“I’M SPOON-FEEDING HIM MY TRAUMA”: AN ANALYSIS OF SEXUAL ASSAULT SURVIVORS’ PRIVACY MANAGEMENT IN ROMANTIC RELATIONSHIPS

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DEDICATION

To my participants –

In a world determined to silence our voices,

I'm grateful you were willing to share yours with me.

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Margret Unruh

“I’M SPOON-FEEDING HIM MY TRAUMA”: AN ANALYSIS OF SEXUAL ASSAULT SURVIVORS’ PRIVACY MANAGEMENT IN ROMANTIC RELATIONSHIPS

Survivors of sexual assault make difficult privacy management decisions regarding their experiences, particularly in romantic relationships where physical intimacy makes these sensitive disclosures even more complex. As fever is an indicator of illness and a part of healing from the illness, disclosure can be an indicator of underlying disturbance and a part of the restorative process. Additionally, communication privacy management (CPM) theory considers ownership, control, and turbulence to illustrate how private information is regulated. Through qualitative, semi-structured interviews (n=19) and a phronetic iterative approach to data analysis, I examined the ways survivors of sexual assault managed their private information regarding their experiences in a romantic relationship and if disclosure relieved any psychological distress of the survivor. Results of this study offer insight into the ways participants controlled their personal information through the privacy management process; the establishment of boundaries surrounding ongoing disclosures; and the emotional effect of various privacy management strategies on participants, their partners, and the relationship. Reaching across theoretical concepts, this research offers a comprehensive understanding of the factors salient when managing private information regarding sexual assault. This research also provides practical applications for considering the influence of various privacy management approaches and their influence on the physical and psychological health of the survivor and the health of the relationship.

Keywords: Communication privacy management, fever model, sexual assault, disclosure

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LIST OF ABBREVIATIONS

CPM: communication privacy management

Chapter 1: Literature Review

Sexual assault is a pervasive problem in the United States with enormous consequences to a victim's psychological, physical, and relational health. Recent statistics conclude one in every four women and one in 26 men in America will be the victim of attempted or completed rape in their lifetime (Centers for Disease Control and Prevention, 2022). "Over half of women and almost 1 in 3 men [experience] sexual violence involving physical contact during their lifetimes" (Centers for Disease Control and Prevention, 2022). The results of this devastating experience include physical consequences (Harris, 2011) such as bruising, sexually transmitted infections, or reoccurring reproductive or sexual health problems; psychological consequences (Harris, 2011) including depression, post-traumatic stress disorder, and suicidality (Harris, 2011); social consequences such as job loss or inability to work; and relational consequences such as painful sexual intercourse or lack of trust in a relationship (Centers for Disease Control and Prevention, 2022). In addition to the physical and psychological trauma (Harris, 2011), survivors of sexual assault[1] are faced with difficult decisions to make following their experience as they navigate reporting, legal and justice processes, and disclosure to their family, partner, or social network. Although communicating these experiences with others can aid in a restoration process (Orbuch et al., 1994), privacy management is complex as a person considers to whom they can disclose, the details

[1] I have made an intentional choice to refer to those who have been sexually assaulted as "survivors of sexual assault." There are numerous studies and opinion articles detailing these decisions and preferences, as well as specific language used in legal, judicial, and advocacy contexts. In choosing the language of "survivor," I hope to give agency to those who have had this experience. In instances in which I quote a participant or refer directly to interview data, I use the language the participant used as much as possible.

shared, or the setting and context of the disclosure (Pluretti & Chesebro, 2015). In romantic relationships, the potential for physical intimacy creates additional layers of complexity to privacy management as survivors can experience sensitivity to sexual experiences or sexual dysfunction (Connop & Petrak, 2004).

