2013, the ages of 18-34 were the highest risk years (RAINN, 2022). Of all surveyed individuals, 15% were age 12-17, 54% were age 18-34, 28% were age 35-64, and 3% were age 65 or older. This appears consistent with data collected by the NISVS during the same time period which found that 81.3% of female and 51.3% of male survivors of completed or attempted rape reported that the assault first occurred prior to the age for 25 (Smith et al., 2018).

Race/Ethnicity. Information regarding the prevalence of sexual violence among various racial and ethnic groups is limited. In their analysis of data collected from 2005 to 2019 by race or ethnicity, the NCVS found that the overall rate of violent victimization, which includes sexual assault, fell 26%. The rate of violent victimization for Black individuals fell 43% and 24% for White individuals during this time. However, it is unclear how much the rate of sexual assault

specifically fell during this time. Furthermore, prevalence of sexual violence by race or ethnicity was not presented in the 2015 NISVS data report (Smith et al., 2018). However, the NISVS 2011-2012 State Report estimated that:

"Half of multiracial women in the U.S. (49.5%), 45.6% of American Indian/Alaska Native women, 38.9% of non-Hispanic White women, 35.5% of non-Hispanic Black women, 26.9% of Hispanic women, and 22.9% of Asian/Pacific Islander women experienced some form of contact [sexual violence] during their lifetime" (Smith et al., 2017, p.20).

Regarding sexual violence among men, the NISVS estimates that 31.9% multiracial, 23.1% American Indian/Alaska Native, 19.4% non-Hispanic Black, 18.5% Hispanic, 16.5% non-Hispanic White, and 9.4% Asian/Pacific Islander experience sexual violence in their lifetime (Smith et al., 2017). These rates indicate that ethnic minorities experience sexual assault at higher rates when compared to their White counterparts. Furthermore, using data collected by the NCVS, writers for FiveThirtyEight, a website focused on opinion poll analysis, found that Non-Hispanic White individuals are more likely to report sexual assault when compared to African, Latinx, and Asian American (Casteel et al., 2018). Out of 100 incidents of self-reported sexual violence, 66 were by non-Hispanic White individuals, 13 by non-Hispanic Black individuals, and 15 were by Hispanic people (Casteel et al., 2018; RAINN, 2021).

Gender. Until 2013, the legal definition of rape specifically indicated an act against a female; thus, most research on sexual violence focuses on male perpetrators and female victims (Greathouse, 2015). Furthermore, cis gendered males encounter greater stigma associated with self-disclosure of sexual violence when compared to cis gendered females (Bullock & Beckson, 2011). Historically, according to victimization surveys, women were more likely to report being a victim of a crime than men (Conway & Lohr 1994; Kaukinen, 2002; Menard, 2005; Ruback,

1994; Skogan, 1976). Recent studies suggest this gender difference persists; however, there is great variability in how these differences are analyzed and presented. An analysis of multiple surveys administered over several years indicate that out of 100 survivors of sexual assault, 84 are women or girls and 16 are men or boys (Casteel, et al., 2018). The NCVS estimates that approximately 1 in 5 women and 1 in 6 men experience a form of contact sexual violence in their lifetime (Smith et al., 2017). The NISVS found both similar and conflicting trends. The NISVS also estimated that 1 in 5 women experience sexual assault but found a higher rate among men: 1 in 4 men experience some form of contact sexual violence in their lifetime (Smith et al., 2018). The discrepancy between the two major studies may be attributed to differences in their sampling frames. For example, the NISVS targets adults who are 18 years of age or older at both the national- and state-level, collecting data regarding sexual assault that occurred in the participants' lifetimes and in the last year. The NCVS targets individuals who are 12 years of age or older and only collects data regarding the prevalence and incidence of sexual assault in the last year (House et al., 2014). Furthermore, when prevalence rates are examined by other researchers or journalists, these entities have access to data across multiple years and thus are able to calculate averages spanning over several years (Casteel et al., 2018). For example, RAINN consistently examines data and recently reported that 1 out of every 6 American women have been sexually assaulted or raped and 1 out of every 10 men have been raped in their lifetime (RAINN, 2022).

Research on the estimated prevalence of sexual assault in the transgender community are extremely limited. The NISVS does not report data on individuals who identify as transgender, genderqueer, or gender non-conforming, and the NCVS did not include gender identity questions until July of 2016 (Truman et al., 2019). Thus, to understand sexual assault within the

transgender or gender non-conforming community, research focused on these populations must be prioritized.

The U.S. Transgender Survey (USTS) (James et al., 2016), conducted by the National Center for Transgender Equality, is largest study ever conducted to examine the experiences of transgender individuals in the United States. The survey was accessible to participants through any web-enabled device, such as a computer, smartphone, or tablet; accessible to individuals with disabilities using screen readers; and available in English and Spanish. Respondents were queried on a variety of topics including health and health care access, employment, education, housing, law enforcement, and victimization (James et al., 2016). The USTS found that nearly half (47%) of all transgender or non-binary individuals have been sexually assaulted at some point in their lives with 10% of the respondents reported being sexually assaulted in the last year at the time of survey. Rates are even higher for transgender people of color (41%-65%), those who had engaged in sex work (72%), been homeless (65%), or lived with disabilities (61%) (James et al., 2016; James et al., 2017; James & Jim, 2017; James & Magpantay, 2017; James & Salcedo, 2017).

Further analysis of the data gathered from the USTS (James et al., 2016) revealed differences among the prevalence of sexual assault for transgender people of color. Of transgender Asian and Native Hawaiian/Pacific Islander individuals, 11% reported being sexually assaulted within the last year of survey and 41% reported being sexually assaulted in their life. Of Latinx transgender individuals, 12% reported being sexually assaulted in the last year and 48% reported being sexually assaulted in their life. Of Black transgender respondents, 13% being sexually assaulted in the last year and 53% reported lifetime experience of sexual assault. Of American Indian and Alaska Native respondents, 17% respondents were sexually

assaulted in the last year and 65% were sexually assaulted in their lifetime. In summary,

transgender people of color reported higher rates of sexual assault in the previous year (11%-

15%) when compared to all transgender respondents (10%). However, Asian and Native

Hawaiian/Pacific Islander transgender individuals reported slightly lower lifetime rates of sexual

assault (41%), while Latinx, Black, and American Indian and Alaska Native transgender

individuals reported higher rates (48%-65%) compared to all trans respondents (47%). (James et

al., 2016; James et al., 2017; James & Jim, 2017; James & Magpantay, 2017; James & Salcedo,

2017).

While the USTS (James et al., 2016) examined the prevalence of sexual assault among

transgender individuals, data regarding to whom or if survivors formally disclosed to police or

other authorities was not collected. Thus, there is no published data regarding the formal

reporting of sexual assault among transgender and non-binary individuals to the police.

However, the USTS found that 57% of transgender and non-binary individuals report feeling

uncomfortable asking the police for help and 58% of transgender and non-binary individuals

who interacted with law enforcement in the past year experienced mistreatment, including sexual

assault (James et al., 2016). Accordingly, it is likely that formal reporting of sexual assault

among transgender and non-binary individuals is low.

Sexual Orientation. There are differences among LGBTQ+ individuals' sexual

experiences and expectations compared to heterosexual counterparts. For example, unique to the

LGBTQ+ community is "corrective rape," a form of sexual assault by heterosexual individuals

unto LGBTQ+ individuals specifically in an effort to "correct" or change the LGBTQ+

individual's sexual orientation (Doan-Minh, 2019; Gieseler, 2019). Additionally, lesbian femme

and bisexual women are more likely to be fetishized compared to other LGB individuals

(Gieseler, 2019; Paulk, 2019). When examining the vast amount of literature regarding LGBTQ+

experiences, studies have indicated that there are differences among lesbian, gay, and bisexual

individuals (Moschella et al., 2020; Rothman et al., 2011). However, most studies continue to

examine LGBTQ+ sexual assault experiences homogenously (Gieseler, 2019; Langenderfer-

Magruder et al., 2016; Rothman et al., 2011).

Similar to the limited data about prevalence of sexual violence experience by non-White

ethnic and racial groups, information regarding sexual violence across sexual orientation is

limited. The NCVS did not include a demographic question regarding sexual orientation until

July 2016 (Truman et al., 2019). Thus, statistics from the NCVS on sexual violence across sexual

orientation has not yet been published. To further complicate data analysis, in April 2018, the

DOJ submitted a request to revise questions related to sexual orientation and gender identity by

requesting to raise the age of inquiry from 16 to 18 years of age (Brammer, 2018). The DOJ cited

the sensitivity of these questions as its reason for the request. However, Adam Romero, the

director of legal scholarship and federal policy at the Williams Institute at UCLA School of Law

criticized this request, explaining that the questions related to sexual orientation and gender

identity were no more sensitive than other questions on the survey (Brammer, 2018).). Various

lesbian, gay, bisexual, transgender, and queer (LGBTQ) advocacy groups, such as the Human

Rights Campaign and the New York City Anti-Violence Project (AVP), also criticized the

request, as the information gathered by the questions were vital in examining the experiences of

and informing policies to protect LGBTQ individuals (Brammer, 2018). By changing the age at

which questions related to sexual orientation are asked, incidences of sexual assault among

LGBTQ individuals would not be accurately measured. In 2021, the BJS announced its intention

to reinstate these questions (Meyer, Vasquez, & Mallory, 2021). However, it is unclear if this has occurred.

The NISVS (Walters et al., 2013) has published limited updated statistics on sexual violence and sexual orientation since its initial study in 2010. Of the women who endorsed lifetime prevalence of sexual violence by an intimate partner, 35% self-identified as heterosexual, 44% as lesbian, and 61% as bisexual. Of the men who endorsed lifetime prevalence of sexual violence by an intimate partner, 29% self-identified as heterosexual, 26% as gay, and 37% as bisexual (Walters et al., 2013). An analysis of data collected by the NISVS from 2010 to 2012 found that, compared to heterosexual women, both bisexual and lesbian women experience more sexual violence. Compared to lesbian women, bisexual women experience more sexual violence. Both bisexual and gay men experience more sexual violence than heterosexual men (Chen, Walters, Gilbert, & Patel, 2020). Additionally, in a smaller study among college students, Palmer and researchers (2021) found that LGBTQ+ college students were more likely to experience sexual assault than their heterosexual counterparts. This data indicates that sexual minorities are sexually assaulted at higher rates than heterosexual individuals.

Literature examining sexual orientation of individuals who identify as transgender sexual assault survivors is virtually non-existent. However, a few studies have examined sexual orientation in transgender, genderqueer, or gender-nonbinary communities (Auer et al., 2014; Kuper et al., 2011). In their study examining sexual orientation among 292 individuals who self-identified as transgender, Kuper et al. (2011) found that 14% identified as heterosexual, 20.6% as pansexual, 17.1% as queer, 14% as bisexual, 14.7% as lesbian, 4.5% as gay, 1.7% as asexual, and 13.3% of respondents either declined to identify their sexual orientation or their sexual identification was not listed. These figures should be carefully considered however, as these

identities are not static. In surveying 115 transgender individuals, Auer and researchers (2014) found that transgender individuals change their self-report of sexual orientation frequently and not within the context of specific transition events, which makes it more difficult to ascertain prevalence estimations. More specifically, Auer and colleagues (2014) reported that as individuals undergo hormone replacement therapy and transition through genders, they may also transition through different identifications of sexual orientation. This is an important consideration when examining prevalence estimations of sexual assault experiences among sexual minority populations as sexual minority identifications are not static.

It is important to note that neither study (Auer et al., 2014, Kuper et al., 2011) examined prevalence of sexual assault among transgender individuals with diverse sexual orientations. However, research examining sexual assault among transgender individuals and sexual assault among LGB individuals indicate that both populations are at greater risk of sexual assault than their cis or heterosexual counterparts (Blosnich & Bossarte, 2012; Cantor et al., 2020; Coulter et al., 2017; Martin et al., 2011). Thus, if an individual identifies as both transgender and a sexual minority, it is possible that they are at an even greater risk of sexual assault.

Prevalence of sexual violence among individuals who identify as asexual is also extremely limited. Public discourse tends to overlook or dismiss asexuality (Kliegman, 2018). The Ace Community Survey (Bauer et al., 2018) is the only published survey that aims to obtain information on asexual communities. Within this survey, 8,789 self-identified asexual individuals were surveyed regarding sexual assault. Of these respondents, 57.5% responded "no," 37.5%% responded "yes," and 5.1% responded "unsure" (Bauer et al., 2018). Further analysis of the ACS by Mallet and Black (2021) revealed that ethnic minorities who identify as asexual experience sexual violence at higher rates than White asexual individuals.

Disabilities. There are very few studies examining the prevalence of sexual violence among individuals with disabilities. Neither the NCVS (Truman et al., 2019) nor the NISVS (Smith et al., 2018) have published rates of sexual violence among individuals with disabilities in the last 10 years. In 2007, the NCVS survey identified "six types of disabilities: sensory, physical, cognitive functioning, self-care, go-outside-the-home, and employment (Rand & Harrell, 2009, p.1). These results indicated that the prevalence of sexual assault or rape was more than twice as high for persons without disabilities when adjusted for age comparisons. For every 1,000 persons with disabilities, age 12 or older, the rate of rape or sexual assault was 2.4. Yet for every 1,000 persons without disabilities, the rate of rape or sexual assault was 0.9. Across all victimization crimes, including sexual assault or rape, females with a disability had a higher victimization rate compared to males. Victimization rates increased for people who identified multiple disabilities. Of individuals who identified multiple disabilities, 60% of the individuals were rape or sexual assault victims (Rand & Harrel, 2009). Basile and researchers (2016) examined the relative prevalence of sexual assault comparing men and women with and without a disability using data collected in the 2010 NISVS. The results of this survey supported previous research that found that both men and women with a disability are more likely to experience recent sexual violence compared to men and women without disabilities (Basile, et al., 2016).

Environment. An individual's experience of sexual assault is also impacted by their environment. Individuals in the military and residing on college campuses are more likely to experience sexual assault, while information regarding sexual assault in prisons or jails is more unclear.

College Campuses. While both the NCVS (Truman, 2019) and NISVS (Smith et al., 2018) recruited respondents residing on college campuses, they recruit from the civilian/general

population. Thus, the prevalence of sexual assault on college campuses is not clear in either of these studies. However, sexual assault on college and universities is widespread in the United States with two thirds of college students experience sexual violence (National Sexual Violence Resource Center, 2020). Campus sexual assault also became a matter of national interest with the formation of the White House Task Force to Protect Students from Sexual Assault under the Obama presidential administration (Obama, 2014). The formation of the task force allowed for campus sexual assault to be extensively researched, and thus the body of literature regarding this specific matter is vast.

The Campus Climate Survey on Sexual Assault and Misconduct conducted on behalf of the Association of American Universities (AAU) by Westat, a private research company, is the largest survey regarding campus sexual assault to date (Cantor et al., 2020). The 2019 survey, a joint effort of 33 participating schools, was developed to improve survey measures of the 2015 iteration of the survey to examine "the prevalence of, and assess the campus climate regarding, sexual assault and misconduct at colleges and universities" (Cantor et al., 2020, p.vii). This survey queried undergraduate, graduate, and professional students in private and public institutions. Findings from this survey indicated that of the students that completed the survey, 13% reported experiencing some form of sexual assault since enrolling in school. Of these respondents, undergraduate women (25.9%) were three times as likely as graduate and professional women (9.7%) to be sexually assaulted. Similarly, undergraduate men (6.8%) were twice as likely as graduate and professional men (2.5%) to be sexually assaulted. Of all students surveyed, 1.7% identified as transgender, gender non-conforming, or gender non-binary. Among these students, 22.8% undergraduates and 14.5% of graduate and professional students reported being sexually assaulted (Cantor et al., 2020).

Military. Research on the prevalence of sexual violence among active service members, referred to as "DoD people" in studies, is conducted by the Department of Defense (DoD) through two different studies. The Workplace and Gender Relations Survey of Active Duty Members (WGRA) is conducted biennially by the Office of People Analytics through population surveys in all branches of the U.S. military to estimate the prevalence of sexual assault (Breslin et al., 2019). As of 2022, the WCRA is currently recruiting participants as a part of this study. Thus, the most recent available data on their findings is from 2019. The U.S. DoD Sexual Assault Prevention and Response (SAPRO) publishes the Annual Report of Sexual Assault in the Military (SARP) which includes rates of formally reported incidences of sexual violence (DoD, 2021).

The WGRA (2019) estimated that in 2018, 6.2% of DoD women (approximately 12,927 Service members) and 0.7% of DoD men (approximately 7,546 Service members) experienced sexual assault in the 12 months prior to completing the survey. This was a statistically significant increase in rate of sexual assault for women in the military, as compared to the 2016 survey, when it was 4.3%. The prevalence of sexual assault among DoD men remained unchanged. The estimated prevalence of sexual assault across age matched the age prevalence in the general population; most DoD women who experienced a sexual assault in the previous year were between the ages of 17-30. For DoD men, estimates of sexual assault remained relatively constant across age (Breslin et al., 2019).

WGRA refers to service members who identify as lesbian, gay, or bisexual as LGB Service members, and estimated that 9.0% of LGB Service members experienced a recent sexual assault in 2018. This was a significant increase from 6.3% in 2016 (Breslin et al., 2019). The prevalence of sexual assault among LGB men (3.7%) remained unchanged when comparing

2016 to 2018 (Breslin et al., 2019). The WGRA is limited in that is that it does not recognize transgender or gender non-binary service members.

   Prison. Incarcerated individuals report higher levels of sexual assault, with 60% of all sexual violence being perpetrated by the institution's staff (RAINN, 2020). However, more detailed information regarding sexual assault in prisons is not available in published literature and databases. Despite being indexed in literature databases, the published data from the National Inmate Survey was not discoverable by this author from the Federal Depository Library Program in links from literature databases nor directly from the U.S. Department of Justice website. However, a summary of the findings from the National Inmate Survey conducted in 2008-2009 was published on *Corrections Forum*, a magazine for prison and jail management professionals (Beck & Harrison, 2011). These findings indicated that approximately 4.4% of prison inmates and 3.1% of jail inmates were sexually assaulted by another inmate or facility staff within the last year at the time of survey. Of these individuals, 2.1% of prison and 1.5% of jail inmates were sexually assaulted by another inmate. 2.8% of prison and 2.0% of jail inmates were sexually assaulted by facility staff. Female inmates (4.7% in prison and 3.1% in jail) were more than twice as likely to be sexually assaulted compared to male inmates (1.9% in prison and 1.3% in jail). The summary also reported that most of the survivors of staff sexual assault were male inmates with the perpetrators mostly being female (Beck & Harrison, 2011). This is contradictory to the majority of sexual assault literature which focuses on female survivors and male perpetrators and suggests that rates of female on male sexual assault among incarcerated populations may be much higher than prevalence rates may indicate. Notably, the BJS reported that data collection regarding sexual assault among inmates was scheduled to begin in January 2021. However, challenges related to COVID-19 have delayed data collection efforts.

A more accurate measure of prison sexual assault can be found in other smaller-scale studies. However, lack of privacy and trust, and fear of retaliation may impact incarcerated survivors' willingness to disclose their sexual assaults in surveys and thus surveys may not fully capture the experiences of incarcerated survivors of sexual assault (Rowell et al., 2013; Surrell & Johnson, 2020). For example, in their anonymous self-report survey, Rowell-Cunsolo and colleagues (2013) found that 43% of randomly selected incarcerated Black men reported hearing sexual assaults occurring within the facility with 16% witnessing the assaults. Their study was unique in that they allowed inmates to complete their survey in a private room with little supervision which is uncommon in studies conducted in correctional facilities. Karlsson and Ziekinski (2018) also found that 28-68% of incarcerated women experience adult sexual abuse and 56-82% of incarcerated women experience sexual assault in their lifetime.

Overall, the prevalence of sexual assault is widespread and is mediated by individual characteristics such as age, race/ethnicity, gender, sexual orientation, disability status, and environment. The risks of being sexual assaulted are even greater for individuals who carry historically marginalized identities (e.g., people of color, non-cisgendered individuals, non-heterosexual individuals, and disabled individuals) or within specific environments (e.g., college campuses, military, and prisons) (RAINN, 2021).

Disclosure of Sexual Assault

Not only is sexual assault a traumatic experience, but disclosure of sexual assault is complicated by a culture of victim-blaming and stigma (Ullman, 2010). Thus, it is difficult to ascertain how often and to whom survivors of sexual assault disclose to as disclosure varies in nature and extent over time (Ahrens, 2006; Ullman, 2010). For example, research indicates that adult women typically disclose to more than one person and that the qualitative nature of the

disclosure may vary from minor references to fully verbalized accounts (Ulllman, 2010). There

are several factors to consider when examining disclosures of sexual assault. First, disclosures

have been broadly categorized into either formal or informal disclosures (Ullman, 2010).

However, as social media gained popularity, disclosures on social media became possible. While

disclosure on social media can be considered an informal recipient, it will be explored as a

separate type of disclosure in this study due to its public nature. Additional factors that influence

disclosure including the severity of the assault, characteristics of the survivor, the relationship to

the perpetrator, characteristics of disclosure, as well as patterns of disclosure will be discussed.

To fully understand the complexities of sexual assault disclosure, and ultimately reasons for

disclosure, these, as well as the effects of disclosure, must be examined.

Formal Disclosure of Sexual Assault

Local police authorities may be the most well-known formal disclosure recipient.

However, recent self-report studies indicated that only 25% of sexual assaults were reported to

the police in 2018 (Morgan & Oudekerk, 2019). Other types of formal disclosure recipients

include rape crisis centers or special victim services, medical providers, therapist or counselors,

religious leaders, and college campus resources (Dworkin et al., 2018; Halstead et al., 2017;

Orchowski & Gidycz, 2012; Sabina & Ho, 2014). Recent data is not available; however, data

from the late 1989s and early 1990s indicates that 5% to 10% of sexual assault survivors disclose

to rape crisis centers (George, et al., 1992; Golding et al., 1989; Ullman, 2010). More recent

disclosure rates to healthcare providers range from less than 1% to 26% (Kilpatrick et al., 2010;

Littleton, 2010; Walsh et al., 2010). These rates are particularly interesting when considering that

20% of survivors seek medical attention and 60% seek mental health services (Ullman, 2010). It

should be noted however that these studies did not indicate the type of healthcare provider to

which the participant disclosed. Therefore, rates of disclosure to medical providers or mental health providers may differ.

Survivors who disclosed their assault to formal recipients reported higher incidences of victim-blaming from law enforcement, healthcare providers, and religious personnel (Koon-Magin & Shulze, 2019; Mennicke, et al., 2019). Of note, as previously stated, it is unclear to the degree of which survivors experienced this from mental health providers or other types of healthcare providers. Survivors do not disclose to formal recipients for several avoidance-focused reasons: high level of discomfort they experienced with the reporting authority, fear of retaliation from the perpetrator, maltreatment and negative social reactions from the disclosure recipient; desire to protect the perpetrator; belief that the assault was a personal matter; if substance use was a factor in their assault; feelings of shame and guilt regarding the assault; and the "lack of evidence" of the assault (Ceelen et al., 2019; Griffin & Meinert, 2021; Holland & Cortina, 2017; Koon-Magin & Shulze, 2019; Orchowski & Gidycz, 2012; RAINN, 2022; Ullman, 2010; Wadsworth et al., 2019).

The explanations for low rates of formal disclosure may be gleaned by examining the reasons provided for formally reporting sexual assault by those who choose to report in this manner. The most common reasons include disclosure to receive help or care, prevent further victimization against themselves or others, catch or punish the perpetrator, and to "report to the police" (Kilpatrick et al., 2010). It should be noted it is unclear what participants meant when they cited to "report to the police." A possible interpretation is that participants felt a responsibility to report to the police due to a moral obligation. However, most perpetrators are not punished for their offense; RAINN (2020) estimates that out of every 1,000 sexual assaults, 995 perpetrators do not go to jail or prison for the assault. Furthermore, perpetrators of sexual

violence are less likely to go to jail or prison when compared to perpetrators of other crimes (RAINN, 2020).