Even though sexual assault is widespread, little research has been dedicated to examining sexual assault disclosure (see Ahrens et al., 2010; Lindblad & Sjoberg, 2007; Petronio, 1996), although scholars have considered disclosure of sensitive issues in romantic relationships broadly (see Bute & Brann, 2015; Knobloch & Carpenter-Theune, 2004; Steuber & Solomon, 2012). Extant research has also not explored incremental disclosure (Bute & Vik, 2010) alongside the development of a romantic relationship (Bute & Brann, 2015) in the context of sexual assault. Furthermore, much of the privacy management research is siloed with independent theories to describe phenomena. Little research has considered the ways in which these theories might bolster and interact with each other (see Vik & DeGroot, 2021). Communication studies is ripe with opportunity to draw lines of research across existing theories to deepen theoretical understanding and offer practical applications. Therefore, the findings of this study provide theoretical extensions of communication privacy management theory (CPM; Petronio, 2002) and the fever model (Stiles, 1987) and provide insight into the behaviors and decisions salient in managing private information in a romantic relationship. Furthermore, the practical implications of this study could improve the psychological and emotional health of survivors of sexual assault and relational dynamics within a romantic partnership, as well as provide tangible resources to disclose trauma and navigate societal stigma.

Sexual Assault Disclosure

There has been some difficulty in defining rape and sexual assault due to the sensitivity of the topic, varied definitions across jurisdictions, and the discursive choices survivors make in describing their experiences (Truman & Langton, 2015). The lack of clarity in formal definition and societal understanding as to what constitutes rape or sexual assault has contributed to lower reporting because survivors may not realize they have experienced legally defined rape (Abbey et al., 2001). The Bureau of Justice's National Crime Victimization Survey in discussing criminal victimizations and statistics in the United States defines rape as[2]:

> The unlawful penetration of a person against the will of the victim, with use or threatened use of force, or attempting such an act. Rape includes psychological coercion and physical force, and forced sexual intercourse means vaginal, anal, or oral penetration by the offender. Rape also includes incidents where penetration is from a foreign object (e.g., a bottle), victimizations against male and female victims, and both heterosexual and homosexual rape. Attempted rape includes verbal threats of rape. (Truman & Langton, 2015, p. 13)

Truman and Langton (2015) also define sexual assault, specifically:

> Sexual assault is defined across a wide range of victimizations, separate from rape or attempted rape. These crimes include attacks or attempted attacks generally

[2] Although these are the legal definitions from which I have formulated my literature review and recruitment materials, I recognize that sexual assault definitions vary based on the discursive choices survivors make, thus, attempted to clearly offer definitions throughout the recruitment process to create a distinction between sexual assault and sexual harassment or other negative behavior as well as create space for survivors to interpret the materials and decide for themselves whether their narrative fit the desired population for the study.

> involving unwanted sexual contact between a victim and offender. Sexual assault may or may not involve force and includes grabbing or fondling. (p. 13)

Similarly, a report compiled by the National Center for Injury Prevention and Control Division of Violence Prevention defines sexual violence broadly and breaks down specific language in the definition further:

> Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party. (Basile et al., 2014, p. 11)

Instrumental to Basile et al.'s (2014) definition of sexual violence are the classifications of "consent," "inability to consent," and "inability to refuse." Although similar to each other, these three phrases are important, distinct, and often left out of informal and interpersonal conversations. This influences the muddling of definitions and social understandings as to what constitutes sexual assault. Understanding this distinction is essential to broadening societal understandings of sexual assault, giving voice to survivors in their own characterizations of their experiences. Therefore, consent is defined as “words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to have sexual intercourse

or sexual contact" (Basile et al., p. 11). Clarifying subsequent terms, Basile et al. (2014) define the inability to consent as:

> A freely given agreement to have sexual intercourse or sexual contact could not occur because of the victim's age, illness, mental or physical disability, being asleep or unconscious, or being too intoxicated (e.g., incapacitation, lack of consciousness, or lack of awareness) through their voluntary or involuntary use of alcohol or drugs. (p. 11)

The final distinction Basile et al. (2014) offers is that of the inability to refuse, defining this instance as "disagreement to engage in a sexual act was precluded because of the use or possession of guns or other non-bodily weapons, or due to physical violence, threats of physical violence, intimidation or pressure, or misuse of authority" (p. 11)

These clarifications were important to the recruitment process of this study as well as the findings due to the stigmatized nature of sexual assault, which ultimately suppresses people's voices (including those who participated in this study) and limits societal understanding (e.g., when intoxicated, a person is unable to consent, thus because one person is not able to consent, sexual intercourse in those circumstances is considered rape under these definitions).