In general, college students believe that formal supports on campus, such as sexual assault centers (SACs), are helpful for survivors. However, fewer than 5% of college women who are assaulted report their assault to campus authorities and fewer than 20% of survivors utilize SACs or women's centers on campus (Holland & Cortina, 2017, Holland, 2019; Lindquist et al., 2013). To understand these low utilization rates, Holland (2019) conducted an online survey of female undergraduate students to capture their views on campus sexual assault resources. She found that among those interviewed, participants who demonstrated greater acceptance of rape myths and lacked trust in the SACs' response to survivors had lower intentions to use campus sexual assault resources (Holland, 2019). Notably, in a smaller study among college students, Palmer and researchers (2021) found that LGBTQ+ college students were more likely to experience sexual assault than their heterosexual counterparts. They were also more likely to disclose to formal recipients. This finding diverges from other studies (Brammer, 2018; Holland, 2019), likely because there was a prominent LGBTQ+ resource center established on the campus Palmer and researchers (2021) examined.

Another type of formal disclosure is compelled disclosure, which is specific to college campuses under federal laws and guidance such as Title IX (KnowYourIX.org, 2020) and The Clery Act (Clery Center, 2020). These laws and guidelines mandate university employees to report student experiences of sexual assault to university officials, with some schools including mandated reporting to the police. These reports must be made even without the survivors' consent (Holland et al., 2018). Compelled disclosures are a newer aspect of federal and institutional efforts to address campus sexual assault. Proponents of compelled disclosure assert

that mandated reporting will increase formal reporting (Holland et al, 2018). However, other studies suggest that sexual assault survivors may be less likely to disclose to university employees under compelled disclosure mandates (Holland et al., 2018). As compelled disclosure is a newer type of disclosure, there is no literature examining the extent of the impact of compelled disclosure mandates on sexual assault survivors.

In the military services, as previously stated, the DOD's SARP annual report publishes data on formally reported incidents of sexual assault (DoD, 2021). DOD sexual assault reports are categorized as either Restricted or Unrestricted. Restricted reports can be reclassified as Unrestricted. Restricted reports are reports to specified individuals such as sexual assault response officials, victim advocates, and healthcare providers; these reports are not referred for investigation and do not need to be reviewed by command authorities. Thus, the reporter is protected from being forced to disclose their assault to their commanding officer. Unrestricted reports are referred for investigation with command authorities being notified of the alleged incident. By filing an unrestricted report, the survivor is forced to report their assault to their commanding officer as well as other potential parties not directly involved in the survivor's healthcare.

In 2019, a total of 7,816 formal sexual assault reports were made, including both unrestricted and restricted reports, indicating that only 1 of 3 Service members who have been sexually assaulted will formally report their sexual assault (DOD, 2021). Of note the SARP report omits sexual assault information if the perpetrator was a spouse or intimate partner. These types of sexual assaults are referred to the Family Advocacy Program (FAP), which does not publish data regarding these types of sexual assaults. This makes it difficult to properly compare rates of sexual assault in the military to the general population as other measurements of sexual

assault, like the NISVS (Smith et al., 2018) and NCVS (Truman et al., 2019), include data when

the perpetrator was a spouse or intimate partner. It can be surmised that the rates of sexual

assault in the military are much higher than is reported and true rates are concealed due to

individual perpetrator characteristics that cause survivors' disclosures to be referred to different

governing bodies that do not share information.

In fact, Fedock and colleagues found that incarcerated women are less likely to disclose

their staff-perpetrated sexual assaults due to staff retaliation. Furthermore, Black incarcerated

women were even more likely to suffer negative consequences of sexual assault disclosure

compared to White incarcerated women (Fedock et al., 2019). Only one study has explicitly

examined reasons for sexual assault disclosure among incarcerated individuals. Through one-on-

one interviews, Malloy and researchers (2021) found that 79.5% of 94 female juvenile offenders

interviewed had disclosed their sexual assault. Reasons for sexual assault disclosure included no

longer wanting to keep their abuse a secret and no longer wanting to experience shame or

embarrassment (Malloy, Sutherland, & Cauffman, 2021).

Given the vast number of reasons a survivor would not formally disclose their assault, it

is important to better understand why a survivor would choose to formally disclose. By better

understanding reasons for formally disclosing, policies and procedures regarding formal

reporting can be improved to increase rates of reporting.

Informal Disclosure of Sexual Assault

When sexual assault survivors disclose their assault, they primarily disclose to informal

recipients; rates of informal disclosure range from 41% (Walsh et al., 2010) to 94.5% (Halstead,

Williams, & Gonzales-Guarda, 2017; Orchowski & Gidycz, 2012). Informal disclosure

recipients include relatives, romantic partners, parents, siblings/other family members, peers,

roommates and friend/family members, or any combination of these informal sources of support

(Dworkin & Allen, 2018; Halstead, Williams, & Gonzalas-Guarda, 2017; Orchowski & Gidycz,

2012; Sabina & Ho, 2014). Rates of disclosure to relatives (ranging from 5% to 31.9%) are lower

than rates of disclosure to friends or peers (ranging from 55% to 94.5%) (Halstead, Williams, &

Gonzalas-Guarda, 2017; Orchowski & Gidycz, 2012). Two studies that examined disclosure by

college age female survivors to romantic partners found rates of disclosure to be 26% (Walsh et

al., 2010) and 55.5% (Littleton, 2010). Several studies indicate that when a female assault

survivor disclosed to a friend, that friend was likely a female friend (Halstead, Williams, &

Gonzalas-Guarda, 2017; Littleton, 2010; Orchowski & Gidycz, 2012; Walsh, et al., 2010).

Informal disclosures are mediated by the shared relationship the disclosure recipient has

with the perpetrator (Orchowski & Gidycz, 2012), with survivors being less likely to disclose to

an individual if the individual knew the perpetrator. Survivors were more likely to disclose to

informal sources if substance use was a factor prior to the sexual violence; this is different than

with formal disclosure in that survivors are less likely to formally disclose if substances were a

factor (Orchowski & Gidycz, 2012). However, it is unknown why this difference occurs.

Disclosure of Sexual Assault on Social Media

Disclosure of sexual assault on social media is a relatively new phenomenon. Thus,

research examining disclosure of sexual violence on social media is emerging. This method of

disclosure is unique compared to other types of disclosure because social media allows disclosers

more control in how they engage with responses to their disclosures. For example, online

disclosure can offer anonymity to the survivor. It can also provide a larger platform for

disclosure should the survivor choose to disclose in a manner than can be publicly viewed.

Additionally, there are differences in the experience of engaging with the social reactions of

others when disclosing through social media. That is, if an individual disclosed their assault

publicly on social media, they could either not look at the responses or turn off the ability to

respond to the post. By contrast, when disclosing without social media, one must experience the

reactions of others.

One of the reasons that survivors disclose their experiences of sexual assault on social

media is to seek support (Andalibi et al., 2018; Bogen, Orchowski, & Ullman, 2021; Bogen et

al., 2019; Drewett et al., 2021; Lowenstein-Barkai, 2020). Bogen and researchers (2019)

analyzed discourse among posts within the hashtag #NotOkay which was introduced by Kelly

Oxford in October 2016 in her request for individuals to share their personal experiences of

sexual victimization. Drewett and researchers (2021) conducted a similar study analyzing

discourse among posts within the hashtag #MeToo. In their examination of sexual assault

disclosure on Reddit, a message board forum, Andalibi and researchers (2018) analyzed posts

disclosing sexual assault and found that anonymous posts seeking support receive supportive

comments from both anonymous and identifiable accounts. Additionally, Lowenstein-Barkai

(2020) examined posts about sexual on Twitter and Facebook, social media networking

platforms that allow individuals to post and share their thoughts and opinions with others, and

found that, while both men and women survivors received positive support in the form of likes

and comments, women tended to receive emotional and network support, while men tended to

receive retributive support. Emotional and network support are characterized by comments such

as "I love you" and "I'm here for you." Retributive support was characterized by comments that

included advice to act against the perpetrators either legally or illegally such as "go to the

police," or "I'll hurt him." These discrepancies may be a result of gender norms and

expectations; for example, men may be expected to "get back at" their perpetrators (Lowenstein-

Barkai, 2020). These studies found that disclosure online may offer a unique context in which to receive social support.

Another reason that survivors may choose to disclose on social media is that these online forums provide an opportunity for support providers to engage in advocacy for social change. In their examination of the #MeToo movement, Alaggia and Wang (2020) found that, in addition to disclosing sexual assault, posts with the #MeToo tag provided information regarding barriers impacting survivors' disclosure of sexual violence; responses of disclosure from family, friends, peers, and professionals; and details explaining that the survivor was not aware that the act was a sexually violent act. In line with this finding, Newins and researchers (2021) found that media coverage of sexual assault after #MeToo increased survivors' identification of victimization experiences. Furthermore, through qualitative surveys and semi-structured interviews with individuals who posted on social media using the hashtag, #MeToo, Mendes and Ringrose (2019) found that the #MeToo participants felt "compelled to add their voice and often literally felt 'moved' into do so from outrage, anger, and a desire to be heard and spark social change" (Mendes & Ringrose, 2019). Barta (2021) found that sexual assault disclosures utilizing hashtags can result in meaningful interactions among survivors and can act as beacons to other survivors. These findings indicate that social media represents an environmental shift for disclosing sexual violence. As social media is an ever-evolving method for social discourse, community engagement, and activism, the nature of social media as a form of disclosure of sexual assault requires further exploration and examination.

Factors Impacting Disclosure of Sexual Assault

There are several factors that impact the disclosure of sexual assault including the severity of the assault, individual characteristics of the survivor, the nature of the relationship

with the perpetrator, and the characteristics of the disclosure recipient (Ahrens et al., 2010; Ullman, 2010)

Severity of the Assault. In general, the greater the severity of the assault, the more likely that the assault will be reported to the police. Specifically, factors such as the perpetrator's use of a weapon or physical force and the nature of the injuries the victim sustains, especially injuries that require medical attention, increase the likelihood that the victim reports the assault to the police (Ahrens et al., 2010; Bachman, 1993; Bachman, 1998; Greenberg & Beach, 2004; Greenberg & Ruback, 1992; Menard, 2005; Skogan, 1976). This is consistent with findings from the NCVS (2003) that found that victims cited the lack of seriousness as a reason for not reporting to the police.

Individual Characteristics of the Survivor. Unfortunately, sexual violence research has primarily focused on female survivors and male perpetrators, which makes it difficult to understand disclosure experiences of other types of survivors. Sexual violence is stereotypically believed to be comprised of a male perpetrator and female survivor. This stereotype contributes to the barriers that male, transgender, and gender non-conforming individuals face when disclosing sexual assault because they may not identify their experiences as sexual assault. Additionally, prevalence estimations indicate that disabled, and racial and sexual minorities experience greater incidents of sexual assault but are less likely to disclose their assault (Casteel et al., 2018; RAINN, 2020).

Despite being much more likely to experience sexual assault, disabled individuals are much less likely to disclosure their sexual assaults (Willott, Badger, & Evans, 2020). Hughes and colleagues (Hughes, Skoda, Parsons, Brown, & Pedersen, 2020) found that disabled survivors suffer from high rates of victim blaming and disability-specific stereotypes which may be an

explanation for why disabled individuals are less likely to disclose their assaults. Furthermore, while no study has specifically examined disabled survivors' reasons for disclosure, some small studies examining consequences of sexual assault disclosure found that disabled sexual assault survivors are more likely to disclose to formal recipients than informal recipients when they do disclose, particularly to receive care (Campbell, Javorka, Gregory, & Vollinger, 2021; Kirkner, Plummer, Findley, & McMahon, 2022).

Regarding lower disclosure rates among ethnic minorities, Amaya and Grey (2021) found that central family values and religion and spirituality may impact identification and disclosure of sexual assault among Latino survivors. Slatton and Richard (2020) also found that Black women may be less likely to disclose their sexual assaults due to often being discredited as rape victims, the stereotype that Black women are inherently strong, and the desire to protect in-group community members when the perpetrator is also Black.

Palmer and Vil (2018) found differences in disclosure experiences among college women at Historically Black Colleges and Universities (HBCUs) and women at predominantly White institutions (PWIs); White students were more likely to disclose sexual assault than Black students, regardless of the institution. This finding is consistent with prevalence studies that find that people of color are more likely to be sexually assaulted than their White counterparts yet are less likely to formally report the assault to law enforcement (Casteel et al., 2018). However, the reasons for why survivors ultimately choose to disclose, and if these reasons differ across race is unknown.

In their study examining sexual violence victimization among lesbian, gay, and bisexual community college students, Moschella and researchers (2020) found that bisexual students were more likely to disclose their assault to informal and some formal sources compared to their

lesbian, gay, and heterosexual peers. Lesbian and gay survivors were more likely to disclose to college staff of counseling centers. Moschella and researchers (2020) hypothesized that due to sexual minority stress, LGB students seek out more support resources than their heterosexual counterparts. This contradicts previous findings regarding prevalence and disclosure rates of sexual assault among LGBTQIA+ individuals (Blosnich & Bossarte, 2012; Cantor et al., 2020; Coulter et al., 2017; Martin et al., 2011). Perhaps the environment of a college campus in which the sexual assault occurred impacted LGB students' comfortability in disclosure. Furthermore, reasons for why LGB students do disclose are unknown. These contradicting findings indicate the importance of examining sexual assault disclosure through an intersectional lens.

Relationship with Perpetrator. According to RAINN, 8 out of 10 sexual assaults are committed by someone known to the survivor (RAINN, 2020). However, little research has been conducted to understand the nuances of how the survivor-perpetrator relationship influences sexual assault and subsequent disclosure. In fact, only one study has been published in the last ten years examining this. In their secondary analysis of data gathered for the WGRA, the study that examined prevalence rates of sexual assault among DoD individuals, Eliezer and researchers (2020) found differences between military women who were sexually assaulted by intimate partners and military women who were sexual assaulted by non-intimate partners. Survivors who were assaulted by intimate partners indicated that they were not only more likely to be assaulted multiple times but were also assaulted more severely compared to survivors with non-intimate perpetrators. Furthermore, survivors of intimate perpetrators were more likely to be stalked and sexually harassed before and after the assault and have histories of sexual assault in their lifetime. These survivors were also less satisfied with the responses from their superiors and victim advocates after reporting their assault (Eliezer et al., 2020).

These findings suggest that sexual perpetrators may behave differently depending on their relationships with survivors. This was explored by Wegner and colleagues (2014) who surveyed sexual assault perpetrators regarding the nature of their relationships with their victims. Results indicated that sexual precedence impacted perpetrators' behaviors. That is, perpetrators who had previously engaged in penetrative sex with the survivor held expectations that the survivor was obligated to engage in sexual activity (Wegner, 2014). These findings provide a possible explanation for why survivors who know their perpetrator are more likely to be assaulted more than once. Unfortunately, no research has examined if multiple sexual assaults influence survivors' reasons for disclosure or the likelihood of disclosure.

Characteristics of Disclosure Recipient. As previously discussed, sexual assault survivors are more likely to disclose to informal recipients than formal ones (Dworkin & Allen, 2018; Halstead, Williams, & Gonzalas-Guarda, 2017; Orchowski & Gidycz, 2012; Sabina & Ho, 2014). A closer examination of disclosure recipients revealed that female survivors are more likely to disclose to a female peer than a male peer (Orchoski & Gidycz, 2012, Jonson, 2018). Female survivors who did disclose to a male peer reported receiving more negative reactions compared with disclosures to female peers (Johnson, 2018). Furthermore, several studies indicate that disclosure to friends tend to illicit more positive forms of support when compared to disclosures to family members or romantic partners (Ahrens & Aldana, 2012; Ahrens et al., 2009; Filipas & Ullman, 2001; Ullman, 2010). It is important to consider characteristics of disclosure recipients as their reactions influence survivors' decision to disclose in the future (Ullman, 2010). Furthermore, since reactions from disclosure recipients differ, it is possible that there are variations in reasons for disclosing to different recipients as well as in the impact of disclosure on mental health outcomes.

Patterns of Disclosure

Research examining the disclosure of sexual assault is difficult in that incidents of disclosure are not static. Many studies focus on comparing disclosers to nondisclosers or immediate to delayed disclosures (Ahrens et al., 2010). To better understand patterns of disclosure, Ahrens et al (2010) interviewed 103 female sexual assault survivors regarding their disclosure experiences. Based on the qualitative data collected through these interviews, researchers identified four distinct disclosure patterns: nondisclosers, slow starters, crisis disclosers, and ongoing disclosers. Nondisclosers had not previously disclosed their assault; slow starters had delayed their disclosures by at least two weeks after their assault; crisis disclosers disclosed their assault within two days and ceased disclosure within one week of the assault; and on-going disclosers had initially disclosed within the first week and continued disclosing over time (Ahrens et al., 2010).

Ahrens and researchers (2010) also found trends within these patterns of disclosure. Specifically, nondisclosers experienced assaults that they did not consider "serious." Despite this, nondisclosers also reported higher levels of depression and posttraumatic stress, compared to the other disclosure patterns. Slow starters disclosed to significantly fewer police or medical personnel compared to on-going disclosers. An explanation for this could be that slow starters are less likely to require medical attention and thus, more likely to minimize their experience (Ahrens et al., 2010).

Interestingly, by participating in the Ahren and researchers' study (2010), survivors moved across the patterns. For example, nondisclosers had become slow starters and the crisis disclosers became a new pattern, interrupted disclosers. Specifically, by merely participating in a research study regarding sexual assault disclosure, nondisclosers disclosed their sexual assault to

researchers and became slow starter disclosers. The interrupted disclosers pattern is characterized

by immediate disclosure, followed by a long period of nondisclosure before resuming disclosure.

Unfortunately, Ahrens and colleagues' (2010) study is the most recent published research

examining disclosure patterns. Further research is required to examine how and why survivors'

disclosure patterns change over time.

Given that disclosure patterns change over time, it is likely that reasons for disclosure

may also change over time. However, no research has been conducted to examine this.

Effects of Sexual Assault Disclosure

There is limited research regarding the effects of sexual assault disclosure as most of the

literature examines the effects of the experience of sexual assault. However,

some studies reveal that there are both positive and negative effects of sexual assault

disclosure (Hassija & Turchik, 2016). These studies found that the disclosure can be a positive

and healing experience for the survivor if the survivor perceives the recipient's response to the

disclosure to be positive. These effects include increased coping through emotional support,

greater attachment to others, and positive growth (Borja et al., 2006; Frazier et al., 2004;

Orchowski & Gidycz, 2012). Ahrens and Aldan (2012) also found that most relationships

between the survivor and disclosure recipient were strengthened or remained strong after the

disclosure.

Of note however, the same studies that found positive effects of sexual assault disclosure

also found negative effects, particularly when the survivor perceived the response from the

disclosure recipient as negative. Negative reaction by the disclosure recipient resulted in

discontinuation of disclosure and deterioration of relationships between the survivor and

disclosure recipient (Ahrens & Aldana, 2012). Ullman and Peter-Hagene (2014) also found that

negative reactions to sexual assault disclosure predicted higher reports of depressive and posttraumatic symptoms. How negative reactions may impact future disclosures is unclear.

Social (Media) Movements

Since the development of social media platforms, individuals' social engagement has increasingly moved from traditional practices to engaging with others in digital spaces. To facilitate these interactions, social media platforms allow users to react to and reshare posts commonly referred to as "likes," "retweets," and "sharing." Additionally, these platforms have developed a method of organizing discourse through hashtags—words or phrases that are displayed with a preceding hash symbol (#) to identify messages on specific topics or themes (Dictionary.com, 2020). Users can write their own hashtags on their posts which can be clicked on by other users to see posts with the same hashtag. Hashtags quickly became a tool for social movement organizing, outreach, and advocacy; and thus, activism through social media, or hashtag activism was born (Storer & Rodriguez, 2020; Tufecki, 2018).

This relatively new form of activism has not been without critiques. Online advocacy efforts have been described by critics as "slacktivism" or "clicktivism," portmanteau words developed to highlight the minimal amount of effort required to participate in advocacy work by "liking" or "retweeting" a post. This form of activism has been critiqued for helping the participant feel socially engaged with the social movement without participating in bringing about meaningful social change (Harlow & Guo, 2014). Thus, efforts toward meaningful social transformation could be stalled by lack of meaningful participation (Tufecki, 2018). Nonetheless, hashtag activism has also been praised for democratizing social movements and its potential to raise awareness about social issues (Guillard, 2016; Jackson & Welles, 2015; Linder et al., 2016; Storer & Rodriguez, 2020). For example, in their examination of organization efforts on college

campuses around issues of sexual assault, Linder and researchers (2016) found that online

organization was effective in raising awareness and developing a sense of community among

participants. Research into organizing efforts regarding other social issues such as political

corruption (#OccupyWallStreet) and racial oppression (#BlackLivesMatter) found similar results

(DeLuca et al., 2012; Duvall & Heckemeyer, 2018). Finally, research regarding hashtag activism

suggests that this form of activism is a useful tool to create spaces for individuals who

traditionally face barriers in organizing efforts (Ahlquist, 2014; Jackson & Welles, 2015; Linder

et al., 2016; PettyJohn et al., 2018; Thackeray & Hunter, 2010; Williams, 2015).

It is important to understand both the positive aspects and critiques of social media

activism as these campaigns can inform societal change and reduce stigma. As societal attitudes

regarding sexual assault change, survivors' desires to disclose may also change.

The #MeToo Movement

Before #MeToo

Prior to the popularization of the #MeToo movement in October 2017, several feminist

hashtag campaigns related to sexual violence were spread virally, albeit briefly. To understand

why such feminist hashtags gained popularity amongst public discourse, which ultimately set the

stage for #MeToo to gain momentum, the sociopolitical climate and popular feminist hashtag

campaigns in the preceding years need to be examined. It should be noted that while there have

been several similar campaigns, not all of them gained sustained wide-spread attention and

subsequent scholarly analysis. Accordingly, some, but not all, prominent hashtag campaigns that

were analyzed through a scholarly lens will be summarized.

In May 2014, Elliot Rodger killed six and injured 14 more individuals in Isla Vista near

the University of California, Santa Barbara (UCSB); these were known as the 2014 Isla Vista

killings (Lovett & Nagourney, 2014). While he was not a student at UCSB, all of Rodger's

victims were. He was found dead of a self-inflicted gunshot wound after crashing his vehicle at

the scene of the crimes. Just prior to his attack, he uploaded a video detailing his manifesto on to

the Internet. In the video, he explained that he wanted to punish women for sexually rejecting

him and sexually active men because he envied them (Gieseler, 2019; National Public Radio;

NPR, 2014). This quickly gave way to #NotAllMen, an apologist hashtag, which gained

popularity as an attempt to distance other men from Rodger's violent behavior. #YesAllWomen,

a hashtag campaign in which users shared stories of examples of misogyny and violence against

women spread virally in response to #NotAllMen (Medina, 2014). Within three days,

#YesAllWomen reached 1.6 million tweets and retweets on Twitter. (Barker-Plummer &

Barker-Plummer, 2017). Subsequent examination of the trajectory of #YesAllWomen revealed

that it was, at the time, the most well-known feminist hashtag in recent years. Additionally, it

was a purely digital protest wherein no in-person protests were organized, highlighting how

social media could affect public debate regarding social issues (Barker-Plummer & Barker-

Plummer, 2017). While it did not directly impact sexual assault disclosure, #YesAllWomen may

have been a precursor to #MeToo as it sparked public discourse regarding sexual violence

toward women.

Later, in November 2014, other feminist hashtag campaigns related to domestic violence,

#WhyIStayed and #WhyILeft gained popularity after video-footage of professional football

player, Ray Rice, assaulting his then fiancée, Janay Palmer, was released (Clark, 2016). Palmer

later married Rice despite his physical attack which inspired other individuals to post stories of

why they stayed in relationships after acts of domestic violence using #WhyIStayed. #WhyILeft,

another trending hashtag campaign filled with stories of why domestic violence survivors left

their abusive relationships, started trending on social media shortly afterwards in response to

#WhyIStayed (Lee, 2014). In her analysis, Clark (2016) found that #WhyIStayed lead to

sociopolitical changes. For example, the National Football League (NFL) announced plans to

overhaul the NFL's domestic violence policy (NFL, 2014). The NFL also partnered with No

More, a domestic and sexual violence awareness campaign to produce a series of public service

announcements that aired during football game broadcasts (No More, 2014).