Characterized as a "silent epidemic" (Koss, 1988), sexual assault has been historically underreported (Abbey et al., 2001) as survivors fear they will not be believed (Abbey et al., 1996) or face other barriers to reporting (e.g., lack of transportation or childcare, the victim lives with the perpetrator, low social support; Lodrick & Mason, 2013). Survivors might manage privacy regarding their experiences in a variety of ways. Ahrens and colleagues (2010) found four disclosure patterns prevalent in survivors,

specifically, nondisclosers, those who had never disclosed the assault; slow starters, those who waited at least two weeks post-assault to first disclose the events; crisis disclosers, those who disclosed within two days following the assault but stopped disclosing within the first week after the events; and ongoing disclosers, those who disclosed initially within the first week following the assault and continued to disclose to present day. Factors such as assault characteristics and rape acknowledgment contributed to the disclosure patterns of survivors (Ahrens et al., 2010), and in instances in which a victim had a close relationship to the perpetrator at a young age, disclosure was often delayed (Lindblad & Sjoberg, 2007).

In addition to the variance in disclosure patterns and definitions, the characteristics of survivors of sexual assault are also varied. Research has considered gender, toxicological analysis, type of sexual assault, and location in an attempt to identify patterns in victims or assailants (Grossin et al., 2003). Luce and colleagues (2010) identified factors such as age (i.e., adolescents), past childhood abuse, disability, homelessness, or substance abuse to contribute to vulnerability, however, results are inconsistent as other analyses have found limited variance that seems to indicate individual characteristics to be ineffective at predicting victimization or perpetrator probability (Abbey et al., 2001). All of these, the barriers to reporting, variance in definitions, and societal perceptions of survivor characteristics contribute to the stigmatization of survivors of sexual assault in the United States, therefore, I offer a discussion of stigma literature to consider the effect of stigma on the lives of survivors of sexual assault.

Stigma and Sexual Assault

The study of stigma is multidisciplinary, "including contributions by psychologists, sociologists, anthropologists, political scientists, and social geographers" (Link & Phelan, 2001, p. 365). Because of the diversity in approaches, the definition of stigma has been contested and varied as it is applied to a wide array of settings and is often conflated with similar concepts like stereotyping or prejudice/discrimination (Link & Phelan, 2001). Goffman (1963) is credited with pioneering the conceptualization of stigma and defines stigma as an "attribute that is deeply discrediting," (p.3) arguing that the lens applied in these contexts should focus on the relational effect of stigma rather than the stigmatized attributes themselves. Since Goffman (1963), a number of scholars have redefined or clarified Goffman's characterizations to consider that which is "contrary to a norm of a social unit" (Stafford & Scott, 1986, p. 80), social identities that are devalued (Crocker et al., 1998), or the connection between these attributes and stereotypes (Jones et al., 1984).

Self-stigma, sometimes referred to as internalized stigma, is defined as "the extent to which people endorse negative beliefs and feelings associated with their stigmatized attribute and apply them to self" (Link et al., 1007, p. 26). When internalized, these beliefs that people hold of themselves, result in shame, low self-efficacy, social exclusion, secrecy (France et al., 2015), and reduced power due to discrimination (Link & Phelan, 2001). Even more so, France et al. (2015), found that for individuals living with HIV, self-stigma resulted in a decreased likelihood that patients would seek out treatment, directly affecting a person's ability or desire to access care. Furthermore, research has demonstrated there is a relationship between self-stigma and the

psychological distress or depression a stigmatized person experiences in a number of contexts, specifically, for people in the LGBTQ+ community (Berghe et al., 2010; Hatzenbuehler et al., 2008; Herek et al., 2009), people having HIV-AIDs (Lee et al., 2002; Simbayi et al., 2007; Visser et al., 2008; Vyavaharkar, 2009), and those living with a mental illness (Ritsher & Phelan, 2004; Ritsher et al., 2003). It is evident, then, stigma has a significant effect on the way in which people perceive their own identities and their well-being.