In October 2016, the presidential campaign of Donald Trump was scrutinized when an

audio recording from 2005 in which Trump appeared to boast about leveraging his celebrity

status and power to sexually assault women was released (Victor, 2017). He was speaking to

Billy Bush, a correspondent for *Access Hollywood*, a television show about the entertainment

industry. Prior to the release of this tape, in the spring of 2016, at least 50 women had come

forward through multiple news outlets and accused Trump of sexual misconduct (Barbaro &

Twohey, 2016; Farrow, 2019; Kantor & Twohey, 2019). The release of the audiotape lead to the

hashtag campaign #NotOkay which women used to share their personal stories of sexual assault

(Bogen et al., 2018; Jenkins & Mazer, 2018) and became undeniable proof of Trump's alleged

behavior in the eyes of public discourse. This led to wide-spread calls, including from politicians

from his own Republican party, for him to end his presidential campaign (Harrington, 2016;

Isenstadt, 2016). Trump would continue to deny the sexual misconduct claims, explaining that

his remarks were "locker room" banter. Billy Bush, after public outcry, resigned from his job

with NBCUniversal, a broadcasting company (Chicago Tribune, 2016). Trump would go on to

win the presidential election a month later (Hillstrom, 2019).

While not yet empirically examined, it is possible that these events and Trump's

subsequent election win, despite public knowledge of his sexual misconduct, may have impacted

survivors' decisions and reasons for disclosing their sexual assaults. For example, survivors may have felt disheartened and unmotivated to disclose their assaults because, despite audio-taped evidence of Trump's admission of sexual misconduct, he did not suffer consequences for his actions.

The #MeToo Movement

Started by activist Tanara Burke on Myspace, an early social media platform where users can create their own profile pages to engage with other users, the #MeToo movement began as a forum for sexual assault survivors to connect in 2006. It spread virally, that is, rapidly, through the Internet in the United States in October 2017 after sexual abuse allegations against Harvey Weinstein, a prominent Hollywood film producer, became public. Alyssa Milano, a well-known actress posted a request on Twitter for individuals to post #MeToo on social media to bring public awareness to the scope of sexual violence. #MeToo also gained popularity around a period when other feminism hashtag movements, such as #YesAllWomen and #IAmNotAfraidToSayIt also gained widespread popularity. All these hashtag movements resulted in a new form of sexual assault disclosure. These types of disclosures appear to have different impacts on informal and formal disclosures. While informal and formal disclosures were made to seek support (Hassija & Turchik, 2016; Orchowski & Gidycz, 2012), disclosure through social media can function as a form of public protest and advocacy (Barker-Plummer & Barker-Plummer, 2017; Swanson & Szymanski, 2020). To gauge the impact of the #MeToo movement, social movements developed through hashtag activism must first be understood. Additionally, it should be noted that the #MeToo movement is a wide-spread contemporary movement, and thus, it is impossible to adequately summarize. Instead, notable events that gained national media attention early in the popularity of #MeToo will be explored but should

not be considered an exhaustive list of events that make up the movement. (See Appendix A for a visual representation of prominent #MeToo events)

A year after Trump's *Access Hollywood* tape scandal, in October 2017, the *New York Times* published an investigative report detailing allegations of sexual misconduct against Weinstein that spanned nearly 30 years (Kantor & Twohey, 2017). The complaints involved young, aspiring models and actresses, including prominent actresses including Ashley Judd and Rose McGowan, who detailed Weinstein's pattern of predatory behavior. Weinstein had promised the women professional opportunities in exchange for sexual acts and silence (Kantor & Twohey, 2017).

Just a few days later, the *New Yorker* published its own article by Ronan Farrow (2017) about Weinstein's sexual misconduct allegations. This article included stories of 13 women who had experienced sexual violence from Weinstein and included much more serious claims than the *New York Times* piece. Three of the women included in Farrow's (2017) article reported that Weinstein had raped them. By the end of the month, over 80 women publicly disclosed that Weinstein had sexually assaulted or harassed them (Saad, 2018; Williams, 2017).

Following the release of the original two articles detailing Weinstein's sexual misconduct, the actress Alyssa Milano tweeted a call for others who have been sexually harassed or assaulted to reply "me too" to her post to "give people a sense of the magnitude of the problem" (Twitter, 2017). Within 24 hours, more than 12 million posts about #MeToo had been posted on Facebook; within 48 hours, the #MeToo hashtag was tweeted nearly one million times on Twitter (CBS News, 2017).

Unlike previous feminist hashtag campaigns, #MeToo remained visible in public discourse in the year that followed its inception (Me Too Rising, 2020). During this time, there

was additional investigative reporting by Kantor, Twohey, and Farrow and high-profile sexual misconduct cases that followed in the next year (Farrow, 2019; Kantor & Twohey, 2019). With regard to the sexual misconduct allegations against Weinstein, Kantor, Twohey, and Farrow published books detailing their investigations that included further explosive details that may have helped #MeToo stay in news headlines; Kantor and Twohey published *She Said* (2019), while Farrow published *Catch and Kill* (2019). In both books, the journalists detailed the insidious nature of Weinstein's behavior and far-reaching power. In both books, it was revealed that Hilary Clinton, the first female presidential nominee of a major political party and long-standing public figure for women's rights, was closely affiliated with Weinstein. He had been a long-term financial contributor to her campaign (Kantor & Twohey, 2019; Farrow, 2019). It was also revealed that Gloria Allred, a prominent civil rights lawyer, known for taking on high-profile cases involving the protection of women's rights, and her only daughter, Lisa Bloom, also a high-profile lawyer known for taking in similar cases, had aided Weinstein in covering up his sexual misconduct. Allred and her law firm were hired by Weinstein's victims and profited from negotiating nondisclosure agreements (NDAs) that silenced the victims and helped Weinstein maintain his social status and power (Kantor & Twohey, 2019). Farrow (2019) discovered that not only did Bloom represent Weinstein, but she also proactively worked to discredit his accusers and Farrow's reporting. In his book, Farrow (2019) describes conversations with Bloom in which she seemingly offered him legal advice in his investigation. It was only later that he learned that she had been retained by Weinstein even before Farrow initially spoke to her, and that she had been attempting to sabotage his reporting. Additionally, through Bloom's counsel, Weinstein made efforts to improve his public image prior to the publication of the sexual misconduct allegations by donating to women's rights causes so that he could later save his

public image. Farrow (2019) also discovered that Weinstein had hired spies and special

operatives to follow both Farrow and the accusers Farrow was interviewing in an effort to silence

them. One accuser, McGowan, later discovered that a woman who she believed was her friend

and confidante, was actually a mole hired by Weinstein to obtain information about McGowan

(Farrow, 2019).

When considering the details of Weinstein's attempts to cover up his sexual misconduct,

survivors may have been even further discouraged from disclosing their assaults. Until these

news stories broke, both Allred and Bloom had reputations of being champions for survivors'

rights and retributions. Their involvement in aiding a perpetrator of sexual assault may have

negatively impacted survivors' decisions to disclose their assaults.

A month after the Weinstein scandal, in November 2018, Larry Nassar, a physician for

the USA Gymnastics national team, pled guilty to criminal sexual conduct with minors. About

300 girls and women accused him of sexual assault, preformed under the guise of medical

treatment. Nassar was found guilty of similar charges the year before, but the #MeToo

movement had inspired his victims, and at his sentencing trial which lasted seven days, in

January 2018, 156 women disclosed in court their experiences of his abuse (Hillstrom, 2019).

While it has not been formally examined, Nassar's prosecution may have been perceived as an

example of justice being served may have encouraged other survivors to disclose their

experiences.

In the ensuing year after #MeToo became part of the cultural zeitgeist, more than 200

prominent men in various industries and fields faced allegations of sexual misconduct

(Hillstrom, 2019). Many allegations were covered by news outlets, but in part due to the sheer

volume of allegations, these allegations rarely reached sustained national attention. However, in

September 2018, Dr. Christine Blasey Ford, a psychology professor and researcher, testified to the Senate Judiciary Committee of the U.S. Congress regarding her sexual assault by Judge Brett Kavanaugh, who was being considered for a life-time appointment on the U.S. Supreme Court (Edwards, 2018). Despite her testimony not having a significant impact on senate votes, as Kavanaugh was eventually sworn in as a U.S. Supreme Court Justice, Dr. Ford's bravery was praised for inspiring other survivors to disclose their own assaults. Two other women also accused Kavanaugh of sexual misconduct but were not asked to testify to Congress (Estepa & Kelly, 2018). The hashtag #WhyIDidntReport was spread virally on social media filled with stories of why survivors did not report their assaults.

Similar to how survivors' disclosures may have been impacted by Trump's presidential election win, they also may have been impacted by Kavanaugh's appointment to the U.S. Supreme Court. Both Trump and Kavanaugh's professional accomplishments indicated that being a perpetrator of sexual assault did not preclude one from professional advancement. Accordingly, survivors may have been discouraged from disclosing their assaults.

While other hashtags sporadically spread in conjunction with #MeToo, it is possible that #MeToo had a unique impact on disclosure. Whenever new disclosures from new survivors occurred, the media framed their coverage in the context #MeToo. This may have contributed to the longevity and popularity of #MeToo. As previously stated, Mendes and Ringrose (2019) found that #MeToo participants were compelled to disclose to contribute to social change. These findings imply that reasons for disclosing sexual assault may have changed as #MeToo gained notoriety.

Impact of #MeToo

The #MeToo movement has had a significant impact across several industries, highlighting the widespread scope of sexual assault. Since the #MeToo movement, several states have banned nondisclosure agreements that cover sexual harassment and have introduced more legal protections for individuals who experience sexual violence in the workplace (Carpenter, 2018; Hirsch, 2019; North, 2019). Some survivors, such as the survivors of Nassar, have been awarded financial restitution for their assaults (North, 2019). Additionally, Levy and Mattsson (2020) found evidence suggesting that the #MeToo movement has led to an increase in arrests for sexual assault crime and hypothesized that it may have individuated a change in personal decision making due to the social movement. Manikonda and researchers (2018) found that survivors felt heard, empowered, and connected through hashtags like #MeToo.

Global Impact. While there have been several feminist hashtag campaigns over the last several years related to sexual violence, #MeToo has arguably been the most far-reaching as the movement may be facilitating understanding of the scope of sexual violence globally (Tambe, 2018; Stone & Vogelstein, 2019). Within a month from Milano's initial tweet, #MeToo appeared in 2.3 million tweets from 85 countries (Fox & Diehm, 2017). #MeToo was translated or adapted into several languages, including, but not limited to, Spanish (#YoTambien), French (#BalanceTonPorc), Italian (#quellavoltache), and Chinese (#MiTu) (Hillstrom, 2019; Zeng, 2019). These global versions of #MeToo have not only promoted public discourse of sexual violence, but also facilitated meaningful change. The movement prompted government officials in France to propose new legislation on sexual harassment such as imposing fines on people for catcalling (Hillstrom, 2019). In Australia and Japan, journalists revealed several allegations of sexual misconduct against prominent public figures, similar to the work of Kantor, Twohey, and Farrow that exposed Harvey Weinstein (Farrow, 2017; Farrow, 2019; Hillstrom, 2019; Kantor &

Twohey, 2017; Kantor & Twohey, 2017). Perhaps most interesting, however, is how the #MeToo movement progressed in China where censorship from the Chinese government could have silenced the movement. Due to a large international network of Chinese individuals and creative efforts from activists and #MiTu participants to subvert technological censorship algorithms and applications, the movement gain traction in China (Zeng, 2019).

While #MeToo clearly had a global impact on public discourse regarding sexual assault, it is unclear on if this global impact extends to survivors' reasons for disclosure.

Public Disclosure. Arguably, one of the most significant impacts of #MeToo was on survivors' disclosure of their assaults. The #MeToo movement can be characterized by what Gilmore (2019) describes as the "memoir boom" wherein several survivors published memoirs detailing their sexual assault experience. Some publications were collections of essays and poems detailing survivors' assaults, healing, or emotional experiences (Gay, 2018; Gurtler, 2020; Oria, 2019; Perkins, 2017), while others chronicled how their understanding of their assaults changed their professional and personal lives (Goldberg, 2019; Miller, 2019). Chanel Miller, a bi-racial White and Asian American female survivor is an example of this. Her assault gained widespread media attention due to the light sentence that her perpetrator, Brock Turner, received for his crime despite being caught in the act by bystanders (Stack, 2016). Turner was found guilty of sexual assault and sentenced to six months in prison. Public outcry lead to the judge presiding over the case to be recalled two years later (Astor, 2018). In her memoir, "Know My Name," Miller describes her experience of feeling belittled by Turner's legal team during her trial and the years-long legal battle that effective caused her to put her life on hold, which negatively impacted her mental health. She also describes her experience during the 2014 Isla Vista killings which occurred while she was a student studying at UCSB and reflected on how

her conceptualization of the killings had changed since her own sexual assault. Miller's description of her experience of pursuing legal retribution and cooperating with the criminal investigation highlighted how pursuing legal justice can cause more harm to come to survivors. However, by the end of the memoir, Miller spoke of how disclosing her story contributed to her own healing and desire to speak out on behalf of other survivors (Miller, 2019).

While Miller's (2019) memoir captured the experience of being a defendant in the legal system as a survivor, Carrier Goldberg's book details her experiences as both a victims' rights lawyer and survivor (Goldberg, 2019). She highlighted how her sexual assault and the disclosures of her clients impacted her work. For example, she details the impact of how her clients' historically oppressed identities contributed to her legal strategies. For example, she shared that "juries are more inclined to see black victims as less credible and their assaults as less serious" (Goldberg, 2019, p. 91).

Public disclosures such as Miller's (2019) and Goldberg's (2019) accounts may have impacts on why survivors choose to disclosure. For example, both Miller (2019) and Goldberg (2019) discuss the emotional turmoil they experienced when pursuing legal changes against their perpetrators. Survivors who learn about these anecdotes may be influenced in their decisions regarding disclosure.

Critiques of #MeToo. Goldberg's observational critiques of the treatment of black female survivors was not unfounded. Studies have revealed similar findings regarding the exclusion of certain individuals from the #MeToo movement (Leung a& Williams, 2019; Williamson et al., 2020). As time has gone on, some of these critiques have been addressed and rectified in while others have not.

When #MeToo began trending in the United States, the focus of survivor stories remained on female survivors and male perpetrators. This changed when prominent actor Anthony Rapp, accused another prominent actor, Kevin Spacey, of sexual assault (Romano, 2018). Rapp's public disclosure gave way to #MeQueer in The United Kingdom and LGBTQ+ individuals began sharing stories of their assaults using #MeQueer (Giesler, 2019). While it is heartening that the LGBTQ+ individuals were able to find a space for their voices using their own hashtag, it is imperative to the longevity and potential impact of #MeToo to be inclusive of all survivors regardless of their identities.

Leung and Williams (2019) found that the #MeToo movement initially excluded ethnic-minority women, specifically Black women. Black women are impacted by two forces of oppression: race and gender (Gieseler, 2019). Accordingly, Black women are less likely to be believed when they disclose their sexual assaults. For example, Twitter banned Rose McGowan, a White actress, from the platform after she accused Hollywood producer Harvey Weinstein of rape. This led to wide-spread boycotting of Twitter by many individuals, particularly White feminists in support of McGowan (Gieseler, 2019). However, prior to this event, two Black women, journalist Jamele Hill and actress and comedian Leslie Jones, dealt with various forms of violence on Twitter and received no public support. In fact, these women were silenced. Hill lost her employment with a prominent sports news organization and Jones deactivated her Twitter for several months (Giesler, 2019).

Fortunately, the erasure of Black women from the #MeToo movement improved with the release of the "Surviving R. Kelly," a documentary detailing the singer R. Kelly's long history of alleged sexual violence. Prior to this documentary, R. Kelly, a Black singer, had not been arrested for his alleged crimes, while Weinstein, a White film producer, had been convicted of

his crimes. Critics of these discrepancies indicated that the differences between the two cases were racially charged: R. Kelly had not been convicted because society does not care about Black women. However, shortly after the release of the documentary, R. Kelly was arrested for his alleged crimes, indicating that the #MeToo movement continues to grow in scope (Leung & Williams, 2019).

While some critiques regarding the exclusion of marginalized communities in the #MeToo movement have been addressed, other oppressed communities have yet to see the #MeToo reckoning. The movement has largely ignored people living with disabilities and male-identified survivors (Bruggeman, 2019; Gieseler, 2019; Holden, 2019; Neal, 2018; Williamson et al., 2020). Accordingly, it is possible that the #MeToo movement may have had little, no, or a negative impact on sexual disclosures among survivors who identify as being a part of marginalized communities.

The Disclosure Process Model (DPM)

The Disclosure Processes Model (DPM) is a helpful framework in understanding how the #MeToo movement may have impacted disclosure of sexual assault. To understand when and why disclosure of a concealable stigmatized identity is beneficial, Chaudoir and Fisher (2010) developed the DPM based on three assumptions. First, the DPM posits that disclosure is a single process that includes decision-making processes prior to disclosure and outcome processes after disclosure. This process is made up of five components: antecedent goals, the disclosure event, mediating processes, outcomes, and a feedback loop. Second, the DPM also proposes that approach and avoidance motivations underlie disclosure behavior and that these motivations impact each stage of the disclosure process. Third, the DPM suggests that the relationship between disclosure and outcomes may be impacted by three mediating processes. These

mediating processes include alleviation of inhibition, social support, and changes in social information; and can affect individual, dyadic, and social contextual outcomes (Chaudoir & Fisher, 2010).

The first component, antecedent goals, refers to the reasons that lead individuals to disclose their concealable identity. These goals of disclosure affect the likelihood of disclosure in a given situation. They may also affect the "downstream" effects in the disclosure process and play an important role in determining when disclosure may be beneficial. Goals may be understood as either approach or avoidance reasons for disclosure or non-disclosure. Approach-focused goals move the discloser closer toward an identified target while avoidance-focused goals move the discloser away from the target (Chaudoir & Fisher, 2010). Within the context of sexual assault disclosure, an approach-focused goal may be to strengthen the relationship between the discloser and the recipient. By contrast, a discloser with an avoidance-focused goal may choose not to disclose their assault.

The second component of DPM, the disclosure event, refers to the characteristics of the disclosure event. These co-occurring characteristics include depth, breadth, duration, and emotional content related to the disclosure. Antecedent goals shape the characteristics of the disclosure event and thus, the recipient's reaction to the disclosure as well. The nature of goals is an important first step in understanding when disclosure will be beneficial. For example, approach-focused goals may benefit from disclosure because the discloser will be more attuned to the presence of supportive recipient reactions. Individuals with avoidance goals, such as avoiding social rejection or conflict may be less likely to have disclosure events because it may not benefit the discloser (Chaudoir & Fisher, 2010).

Mediating processes are the third component of the DPM. There are three distinct mediating processes in disclosure: alleviation of inhibition, social support, and changes in social information. The alleviation of inhibition process is disclosure that allows the discloser to "express personally relevant, previously suppressed information" (Chaudoir & Fisher, 2011, p.38). The social support process is a process wherein the discloser can "garner social support or social rejection" (Chaudoir & Fisher, 2011, p.38). The changes in social information process is a process wherein the discloser can provide "new information about a concealable stigmatized identity [(e.g., sexual assault survivor)] to the shared information between individuals and the broader social context, and can therefore, impact subsequent interactions" (Chaudoir & Fisher, 2011, p.38).

These multiply mediating processes co-occur and can shed light on why disclosure is beneficial. The DPM asserts that there is potential for disclosure to alleviate the negative effects of inhibition. To gain social support, disclosure is required. Disclosure can also affect the relationship between the discloser and the recipient by providing new social information that will impact the perceptions and actions of both individuals. Antecedent goals may also impact the mediating processes. For example, approach-focused goals provide disclosers with a clear endpoint, and thus, disclosers with approach-focused goals may be better equipped to cope with the outcome of their disclosure. It should be noted that mediating processes can also be considered outcomes of disclosure (Chaudoir & Fisher, 2010).

Outcomes, the fourth component of the DPM, can be viewed within three levels: individual, dyadic, and social contextual. On an individual level, disclosure can contribute to the discloser's psychological well-being. Within the dyad, disclosure can impact the strength of the relationship between the discloser and recipient. There are several possible social contextual

level outcomes. First, disclosure can affect the disclosure recipient's perceptions of the discloser. These changes in perception can then extend to changing cultural stigma and cultural norms for disclosure regarding the concealable identity (Chaudoir & Fisher, 2010). Disclosure also enables the discloser to seek out others who share the same stigmatized identity.

The final component of the DPM is a feedback loop. This refers to the notion that the outcomes of disclosure influence individuals' overall disclosure trajectory. The DPM posits that if an individual experiences their disclosure as beneficial, it will lead to an upward spiral toward visibility;" whereas, if the individual experiences their disclosure as non-beneficial, a downward spiral toward concealment will occur.

In summary, the DPM provides a useful framework for examining when and why people chose to disclose their concealable identities. Within this framework, antecedent disclosure goals may moderate the effect of disclosure on individual, dyadic, and broad social contextual levels. These moderation effects are also mediated by three processes: alleviation of inhibition, social support, and changes in social information. The outcomes of disclosure then inform individuals' overall disclosure trajectory. Individuals are more likely to benefit from disclosure when they have approach-focused goals than from avoidance-focused goals.

The DPM and #MeToo

In examination of #MeToo, the movement in it of itself contains all three mediating processes in the DPM. #MeToo alleviated disclosure inhibition as evidence by the widespread public sexual assault disclosure it catalyzed. These disclosures were mostly met with widespread social support, both by other survivors and the public. Most prominently, #MeToo changed the nature of social information regarding sexual violence. The use of #MeToo on social media allowed for information regarding disclosures of sexual assault to be easily indexed online. This

allowed for interested entities, such as researchers and journalists to quantify the degree of social support and participation in #MeToo. For example, within the first 24 hours of #MeToo gaining traction, 4.7 million users on Facebook posted, commented, or reacted to posts about #MeToo. In the U.S., Facebook reported that 45% of users had friends who posted "me too" (CBS, 2017).

#MeToo also significantly impacted long-term outcomes of disclosure, specifically social contextual outcomes, as evidence by the public discourse and policy changes that occurred after the movement began. #MeToo also impacted individual and dyadic outcomes. Barta (2021) found that sexual assault disclosures utilizing hashtags could result in meaningful interactions among survivors and act as beacons to other survivors seeking support.

The DPM and Present Study

Utilizing the DPM framework, this study assumes three distinct disclosure processes, herein referred to as "disclosure experiences" to distinguish components of the DPM model from the study's examined disclosure groups. These disclosure experiences all involve approach-focused antecedent goals (e.g., understanding, strengthening of relationships, hopefulness, acceptance), herein referred to as "reasons," for disclosure. These disclosure experiences are differentiated by the mediating factors of disclosure setting (interpersonal vs. social media) and disclosure time (before #MeToo vs. after #MeToo). The first disclosure experience, interpersonal disclosure before the #MeToo movement occurred (BMT), is characterized by disclosures made interpersonally prior to the survivors' awareness or the emergence of the #MeToo movement. Within this disclosure time, it is assumed that there is limited social information regarding the prevalence of sexual assault and that sexual assault is more stigmatized compared to after the emergence of the #MeToo movement. Based on these assumptions, it is logical for survivors to more likely believe that they may suffer negative consequences (e.g., less social support,

stigmatization, rejection) from disclosure than compared to disclosers who disclose after #MeToo movement. Therefore, the level of inhibition for disclosure may be higher for disclosers prior to #MeToo than for disclosers after #MeToo. Furthermore, as interpersonal disclosure is private, the outcomes of the disclosure are more likely to be individual and dyadic as opposed to social contextual.

The second disclosure experience, interpersonal disclosure after the #MeToo movement occurred (AMT), is characterized by disclosures made interpersonally after the survivors' awareness of the #MeToo movement. The assumed characteristics of the disclosure time in this experience are that social information regarding the prevalence of sexual assault has increased compared to prior to the #MeToo movement. Accordingly, it is assumed that the stigmatization of sexual assault was reduced due to the increased level of public support for survivors the #MeToo movement garnered. Survivors' level of inhibition for disclosure may have been lower compared to prior to the #MeToo movement due to increased public support for sexual assault survivors. Like the first disclosure experience, the outcomes of disclosure in this process are more likely to be individual and dyadic than social contextual.

The final, third disclosure experience, disclosure on social media after #MeToo (SMMT), is characterized by disclosures made on social media after the emergence of #MeToo. In this experience, it is also assumed that social information regarding the prevalence of sexual assault and the level of public support for survivors to have increased. Accordingly, the level of stigmatization is assumed to have decreased compared to prior to the #MeToo movement. The level of inhibition of disclosure on social media is assumed to be lower than the level of inhibition of interpersonal disclosure as survivors have more control in receiving responses to disclosure. For example, disclosers on social media may chose not to view responses or prohibit

individuals from responding to social media disclosures. Survivors also have the option to disclose anonymously on social media. Given the widespread public nature of disclosure on social media, outcomes of disclosure are more likely to be social contextual than individual or dyadic.

Purpose and Rationale of the Study

Due to the stigmatization of sexual assault, disclosure of sexual assault can lead to negative outcomes such as higher rates of depressive and posttraumatic symptoms when reactions to disclosure are negative (Ullman & Peter-Hagene 2014). However, disclosure is also an important component of healing from sexual violence when reactions are positive (Ahrens & Aldana, 2012; Borja et al., 2006; Frazier et al., 2004, Orchowski & Gidycz, 2012). This begs the question, why do survivors choose to disclose?

The #MeToo movement had a significant impact on sexual assault disclosure by catalyzing widespread sexual assault disclosure on social media. It also led to meaningful societal change by inspiring legal consequences for perpetrators and policy changes in organizations and governments (Farrow, 2017; Farrow, 2019; Hillstrom, 2019; Kantor & Twohey, 2017; Kantor & Twohey, 2017).

The present study sought to examine changes in disclosure and the experience of disclosure on social media because of the #MeToo movement. This was accomplished by examining how #MeToo has impacted reasons for sexual assault disclosure utilizing the DPM framework. The identity of being a sexual assault survivor can be considered the concealable stigmatized identity. All the mediating processes (alleviation of inhibition, social support, and change in social information) of the DPM can be found in the #MeToo movement. Furthermore, the #MeToo movement made important contributions to the long-term individual, dyadic, and

social contextual outcomes of sexual assault disclosure. The DPM posits that disclosure occurs when the discloser has approach-focused goals as opposed to avoidance-focused goals which would lead to non-disclosure. #MeToo had an immense impact on societal attitudes regarding sexual violence as evidence by sexual assault survivors globally publicly disclosing their assaults. However, there were also critiques that #MeToo excluded many survivors, specifically survivors who did not identify as White women. This may have indicated to non-White female survivors that disclosure would not beneficial. Yet, given the scope of #MeToo, survivors of diverse backgrounds participated in the #MeToo movement. Thus, further examination of how the #MeToo movement influenced reasons for sexual assault disclosure is warranted.

It should be noted that the DPM was developed to understand verbal disclosure. Disclosure of sexual assault during #MeToo occurred on social media, largely through text. As these social media text post can be verbalized, it is possible to examine social media disclosure through the framework of the DPM. However, the difference in the mode of disclosure warrants comparison of goals of verbal, interpersonal disclosure with goals of disclosure on social media.

The DPM also posits that if disclosure is experienced as beneficial, the discloser will be more likely to disclose in the future. Furthermore, disclosure satisfaction is linked to more positive mental health outcomes. This warrants further examination of disclosure satisfaction and mental health functioning.

Research Questions and Conceptual Hypotheses

The present study sought to answer the following questions:

1. What are the reasons for disclosure of sexual assault?

    Hypothesis 1: Survivors will share a variety of reasons (e.g., obtaining care, catharsis,

seeking social support) for disclosure of sexual assault which will be reflected both in

qualitative data and in differing subscale scores on the RDSIPVS.

Hypothesis 1a (Exploratory): The potential impact of disclosure setting (interpersonal vs.

social media) and time (before and after the #MeToo movement gained popularity) will

be explored. It is possible that reasons will differ across these settings because of the

distinct differences between the disclosure experiences.

Hypothesis 1b (Exploratory): The potential impact of disclosure method on social media

(private vs. public vs. anonymous) will be explored. It is possible that reasons will differ

across these settings because of the distinct differences between the disclosure

experiences.

2. What were the disclosure responses to survivors who participated in the #MeToo

movement?

Hypothesis 2: In line with existing literature, it is expected that disclosure responses will

be primarily positive.

Hypothesis 2a (Exploratory): Survivors' reflections in participating in the #MeToo

movement will be explored. It is hypothesized that reflections will differ, yet primarily be

positive.

3. What is the nature of survivors' mental health functioning after disclosure?

Sexual assault is a traumatizing experience, and disclosure is linked to positive mental

health outcomes (Borja et al., 2006; Frazier et al., 2004; Orchowski & Gidycz, 2012).

Hypothesis 3: Survivors will endorse composite scores on the PTSD-8 that exceed the

threshold for concern (i.e., likely meeting DSM-5 criteria for PTSD).

Hypothesis 3a: Survivors who have disclosed will endorse higher rates of adaptive coping, as reflected by high scores on the BRCS.

Hypothesis 3b: Survivors disclosure satisfaction will be positively correlated to mental health functioning.

Hypothesis 3c (Exploratory): Survivors' trauma symptoms and levels of adaptive coping will differ between disclosure experience groups because of the distinct differences between the disclosure experiences.

Clinical and Theoretical Relevance

As previously stated, only one study (Mendes & Ringrose, 2019) has directly queried survivors regarding their disclosures of sexual assault on social media. Rather, studies examining social media as a method of disclosure of sexual assault have relied on textual analysis of social media posts (Alaggia & Wang, 2020, Barker-Plummer & Barker-Plummer, 2017; Barta, 2021; Bogen et al., 2021; Drewitt et al., 2021; Hassija & Turchik, 2016; Orchowski & Gidycz, 2012). The #MeToo movement gained popularity in 2017 and there have been few peer-reviewed publications examining its impact on survivors. The present study was one of the few studies that directly measure survivors' reasons for disclosures through social media in the context of the #MeToo movement.

This study was grounded in the University of San Francisco's (USF) core values. USF is an institution built on the mission of *cura personalis*, the care for the whole person, and social justice. As sexual assault is the most underreported crime in the United States, despite its prevalence, further research examining why survivors disclose their assault will contribute to the knowledge base. Furthermore, sexual assault is linked to poor mental health outcomes such as depression, anxiety, and posttraumatic stress (Najdowski & Ullman, 2011; Ullman et al., 2014).

Understanding how the #MeToo movement has impacted survivors' reasons for disclosure will have implications for clinical practices to promote healing and recovery.

In line with USF's commitment to diversity, the study sought to collect information from sexual assault survivors to address gaps in the literature. For example, as most research has focused on examining the experiences of female survivors, this study targeted recruitment toward male, transgender, and gender non-conforming individuals. Collecting a diverse sample will shed light on potential differences and similarities among culturally diverse populations regarding reasons for disclosures. Understanding these specific differences will also inform future psychoeducation that meet the concerns of specific populations. Additionally, as #MeToo has had an impact on the entire world, it is possible that disclosure rates and reasons for disclosures have changed. Research examining the impact of hashtag social movements can inform clinical interventions and efforts to reduce stigma regarding disclosing sexual assault.

Utilizing an exploratory design, this study examined responses to items measuring reasons for disclosing sexual assault across three types of disclosure experiences: before #MeToo, interpersonally; after #MeToo, interpersonally; and after #MeToo, on social media. Understanding the differences among reasons for disclosure between these experiences may provide insight into the impact that #MeToo has had on societal views of sexual assault and the experiences of sexual assault survivors. Furthermore, as sexual assault negatively impacts mental health functioning, and interpersonal disclosure is an important factor in post-traumatic healing, participants were asked to provide information related to trauma symptoms and adaptive coping. This information can aid in understanding the role of disclosure on social media has on recovery.

Definition of Terms

Sexual violence

According to the Washington Coalition of Sexual Assault Programs (WCSAP), "sexual violence is most commonly used when referencing sexual violence on a global scale" (WCSAP.org, 2020). Sexual violence is a term that is often used interchangeably with "sexual assault" and "sexual abuse." There are several variations in the definition of "sexual violence." For example, according to the World Health Organization (WHO), sexual violence is:

> Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (WHO, 2002, p.149)

The Rape, Abuse, and Incest National Network (RAINN) defines sexual violence as "an all-encompassing, non-legal term that refers to crimes like sexual assault, rape, and sexual abuse" (RAINN.com, 2020). This study will refer to sexual violence using RAINN's definition.

Sexual assault

According to the U.S. Department of Justice (DOJ), sexual assault "means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent" (DOJ, Justice.gov, 2020). However, the legal definition of sexual assault varies between states within the United States (RAINN, 2020). RAINN defines sexual assault as "sexual contact or behavior that occurs without the explicit consent of the victim" (RAINN, 2020). This study will refer to sexual assault as any type of sexual activity or contact that an individual does not consent to as well as sexual acts or behaviors that occur through coercion.

Rape

Rape is the most common term used to describe sexual assaults that are physically penetrative in nature. This proposal will use the U.S. Federal Bureau of Investigations (FBI) definition of rape: "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim." Rape is sexual assault, but not all sexual assault is rape (RAINN, 2020). In this study, the FBI definition of rape will be utilized.

Disclosure recipient

Research regarding the individuals to whom sexual assault survivors disclose refer to these individuals and entities as "disclosure sources" (Halstead, Williams, & Gonzalas-Guarda, 2017; Orchowski & Gidycz, 2012). However, "disclosure recipient(s)" is a clearer description. Accordingly, the individuals to whom sexual assault survivors disclose will be referred to in this study as disclosure recipients.

LGBTQ+

The acronym LGBTQ+ is an umbrella term that refers to individuals who identify as lesbian, gay, bisexual, transgender, and queer. The "+" symbol refers to other identities that sexual and gender minorities hold that are not within the aforementioned identities. Some studies discussed in this document used variations of this acronym (e.g., LGB). In these instances, terms used by the researchers are utilized.

Reasons for disclosure

This study examines sexual assault survivors' reasons for disclosure. The word "reason" was chosen to ensure clarity and understanding by potential participants. Other similar terms used in the literature include "goal" and "motivation." These terms were used when referring to

other specific studies that used those terms. The term "reason" was used when discussing the

present study.

Disclosure process & disclosure experience

The Disclosure Process Model (DPM) asserts that the disclosure process is a single

process that involves decision-making and outcome processes (Chaudoir & Fisher, 2011). To

distinguish between the discussion of disclosure processes within the model and disclosure

processes developed for the purposes of examination, the term "disclosure process" is used when

discussing the model. The term "disclosure experience" is used when discussing the specific

disclosure processes identified for the study. The term "disclosure process experience" will be

used when discussing the study and model in conjunction.

RDSIPVS

The acronym stands for "Reasons for Disclosing Sexual and Intimate Partner Violence."

The RDSIPVS a 37-item self-report, standardized measure of reasons for sexual assault

disclosure developed by Turner and researchers (2019).

PTSD-8

The acronym stands for Post-Traumatic Stress Disorder-8 (PTSD-8), an 8-item inventory

short-form screen for posttraumatic symptoms (Hansen et al., 2010).

BRCS

The acronym stands for the Brief Resilient Coping Scale, a 4-item scale that measures

tendencies to adaptively cope with stress (Sinclair & Wallston, 2004).

Method

Design

This study employed a quantitative, exploratory research design. It sought to examine if survivors' reasons for disclosure differ based on the three disclosure experiences, through a survey deployed online. Sexual assault survivors were recruited using convenience and snowball sampling techniques through posts on social media with hashtags associated with sexual assault such as #MeToo, #sexualassault, and #TimesUp. Individuals who saw the post through these hashtags were asked to share the survey among survivors they may personally know and with other related hashtags to aid in recruitment. Data were collected through an online survey that included three standardized and validated measures: the Reasons for Disclosing Sexual and Intimate Partner Violence (RDSIPVS) (Turner et al., 2019), a 37-item self-report, standardized measure of reasons for sexual assault disclosure; the Post-Traumatic Stress Disorder-8 (PTSD-8), an 8-item inventory short-form screen for posttraumatic symptoms (Hansen et al., 2010); and the Brief Resilient Coping Scale (BRCS), a 4-item scale that measures tendencies to adaptively cope with stress (Sinclair & Wallston, 2004). Disclosure satisfaction was collected by a Likert scale item. To support the interpretation of results on the RDSIPVS and account for other possible reasons for disclosure, all participants were also presented with two open-ended questions regarding their reasons for disclosure. Participants who disclosed on social media were also asked to complete an additional three items designed by the researcher to understand participants' reflection on the #MeToo movement. Results were analyzed to identify and compare potential differences in reasons for disclosure based on the three identified disclosure experiences. Furthermore, results from the PTSD-8 and BRCS were analyzed to understand participants' mental health status at the time of the survey.

Participants

Individuals who have experienced unwanted sexual contact as an adult (age 18 or older), had shared their experience with others in any manner, and who were able to read, comprehend, and write in English were recruited. As the #MeToo movement became a global phenomenon, individuals residing anywhere in the world were welcomed to participate if they met the eligibility criteria. Accordingly, based on a power analysis calculated using G*Power (Faul et al., 2007), the target sample size was determined to be 252 participants.

Procedure

Recruitment

As this study aimed to explore the impact of the #MeToo movement, which was popularized through social media, and due to COVID-19 pandemic constraints, participants were recruited exclusively through social media. First, IRBPHS approval was obtained (Appendix B). Recruitment occurred for approximately 15 months, from November 2020 to February 2022. Initially, the study strategically recruited participants by utilizing convenience and snowball sampling on several social media platforms (Facebook, Instagram, Twitter, and Reddit). Recruitment flyers (Appendix C) were posted on four Reddit forums, three Facebook group pages, and one Instagram account. One of the Reddit forums, and all the Facebook groups were specifically for survivors of sexual assault; one Reddit forum was for people who identified as women; and one Reddit forum was specifically for research surveys. The Instagram account was a community mental health education account. However, likely due to the sensitive nature of the term "sexual assault," recruitment posts were frequently automatically removed by social media algorithms for community guideline violations. This resulted in fewer than expected study participants to be recruited. The researcher also sought to post recruitment flyers on additional Reddit forums, but the requests were denied.

It should be noted that there are limitations inherent to utilizing digital recruitment strategies. Primarily, social media platforms' community guidelines are ambiguous, change with little to no notice to users, and may be inconsistently enforced. Furthermore, social media algorithms are known to prioritize engagement on their platform by manipulating what users are shown (Petrescu & Krishen, 2020). These factors may skew who is shown recruitment flyers, presenting challenges to recruiting a representative sample of the general population.

To address recruitment challenges, TrialFacts, a digital research marketing company, was hired to support recruitment efforts. TrialFacts was chosen as it was the only research recruitment company that specialized in research participant recruitment through social media. TrialFacts supported the study by employing two separate recruitment campaigns. The first campaign utilized convenience sampling on their internal participant database and ads run on Facebook. There were several delays throughout this recruitment phase as the TrialFacts representative was blocked from posting on Facebook due to community guideline violations. TrialFacts consistently monitored recruitment posts and made alterations to recruitment materials when posts were removed for violation of community guidelines. For example, the primary headline of the recruitment promotional materials was "Global Research Study Inviting Sexual Violence Survivors to Answer an Online Survey." However, if posts were removed, other headlines, such as "Understanding Why People Disclose Their Assault on Social Media" were used. Details related to the full list of phrases that were utilized to recruit participants and the associated recruitment materials developed by TrialFacts are listed in Appendix D.

At the conclusion of the initial TrialFacts recruitment campaign, only five responses had been collected for the SMMT disclosure experience group. Thus, a second TrialFacts campaign that focused on recruiting participants who met eligibility to respond to the SMMT disclosure

experience was conducted. To maintain consistency across the phases of data collection with all the participants, minimal changes were made to the survey instrument. Specifically, the screening item that sought to identify disclosure experiences was changed to a yes/no item regarding disclosure of sexual assault on social media and the disclosure history questionnaire was eliminated from the survey as it was no longer needed to identify the participants' disclosure process experience group. Additionally, in this second TrialFacts recruitment phase, recruitment efforts were conducted primarily on YouTube due to past challenges recruiting on Facebook. The decision to utilize YouTube was based on previous success TrialFacts achieved with other recruitment campaigns.

Screening

For the initial recruitment campaign conducted independently by the researcher, the screening measure, consent agreement, and all parts of the survey were deployed through Qualtrics, a program that allows researchers to create and analyze quantitative surveys and data. Interested individuals completed a 3-item eligibility screening measure to determine eligibility for the study (Appendix E). This screener was embedded into the beginning of the survey. Participants answered Yes/No questions related to the inclusion criteria: experience of sexual assault as an adult, disclosure of their assault, and ability to read and write English. Using a split branch logic rule, if participants were determined to be ineligible to participate in the study, they were directed to a page that included a list of sexual assault resources (Appendix F); on this page, the interested individual was thanked for their time and asked to share the survey link with their networks.

For the recruitment campaigns conducted by TrialFacts, the screening measure was created and maintained on the TrialFacts website. (Appendix D). If the potential participant met

the eligibility requirements, they were provided with a link that led to the consent agreement and survey housed on Qualtrics.

Consent

A statement of consent was provided to all eligible participants on the Qualtrics platform after they completed the screening measure and before the survey was made available to them. Participants who were recruited by TrialFacts were directed to this statement on Qualtrics upon completion of the screening on the TrialFacts website. The consent statement included information regarding the risks and benefits of participating in the study. Participants were informed that their participation implied consent (See Appendix G) and asked to confirm their consent by clicking "Next" on the survey. If participants did not consent to the survey, they were instructed to either close the window or click "Exit" on the screen. By not collecting written consent and not providing compensation, the study preserved participants' anonymity.

While the risks of completing the survey were minimal, it was possible that participants may have experienced emotional distress while they are thinking about their sexual assaults. Upon completion of the survey, a list of resources to obtain emotional support was provided to the participants (Appendix F).

Survey

Once the participant was deemed eligible for the study and agreed to the statement of informed consent, they were directed to the survey measures. These measures were comprised of a demographic questionnaire; a disclosure history questionnaire; the RDSIPVS scale; a questionnaire for additional information about disclosure not gathered by the RDSIPVS; a questionnaire related to participation in the #MeToo movement, if appropriate; a brief PTSD inventory; and a brief coping scale. Once the participant completed the survey questionnaires and

scales, they were directed to a thank you screen. The thank you screen included sexual assault

resources and a request to share the survey link with their social networks.

Measures

Disclosure History

The Disclosure History measure (Appendix H) is a 4-item questionnaire about the

participant's disclosure history which was used to identify the participant's disclosure experience

group (BMT, AMT, SMMT). Participants were queried about their disclosures both before and

after they became aware of the #MeToo movement as well as if they shared their sexual assault

on social media using the #MeToo or a similar hashtag. If participants indicated that they

disclosed in more than one disclosure experience, they were asked to choose which disclosure

experience they would like to consider as they completed the survey. This measure was not

included in the second TrialFacts campaign that specifically recruited for participants for the

SMMT group.

Demographics

A 6-item demographics questionnaire (Appendix I) was used to gather information about

participant characteristics including age, gender, race/ethnicity, location, disability status, and

military service history. These demographic questions were developed so that information gained

from the survey could be examined across demographic responses to understand the degree to

which that study results could be generalized to populations.

Reasons for Disclosing Sexual and Intimate Partner Violence Scale (RDSIPVS)

The RDSIPVS (Appendix J) is a 37-item self-report scale that is used to measure reasons

for disclosing sexual violence experiences (Turner et al., 2019). The RDSIPVS was developed

from existing measures assessing the reasons for disclosing other concealable identities such as

sexual orientation. This instrument specifically measures reasons for disclosing sexual and intimate partner violence within interpersonal contexts. It is comprised of seven subscales: Safety and Justice (items 1-8), Moving Forward (items 9-15), Image Validation (items 16-21), Emotional Support (items 22-26), Relieve Burden (items 27-30), Relationship Management (items 31-33), and Encouraged/Forced Disclosure (items 34-37). Each item is a reason for disclosure statement (e.g., "I wanted to protect myself"). Responses are provided on a 5-point Likert scale which ranges from 1 (not at all important) to 5 (extremely important) (Turner et al., 2019).

The Safety and Justice subscale includes reasons for disclosure that relate to protecting themselves and others and preventing perpetrators from reoffending. The Moving Forward subscale include reasons related to aiding the survivor to understand their assault and receiving assistance or support. Reasons related to survivors' reputations and the fear of victim-blaming are included in the Image Validation subscale. The Emotional Support subscale is comprised of reasons related to survivors' desires to be believed and heard. Reasons related to survivors' desires to achieve catharsis and to not keep their assault a secret are included in the Relieve burden subscale. The Relationship Management subscale is comprised of reasons related to survivors' desires to connect with others and the feeling that sharing their assault was the right thing to do. The Encouraged/Forced disclosure subscale includes reasons related to being directly queried regarding sexual assault (Turner et al., 2019).

The RDSIPVS was developed in several stages. First, qualitative interviews were conducted with survivors regarding why they disclosed their most serious assault (Demers et al., 2017). Based on the results from these interviews and prior research (Ahrens et al., 2007; Derlega et al., 2002), items for the RDSIPVS were developed. These items were then reviewed

by crisis center advocates and experts in the field for content validity (Turner et al., 2019). The

psychometric properties of the survey were then tested with a sample of 274 adult female

survivors of sexual and intimate partner violence and found to be valid and reliable. (Turner et

al., 2019).

The RDSIPVS is a particularly useful tool in examining disclosure processes because it

can be used to measure changes in reasons for disclosure within the DPM framework. The items

on the subscales can be considered specific reasons for disclosure that can influence the

mediating processes described in the DPM model. In fact, some subscale items on the RDSIPVS

can affect more than one mediating process. For example, all the items on the

Encouraged/Forced Disclosure subscale can affect all three mediating processes (alleviation of

inhibition, social support, and changes in social information). All the items on the Image

Validation subscale can affect the social support and changes in social information. All the items

on the Safety and Justice subscale can affect changes in social information, and some items (1 &

3) can affect alleviation of inhibition and social support.

Other items affect one mediating process. The alleviation of inhibition mediating process

is affected by all the items on the Relieve Burden subscale, and two items on the Relationship

Management subscale (32 & 33). Social support is affected by all the items on the Moving

Forward and Emotional Support subscales, and one item (31) of the Relationship Management

subscale.

Notably, three items (6-8) on the Safety and Justice subscale not only affect changes in

social information, but also seek specific consequences (e.g., justice) for the perpetrator.

Additional Items Regarding Reasons for Sexual Assault Disclosure Experience

It is possible that additional reasons for disclosure not captured on the RDSIPVS may exist. Furthermore, research indicates that positive mental health outcomes and continued disclosure are influenced by the disclosure recipient's response. To explore these effects, participants were asked to respond to an additional questionnaire, created by the researcher, that included three items (Appendix K). The first item used a 5-point Likert scale for response focused on the participant's satisfaction with the disclosure recipient's response (1 = not at all satisfied to 5 = extremely satisfied). This question was designed to model the Likert scale from the RDSIPVS to maintain continuity of the quantitative measures. The second and third items in this measure include open-ended, free-text questions asking participants to describe why they disclosed their sexual assault in their own words. Participants' responses to these questions were reviewed to inform the interpretation of the quantitative results of the RDSIPVS and to identify potential reasons for disclosure not captured by the RDSIPVS.

Additional Items Regarding Sexual Assault Disclosure on Social Media After #MeToo Experience

The RDSIPVS was primarily developed to understand reasons for disclosure through interpersonal communication; research examining disclosure on social media (Andalibi et al., 2018; Alaggia & Wang, 2020; Bogen et al., 2018; Lowenstein-Barkai, 2020; Mendes & Ringrose, 2019) indicates that reasons for disclosing on social media and the experience of disclosure on social media may be different from other types of disclosure. To explore reasons for disclosure on social media, participants in the SMMT disclosure process group were asked to respond to a 3-item, free-text, open-ended questionnaire (Appendix L). These three questions sought to understand reasons related to disclosure on social media, subsequent reactions, and reflections on participating in #MeToo. These items were developed by the researcher based on

findings from research on sexual assault disclosure and online social movements to provide

information related to the nature of the mediating processes and outcomes in the DPM model.

Participants' responses were reviewed to inform the interpretation of the results from the

RDSIPVS in the SMMT disclosure experience.