When people realize stigmatization as a potential risk, Link and colleagues (1989) found individuals with stigmatized mental disorders to utilize one of three approaches to manage their behaviors in light of that stigma. First, patients would seek secrecy in which they would hide their diagnosis (stigmatized label) or treatment history from people in their social circles to avoid rejection or perceptions of rejection. If patients did not turn to full secrecy, they still withdrew from social settings, particularly ones in which their stigmatized conditions would not be accepted (Link et al., 1989). Finally, in instances in which disclosure did happen, patients did so to educate others, which Link et al. (1989) characterized as "preventative telling" in an attempt to educate others before they develop a discriminatory posture towards the individual or stigmatized condition (p. 403). This education attempt includes personal disclosure and is inherently risky, as discrimination by the recipient is a possibility (Schneider and Conrad, 1980).

Concealable Stigma and Privacy Management

Each person is made up of a number of identities such as gender, ethnicity, or professional status, and although a number of these are visible to others, many aspects of people's identities are not identifiable without an interaction (Quinn & Earnshaw, 2013).

Identities that can be hidden from others are characterized as concealable identities (Quinn & Earnshaw, 2013). Of these concealable identities, some are easily identifiable in certain settings such as a teacher's professional status being visible when they are in front of a classroom but not easily identified outside of a classroom context. Other identities are concealable a majority of the time unless a person chooses to make that identity known (Quinn & Earnshaw, 2013). Many of these are stigmatized in society and are "socially devalued with negative stereotypes and beliefs attached to the identity" (Quinn & Earnshaw, 2013, p. 40; see also Crocker et al., 1998; Goffman, 1963).

Like other disclosures, the disclosure of a concealable identity can have a positive and negative affect on a person, directly related to the recipients' reaction (Quinn & Earnshaw, 2013). When a recipient has a positive reaction to the disclosure and is supportive and accepting, a person might experience reduced levels of depression as opposed to people who do not disclose or were not met with a supportive response (Major et al., 1990), and their perception of that identity can be shifted in a positive direction as they reconstruct that identity based on the response (Beals et al., 2009). Because of the effect of recipient's response can have on the well-being of the stigmatized individual, a person often carefully chooses the recipient for a first disclosure to maximize the likeliness they are met with a supportive response (Chaudoir & Quinn, 2010). In addition to the recipient characteristics in face-to-face disclosures, when considering online contexts, individuals with stigmatized identities also take into consideration the self, audience, network, society, platform, and temporality (Andalibi, 2020). Disclosures of stigmatized identities and the response of the recipient, particularly in cases of first disclosures, can have short-term and long-term affects based on how the

disclosure unfolds (Chaudoir & Quinn, 2010). Even more so, individuals disclosing from an ecosystem motivation (Crocker, 2008; Crocker et al., 2008), "a motivation that is focused on how disclosure involves both the self and a disclosure confidant" find "greater first-disclosure positivity" in both the short- and long-term periods after the first disclosure event (Chaudoir & Quinn, 2010, p. 581). Furthermore, when a disclosure of a stigmatized identity is received positively, it can lead to future disclosures as people develop deeper trust and a comfortability with disclosure (Chaudoir & Quinn, 2010).

Sexual assault has been highly stigmatized as assumptions about survivors of sexual assault have been made, such as sexual assault cannot occur in a marriage or explicit romantic relationship, men enjoy sex even if it is not consensual so cannot be assaulted, if a person orgasms or has a physical reaction that means they wanted it and it is not assault, or women lie about being sexually assaulted (Burt, 1980; Deitz et al., 2015; Edwards et al., 2011). These mischaracterizations and myths sustain and justify sexual assault and further lead to the stigmatization of individuals as assault is dismissed and blame is placed on the victims (Edwards et al., 2011). Deitz and colleagues (2015) create a distinction between the public stigma survivors' experiences (i.e., reports of sexual assault not being believed or survivors being treated poorly) and the self-stigma that occurs when survivors internalize public perceptions about their experiences resulting in further shame and isolation.