Post-Traumatic Stress Disorder-8 (PTSD-8)

The Post-Traumatic Stress Disorder-8 (PTSD-8) is an 8-item inventory designed to serve

as a screening measure for posttraumatic symptoms (Appendix M) (Hansen et al., 2010). It was

derived from the first sixteen items of the Harvard Trauma Questionnaire Part IV (HTQ), a 30-

item checklist of trauma symptoms. The HTQ is comprised of several sections with the first

sixteen items being derived from the DSM-IV PTSD criteria and the remaining questions being

related to refugee trauma. Accordingly, the PTSD-8 is also essentially derived from the DSM-IV

PTSD criteria. Furthermore, the PTSD-8 has been found to be reliable and valid in screening for

posttraumatic symptoms in three independent samples, including a sample of 305 rape victims

(Hanson et al., 2010).

Responses to the PTSD-8 are provided on a 5-point Likert scale which ranges from 1 (not

at all) to 5 (most of the time). Each item corresponds to a specific category of traumatic symptom

criterion for PTSD. Items one to four correspond to the intrusion criteria; items five and six

correspond to the avoidance criteria; and items seven and eight correspond to the hypervigilance

criteria. A score of three or more on at least one of the items per category meets the specific

criteria. Meeting all three criteria indicates that the respondent would likely meet the DSM-IV

criteria for PTSD.

The PTSD-8 was utilized as a measure of mental health outcomes to reduce response

burden on the participants in this study; shorter measures decreased participant burden and

subsequently, the likelihood of incomplete surveys. Furthermore, short form measures for other

mental health symptoms such as depression and anxiety typically ask participants to base their

responses on their experience over the last two weeks. Survivors may not have been assaulted as

recently as within the last two weeks of completing the survey. Thus, the PTSD-8 was an

appropriate measure to utilize to more accurately capture mental health outcomes related to the

experience of sexual assault without compromising the psychometric validity and reliability as it

instructs the participant to consider their sexual assault while completing the inventory. Of note,

the PTSD-8 collected information regarding the experience of posttraumatic symptoms since

their assault. By completing this measure, participants provided information regarding their

mental health functioning since their assault without requesting potentially triggering details

related to their assault.

Brief Resilient Coping Scale

The Brief Resilient Coping Scale (BRCS) (Appendix N) is a 4-item scale that measures

tendencies to adaptively cope with stress at the time of completing the measure (Sinclair &

Wallston, 2004). Participants are presented with statements regarding flexibility in coping.

Responses are provided on a 5-point Likert scale which ranges from 1 (does not describe me at

all) to 5 (describes me very well). Total sum scores on the BRCS range from 4 to 20: scores of 4-

13 indicate low resilient coping; scores of 14-16 indicate medium resilient coping; and scores of

17-20 indicate high resilient coping.

In the development of the BRCS, researchers first identified several items "related to

beliefs that could theoretically be affected by cognitive-behavioral interventions designed to

enhance adaptive coping and a sense of control over stress conditions" (Sinclair & Wallston,

2004, p.96). Of these items, nine were selected for further analysis. From that analysis, four

items were identified to be an appropriate fit for the researcher's conceptualization of resilient coping. Researchers tested these four items among two samples of individuals with rheumatoid arthritis and found the items to be valid and reliable (Sinclair & Wallston, 2004). Later studies also found the BRCS to be valid among several populations including a general population in Germany, young and elder Spanish-speakers, and severally mentally ill patients (Kocalevent, 2017; Mayordomo et al., 2020; Tomás et al., 2012).

While the BRCS has not been tested for validity and reliability among sexual assault survivors, it has been found to be reliable among several different populations as stated above. Furthermore, coping appears to be an important component of healing from sexual assault. The brevity of the BRCS also reduced participant burden while still capturing relevant data. By participating in the study, the participant, in essence, engaged in a disclosure experience. While the PTSD-8 inventory allowed for analysis of mental health functioning since the assault, the BRCS allowed for analysis of participants' mental health functioning during the present disclosure experience. Thus, the BRCS was an appropriate measure to utilize to gain an understanding of the participants' mental health functioning at time of participation in the study.

Data Analysis Plan

Data Cleaning

At the completion of data collection, three data subsets existed: the initial independent recruitment campaign, the initial TrialFacts campaign, and the social media TrialFacts campaign. The three data subsets were exported into Microsoft Excel to be combined and cleaned. A total of 1,152 responses were collected across all three recruitment phases. From this dataset several response records were deleted; 98 responses were removed because the participant did not consent to the study, 519 response records were deleted because they were incomplete or did not

contain data, and one response record was removed because the participant did not meet

eligibility criteria. It is unclear how participants who did not consent or meet the eligibility

criteria were able to proceed with the survey as the branch logic settings in Qualtrics should have

made this impossible. Notably, the Qualtrics platform was updated and patched several times

throughout the recruitment phase which may have caused errors in the execution of the survey. A

response record was considered complete enough for analysis if at least 90% of the total survey

was complete. Thirteen pairs of data sets were found to be duplicates based on I.P. addresses; of

these pairs, 11 respondents completed the survey twice through the two separate TrialFacts

campaigns. Responses from the first completed survey were kept as those responses would have

been the first time the respondent saw the survey. For two response duplicate pairs, the more

complete survey was kept as it appeared that the respondent had accidentally closed their

browser prior to completing the survey; this was determined based on the time stamps and

similarities within the responses. The data was too widely distributed to remove outliers based on

standard deviations The remaining 521 responses of the 1,152 responses collected were

determined to be appropriate for analysis.

Data Analysis

After an initial data clean up in Excel, the final dataset was inputted into the Statistical

Package for the Social Sciences (SPSS) version 28 software. The data was coded and scale

scores for the RDSIPVS, PTSD-8, and BRCS were calculated. Descriptive statistics were

conducted to understand the nature of the data. Of the 521 participants, 415 resided in the United

States (US). Ninety-four responses were from non-US participants. Based on the characteristics

of the sample, all analyses were first conducted on the total sample, then on the US sample. This

was done to understand the generalizability of the results and possible effects of cultural differences regarding sexual assault reporting.

Research Question #1: What are the reasons for sexual assault disclosure?

Descriptive analyses were conducted on the responses to the RDSIPVS, and mean scores on the were ranked. Then, additional exploratory analyses were conducted to understand if differences in reasons for disclosure existed between the three disclosure experiences. To understand of there were statistically significant differences between the disclosure groups, analyses of variance (ANOVAs) comparing mean responses to the RDSIPVS subscales by disclosure group were calculated. For this analysis, the independent variable was the disclosure experience and had three levels: BMT, AMT, and SMMT. The dependent variables were the responses to the subscales on the RDSIPVS and were treated as interval variables.

The two free text items related to circumstances and motivations that lead to their disclosure of sexual assault were then reviewed to understand the nature of the data and identify possible themes. Then, responses were matched to items on the RDSIPVS or coded into their own themes. The two free text items were similar in nature, and thus so were participants' responses which indicated that reviewing the responses together as appropriate. Many participants cited several reasons for disclosure. Thus, the number of instances of reasons for disclosure were calculated.

To examining potential differences between disclosure method on social media, ANOVAs were also conducted on the mean scores from the RDSIPVS subscales between the social media disclosure methods. For this analysis, the independent variable was the method of social media disclosure and had three levels: public, anonymous, and private. The dependent

variables were the responses to the subscales on the RDSIPVS and are treated as interval variables.

For participants who disclosed on social media, an open-ended text item sought to understand participants' reasons for a particular disclosure method (public, anonymous, or private). The "private" method was defined as posting on social media to a private group or friend list. If a participant reported that they disclosed on social media by privately messaging an individual, the responses was coded separately.

Research Question #2: What were the disclosure responses to survivors who participated in the #MeToo movement? Free-text responses to items related to survivors' participation in #MeToo were reviewed to identify themes. Then the frequency of themes was calculated to confirm that #MeToo impacted sexual assault disclosure.

Research Question #3: What is the nature of survivors' mental health functioning after disclosure? Frequencies for the mental health functioning measures (PTSD-8 and BRCS) were calculated. A correlation analysis was conducted on the item related to disclosure satisfaction and composite scores on the BRCS to determine if there was a relationship between disclosure satisfaction and mental health functioning. ANOVAs comparing scores on the mental health functioning measures between the disclosure experience groups were conducted to explore if differences between the groups existed. For these analyses, the independent variable was the disclosure experience and had three levels: BMT, AMT, and SMMT. The dependent variables were the composite scores on the PTSD-8 and BRCS and were treated as interval variables.

<center>**Results**</center>

Disclosure Experiences

The present study included a total of 521 participants, 243 of which responded to the BMT disclosure experience (46.6%). Sixty-six participants responded to the AMT disclosure experience (12.7%), and 212 responded to the SMMT disclosure experience (40.7%). Within the total sample, 415 resided in the US. Of the US sample, 41.7% of US participants responded to the BMT disclosure experience ($n = 173$); 12.5% responded to the AMT disclosure experience ($n = 52$); and 45.8% of the total participants responded to the SMMT disclosure experience ($n = 190$).

Demographic Information

Most participants identified as female (Total: 83.5%, $n = 435$; US: 82.9%, $n = 344$), White (Total: 53.2%, $n = 277$; 54.7%, $n = 277$), not a member of the Armed Forces (Total: 90.8%, $n = 473$; US: 90.8%, $n = 377$), and not disabled (Total: 57.7%, $n = 300$; 40.7%, $n = 169$). Participants ranged in age from 18 years old to 77 years old (Total: $M = 38.9$, $SD = 13.9$, US: $M = 38.5$, $SD = 13.8$), the majority of which were between the ages of 20-40 (Total: 55%, $n = 259$, US: 58.9%, $n = 221$). Chi-squared sensitivity analyses were conducted to determine if enough data were collected to compare responses on the outcome variables based on demographic information. However, these all analyses resulted in errors, indicating that not enough data were collected to examine outcome variables across demographic information. Full demographic information for both the total and US samples are depicted in Table 1.

Table 1

Demographic Characteristics

Characteristic	n	%
Gender		

Male	37 (32)	7.1 (7.7)
Female	435 (344)	83.5 (82.9)
Transgender, male to female	6 (5)	1.2
Transgender, female to male	4 (3)	0.8 (0.7)
Gender non-conforming	34 (28)	6.5 (6.7)
A different gender	3 (3)	0.6 (0.7
Prefer not to answer	1 (0)	0.2 (0.0)
Missing	*1 (0)*	*0.2 (0.0)*
Race		
White	277	67.9 (54.7)
American Indian/Alaska Native	4	1.0
Asian	11 (10)	2.7 (2.4)
Black/African American	39	9.6 (9.4)
Hispanic, Latino, or Spanish	20 (17)	4.9 (4.1)
Native Hawaiian or Other Pacific Islander	1 (0)	0.2 (0.0)
Multiracial	44 (41)	10.8 (9.9)
Different Category	9 (4)	2.2 (1.0)
Prefer not to answer	3	0.7
Missing[a]	*113 (70)*	*21.7 (16.9)*
Military status		
Current active service member	6 (5)	1.2
Veteran	36 (31)	6.9 (7.5)

A Different military status	4 (5)	0.8 (0.5)
Missing	*2 (0)*	*0.4 (0.0)*
Disability		
Developmental/Intellectual	42 (38)	8.1 (9.2)
Physical	32 (26)	6.1 (6.3)
Psychological/Emotional	116 (91	22.3 (21.9)
Multiple disabilities	91 (75)	17.5 (18.1)
Different disability	19 (15)	3.7 (3.6)
Not disabled	219 (169)	42 (40.7)
Missing	*2 (1)*	*0.4 (0.2)*

Note. (n/%) = US sample value. If a US value is not provided, the value did not differ from the total value. Percentages are based on the total number of participants. [a] A technical error resulted in the item regarding race to not be presented to some participants which accounts for the high number of missing responses on the item.

Disclosure Recipients of Interpersonal Disclosure

For both the total and US samples, the most common disclosure recipient for both the BMT and AMT disclosure experiences was a trusted individual (Total: BMT: $n = 111$, 45.7%; AMT: $n = 27$, 40.9%; US: BMT: $n = 88$, 50.9%; AMT: $n = 22$, 42.3%). There were no missing responses for this item. Full details pertaining to disclosure recipients are displayed in Table 2.

Table 2

Disclosure Recipients by Disclosure Experience

Disclosure recipient	Total		BMT		AMT	
	n	%	*n*	%	*n*	%
Police/law enforcement/legal entity	35 (23)	11.3 (10.2)	31 (19)	12.8 (4.6)	4 (4)	6.1 (1.0)
Medical provider	8 (7)	2.6 (3.1)	5 (5)	2.1 (1.2)	3 (2)	4.5 (0.5)
Therapist/mental health provider	60 (39)	19.4 (17.3)	43 (27)	17.7 (6.5)	17 (12)	25.8 (2.9)
Sexual violence advocate/counselor	7 (4)	2.3 (1.8)	7 (4)	2.9 (1)	0	0.0
Religious or faith leader	2 (2)	0.6 (0.9)	2 (2)	0.8 (0.5)	0	0.0
Romantic partner	37 (22)	12 (9.8)	27 (14)	11.1 (3.4)	10 (8)	15.2 (1.9)
Friend/family/trusted individual(s)	138 (110)	44.7 (48.9)	111 (88)	45.7 (21.2)	27 (22)	40.9 (5.3)
Someone else	22 (18)	7.1 (8)	17 (14)	7 (3.4)	5 (4)	7.6 (1.0)
Total	**309 (225)**		**243 (173)**		**66 (52)**	

Note. (*n*/%) = US sample value. If a US value is not provided, the value did not differ from the total value. Percentages are based on the total number of participants.

Disclosure Methods on Social Media

Frequency rates of disclosure methods on social media for both the total and US samples were similar. Of the responses collected on this item, the most common disclosure method was private (Total: 42.6%, $n = 87$; US: 42.7%, $n = 79$), followed by public disclosure (Total: 40.7%, $n = 83$,; US: 40%, $n = 74$), then anonymous disclosure (Total: 16.7%, $n = 34$; US: 17.3%, $n = 32$). There were eight missing responses from this item for the total sample, and five missing responses from the US sample.

On the responses provided, the most common platform used was Facebook (Total: 86%, $n = 96$; US: 75.4%, $n = 86$). For this item, there were 87 missing responses from the total sample and 76 missing responses from the US sample. Table 3 depicts the full details pertaining to disclosure platform.

Table 3

SMMT Descriptive Statistics

Disclosure platform	n	%
Facebook	96 (86)	76.8 (75.4)
Twitter	9	7.2 (7.9)
Snapchat	1	0.8 (0.9)
Instagram	7 (6)	5.6 (5.3)
TikTok	4	3.2 (3.5)
Tumblr	1	0.8 (0.9)
Blog	2	1.6 (1.8)
Another App/Platform	5	4 (4.4)

Total	**125 (114)**
Missing	*87 (76)*

Note. (*n*/%) = US sample value. If a US value is not provided, the value

did not differ from the total value. Percentages are based on the number of

responses received.

Research Question #1: What are the reasons for sexual assault disclosure?

Hypothesis 1: Survivors will share a variety of reasons (e.g., obtaining care, catharsis, seeking social support) for disclosure of sexual assault which will be reflected differing subscale scores on the RDSIPVS and free-text responses. Responses to all the RDSIPVS subscales ranged from 1 to 5. Mean scores and standard deviations on each of the RDSIPVS subscales for the total sample and US sample by disclosure experience are presented in Table 4. A review of the free text responses (discussed in detail below) revealed a total of 1,170 cited reasons for sexual assault disclosure across all three disclosure experiences, 817 (69.8%) of which corresponded to an item on the RDSIPVS. Some other cited reasons for disclosure included: advocacy (e.g., the desire to raise awareness), someone else disclosed their assault to the participant, and experience of mental health symptoms. Therefore, within the total and US samples, there is support for the hypothesis that survivors would share a variety of reasons for disclosure of sexual assault.

Table 4

RDSIPVS Descriptive Statistics

RDISPVS subscale	Total		BMT		AMT		SMMT	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Safety and Justice	3.45 (3.50)	1.03 (1.01)	3.40 (3.44)	1.08 (1.07)	3.06 (3.07)	1.11 (1.07)	3.64 (3.68)	0.89 (0.90)
Moving Forward	3.21 (3.20)	1.18 (1.19)	3.38 (3.40)	1.11 (1.13)	3.40 (3.38)	1.11	2.95 (2.97)	1.23 (1.24)
Image Validation	3.11 (3.13)	1.24	3.01	1.22 (1.24)	3.96 (4.02)	0.92 (0.90)	2.96 (2.99)	1.24 (1.23)
Emotional Support	3.76 (3.78)	1.18 (1.15)	4.00	1.07 (1.04)	3.26 (3.43)	1.24 (1.20)	3.64 (3.68)	1.21
Relieve Burden	3.80 (3.87)	1.15 (1.12)	3.71 (3.81)	1.22 (1.19)	4.11 (4.14)	0.96 (0.93)	3.82 (3.85)	1.11 (1.10)
Relationship Management	3.05 (3.14)	1.16 (1.14)	2.89 (2.95)	1.16	2.96 (3.02)	1.27 (1.29)	3.27 (3.33)	1.10 (1.05)
Encouraged/Forced Disclosure	2.29 (2.26)	1.15 (1.17)	2.18 (2.25)	1.05 (1.07)	2.17 (2.29)	1.23 (1.29)	2.44 (2.48)	1.21 (1.22)

Note. (*M/SD*) = US sample value. Disclosure experiences are: BMT = interpersonally before #MeToo, AMT = interpersonally after #MeToo, SMMT = on social media after #MeToo.

Hypothesis 1a (Exploratory): The potential impact of disclosure setting (interpersonal vs. social media) and time (before and after the #MeToo movement gained popularity) was explored. It is possible that reasons will differ across these settings. Reasons for disclosure were ranked from most important to least important based on the mean responses on the seven RDSIPVS subscales for each disclosure experience group (BMT, AMT, and SMMT). These ranked reasons did not differ between the total and US samples. Across all disclosure experience groups, the Encouraged/Forced Disclosure subscale was ranked as the least important reason for disclosure.

For participants in the BMT disclosure experience group, the other six subscales ranked as: Emotional Support, Relieve Burden, Safety and Justice, Moving Forward, Image Validation, and Relationship Management. Participants in the AMT disclosure process group ranked the other subscales as: Relieve Burden, Image Validation, Emotional Support, Moving Forward, Safety and Justice, and Relationship Management. Participants in the SMMT disclosure process group ranked the other subscales as: Relieve Burden, Emotional Support, Safety and Justice, Relationship Management, Image Validation, and Moving Forward.

For the total sample, significant differences ($p < .05$) were found for all seven subscales between the three disclosure experiences. For the US sample, significant differences ($p < .05$) were found for five subscales (Safety and Justice, Moving Forward, Image Validation, Emotional Support, and Relationship Management) between the disclosure experiences. There were no significant differences between the disclosure experiences for the Relieve Burden ($p = .156$) and Encouraged/Forced Disclosure ($p = .163$) subscales. The effect sizes, as calculated by eta squared (η^2), of the differences between disclosure experiences for all the subscales ranged from small ($\eta^2 = .01$) to medium ($\eta^2 = .07$).

Table 5

ANOVA: RDSIPVS Disclosure Experience

RDSIPVS subscale	F	df	Sig.	η^2
Safety and Justice	9.04 (8.11)	2,518 (2,412)	< .001*	0.03 (0.04)
Moving Forward	11.71 (6.79)	2,517 (2,411)	< .001*	0.03
Image Validation	19.55 (16.42)	2,516 (2,210)	< .001*	0.07
Emotional Support	12.86 (6.28)	2,513 (2,407)	< .001* (.002*)	0.05 (0.03)
Relieve Burden	3.16 (1.88)	2,515 (2,409)	.043* (0.154)	0.01
Relationship Management	6.288 (5.4)	2,513 (2,408)	.002* (.005*)	0.02 (0.03)
Encouraged/Forced Disclosure	3.45 (1.82)	2,517 (2,411)	.032* (0.163)	0.01

Note. (*n*/%) = US sample value. If a US value is not provided, the value did not differ from the total value. Benchmarks for eta squared (η2) effect size interpretation are: small (η2 = .01), medium (η2 = .06), and large (η2 = .014).

*p > .05

    Results from Levene's test of homogeneity of variances were similar for both the total and US samples (Table 5). For the total sample, Levene's test results were statistically significant ($p < .05$) for all subscales except for the Relationship Management subscale ($p = .135$). For the US sample, Levene's test results were statistically significant ($p < .05$) for all subscales except for the Relieve Burden subscale ($p = .08$). This indicated that the group variances were different for all but the Relationship Management subscale in the total sample, and Relieve Burden subscale in the US sample, which violates the assumption that group variances are homogeneous when running ANOVAs. Thus, the most appropriate post-hoc test to run was Games-Howell

which was specifically designed to account for differing group variances in multiple comparison procedures (Field, 2018).

For the total sample, participants who disclosed on social media (SMMT) compared to individuals who disclosed interpersonally both before (BMT) and after #MeToo (AMT) indicated that safety and justice were statistically more important (SMMT-BMT: $p = .024$; SMMT-AMT: $p = <.001$). Reasons related to moving forward were statistically less important (SMMT-BMT: $p <.001$; SMMT-AMT: $p = .018$). Reasons related to image validation were statistically more important to participants who disclosed after #MeToo than participants who disclosed interpersonally before #MeToo or on social media after #MeToo (AMT-BMT: $p < .001$; AMT-SMMT: $p < .005$). Emotional support was statistically more important participants who disclosed before #MeToo compared to participants who disclosed after #MeToo both interpersonally and on social media (BMT-AMT: $p < .001$; BMT-SMMT: $p = .002$). Relieving burden was more important participants who disclosed interpersonally prior to #MeToo than those who disclosed interpersonally after #MeToo (BMT-AMT: $p = .016$). Reasons related to relationship management and being encouraged or forced to disclose were more important to participants who disclosed on social media after #MeToo compared to individuals who disclosed before #MeToo interpersonally (Relationship Management: BMT-SMMT: $p = .001$; Encouraged/Forced Disclosure: BMT-SMMT: $p = .036$).

A review of the free-text responses in the total sample revealed that most participants provided additional information regarding their disclosure experience (BMT: 94.7%, $n = 230$; AMT: 95.2%, $n = 60$; SMMT: 89.6%, $n = 190$). Within this sample, 41 participants did not provide free-text data. There was a total of 1,229 reasons cited across all disclosure experiences, 66.5% of these reasons corresponded a reason captured by an item on the RDSIPVS. Several

other reasons not captured by the RDSIPVS were also found. Additionally, many participants who disclosed on social media provided reasons for disclosure specific to social media and participation in #MeToo disclosure.

Results for the US sample were different from the total sample. Post hoc analyses of the US sample revealed statistically significant responses for five of the seven RDSIPVS subscales. There were no statistically significant differences found for the Relieve Burden (BMT-AMT: $p =$ .086; BMT-SMMT: $p = .939$; AMT-SMMT: $p = .128$) and Encouraged/Forced (BMT-AMT: $p =$ .970; BMT-SMMT: $p = .140$; AMT-SMMT: $p = .633$) subscales among the disclosure experiences for the US sample. Reasons related to safety and justice were statistically more important to US participants who disclosed on social media after #MeToo than US participants who disclosed interpersonally after #MeToo (AMT-SMMT: $p = .001$). In comparing US participants who disclosed before #MeToo to US participants to those who disclosed on social media after #MeToo, reasons related to moving forward were statistically more important (BMT-SMMT: $p = .002$) and reasons related to relationship management were statistically less important (BMT-SMMT: $p = .004$). Disclosure reasons related to image validation were statistically more important to survivors who disclosed interpersonally after #MeToo compared to both survivors who disclosed interpersonally before #MeToo (AMT-BMT: $p < .001$) and who disclosed on social media after #MeToo (AMT-SMMT: $p < .001$). Reasons related to emotional support were statistically more important to survivors who disclosed interpersonally before #MeToo compared to survivors who disclosed after #MeToo either interpersonally (BMT-AMT: $p = .008$) or on social media (BMT-SMMT: $p = .023$).

For the US sample, most participants provided response to the qualitative items (BMT: 96.5%, $n = 235$; AMT: 92.3%, $n = 48$; SMMT: 87.3%, $n = 166$). A total of 1,044 reasons were

cited across all disclosure experiences. Thirty-six participants in the US sample did not provide

responses to these items. Most responses (64.1%) corresponded to a reason captured by an item

on the RDSIPVS. Like the total sample, several other reasons not captured by the RDSIPVS

were found, and many participants who disclosed on social media provided reasons for

disclosure specific to social media and participation in #MeToo disclosure. Full details for both

the total and US sample regarding the free-text responses are displayed in Table 6.

Table 6

Free-Text Reasons for Disclosure

Instance of reason for disclosure	Total		BMT		AMT		SMMT	
	n	%	*n*	%	*n*	%	*n*	%
RDSIPVS subscale item[a]	817 (669)	66.5 (64.1)	235 (214)	62.7 (71.8)	193 (162)	79.4 (82.7)	389 (293)	63.7 (53.3)
Safety & Justice	207 (191)	16.8 (18.3)	56 (51)	14.9 (17.1)	58 (54)	23.9 (27.6)	93 (86)	15.2 (15.6)
Moving Forward	156 (140)	12.7 (13.4)	59 (55)	15.7 (18.5)	60 (55)	24.7 (28.1)	37 (30)	6.1 (5.5)
Image Validation	66 (51)	5.4 (4.9)	22 (20)	5.9 (6.7)	14 (6)	5.8 (3.1)	30 (25)	4.9 (4.5)
Emotional Support	52 (43)	4.2 (4.1)	19 (18)	5.1 (6.0)	11 (7)	4.5 (3.6)	22 (18)	3.6 (3.3)
Relieve Burden	124 (115)	10.1 (11.0)	21	5.6 (7.0)	19 (15)	7.8 (3.6)	84 (79)	13.7 (14.4)
Relationship Management	99 (85)	8.1 (8.1)	27 (23)	7.2 (7.7)	17 (14)	7.0 (7.7)	55 (48)	9.0 (8.7)
Encouraged/Forced Disclosure	52 (44)	4.2 (4.2)	31 (26)	8.3 (8.7)	14 (11)	5.8 (7.1)	7 (7)	1.1 (1.3)
Advocacy (e.g., the desire to raise awareness)	98 (70)	8.0 (8.1)	29 (19)	7.7 (6.4)	13 (9)	5.3 (5.6)	56 (42)	9.2 (7.6)
Someone else disclosed their sexual assault to participant	19 (11)	1.5 (1.1)	15 (7)	4.0 (2.3)	4	1.6 (2.0)	0	0.0
Experiencing mental health symptoms	86 (56)	7.0 (5.4)	48 (26)	12.8 (8.7)	14 (6)	5.8 (3.1)	24	3.9 (4.4)
Sought out healthcare	25 (14)	2.0 (1.3)	19 (8)	5.1 (2.7)	6	2.5 (3.1)	0	0.0
Had multiple sexual assaults	25 (22)	2.0 (2.1)	8	2.1 (2.7)	6 (3)	2.5 (1.5)	11	1.8 (2.0)
Had previous negative disclosure experiences	17 (16)	1.4 (1.5)	4 (3)	1.1 (1.0)	2	0.8 (1.0)	11	1.8 (2.0)
Described details related to sexual assault	14 (11)	1.1	6	1.6 (2.0)	3 (0)	1.2 (0.0)	5	0.8 (0.9)
Described child sexual assault	20 (18)	1.6 (1.7)	11 (7)	2.9 (2.3)	2 (4)	0.8 (2.0)	7	1.1 (1.3)
Solidarity with community[b]	61 (56)	5.0 (5.4)	-		-		61 (56)	10.0 (10.2)
Sense of healing[b]	47 (40)	3.8	-		-		47 (40)	7.7 (1.3)
Support for other survivors[b]	34	2.8 (3.3)	-		-		34	5.6 (6.2)
Empowered by #MeToo movement[b]	18	1.5 (1.7)	-		-		18	2.9 (3.3)
Greater sense of control/safety of disclosure[b]	9	0.7 (0.9)	-		-		9	1.5 (1.6)
Total	1229 (1044)		375 (298)		243 (196)		611 (550)	
Uninterpretable[c]	*6*		*6*		*0*		*0*	

Note. (*n*/%) = US sample value. If a US value is not provided, the value did not differ from the total sample value. Disclosure experiences are: BMT = interpersonally before #MeToo, AMT = interpersonally after #MeToo, SMMT = on social media after #MeToo. Percentages are based on the total number of instances of reason for disclosure. [a] Response corresponded to an item on the Reason for Disclosing Sexual and Intimate Partner Violence Scale (RDSIPVS). [b] Response pertained specifically to disclosure made on social media. [c] Response was uninterpretable due to typos, incomplete response, or the specific reason was unclear (e.g., "my supervisor;" or "many reasons").

Overall, the mean score responses on the RDSIPVS indicated statistically significant differences in reasons for disclosure among the disclosure groups. This finding was supported in the free-text responses. Furthermore, the free-text responses indicated that many other reasons exist. Particularly, there are reasons for disclosure that are specific to disclosure on social media. There are also differences in reasons for disclosure between US participants and all participants. Taken together, these results support the hypothesis that reasons for disclosure differ across the examined disclosure experiences (interpersonally before #MeToo, interpersonally after #MeToo, and on social media after #MeToo) because of the distinct differences between the disclosure experiences.

Hypothesis 1b (Exploratory): The potential impact of disclosure method on social media (private vs. public vs. anonymous) was explored. It is possible that reasons would differ across these settings. Means and standard deviations are presented in Table 7. In the total sample, statistically significant differences were found in the Moving Forward subscale $(F(2,201) = 3.512, p = .032, \eta2 = .03)$. Results from Levene's test of homogeneity of variances $(F(2,201) = 2.549, p = .081)$ indicated that the group variances were not different. Thus, the most appropriate post-hoc test to run was Tukey (Field, 2018). Post hoc comparisons using Tukey revealed that reasons related to moving forward were statistically more important $(p = .026)$ to participants who disclosed publicly on social media $(M = 2.86; SD = 1.28$, when compared to participants who disclosed anonymously on social media $(M = 3.43; SD = 1.08)$. There were no statistically significant differences in the mean responses in the other six RDSIPVS subscales between social disclosure methods (Safety and Justice: $F(2,201) = .790, p = .455$; Image Validation: $F(2,201) = 2.497, p = .085$; Emotional Support: $F(2,199) = .514, p = .599$; Relieve

Burden: F(2,200) = .949, p = .389; Relationship Management: F(2,201) = 1.923, p = .149;

Encouraged/Forced Disclosure: F(2,201) = .189, p = .828).

In the US sample, there were no statistically significant differences in the mean responses to the RDSIPVS between the social media disclosure methods (Safety and Justice: $F(2,182) = .434$, p = .649; Moving Forward: $F(2,182) = 2.627$, p = .075; Image Validation: $F(2,180) = 2.2667$, p = .085; Emotional Support: $F(2,100) = .209$, p = .812; Relieve Burden: $F(2,181) = .485$, p = .616; Relationship Management: $F(2,201) = 1.873$, p = .157; Encouraged/Forced Disclosure: $F(2,201) = .137$, p = .872).

Table 8

Disclosure Method on Social Media - Descriptive Statistics

RDISPVS subscale	Total		Public		Anonymous		Private	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Safety and Justice	3.65 (3.67)	0.89 (0.90)	3.58 (3.63)	0.89 (0.90)	3.81 (3.80)	0.95 (0.94)	3.64 (3.67)	0.87 (0.89)
Moving Forward	2.97 (2.98)	1.22 (1.23)	2.82 (2.86)	1.28	3.46 (3.43)	1.06 (1.08)	2.93 (2.90)	1.19 (1.22)
Image Validation	2.98 (3)	1.24 (1.23)	2.95 (3.02)	1.26	3.41 (3.39)	1.33	2.85 (2.84)	1.16 (1.14)
Emotional Support	3.68 (3.71)	1.19	3.64 (3.69)	1.22 (1.24)	3.87 (3.83)	1.16 (1.19)	3.65 (3.68)	1.17 (1.16)
Relieve Burden	3.83 (3.85)	1.1 (1.09)	3.87 (3.89)	1.04 (1.07)	4.02 (3.97)	1.02 (1.03)	3.72 (3.76)	1.17 (1.13)
Relationship Management	3.28 (3.33)	1.1 (1.05)	3.46 (3.51)	1.04 (0.99)	3.13 (3.23)	1.25 (1.21)	3.16 (3.20)	1.07 (1.02)
Encouraged/Forced Disclosure	2.44 (2.46)	1.21	2.43 (2.46)	1.22 (1.23)	2.56	1.22	2.41 (2.43)	1.21

Note. (*M/SD*) = US sample value. Disclosure experiences are: BMT = interpersonally before #MeToo, AMT = interpersonally after #MeToo,

SMMT = on social media after #MeToo.

For participants who disclosed on social media, a free-text item sought to understand participants' reasons for a particular disclosure method (public, anonymous, or private). In the total sample, 170 of the 212 participants who disclosed on social media after #MeToo elected to respond to this item. In the US sample, 173 of the 190 participants responded to this item. Seven participants reported that they disclosed on social media by privately messaging an individual. These responses were coded separately. Raising awareness (Total: $n = 16$; US: $n = 13$) was the most cited reason for participants who disclosed online publicly. For individuals who disclosed anonymously and privately, safety was the most cited reason (Total: anonymous: $n = 12$, private: $n = 17$; US: anonymous: $n = 11$, private: $n = 17$). A full list of reasons for disclosure is illustrated in Table 8.

Table 8

Reason for Social Media1 Disclosure Method

Reason for disclosure	Total		Public		Anonymous		Private	
	n	%	*n*	%	*n*	%	*n*	%
Community	18	11.0 (12.2)	12	16.0 (17.6)	5	17.9 (20.8)	1	1.8 (1.9)
Disclosure Reprieve	6	3.7 (4.1)	6	8.0 (8.8)	0	0.0	0	0.0
Empowered	33 (31)	20.2 (21.1)	12	16.0 (17.6)	5 (4)	17.9 (16.7)	16 (15)	28.1(28.8)
Raise Awareness	25 (22)	12.4 (15.0)	16 (14)	21.3 (20.6)	0	0.0	9 (8)	15.8 (15.4)
Values	3	1.8 (2.0)	3	4.0 (4.4)	0	0.0	0	0.0
Humor	1	0.6 (0.7)	1	1.3 (1.5)	0	0.0	0	0.0
Ease of Use/Comfort	17 (12)	10.4 (8.2)	7 (4)	9.3 (5.9)	5 (3)	17.9 (12.5)	5	8.8 (9.6)
Safety	30 (29)	18.4 (19.7)	1	1.3 (1.5)	12 (11)	42.9 (45.8)	17	29.8 (32.7)
Openness/Willingness	16 (13)	9.8 (8.8)	14 (12)	18.7 (17.6)	0	0.0	2 (1)	3.5 (1.9)
Justice	5	3.1 (3.4)	3	4.0 (4.4)	1	3.6 (4.2)	1	1.8 (1.9)
Shame	6 (4)	3.7 (4.1)	0	0.0	0	0.0	6 (4)	10.5 (7.7)
Total	**163 (147)**		**75 (68)**		**28 (24)**		**57 (52)**	
Disclosed on social media by private message to individual	*7*		-		-		-	

Missing   *32(31)*

Note. (*n*/%) = US sample value. If a US value is not provided, the value did not differ from the total sample value. Percentages are based on the total number of responses.

While a statistically significant difference was observed between participants who disclosed publicly and anonymously on social media within the total sample, when considering all findings together, results from this sample do not support the hypothesis that reasons for disclosure on social media will differ by disclosure method because of the distinct differences between the disclosure experiences for either the total or US sample.

Research Question #2: What were the disclosure responses to survivors who participated in the #MeToo movement?

Hypothesis 2: In line with existing literature, it was expected that disclosure responses will be primarily positive. For the total sample, 193 of the 212 participants who disclosed on social media responded to the qualitative item regarding responses to disclosure. For the US sample, 177 of the 190 participants responded to the item. Participants who responded to this item reported a range of disclosure responses, with the most common disclosure response being supportive/positive (Total: 52.8%, n = 102; US: 47.5%, n = 84). Other disclosure responses included: negative (Total: 17.1%, n = 33; US: 18.6%, n = 33), no responses received (Total: 9.3%, n = 18; US: 9.6%, n = 17), received stories from other survivors (Total: 9.8%, n = 19; US: 10.7%, n = 19), mixed (Total: 9.8%, n = 19; US: 9.0%, n = 16). Two (1.1%) US participants reported that they did not view responses to their disclosures. Notably, many survivors who received negative responses also reported receiving backlash (e.g., were harassed) after their disclosure (Total: 11.9%, n = 23; US: 13%, n = 23). Findings from this study support the hypothesis that disclosure responses were primarily positive, with some negative responses.

Hypothesis 2a (Exploratory): Survivors' reflections in participating in the #MeToo movement will be explored. It is hypothesized that reflections will differ, yet primarily be positive. Within the total sample, 169 of the 212 participants who disclosed on social media

responded to the item regarding reflections on participating in the #MeToo movement. In the US

sample, 151 of the 190 participants responded to the item. The most prevalent theme in

responses to this item was having a sense of belonging to a community (Total: 32.0%, n = 54;

US: 33.1%, n = 50). Other themes included: positive reflection (Total: 18.3%, n = 31; US:

17.9%, n = 27), limited impact or neutral (Total: 17.8%, n = 30; US: 18.5%, n = 28), promotion

of healing (Total: 16.0%, n = 27; US: 13.9%, n = 21), negative reflection (Total: 7.1%, n = 12;

US: 7.3%, n = 11), surprise by prevalence of sexual assault (Total: 5.3%, n = 9; US: 5.3%, n =

8), felt that #MeToo has been forgotten (Total: 2.4%, n = 4; US: 2.6%, n = 4), and held a

negative attitude toward #MeToo (Total: 1.1%, n = 2; US: 1.3%, n = 2). The themes of having a

sense of belonging to a community, positive reflection, and promotion of healing may all be

considered positive reflections (Total: 66.3%, n = 112; US: 64.9%, n = 98). Thus, these findings

support the hypothesis that reflections would differ, yet primarily be positive, with some

negative experiences.

Research Question #3: What is the nature of survivors' mental health functioning after

disclosure?

       Hypothesis 3: Survivors will endorse composite scores on the PTSD-8 that exceed

the threshold for concern (i.e., likely meeting the DSM-5 criteria for PTSD). PTSD

symptoms are divided into three criteria (intrusion, avoidance, hypervigilance). Meeting all three

criteria suggests that the respondent likely meets the DSM-5 criteria for PTSD. The PTSD-8 was

completed by 489 of the 521 participants in the total sample, and 389 of the 415 participants in

the US sample. Results indicated that most participants who completed this measure have

experienced PTSD symptoms that exceed the threshold for concern (meet three criteria) (Total:

81.0%, n = 396; US: 81.5%, n = 317). Only 1.8% (n = 9) of the respondents in the total sample

and 1.8% (n = 7) of the respondents in US sample did not meet any of the PTSD criteria. Of

responses in the total sample, 5.1% (n = 25) met one criterion, and 12.1% (n = 59) met two

criteria for PTSD. Of responses in the US sample, 4.9% (n = 19) met one criterion, and 11.8% (n

= 46) met two criteria for PTSD. Table 9 displays the distribution of results on the PTSD-8

measure by disclosure experience. These findings support the hypothesis that survivors endorse

composite scores on the PTSD-8 that exceed threshold for concern.

Table 9

Distribution of ePTSD-8 Results by Disclosure Experience

PTSD criteria	Total		BMT		AMT		SMMT	
	n	%	*n*	%	*n*	%	*n*	%
No criteria met	9 (7)	1.8	8 (6)	3.4 (3.6)	0	0.0	1	0.5 (0.6)
Meets one criterion	25 (19)	5.1 (4.9)	20 (14)	5.1 (4.9)	3	4.8 (6.1)	2	0.9 (0.6)
Meets two criteria	59 (46)	12.1 (11.8)	31 (22)	13.3 (13.1)	1	1.6 (2.0)	27 (23)	14.0 (13.4)
Meets three criteria	**396 (317)**	**81.0 (81.5)**	**174 (126)**	**74.7 (75.0)**	**59 (45)**	**93.7 (91.8)**	**163 (146)**	**84.5 (84.9)**
Total	485 (389)		233 (168)		63 (49)		193 (172)	
Missing	*36 (26)*		*10 (5)*		*3*		*19 (18)*	

Note. (*n*/%) = US sample value. If a US value is not provided, the value did not differ from the total sample value. Disclosure experiences are: BMT = interpersonally before #MeToo. AMT = interpersonally after #MeToo. SMMT = social media after #MeToo. Percentages are based on the total number of responses received.

Hypothesis 3a: Survivors who have disclosed will endorse high rates of adaptive coping, as reflected by high scores on the BRCS. Within the total sample of 521 participants, 485 completed the BRCS. Of all responses collected, 39.0% reported low resilient coping, 31.1% reported medium coping, and 29.9% reported high resilient coping. Within the US sample, 385 of the 415 participants completed the BRCS. Of the US responses, 35.8% reported low resilient coping, 31.7% reported medium coping, and 32.5% reported high resilient coping. Table 10 displays the distribution of results on the BRCS by disclosure experience. Most participants who disclosed interpersonally after #MeToo reported having a low level of resilient coping (Total: 58.7%, $n = 37$; US: 55.1%, $n = 27$). These findings indicate that survivors who have disclosed endorsed a wide range of levels of coping (low to high), thus, rejecting the hypothesis that survivors who have disclosed will endorse high rates of adaptive coping.

Table 10

Distribution of BRCS by Disclosure Experience

BRCS level of resilient coping	Total		BMT		AMT		SMMT	
	n	%	*n*	%	*n*	%	*n*	%
Low	189 (138)	39.0 (35.8)	94 (62)	40.9 (37.6)	37 (27)	58.7 (55.1)	58 (49)	30.2 (28.7)
Medium	151 (122)	31.1 (31.7)	70 (52)	30.4 (31.5)	10 (6)	15.9 (12.2)	71 (64)	37.0 (37.4)
High	145 (125)	29.9 (32.5)	66 (51)	28.7 (30.9)	16	25.4 (32.7)	63 (58)	32.8 (33.9)
Total	485 (385)		230 (165)		63 (49)		192 (171)	
Missing	*36 (30)*		*13 (8)*		*3*		*20 (19)*	

Note. (*n*/%) = US sample value. If a US value is not provided, the value did not differ from the total sample value. Disclosure experiences are: BMT = interpersonally before #MeToo. AMT = interpersonally after #MeToo. SMMT = social media after #MeToo. Percentages are based on the total number of responses received.

Hypothesis 3b: Survivors disclosure satisfaction will be positively correlated to

mental health functioning. To explore the possible correlation between disclosure satisfaction

and mental health functioning, Pearson's correlation was calculated between Likert scale

responses to disclosure satisfaction and composite scores on BRCS. Results indicated that there

was a small, positive relationship between the examined values for both the total and US sample

(Total: $r(477) = .17$, $p < .001$; US: $r(377) = .19$, $p < .001$). This supports the hypothesis that

survivor's disclosure satisfaction would be positively correlated to mental health functioning.

Hypothesis 3c (Exploratory): Survivors' trauma symptoms and levels of adaptive

coping will differ between disclosure experience groups because of the distinct differences

between the disclosure experiences.

Means and standard deviations of trauma symptoms, as measured by composite scores

on the PTSD-8 were calculated for all the disclosure experiences. For both the total and US

samples, the highest average composite score on the PTSD-8 were participants who disclosed

interpersonally after #MeToo (Total: $M = 2.89$, $SD = .44$; US: $M = 2.86$, $SD = .50$). The before

#MeToo disclosure experience group scored the lowest average composite score. The means and

standard deviations for this group were the same for both the total and US samples ($M = 2.60$, SD

$= .79$). The average composite score for the social media after #MeToo disclosure group fell

between the other two disclosure experience groups (Total: $M = 2.82$, $SD = .44$; US: $M = 2.83$,

$SD = .45$).

A one-way ANOVA was performed to determine if there was a significant difference

between the responses on the PTSD-8 among the three disclosure experiences. These results

indicate that the responses on this measure were statistically significantly different across the

three disclosure experience groups for both the total and US samples (Total: $F(2,486) = 9.592$, p

< .001; US: $F(2,386) = 6.909$, $p = .001$). Results from Levene's test of homogeneity of variances

(Table 21) indicated that the group variances are different (Total: $F(2,486) = 38.372$, $p < .001$;

US: $F(2,386) = 26.491$, $p < .001$). Thus, Games-Howell was the most appropriate post-hoc test to

run. The post-hoc test revealed similar results for both the total and US samples. No statistical

significance was found between the after #MeToo and social media after #MeToo disclosure

groups (Total: $p = .573$; US: $p = .916$). Statistically significant differences were found between

the before #MeToo and both the after #MeToo (Total: $p < .001$, $\eta^2 = 04.$; US: $p = .017$, $\eta^2 = .04$),

and on social media after #MeToo (Total: $p < .001$, $\eta^2 = 04.$; US: $p = .003$, $\eta^2 = .04$) disclosure

experiences.

Means and standard deviations for levels of adaptive coping, as measured by composite

scores on the BRCS, were also calculated for all the disclosure experiences. For both the total

and US samples, the social media after #MeToo group scored the highest average BRCS score

(Total: $M = 14.44$, $SD = 3.51$; US: $M = 15.08$, $SD = 3.17$). The next highest average BRCS score

was the before #MeToo disclosure experience (Total: $M = 14.30$, $SD = 3.61$; US: $M = 14.56$, SD

$= 3.51$). The lowest average BRCS score was the interpersonally after #MeToo disclosure

experience (Total: $M = 13.28$, $SD = 3.74$; US: $M = 13.80$, $SD = 3.69$).

A one-way ANOVA was performed to determine if there was a significant difference

between the responses on the BRCS among the three disclosure experiences. Results indicated

that there were statistically significant differences between the disclosure experience groups for

the total sample ($F(2,482) = 6.130$, $p = .002$, $\eta^2 = .03$). Levene's test of homogeneity of

variances ($F(2,201) = 2.549$, $p = .081$) indicated that the most appropriate post-hoc test to run

was Tukey asthe group variances were not different (Field, 2018). The Tukey post-hoc test

indicated that there were statistically significant differences in the BRCS scores between

participants who disclosed interpersonally after #MeToo compared to participants who disclosed on social media after #MeToo ($p = .002$). For the US sample, there were no statistically significant differences between the disclosure experience groups ($F(2,382) = 2.962$, $p = .053$).

For the total sample, these findings support the hypothesis that survivors' scores on the PTSD-8 and BRCS would differ between disclosure experience groups because of the distinct differences between the disclosure experiences. However, for the US sample, the hypothesis was only supported by responses on the PTSD-8 measure.

Discussion and Conclusion

The vast majority of existing literature on sexual assault disclosure focuses on rates of disclosure, which indicates that despite how prevalence sexual assault is, it remains substantially under reported (Bureau of Justice, 2018; RAINN, 2022). Disclosing a concealable identity, such as sexual assault, as described in the DPM, can be understood as a single process, comprised of a feedback loop of a decision-making process and an outcome process. Reasons for disclosure lead to the disclosure event and the subsequent outcomes of disclosure are mediated by three distinct processes (alleviation of inhibition, social support, changes in social information). Outcomes of disclosure may be individual, dynamic, and/or largely social contextual. The nature of these outcomes influences a discloser's future disclosures. For example, if the outcome is negative, the individual is unlikely to disclose again in the future. However, if the outcome is positive, the individual is more likely to disclose in the future (Chaudoir & Fisher, 2011). There are many benefits to disclosure if the responses to disclosure are positive, such as increased coping, greater attachment to others, and positive growth (Ahrens & Aldana, 2012; Borja et al., 2006; Frazier et al., 2004, Orchowski & Gidycz, 2012). Understanding *why* survivors disclose can shed light on identifying strategies to support nondisclosers' healing. For instance, educating nondisclosers on

potential reasons for disclosure may aid them in choosing to disclose, and ultimately, experiencing the beneficial effects of disclosure. Yet, there is limited literature regarding reasons for sexual assault disclosure. The literature that is available indicates that reasons for disclosure are vast and may include: disclosure to receive help or care, prevent further victimization against themselves or others, and catch or punish the perpetrator (Kilpatrick et al., 2010).