To better understand the nuances of sexual assault disclosure in romantic relationships, I offer communication privacy management theory (CPM; Petronio, 2002) and the fever model of self-disclosure (Stiles, 1987) to guide my research questions and analysis and examine how survivors of sexual assault make decisions to share their

narratives, how those disclosures are received, and how their disclosure influences subsequent disclosures regarding those experiences.

Theoretical Framework

Disclosure of private or sensitive information is a concept communication scholars have long been interested in examining, and numerous theories, frameworks, and models have been developed to describe the act or process of disclosure. Two communication theories, communication privacy management (CPM; Petronio, 2002) and the fever model (Stiles, 1987) have been applied across broad contexts including health (Caughlin et al., 2008, 2009), sexual assault (Petronio et al., 1996), and romantic relationships (see Brannon & Rauscher, 2018; Buyukcan-Tetik et al., 2013; Knobloch & Carpenter-Theune, 2004). Both theories have been studied in contexts in which a person discloses sensitive information (or secrets as characterized by Stiles, 1987) that they perceive makes them vulnerable (Petronio, 2002). For this study, I drew upon key components from both CPM and the fever model to account for the variety of experiences and narratives of participants. When considered in tandem, these theories provide a deeper understanding of the reasons survivors of sexual assault disclose their experiences to romantic partners as well as address the decision-making process in disclosure while leaving room for discursive choices to be made, intentionally or unintentionally, throughout the privacy management process. Examining data through CPM and the fever model presents the opportunity for gaps or weaknesses in each theory to be assessed and for additional extensions of the theories individually to be made.

For instance, CPM operates under the assumption that in privacy management a person is often performing a mental calculus as they make decisions as to what

information to disclose as well as when and to whom (Petronio, 2002). However, privacy management is not always so conscious and intentional, as asserted by other disclosure theories and models (see Stiles, 1987). Additionally, CPM components may explain criticisms of the fever model. The fever model has received criticism in that although catharsis is often a goal of disclosure, it is not the only reason people may find the need to disclose (Afifi & Steuber, 2009), and even in distress or after having experienced distressing circumstances, individuals may still make the decision to not disclose (Afifi & Steuber, 2009). Concepts from CPM such as privacy ownership and control (Petronio, 2013) may offer insight into why individuals choose nondisclosure even in distress. An in-depth examination of extant literature regarding CPM and the fever model follows.

Communication Privacy Management

In addition to navigating the physical and psychological trauma, and legal ramifications, survivors of sexual assault must make decisions as to their privacy boundaries regarding the experience, and communication privacy management (CPM) theory can serve as a lens to examine the privacy management challenges survivors of sexual assault face. CPM uniquely situates privacy management in the context of co-ownership (Petronio, 2002). For survivors of sexual assault, their experiences are co-owned (and co-constructed) with the perpetrator and with those to whom they choose to disclose their experiences following the assault (e.g., medical personnel, legal system, social circles). As information is disclosed, multiple individuals now co-own that information and make privacy management decisions regarding it. Often, when a listener has private information disclosed to them, they feel the need to share this information with another person (Ignatius & Kokkonen, 2007), potentially compromising trust and

confidentiality. Motives for sharing this information with a third person are often personal, interpersonal, and collective (Christophe & Rimé, 1997), such as the need for verbal processing and the "spreading of emotional knowledge within a community," (Ignatius & Kokkonen, 2007, p. 365).