Not only are there a variety of reasons to disclose, reasons for disclosing also differ based on the mode, or method, of disclosure. Specifically, reasons for disclosing on social media differ from reasons for disclosing interpersonally (Halstead, Williams, & Gonzalas-Guarda, 2017; Littleton, 2010; Orchowski & Gidycz, 2012; Walsh, et al., 2019; Ullman, 2010). Furthermore, no study to date has compared interpersonal disclosure to disclosure on social media; rather, studies have treated these disclosure experiences as equivalent, despite evidence that they are not (Bogen, Orchowski, & Ullman, 2021).

Beginning in October 2017, society witnessed a global reckoning regarding sexual assault when the #MeToo movement gained traction. #MeToo changed societal norms and understanding of sexual assault by revealing the widespread nature of sexual violence. The movement encouraged survivors to publicly disclose their sexual assault on social media. This led to increased societal social support and awareness of sexual assault (Alaggia & Wang, 2020; Newins, 2021). Furthermore, disclosing on social media using #MeToo led to meaningful interactions among survivors and acted as beacons to other survivors seeking support (Barta, 2021).

The primary purpose of this study was to examine the impact of the #MeToo movement on reasons for sexual assault disclosure interpersonally and on social media. Utilizing the DPM framework, this study identified three distinct disclosure process experiences mediated by

disclosure setting (interpersonal vs. social media) and disclosure time (before #MeToo vs. after #MeToo): interpersonal disclosure before #MeToo, interpersonal disclosure after #meToo, and disclosure on social media after #MeToo. To determine if reasons for disclosure have changed based on #MeToo and disclosure setting, survivors' reasons for disclosure in each disclosure experiences were compared. Furthermore, as the process of disclosure can be considered a feedback loop (Chaudoir & Fisher, 2010), examination of how reasons of disclosure have been changed by #MeToo can also shed light on how #MeToo has influenced reasons for disclosure. Other factors, such as survivors' disclosure satisfaction and mental health functioning, were also explored.

Differences in Reasons for Sexual Assault Disclosure

Existing literature indicates that survivors have many reasons for disclosure (Kilpatrick et al., 2010). Common reasons for disclosure may be sorted into seven categories: safety and justice, moving forward, image validation, emotional support, relieving burden, relationship management, and encouraged/forced disclosure (Turner et al., 2019). Survivors' safety and justice disclosure reasons include disclosing to protect themselves and others, to prevent their perpetrators from reoffending, and to obtain justice. Reasons related to moving forward include disclosing to understand their assaults and obtaining specific assistance, support, or care. Disclosure reasons categorized as image validation include reasons related to survivors' reputations and self-image, and fear of victim-blaming. Survivors' emotional support disclosure reasons related to survivors' desires to be believed and heard. Reasons related to survivors' desires to achieve catharsis and to not keep their assault a secret may be categorized as relieving burden. Disclosure reasons related to relationship management include survivors' desires to connect with others and the feeling that sharing their assault was the right thing to do. Survivors'

reasons for disclosure that fall into the category of being encouraged or forced disclose includes reasons related to being directly queried regarding sexual assault (Turner et al., 2019).

Understanding the differences between these reasons for disclosure may help disclosure recipients better aid survivors' during their disclosure processes, which can increase survivors' disclosure satisfaction and ultimately, support survivors' healing. Additionally, understanding differences in reasons for disclosure across time provides insight into how societal norms, attitudes, and beliefs regarding sexual assault and disclosure of sexual assault may have changed over time. Regarding #MeToo, understanding these differences before and after #MeToo may provide information related to how #MeToo changed societal views. Unfortunately, there is no existing literature on differences in reasons for sexual assault disclosure. Findings from this study address this gap in the literature. This study found that there are differences between the seven categories when examining interpersonal disclosures before and after the emergence of #MeToo and disclosures made on social media after the emergence of #MeToo. This indicates that societal views regarding sexual assault have changed. Analysis of how reasons for disclosure have changed can shed light on how these societal views have changed.

Across all examined disclosure experiences, all survivors indicated that disclosing due to being encouraged or forced to disclose was the least important category of reasons compared to other reasons. This suggests that when survivors disclose, they are less likely to be influenced by encouragement from others. For survivors who disclosed interpersonally, this finding is logical in that perhaps other reasons, such as connecting with others or receiving support, were simply more important than being encouraged to disclose. However, this finding is less clear for survivors who disclosed on social media after #MeToo since the #MeToo movement gained momentum by encouraging widespread public disclosure.

Interpersonal Disclosure Before #MeToo

This study found that survivors who disclosed their sexual assault interpersonally before #MeToo reported that receiving emotional support was more important than survivors who disclosed after #MeToo either interpersonally or on social media. Furthermore, survivors who disclosed interpersonally prior to #MeToo reported that the most important reasons for disclosure were reasons related to emotional support compared to all other reasons. Reasons related to moving forward for disclosure were more important for interpersonal disclosers before #MeToo compared to disclosers after #MeToo.

Arguably, receiving emotional support and moving forward, as opposed to other reasons for disclosure, such as obtaining justice, or image validation is less burdensome for the disclosure recipient. It can also be argued that sexual assault disclosure was more stigmatized in the past than in recent years. Therefore, an explanation for why interpersonal disclosers prior to #MeToo prioritized disclosing to receive emotional support and move forward, may be that they had fewer, or less burdensome, expectations for the outcomes of disclosure on the recipients for disclosure. Another possible explanation is that the emergence of #MeToo movement marked an increase in societal emotional support to survivors. In turn, it is possible that emotional support was inherently less important as a part of the disclosure experience for survivors who disclosed after #MeToo regardless of if the disclosure was interpersonal or on social media because emotional support was understood to have already been provided by the movement itself. Furthermore, survivors who disclosed after #MeToo may have developed an understanding of why they were assaulted based on how #MeToo underscored the sheer extent of sexual assault. This information was not available to survivors who disclosed prior to #MeToo. Accordingly, it is plausible that survivors who disclosed prior to #MeToo prioritized reasons related to moving

forward because they were not aware of how common sexual assault is, and thus struggled with understanding why they were assaulted.

Interpersonal Disclosure After #MeToo

All survivors who disclosed interpersonally after #MeToo reported that reasons related to relieving burden were the most important reasons among seven categories of reasons for disclosure. Furthermore, all survivors who disclosed interpersonally after #MeToo indicated that reasons related to relieving burden were significantly more important compared to survivors who disclosed interpersonally before #MeToo. Interestingly, the significance of this finding was due to responses from non-US survivors as the significance of this finding was lost when compared to US survivors who disclosed interpersonally. This suggests that that there are cultural differences in reasons related to reliving burden for disclosure among individuals who disclosed interpersonally.

Image validation was much more important to all survivors who disclosed interpersonally after #MeToo than survivors who disclosed interpersonally before #MeToo or on social media after #MeToo. Reasons related to image validation involve survivors' sense of their reputation and self-image and fear of victim blaming. Notably, the differences between the importance of reasons for disclosure among the disclosure experiences examined was strongest for reasons related to image validation compared to other reasons examined. It may be that the emergence of social media, as a whole, has increased the value that society has on individuals' reputations, and thus, disclosure for image validation reasons may simply be influenced by changing societal values in general. However, it can also be argued that the emergence of #MeToo put sexual assault survivors at the center of public discourse. Accordingly, survivors who disclosed

interpersonally after #MeToo may have been acutely aware of how others view them in light of #MeToo.

Disclosure on Social Media After #MeToo

The public and communal nature of disclosure on social media appears to play an important role in reasons for disclosure. Among all survivors, survivors who disclosed on social media reported that reasons related to safety and justice were more important compared to survivors who disclosed interpersonally. Disclosing on social media offers a unique opportunity for survivors to receive justice. Existing literature indicates that the vast majority of survivors do not report their assaults to police (Morgan & Oudekerk, 2019). Furthermore, survivors who disclosed their assaults to law enforcement experience high incidences of victim-blaming from law enforcement (Koon-Magin & Shulze, 2019; Mennicke, et al., 2019). By disclosing on social media, survivors can name their perpetrators as a form of justice by making others aware of the perpetrator's actions. Thus, by disclosing on social media, survivors are able to obtain justice within the public realm, even when the legal system fails them.

Reasons related to relationship management and being encouraged or forced to disclose were more important to all survivors who disclosed on social media after #MeToo than to survivors who disclosed prior to #MeToo interpersonally. These findings suggest that survivors appear to be motivated to disclose their sexual assaults when they can see that other survivors have. However, the significant differences in reasons for disclosure related to being encouraged or forced was loss when examining US survivors. This indicates that the differences in encouraged or forced reasons for disclosure among the examined groups were primarily from non-US survivors, suggesting that there are cultural differences in how being encouraged or forced to disclose influences disclosure.

Interestingly, image validation was less important to survivors who disclosed on social media after #MeToo than those who disclosed interpersonally after #MeToo. It would be reasonable to expect that disclosing on social media would have a greater impact on image validation than disclosing interpersonally given the public nature of social media disclosure. However, this was not the case in this study. It is possible that unconscious positive image validation was a result of the #MeToo movement, and thus, when responding to the survey, image validation was less important to survivors.

Moving forward was less important to survivors who disclosed on social media compared to survivors who disclosed interpersonally both before and after #MeToo. It is possible that survivors who disclosed on social media had already achieved some degree of moving on from their assaults which increased their motivation to disclose on social media, and thus moving forward was less important at the time of completing the survey.

Additional Finding for Reasons for Disclosure

The present study also provided survivors an opportunity to freely share their reasons for disclosure. In their responses, survivors reported several additional reasons for disclosure that did not directly correspond to one of the seven categories of reasons for disclosures. Among these reasons, advocacy, or the desire to raise awareness, was the most cited reason regardless of how the survivor disclosed. This may explain why survivors reported that being encouraged or forced to disclose was least important to them. The items used to measure being encouraged or forced to disclose were statements that indicated that another person specifically requested the information from the survivor. Perhaps what lead to survivors' participation in #MeToo was the internal desire to raise awareness regarding sexual assault as opposed to being encouraged by disclosure simply because another person had requested the information.

Differences in Disclosures on Social Media by Method

Survivors participated in #MeToo on social media in a variety of ways. Some survivors disclosed their assaults publicly, while others disclosed their assaults more privately (Andalibi et al., 2018). This study sought to understand if reasons for disclosure differed by methods of social media disclosure (public, private, anonymous). Findings indicated that reasons for disclosure between method of social media disclosure were not different except for reasons related to moving forward. As discussed previously, reasons related to moving forward include disclosing to understand their assaults and obtaining specific assistance, support, or care. There are a couple possible explanations for this. First, it may be that some the items on the tool to measure reasons for disclosure (the RDSIPVS) were not applicable to the methods of online disclosure. For example, a person choosing to post anonymously online may not necessarily be looking for others to help, but to post for their own internal reasons. It may also be that there are simply no significant differences between method of social media disclosure, and thus social media disclosure can be examined as a whole, rather than separated based on method of social media disclosure.

Survivors who disclosed on social media after #MeToo also reported having several reasons for disclosure not captured by the tool used to measure reasons for disclosure (RDSIPVS). Cited reasons include a sense of belonging to a community, feeling empowered to disclose, the sense of safety, and raising awareness. These findings are in line with existing literature that indicates that disclosing on social media can lead to meaningful interactions among survivors and can act as beacons to other survivors (Barta, 2021). This also suggests that the RDSIPVS may be a useful tool for measuring some reasons for disclosure on social media. However, it may not capture many other reasons for disclosure on social media. This indicates

that future studies focused on developing standardized measures of reasons for disclosure should treat disclosure on social media differently than interpersonal disclosures.

Impact of #MeToo

Existing literature indicates that the #MeToo movement had both positive and negative impacts on sexual assault disclosure and discourse (Newins et al., 2021; Williamson et al., 2020). Results from this study were in line with this finding. Responses to disclosure on social media were mostly described as supportive or positive (52.8% of collected responses). Some survivors reported receiving negative responses. Of survivors who received negative reactions to their disclosures, many reported receiving backlash (e.g., were harassed or suffered additional harmful consequences). This indicates that while most reactions to participation in #MeToo are positive, when survivors receive negative reactions, the negative consequences are more likely to be harmful to the survivor.

Existing literature indicates sexual assault disclosures on social media can be positive by resulting in meaningful interactions with other survivors (Barta, 2021). Findings in this study were consistent with this. When asked to reflect on their experience of participating in #MeToo, most participants who provided responses reported having a positive reflection, with some acknowledging having a sense of belonging and participation in #MeToo promoting healing. Some participants reflected that the impact of their participation in #MeToo was limited or neutral. A smaller group of participants held a negative reflection on the impact of their participation in #MeToo, with two participants reporting having negative attitudes toward #MeToo. Within indicated that they received generally negative or backlash for disclosing on social media. Additionally, four participants reported feeling that the #MeToo movement has been forgotten. Notably, about one fifth of all participants who disclosed on social media elected

not to respond to this item. Thus, these results regarding the experience of participating in #MeToo may be limited.

As previously discussed, all survivors reported that the reason for disclosure related to being encouraged or forced to disclose was the least important reason for disclosure among the categorized reasons for disclosure. This is confounding when considering disclosures on social media after #MeToo as the movement was catalyzed by Alyssa Milano's request for survivors to disclose on social media (Twitter, 2017). This finding suggests that #MeToo's impact was not primarily driven by the widespread public disclosures that occurred. As examined in the literature review, #MeToo was characterized by a cumulation of a series of high-profile publicized sexual assault cases as well as tangible actions that addressed sexual assault, such as policy changes. Perhaps it was the indication that perpetrators of sexual assault were finally suffering the consequences of their actions that inspired on the #MeToo movement (Farrow, 2017; Farrow, 2019; Fox & Diehm, 2017; Hillstrom, 2019; Kantor & Twohey, 2017; Kantor & Twohey, 2017).

Mental Health Functioning

For this study, mental health functioning was examined by measuring survivors' experience of trauma symptoms and current levels of adaptive coping. Information on disclosure satisfaction was also collected to support analysis of mental health functioning.

Notably, after the design of this study was completed, Swanson and Szymanski (2020) found that involvement in anti-sexual assault activism is associated with more positive psychological functioning by increasing community connection and sense of self-efficacy and control. Arguably, disclosure on social media has a greater reach related to advocacy efforts considering its public nature. While participants were not directly queried about anti-sexual

assault activism, advocacy was cited as a reason for disclosure across all three disclosure experiences. This indicates that advocacy may play an important role in post-traumatic growth for sexual assault survivors in both interpersonal and social media disclosures.

Trauma Symptoms

As sexual assault is a traumatic experience, it was expected that the study participants would endorse high levels of trauma symptoms. Most survivors surveyed in this study endorsed levels of trauma symptoms that warrant further evaluation for possibly meeting all three criteria (intrusion, avoidance, hypervigilance) for PTSD in the DSM-5.

Existing literature indicates disclosure is associated with healing (Borja et al., 2006; Frazier et al., 2004; Orchowski & Gidycz, 2012). Thus, it is possible that the experience of trauma symptoms could be different between disclosure experiences. Results from this study confirmed this and found that all survivors who disclosed prior to #MeToo reported fewer trauma symptoms than participants who disclosed after #MeToo both interpersonally and on social media. A possible explanation for this could be length of time since the assault as survivors who disclosed prior to #MeToo likely experienced their assaults less recently than survivors in the after #MeToo groups.

Adaptive Coping

Existing literature indicates that disclosure is associated with adaptive coping (Orchowski & Gidycz, 2012). Accordingly, it was expected that survivors surveyed in this study would endorse high levels of adaptive coping. However, results indicated that levels of coping were nearly equally dispersed. Of all responses collected, 35.8% reported low resilient coping, 31.1% reported medium coping, and 32.5% reported high resilient coping. Survivors who disclosed interpersonally before #MeToo and on social media after #MeToo reported similar levels of

coping. However, most survivors who disclosed interpersonally after #MeToo indicated low

resilient coping (55.1%). This may be attributed to the impact of #MeToo on disclosure

expectations in that interpersonal disclosers had higher expectations regarding disclosure that

were not met, and thus reported lower coping. Additionally, this study was conducted during the

COVID-19 pandemic, and thus, decreased adaptive coping may not necessarily be attributed to

sexual assault survivorship.

Disclosure Satisfaction and Coping

Existing literature indicates that increased disclosure satisfaction is associated with

increased coping (Borja et al., 2006; Frazier et al., 2004; Orchowski & Gidycz, 2012). Results

from this study were in line with existing literature, as there was a small, positive relationship

between disclosure satisfaction and adaptive coping. It's possible that disclosure satisfaction is

actually more strongly correlated with increased coping given that this study was conducted

during the COVID-19 pandemic and thus levels of coping may have been negative skewed.

Implications

Findings from this study have implications for individual behavior, research, and clinical

practice. Results from this study revealed that survivors disclose their assaults for a variety of

reasons. Existing research indicates that positive reactions to disclosure are important to

survivors' healing and subsequent disclosure experiences (Ahrens & Aldana, 2012; Borja et al.,

2006; Frazier et al., 2004, Orchowski & Gidycz, 2012). Taken together, this indicates the

importance for disclosure recipients to understand the specific reasons for survivors' disclosures.

Understanding a survivor's reason for disclosure will aid the disclosure recipient in supporting

the survivor. If a disclosure recipient knew that the discloser was disclosing due to feelings of

low self-esteem or self-worth, the recipient could respond with appropriate, relevant information.

For example, if a survivor disclosed because they felt as if they were at fault for their assault, the recipient could provide information related to the problematic nature of internalized victim-blaming. Furthermore, if a survivor disclosed their assault to seek justice, the recipient could encourage the survivor to disclose to law enforcement or on social media to seek justice in the public domain.

The challenges in recruiting on social media for this study have implications for potential challenges that future research studies may have. Social media posts advertising this study were consistently taken down for violating community guidelines on social media platforms. To address these challenges, TrialFacts, a research recruitment company that specialized in recruitment through social media was hired. However, TrialFacts encountered the very same issues the researcher encountered, and consistently had their posts taken down by social media platforms. To resolve these issues, TrialFacts made changes to the language of recruitment post and utilized a variety of websites to support recruitment. Social media algorithms also prioritize social media engagement by manipulating who is displayed specific post. #MeToo has been criticized for primarily focusing on White women survivors and male perpetrators. While recruitment for this study sought to recruit a diverse sample, it is likely that social media algorithms directed posts to individuals the deemed most likely to engage with the posts (i.e., White women). This indicates that future research in areas known to be discriminatory may struggle with recruiting a representative sample should recruitment efforts be primarily through social media. Therefore, it is recommended that future research develop recruitment strategies that utilize multipronged approaches. For example, recruiting online, and through partnerships with appropriate community organizations.

Another social media related implication found from this study is related to how mental health education can be provided. While public disclosure was encouraged and witnessed through the #MeToo movement, how and why disclosure could be beneficial for survivors' healing and mental wellbeing was not necessarily widely discussed or promoted by mental health professionals. Potential benefits of participating in the study were included on recruitment flyers and consent forms which were viewed by the public at large. The research received numerous messages from individuals who viewed these posts, thanking the researcher for conducting the study and providing information related to how disclosure could be beneficial. This indicates the importance that mental health professionals can have utilizing social media as a platform to disseminate information education related to mental wellbeing, advocate for policy changes, and engage in social discourse to promote positive change. For example, despite advocacy not being an item on the standardized measure of reasons for disclosure, this study found that advocacy was important to survivors who disclosed regardless of the disclosure process experience. Swanson and Szymanski (2020) also found that advocacy is associated with more positive psychological functioning. This suggests that participating in advocacy may be a particularly motivating reason for disclosure. Mental health providers could potentially aid survivors who have not yet disclosed by publicly providing education regarding the benefits of advocacy and disclosure on social media, or even engaging in online advocacy themselves.

Mental health professionals in particular should also consider the vast array of disclosure possibilities in support survivors. This study found that survivors who disclosed publicly on social media for safety and justice reasons were able to obtain a form of justice that they were unable to receive for the legal system. For example, if a perpetrator did not suffer consequences from assaulting a survivor from the legal system (i.e., spend time in jail, or have charges

pressed), a survivor could obtain justice in the form of publicly naming their perpetrator on

social media. In this manner, the perpetrator would likely suffer consequences in the court of

public opinion.

Mental health providers can also support survivors by exploring disclosure strategies that

prioritize the safety of the survivor. For example, if a survivor resides in an unsupportive

community wherein disclosure would be unsafe, the mental health provider could discuss the

benefits of disclosing anonymously online. By identifying safe disclosure possibilities, survivors

may be able to achieve the benefits that disclosure may provide.

It is recommended that mental health providers discuss the potential benefits and risks of

disclosing on social media at length with survivors. In line with existing literature, this study

found that most survivors reported that reactions to their participation in #MeToo were positive

(Lowenstein-Barkai (2020). However, of survivors who participated in #MeToo and received

negative reactions, many reactions were particularly harmful. These survivors reported being

harassed or suffering additional consequences. Therefore, survivors would likely benefit from

discussions regarding potential outcomes of disclosure.

It should be noted that the implication of the current student for mental health providers'

interventions may also be accomplished by other disclosure recipients. However, mental health

providers are specifically discussed due to the unique role they serve in supporting trauma

recovery.

Limitations

This study was limited in its participant sample, design, and environmental factors which

have implications for the generalizability of the study results.

Since #MeToo had a global impact (Hillstrom, 2019; Zeng, 2019), participants were recruited globally. However, at the completion of data collection, the nature of the sample indicated that most participants resided in the US. Thus, analyses were conducted for the entire sample as well as participants who resided in the US. Conducting analyses in this manner allowed for the results for the total and US samples to be compared to account for potential confounding effects such as cultural differences in societal views of sexual assault and disclosure.

Most of the results found in this study did not differ between the total and US samples, except for in statistically significant findings in the Relieve Burden and Relationship Management subscales of the RDSIPVS. Significant differences were found in total sample, but those significant findings were lost when examining the US sample. This suggests that the significant findings were driven by the non-US participants. Therefore, with the exception of the aforementioned differences between the total and Us sample, results from this study may not necessarily be generalizable to the global population, but rather the US population.

Participants in this study consisted of primarily White women. Additionally, a technical error during the recruitment phase of the study resulted in a survey item regarding race and ethnicity to not be displayed to many participants. Thus, it is possible that the sample of this study is more ethnically and racially diverse than reported. There are other alternative explanations for why women may have been more inclined to participate in this study. Critiques of #MeToo included the belief that the #MeToo movement specifically refers to women disclosing assaults perpetrated by men (Williamson et al., 2020) and that the movement failed to recognize the unique experiences of historically marginalized people (e.g., transgender, poor, queer, disabled, and people of color) (Hsu, 2019; Mueller et al., 2021). It is also possible that

White women were more inclined and historically marginalized individuals were less inclined to participate in the study. Furthermore, as discussed above, social media algorithms may have suppressed the diversity of individuals who could view the recruitment posts. Future research studies should consider having a variety of recruitment strategies to ensure that they are able to recruit a diverse sample.

There were limitations within the design of this study. Initially, participants were given the option to choose the disclosure experience they wanted to consider when completing the survey. However, most of the initial survey responses were to the BMT disclosure experience. Recruitment later shifted to recruiting participants to specifically respond to the SMMT disclosure experience to ensure that disclosure on social media could be adequately analyzed. In doing this, the number of responses to the AMT disclosure experience was much smaller than either the BMT and SMMT disclosure experiences. Additionally, this study opted to separately analyze interpersonal disclosure based on the hypothesis that the emergence of #MeToo impacted reasons for disclosure. However, this study also found that interpersonal disclosure is different from disclosure on social media. It is recommended that future studies focus on examining either interpersonal or social media disclosure within a particular study to avoid potential conflating effects.

Participants were asked to respond to the RDSIPVS, a standardized measure of reasons for sexual assault disclosure, and then asked to also provide free text responses related to their reasons for disclosure. Results indicated that there was overlap between the responses on the RDSIPVS and the free text responses. However, it is possible that participants were primed to discuss reasons that corresponded the RDSIPVS in their free text responses. Therefore, it is possible that the reasons on the RDSIPVS were not necessarily the same reasons that survivors

had for disclosure, and that survivors may have reported many reasons not included on the

RDSIPVS had they not already been primed to consider those specific reasons.