Three elements contribute to an understanding of CPM, including privacy ownership, privacy control, and privacy turbulence (Petronio, 2013). Privacy ownership examines the way individuals come to own and co-own information through disclosures or lack thereof, as well as the sense of ownership people feel over their information. The second element, privacy control considers the way people ''grant and deny access to private information'' (Petronio, 2013, p. 9). In doing so, privacy rules are formed, based on a number of different characteristics, including culture, context, gender, characteristics of the confidant, risk-benefit ratio, and relational risk (Petronio, 2002). CPM emphasizes a connection between control and vulnerability as the co-ownership of information often makes a person feel more vulnerable because they have invited another individual to share that private information (Petronio & Child, 2020). Thus, to manage the private information deemed most vulnerable, a person seeks control regarding ownership of that information (Petronio, 2002). Finally, privacy turbulence explains the communicative practices that happen when boundaries are breached and, in some cases, re-negotiated (Petronio, 2013). Thinner boundaries exist around information that is more readily shared with others while more rigid boundaries guard information that people believe makes them more vulnerable (Petronio, 2002).

The Process of High-Risk Disclosure. Disclosures regarding sensitive topics such as sexual assault are complex, and scholars have devoted time to examining the

components of disclosures (Caughlin et al., 2008, 2009), particularly around topics of health (e.g., HIV disclosure). Brannon and Rauscher (2018) examined the factors considered and strategies deployed by partners surrounding the sensitive health information about STIs, particularly in the context of boundary permeability and face-saving behaviors salient in their communication. Trust and self-control are both necessary to prevent intrusive behaviors that may violate privacy boundaries (Buyukcan-Tetik et al., 2013), which suggests it is the responsibility of both partners in the relationship to deploy communicative behaviors to establish trust and maintain self-control when navigating the dialectical tension of privacy and disclosure.

Furthermore, Petronio et al. (1996) examined the way children disclose sexual assault and found children "test the water," revealing information they deem makes them less vulnerable before revealing the more vulnerable parts of the narrative. The children preserved privacy boundaries through the creation of "protection rules" (Petronio et al., 1996, p. 192) based on target characteristics (i.e., trustworthiness, responsiveness, and understanding of the recipient of the disclosure) and anticipated ramifications (i.e., anger at the victim or loss of control). Furthermore, Bute and Vik (2010) discuss the incremental and changing nature of disclosure in which disclosure is an evolving process of many conversations as opposed to one single communicative act. In addition to the fluidity of the disclosure process, there is fluidity in privacy boundaries concerning highly sensitive topics. For example, privacy boundaries can become more rigid if met with an unsupportive response after disclosure or in instances where there is a risk of continued conversations that would be burdensome (Bute & Vik, 2010). However,

disclosure continues to be framed as a one-time communicative act, rather than a process continuing over a sustained period (Bute & Vik, 2010).

As a relationship transitions from a less intimate one to a more intimate, romantic one, partners redefine their relationship and as such their communication within the relationship (Knobloch & Carpenter-Theune, 2004). Particularly within this transition, relational turbulence happens as privacy boundaries are renegotiated. Knobloch and Carpenter-Theune (2004) proposed that topic avoidance, especially surrounding sensitive issues, is prevalent during the transitional stage from casual dating to an intimate relationship. Due to the evolving nature of romantic relationships, it is possible that disclosures of sexual assault are incremental and continual as the relationship progresses. To better examine this process and the issues most salient in disclosing narratives of sexual assault, I propose the following research question to guide my study:

> RQ1: In romantic relationships, how do survivors of sexual assault manage private information regarding their experiences?

Due to their intimate and sensitive nature, disclosures of sexual assault carry many consequences for everyone in the privacy disclosure. Specifically, "high-risk privacy disclosures carry heavier consequences than typical privacy disclosures…receivers of this stigmatizing private information may also experience consequences" such as relational strain (Pluretti & Chesebro, 2015, p. 553). Therefore, a discussion of the effects of disclosure is important to examine the motivations individuals have for disclosing and the responses of the confidant.

Effects of Disclosure. Researchers have identified many positive and negative effects of disclosure. Rubin (1973) found self-disclosure builds trust in a relationship, and

Collins and Miller (1994) found self-disclosure led to an increase in "liking." Key to maintaining relationships (Chaikin & Derlega, 1976), reciprocal self-disclosure is important to developing greater levels of intimacy (Taylor, 1979) while lack of disclosure hurts the development of relationships (Sermat & Smyth, 1973). Furthermore, in the context of trauma, disclosure of traumatic experiences contributes to the sensemaking process of those experiences (Horowitz, 1976), thus, for survivors of sexual assault, disclosure of those experiences may have positive psychological benefits (Frattaroli, 2006). Language plays an essential role in cognitive processing as emotional expression ignites the memory in such a way that it allows for deeper processing (Pennebaker, 1992; Pennebaker et al., 1997; Pennebaker & Seagal, 1999).

Although there are numerous benefits to disclosing private information, those benefits are largely determined by the response of the person to whom an individual discloses (Chaudoir & Quinn, 2010; Frey et al., 2016; Lepore et al., 2000; Rodriguez & Kelly, 2006). With any disclosure, particularly one of sensitive information, there is a risk of being received poorly by the recipient of the disclosure, including criticism or rejection (Sermat & Smyth, 1973) or manipulation (Ginter, 1982). Studying the disclosures of survivors of rape, Ahrens (2006) found negative reactions from recipients to reinforce feelings of self-blame already pushed on the survivor due to societal framing. Disclosure surrounding sexual assault is highly intimate and disclosures of sensitive information are sometimes deemed inappropriate (Chaikin & Derlega, 1974), therefore, an individual must carefully assess the relationship and the timing of disclosure in an attempt to avoid violation of social norms.

The Fever Model of Self-Disclosure

In addition to drawing on the tenets of CPM, because of the distressing nature of sexual assault, I have chosen to also consider the fever model of self-disclosure. Self-disclosure is a complicated process (Harris et al., 1999), "affected by innumerable contextual and cultural factors in addition to individual differences, personal motives and the actual contents of disclosure" (Ignatius & Kokkonen, 2007, pp. 362-363). One such factor is that of psychological distress. Stiles (1987), in the fever model of self-disclosure, argues people disclose more information when they are psychologically distressed than when they are not. Furthermore, disclosures, particularly those surrounding distressing and vulnerable information, relieve distress via catharsis and greater self-understanding (Stiles et al., 1992). As a fever is an indicator of illness and a part of healing from the illness, disclosure is an indicator of underlying disturbance and a part of the restorative process (Stiles, 1987). This would suggest that what is considered a person's typical self-disclosure is different from when a person discloses a specific event (Kahn et al., 2001). To better understand the contexts of disclosure beyond the normal communication of people's experiences, "researchers need to attend to the time frame of self-disclosure behaviors (i.e., event-specific versus typical self-disclosure, (Kahn & Garrison, 2009, p. 574).

Two tenets make up Stiles' (1987) fever model, specifically, "the level of disclosure increases with distress" and "disclosure directly or indirectly helps relieve psychological distress" (Stiles et al., 1992, p. 980). Distress is characterized as "any dysphoric affect that persists for more than a few moments" (Stiles et al. 1992, p. 980) and includes feelings such as fear, depression, and anger. When a person is distressed,

they tend to prioritize their internal thoughts, feelings, and so on over external events happening in the world around them. As levels of distress increase and the internal narratives and feelings increase, disclosure then becomes an "automatic, involuntary consequence of the dysphoria" (Stiles et al., 1992, p. 981). Therefore, the fever model of self-disclosure posits disclosure not as an intentional, calculated decision, a CPM often does, but one that happens consequentially when an individual enters a dysphoric state. Specifically,

> People who are distressed are preoccupied with their problems. They may be described as trapped in their own frame of reference. That is, the subjective meaning of events—including the feelings that are engendered—become so salient and so persistent that they overwhelm other thinking. A person in psychological distress finds it difficult to view events objectively or from others' perspectives; instead he or she is preoccupied with internal states and meanings. This preoccupation tends to be represented in speech (Stiles, 1987, p. 261).

Because this disclosure is not characterized as intentional, the motivations isolated by the fever model are different than those of CPM; however, both isolate benefits to disclosure such as catharsis (Stiles et al., 1992; Petronio, 2002). The fever model does not require benefit or reward seeking to be a motivation for disclosure as the dysphoric state often means disclosure happens somewhat involuntarily. The recognition of benefits, and subsequent deployments of disclosure in times of depression or anxiety, come after the first disclosure if the information is received well, the individual finds shared community, or experiences catharsis (Stiles et al., 1992).