To understand reasons for disclosing sexual assault, this study primarily utilized the

RDSIPVS, which has been psychometrically validated as a measure to understand reasons for

interpersonal disclosure of intimate partner violence. Some survivors were asked to respond to

the RDSIPVS when considering disclosures made on social media. While results suggests that

the RDSIPVS may be an appropriate measure to utilize to understand some reasons for sexual

assault disclosure online, it is possible that survivors may have been primed to discuss reasons

that correspond to the RDSIPVS as they were asked to complete the RDSIPVS prior to providing

free text responses. Should this study be replicated in the future, it is recommended that free text

responses regarding reasons for disclosure be collected prior to completing standardized

measures to mitigate potential priming effects.

Additionally, most social media disclosures examined in this study occurred on

Facebook. There may be differences in reasons for disclosures across social media platforms due

to the unique design of each platform. For example, Facebook allows unlimited text on posts

while Twitter limits character counts in text. These limitations may also limit survivors' ability

to convey their reasons for disclosure. Future research to specifically examine the feasibility of

utilizing the RDSIPVS for online disclosure across more platforms is warranted.

This study was designed when the COVID-19 pandemic was expected to be short-term,

and thus the data collected regarding mental functioning was not expected to be as impacted by

the pandemic as it ultimately was. Efforts to mitigate the impact of other factors on reports of

PTSD symptoms were employed by instructing participants to only consider their sexual assault

when responding to the PTSD-8. However, it is unclear to what degree participants were able to

do so. Additionally, the BRCS explicitly sought to understand the degree of coping at the time of completing the survey. Therefore, results regarding mental functioning may not necessarily be due to the participants' sexual assault, but also due to various factors associated with the COVID-19 pandemic.

Another limitation with the present study is that data collected for this study was self-reported by participants. Findings relied on participants' recollections of disclosure experiences both before and after #MeToo. It is possible that recollections of reasons for disclosure were impacted by #MeToo and thus reasons indicated at the time of completing the survey are different than at the time of disclosure. Furthermore, the sample of this study self-reported to be highly traumatized, and many participants reported that they were not coping well at the time of completing the study. Trauma symptoms and poor coping may have been exacerbated while participants completed the study as they were reflecting on their experiences. Therefore, results reflecting mental health functioning may have been found to be poorer than in actuality.

Future Research

There are many possibilities for future research in sexual assault disclosure. Future research should seek to address the limitations of this study. Additionally, after this study was designed, O'Callaghan and Douglas (2021) published trauma-informed guidelines for conducting research on publicly available information regarding social media disclosures. Fortunately, this study was consistent with all the recommendations that were relevant to this study's design. For example, O'Callaghan and Douglas (2021) recommended that survivors be interviewed and surveyed regarding social media sexual assault disclosures as opposed to utilizing textual analysis of publicly available information. This study specifically sought to survey survivors. Another recommendation was for studies to obtain informed consent from participants, which is

not necessary with analyzing publicly available information (O'Callaghan & Douglas, 2021). As this study surveyed survivors directly, informed consent was obtained. Future studies related to online disclosures should consider these guidelines to reduce the potential burden and potential harm to participants that may occur when participating in research.

To relieve burden of participation on survivors, this study did not collect information known to be factors that contribute to sexual assault disclosure. These factors include characteristics of the survivor, severity of the assault, relationship to the perpetrator, patterns of disclosure, and experience of mental health symptoms. This study only collected information regarding the experience of PTSD symptoms, but other mental health symptoms related to depression and anxiety may also be common among survivors of sexual assault. Future studies may consider collecting data related to these factors to understand the nuances of reasons for sexual assault disclosure.

Utilizing the framework of the DPM, this study assumed that the #MeToo movement in it of itself was an impactful mediating process on the disclosure process to examine how differences in antecedent goals, specifically particular approach-focused goals, or reasons, for disclosure impacted disclosure by identifying three distinct disclosure process experiences. There may be a multitude of disclosure process experiences, including social media disclosures made prior to #MeToo, or other mediating factors not examined in this study, such as availability of resources.

Finally, examination of the impact of #MeToo across time is warranted. Public awareness and support of #MeToo likely fluctuates with regard to what is discussed in the news cycle and public discourse. Additionally, reasons for disclosure may also fluctuate over time. Future studies should consider employing a longitudinal design to understand how these fluctuations affect #MeToo and disclosure.

Conclusion

This study extends knowledge and addresses gaps in the literature regarding reasons for sexual assault disclosure and the impact of the #MeToo movement. Utilizing the DPM, three distinct process experiences were identified based on disclosure setting and time: interpersonally, before #MeToo; interpersonally, after #MeToo; and on social media after #MeToo. Potential differences in specific approach-focused reasons for disclosure in each process experience, reflections on participation in the #MeToo movement, and mental health functioning of survivors were examined. Results indicated that differences in reasons for disclosure exist between the three disclosure process experiences and that the #MeToo movement may have impacted specific reasons for disclosure. In general, survivors' reflections were the #MeToo movement are positive. However, among survivors who received negative reactions from participating in #MeToo, many suffered particularly harmful reactions. Survivors surveyed in this study reported elevated levels of trauma symptoms with a wide range of levels coping. While elevated levels of trauma symptoms were expected due to the nature of experiencing sexual assault, it was also expected that survivors would endorse high levels of coping. These findings may have been impacted by the COVID-19 pandemic. Taken together, these findings indicate that importance that disclosure recipients, particularly mental health professionals, have in understanding reasons for disclosure and the role that social media can have in potential disclosure processes.

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Appendix A
#MeToo Timeline

#MeToo Timelime

**Tanara Burke Starts
#MeToo**

2006

·····································●

Isla Vista Killings

05/2014

#NotAllMen #YesAllWomen

**Ray Rice Domestic
Violence Scandal**

11/2014

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#WhyIStayed #WhyILeft

**Donald Trump's Access
Hollywood Tape**

OCTOBER 2016

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#NotOkay

New York Times Article

10/05/2020

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by Kantor & Twohey detailing Harvey
Weinstein sexual misconduct allegations

New Yorker Article

10/10/2020

by Ronan Farrow describing more serious
Weinstein sexual misconduct allegations

**Alyssa Milano tweets
#MeToo**

10/15/2020

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Alyssa Milano tweets #MeToo call

Larry Nassar Sentencing

01/2018

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156 survivors speaking out at Nassar's
sentencing trial

**Dr. Christine Blasey Ford
testimony**

09/2018

·····································●

Dr. Ford testifies to U.S. Congress
regarding sexual assault allegations
against Judge Brett Kavanaugh

Appendix B
IRBPHS Approval

• Expedited Review Approved by Chair - IRB ID: 1482.pdf

UNIVERSITY OF SAN FRANCISCO

IRBPHS - Approval Notification

To: Cheryl Tien
From: Richard Greggory Johnson III, IRB Chair
Subject: Protocol #1482
Date: 11/10/2020

The Institutional Review Board for the Protection of Human Subjects (IRBPHS) at the University of San Francisco (USF) has reviewed your request for human subjects approval regarding your study.

Your research (IRB Protocol **#1482**) with the project title **The Impact of #MeToo on Sexual Assault Survivors' Disclosure** has been approved by the IRB Chair under the rules for expedited review on **11/10/2020**.

Any modifications, adverse reactions or complications must be reported using a modification application to the IRBPHS within ten (10) working days.

If you have any questions, please contact the IRBPHS via email at IRBPHS@usfca.edu. Please include the Protocol number assigned to your application in your correspondence.

On behalf of the IRBPHS committee, I wish you much success in your research.

Sincerely,

Dr. Richard Greggory Johnson III
Professor & Chair, Institutional Review Board for the Protection of Human Subjects
University of San Francisco
irbphs@usfca.edu
IRBPHS Website

Appendix C
Recruitment Flyer

Appendix D

TrialFacts Recruitment Materials:

1. Web Ad

Global Research Study Inviting Sexual Violence Survivors to Answer an Online Survey

**Research Center:** University of San Francisco
Location: *This is a global **virtual** research study*
Lead Researcher: Cheryl Tien, MS
IRB Committee: This study has been reviewed and approved by the University of San Francisco Institutional Review Board

About the Study

Social media is a powerful platform where people share their stories every day. Recently, the hashtags like "#MeToo" and "TimesUp" have been trending on the internet. Sexual violence survivors have been taking to social media to share their experiences with sexual harassment and assault. Through these efforts, it raises awareness of how common sexual harassment is and how it dramatically impacts the survivor's life. Researchers are focusing on developing prevention and treatment programs for sexual assault survivors.
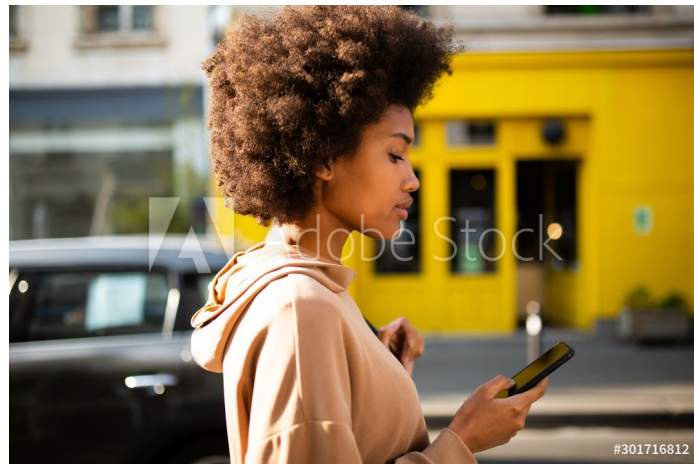
This is a global virtual research study that seeks to better understand the reasons behind victims sharing their experiences on social media or other platforms. Through answering online surveys, researchers may be able to enhance better prevention and treatment options. This study hopes to help improve sexual assault recovery, reduce the stigma of disclosing sexual assault, and ultimately increase awareness around sexual assault, leading to prevention.

Why Participate?
- Participants may help researchers develop better prevention, treatment, and therapy options for those who have experienced sexual trauma.
- Participants may help the community of survivors heal from sexual trauma in the future.
- Participants will be helping to advocate research that may reduce stigma and increase awareness.
- Participants can join this research study in the comfort of their own home (i.e., no study visits). They will only need to answer an online survey once.

Your Rights
- If you decide to participate in the study and later feel that you no longer wish to be part of it, you can withdraw at any time.
- Any information that you provide will be kept strictly confidential, except as required by law.
- Qualified health professionals will monitor your health as it relates to the study.

Who Can Participate?
- Adults aged 18 years old or older who have experienced unwanted sexual contact as an adult
- Must have shared their experience with others through social media or any other means/platforms
- Must be able to read and communicate in English
- Must be willing to complete a 30 to 45-minute **anonymous** online survey

Key Study Details
- This study will **only** involve completing **one** 30 to 45-minute online survey.
- During this study, participants will be asked to rate their reasons for disclosing their assault on a scale from 1-5. If multiple assaults have been experienced, participants must consider the first time they have experienced assault at the age of 18 or later.
- Participants will NOT be asked about the details regarding their assault.

If anything you have read here makes you feel uncomfortable, please talk to a trusted confidant or provider about what you are feeling and experiencing.

About the Research Center:

University of San Francisco
The University of San Francisco embodies the spirit of the city that surrounds it: Sharp minds. Big hearts. Independent spirits. At USF we see you, hear you, help you — and challenge you to change the world for the better. At USF, reason, religion, science, and spirituality are friends, not enemies. USF sees the world with a sense of awe and wonder, and with a thirst for answers to the world's most complex questions.

Appendix E

Participant Eligibility Screener

Thank you for your interest in participating in this study. To determine your eligibility for participation, please answer the following questions.
1. Are you able to comfortably read and write English?
   a. Yes
   b. No
2. Are you at least 18 years old?
   a. Yes
   b. No
3. Have you experienced a sexual assault at age 18 or later?
   a. Yes
   b. No
4. Have you ever shared your experience with others in any way (e.g., individual people, authorities, and/or via social media)?
   a. Yes
   b. No

Appendix F
Sexual Assault Survivor Resources

- Me Too International Resource Library
  - https://metoomvmt.org/explore-healing/resource-library/
- International Rape Crisis Hotlines
  - http://www.ibiblio.org/rcip/internl.html
  -
- National Sexual Assault Hotline (US)
  - 1-800-656-HOPE (4673)
  - www.online.rainn.org
- National Sexual Violence Resource Center (US)
  - 717-909-0710
  - www.nsvrc.org
- National Organization for Victim Assistance (US)
  - 800-879-6682
  - www.trynova.org/help-for-crime-victims
- National Resource Center on Violence Against Women (US)
  - 800-537-2238
  - www.vawnet.org
- Rape, Abuse, & Incest National Network (RAINN) (US)
  - 800-656-4673
  - www.rainn.org
- Times Up Legal Defense Fund (US)
  - www.nwlc.org/TimesUp
- National Human Trafficking Resource Center (US)
  - 888-373-7888
  - www.humantraffickinghotline.org
- For Ourselves: Reworking Gender Expression (FORGE) (US)
  - 414-559-2123
  - www.forge-foward.org
- Malesurvivor.org (National & International)
  - www.malesurvivor.org/index.php
- National Indigenous Women's Resource Center (US)
  - 855-649-7299
  - www.niwrc.org
- Asian Pacific Institute on Gender Based Violence (APIGBV) (US)
  - 415-568-3315
  - www.api-gbv.org
- Casa de Esperanza (US)
  - 651-772-1611
  - www.cassadeesperanza.org

Appendix G
Statement of Consent

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. To preserve your anonymity, you will not be asked to enter your name; rather, if you agree to participate, please click "Next." If you do not agree to participate, please click the "No, I do not wish to participate" button.

You have been asked to participate in a research study conducted by Cheryl Tien, a graduate student in the Clinical Psychology PsyD Program, located in the School of Nursing and Health Professions at the University of San Francisco. The faculty supervisor for this study is Dr. June Madsen Clausen, Senior Associate Dean in the School of Nursing and Health Professions at the University of San Francisco.

WHAT THE STUDY IS ABOUT:
The purpose of this research study is to understand the effect of the #MeToo movement on sexual assault survivors' reasons for disclosing their assault.

WHAT WE WILL ASK YOU TO DO:
During this study, you will be asked to rate your reasons for disclosing your assault on a scale from 1-5. If you have experienced multiple assaults, please consider your first assault at the age of 18 or later Participants will NOT be asked to provide details of their assault.

DURATION AND LOCATION OF THE STUDY:
Your participation in this study will involve completing a brief 15 to 30-minute online survey in whatever location you are comfortable in.

POTENTIAL RISKS AND DISCOMFORTS:
We do not anticipate any major risks or discomforts to you from participating in this research. However, thinking about traumatic experiences, such as sexual assault, may cause some discomfort. If you wish, you may choose to withdraw your consent and discontinue your participation at any time during the study without penalty. Additionally, a list of sexual assault survivor resources will be provided at the end of the survey.
You will receive no direct benefit from your participation in this study; however, there are possible benefits to others. Information from this study will contribute to knowledge regarding the disclosure experiences of sexual assault survivors and may benefit other survivors in the future.

PRIVACY/CONFIDENTIALITY:
Because you will not be providing any information that can uniquely identify you (such as your name or phone number or address), the data you provide will be anonymous.

COMPENSATION/PAYMENT FOR PARTICIPATION:
There is no payment or other form of compensation for your participation in this study.

VOLUNTARY NATURE OF THE STUDY:
Your participation is voluntary, and you may refuse to participate without penalty or loss of benefits. Furthermore, you may skip any questions or tasks that make you uncomfortable and may discontinue your participation at any time without penalty.

OFFER TO ANSWER QUESTIONS:
If you have questions, please contact the principal investigator: Cheryl Tien at ctien@usfca.edu. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

Appendix H

Disclosure History Questionnaire

1. Did you share your sexual assault with another individual or entity **BEFORE** you were aware of the #MeToo movement?
    a. Yes
    b. No

2. Did you share your sexual assault with another individual or entity (not including social media) **AFTER** you became aware of the #MeToo movement?
    a. Yes
    b. No

3. Did you participate in sharing your sexual assault on social media using the #MeToo hashtag or any other similar hashtags?
    a. Yes
    b. No

4. Based on your responses, you are eligible to respond to more than one disclosure experience. You will be presented some possible reasons for disclosing your sexual assault and asked to indicate how important that reason was to you when you disclosed. When thinking about the time(s) you disclosed, which time would you like to share about?*
    a. The time I disclosed **BEFORE** I learned about #MeToo
    b. The time I disclosed **AFTER** I learned about #MeToo
    c. The time I disclosed on social media using the hashtag #MeToo or a similar hashtag

*Only presented if clients respond "Yes" to more than one of the previous three questions.

Appendix I
Demographics Questionnaire

1. What is your age in years? _____

2. How do you describe your gender?
    a. Male/Masculine/Man (cisgender)
    b. Female/Feminine/Woman (cisgender)
    c. Transgender MtF
    d. Transgender FtM
    e. Gender nonconforming/genderqueer/nonbinary
    f. A different gender: _____
    g. I prefer not to answer

3. What categories describe you? Please select all that apply.
    a. American Indian or Alaska Native
    b. Asian
    c. Black or African American
    d. Hispanic, Latino, or Spanish Origin
    e. Native Hawaiian or Other Pacific Islander
    f. White
    g. A different category: _____
    h. I prefer not to answer

4. Where do you currently live?
    a. Enter Zip Code or Postal Code:_____

5. Are you currently, or have you ever served as a member of the U.S. Armed Forces or the military in your country of origin?
    a. Yes, current Active Service member or member of military in my country of origin
    b. Yes, Veteran or member of military in my country of origin
    c. No or member of military in my country of origin
    d. A different U.S. Armed Forces or member of military in my country of origin status:_____

6. Do you identify as being differently able-bodied or having a disability?
    a. Yes, neuro-atypical (autism spectrum disorder (ASD), developmental disability, intellectual disability)
    b. Yes, physical
    c. Yes, psychological/emotional
    d. Yes, multiple disabilities
    e. No
    f. A different disability:_____

Appendix J
Reasons for Disclosing Sexual and Intimate Partner Violence Scale (RDSIPVS)
(Turner et al., 2019)

Before #MeToo - RDSIPVS
Please think about a time you told someone about your sexual assault **BEFORE** you were familiar with the #MeToo movement.

OR

After #MeToo - RDSIPVS
Please think about a time you told someone about your sexual assault **AFTER** you were familiar with the #MeToo movement.

1. Who did you tell?
   a. Police/law enforcement/legal entity
   b. Medical provider
   c. Therapist/mental health provider
   d. Sexual assault/violence advocate/counselor
   e. Religious of faith leader
   f. Romantic partner
   g. Friend/family member/trusted individual(s)
   h. Someone else: _____

OR

Social Media - #MeToo - RDSIPVS
Please think about the time you **disclosed your sexual assault on social media** using the #MeToo or similar hashtag.

1. How did you share your sexual assault using the #MeToo or similar hashtag?
   a. Online, publicly
   b. Online, anonymously
   c. Online, privately (i.e., on private account, to limited friends list, etc.)
2. What social media platform did you use? (Select all that apply.)
   a. Facebook
   b. Twitter
   c. Reddit
   d. Snapchat
   e. Instagram
   f. TikTok
   g. Tumblr
   h. Blog (Medium, Live Journal, Wordpress, personal blog, etc.)
   i. Another app/platform: _____

BMT

For each of the reasons listed below, please indicate how important each reason was in your decision to talk with them about what happened to you **BEFORE** you were familiar with the #MeToo movement. Rate the importance of each reason on a scale from 1 = not at all important to 5 = extremely important.

OR

AMT

For each of the reasons listed below, please indicate how important each reason was in your decision to talk with them about what happened to you **AFTER** you were familiar with the #MeToo movement. Rate the importance of each reason on a scale from 1 = not at all important to 5 = extremely important.

OR

SMMT

For each of the reasons listed below, please indicate how important each reason was in your decision to share your **sexual assault on social media** using the #MeToo or similar hashtag. Rate the importance of each reason on a scale from 1 = not at all important to 5 = extremely important.

*When reading and responding to the following statements, please consider "they/them" and "someone" as the #MeToo community.

1	2	3	4	5
Not at all important	**Slightly Important**	**Somewhat Important**	**Very Much Important**	**Extremely Important**

Safety and Justice
1. I wanted to protect myself.
2. I wanted to protect others.
3. I wanted to ensure that I was safe in the future.
4. I wanted to help others be more aware that these situations happen.
5. I told because I wanted to protect others from having the same thing happen to them.
6. It was only fair that the person that did this to me received some sort of consequence for what they did to me.
7. I wanted justice to be served.
8. I wanted to punish the person that did this to me.

Moving Forward
9. They would provide me with assistance.
10. They could provide me with specific information.
11. They could do something specific to make the situation better.
12. They would help me understand what happened.
13. They would help me understand why it happened.
14. They would help me move on with my life.

15. They would help me better understand the impact of what happened to me.

Image Validation

16. I wanted to see how they would feel about me after I told him or her.
17. I wanted to find out if they still wanted to talk with me after I told them.
18. I wanted to see if they thought that what happened was a big deal.
19. I wanted confirmation that it was not my fault.
20. I wanted validation that I was still okay as a person.
21. I wanted to make sure they would not see me as damaged, broken, or weak.

Emotional Support

22. They would be able to provide support.
23. I just wanted someone to be there for me.
24. I wanted someone to tell me that it was going to be okay.
25. I wanted someone who would just listen to me.
26. I wanted someone to say they believed me.

Relieve Burden

27. I didn't want to have to carry this information all by myself.
28. I would be able to get the information off my chest.
29. It would be cathartic to be able to tell.
30. I wanted to relieve the pressure of having the secret.

Relationship Management

31. Sharing something about myself would bring me closer to the other person.
32. You are supposed to tell people that you are close with about important things in your life.
33. I felt like it was the right thing to do to tell about what happened.

Encouraged/Forced Disclosure

34. I told them about what happened after they asked me about the situation.
35. I told them about what happened after they asked me why I seemed upset or different.
36. Someone recommended that I tell.
37. Someone told another person about what happened, and so I was forced to tell.

Appendix K
Additional Items Regarding Sexual Assault Disclosure

Before #MeToo (BMT)
1. How satisfied were you with the response you received after you shared your sexual assault experience?

1	2	3	4	5
Not at all Satisfied	**Somewhat Satisfied**	**Neutral**	**Somewhat Satisfied**	**Very Satisfied**

2. In your own words, why did you decide to disclose your assault?
3. What made you want to disclose?

After #MeToo (AMT)
1. How satisfied were you with the response you received after you shared your sexual assault experience?

1	2	3	4	5
Not at all Satisfied	**Somewhat Satisfied**	**Neutral**	**Somewhat Satisfied**	**Very Satisfied**

1. In your own words, why did you decide to disclose your assault?
2. What made you want to disclose?

After #MeToo on Social Media (SMMT)
Please think about the time you **disclosed your sexual assault on social media** using the #MeToo or similar hashtag.
1. How satisfied were you with the response you received after you shared your sexual assault experience?

1	2	3	4	5
Not at all Satisfied	**Somewhat Satisfied**	**Neutral**	**Somewhat Satisfied**	**Very Satisfied**

2. In your own words, why did you decide to disclose your assault?
3. What made you want to disclose?

Appendix L

Disclosure on Social Media After #MeToo (SMMT)

1. Why did you decide to post it the way you did as oppose to other ways (e.g., publicly, anonymously, privately to a specific group, etc.)?
2. What happened after you posted it? What were the responses you got?
3. Looking back, how do you feeling about posting it now? What did participating in #MeToo mean to you?

Appendix M

PSTD-8

PTSD-8

The following are symptoms that people sometimes have after experiencing, witnessing or being confronted with a traumatic event. Please read each one carefully and mark your answer according to how much the symptoms have bothered you since the trauma.				
	Not At All	Rarely	Some-times	Most of the time
Recurrent thoughts or memories of the event.				
Feelings as though the event is happening again.				
Recurrent nightmares about the event.				
Sudden emotional or physical reactions when reminded of the event.				
Avoiding activities that remind you of the event.				
Avoiding thoughts or feelings associated with the event.				
Feeling jumpy, easily startled.				
Feeling on guard.				

Appendix N

Brief Resilient Coping Scale

BRCS

Consider how well the following statements describe your behavior and actions on the scale from 1 to 5. Please mark the number that best reflects your behavior.				
	Does not describe me at all (1)	(2)	(3)	(4)	Describes me very well (5)
I look for creative ways to alter difficult situations.				
Regardless of what happens to me, I believe I can control my reaction to it.				
I believe I can grow in positive ways by dealing with difficult situations.				
I actively look for ways to replace the losses I encounter in life.				