Although studied in the context of both psychotherapy clients and groups (e.g., Burchill & Stiles, 1988; Mayo, 1968; McDaniel et al., 1981; Rippere, 1977; Weintraub, 1981) and in university students (e.g., Stiles et al., 1992), the second tenet, disclosures' ability to relieve psychological distress, has not been consistently demonstrated in previous research (Ignatius & Kokkonen, 2007). Additionally, few studies have examined this tenet outside of clinical populations or considered the "disclosure-distress relationship within individuals (Stiles al et., 1992, p. 980). Even more so, little research has been done to examine disclosures of specific time-bound events (Kahn & Garrison, 2009), thus, my second research question explores the effect, whether directly or indirectly, of disclosing sexual assault to a romantic partner on the survivor by asking:

> RQ2: How, if at all, does sharing narratives of sexual assault in a romantic relationship relieve the psychological distress of the survivor?

Chapter 2: Method

To examine how survivors of sexual assault manage private information in romantic relationships, the privacy rules they create, and the effect disclosure might have on the psychological distress they experience, I conducted a qualitative study consisting of semi-structured interviews. Although CPM and the fever model drove my research questions and analysis (MacFarlane & O'Reilly-de Brun, 2012), I drew upon interpretive approaches to qualitative research (Bute & Brann, 2015; Tracy, 2020) because it was important to me participants share their experiences in their own words regardless of the theoretical biases I might hold. The following paragraphs detail (a) the sampling methods I used to recruit, (b) participant characteristics, and (c) procedures for my data collection and analysis. I also share my positionality as a researcher.

Recruitment

I recruited participants using purposeful sampling in which participants are recruited based on a certain set of parameters aligning with research questions, goals, and purposes (Tracy, 2020; see Appendix A). Eligible participants included survivors of sexual assault, 18 years of age or older, who are currently or have previously been in romantic relationships within the past five years and had to manage private information in the partnership regarding those experiences. I posted announcements via social media sites, including my personal Facebook, Twitter, TikTok, and Instagram accounts utilizing hashtags (e.g., #SexualAssault, #Survivors, #SexualViolence, #TimesUp, #MeToo) to help access populations beyond the scope of my personal friend circles. Social media posts contained the study description and a Qualtrics survey link (Appendix B) with demographic and screening questions as well as request for contact information for the

participant so I could reach out to schedule an interview, Furthermore, I specifically asked friends, including men, people of color, and those significantly older than me, who are gatekeepers in groups I might not have access to because of my own positionality to post recruitment information on my behalf. I also posted in Reddit forums for sexual assault survivors including r/rape, r/MenGetRapedToo, and r/sexualassaault. Finally, I posted an announcement using the National Communication Association COMMNotes listserv to reach others in the discipline of communication who might be willing to share their experiences. In addition, I utilized snowball sampling so individuals who had volunteered for the study could share information about the research with others who may have experienced sexual assault (Creswell, 2012). I asked participants through a follow-up email after their interview and verbally during the interview to share the survey recruitment link with anyone in their social circles who might be eligible and interested. Several participants expressed their intent to recruit people in their own social circles and one participant specifically mentioned that they participated because they were asked by another participant. After posting announcements for a first time, I submitted an amendment to the Institutional Review Board to modify my recruitment language to limit recruitment to men and people of color. In doing so, I hoped to limit this second round of recruitment to these groups to return a more diverse sample, however, the majority of my participants were still young, White, cis-gendered, heterosexual women.

Recruitment materials stressed that although the interview involved a sensitive topic (i.e., sexual assault), participants would not be asked about the experience itself, but the subsequent privacy management decisions they made in their romantic relationships

following the incident. They were informed the results could potentially help survivors in the future as they navigate these decisions (Pluretti & Chesebro, 2015).

Participants

A total of 32 individuals completed the pre-interview survey accessed through the recruitment link. Of the 32 total submissions, one was not eligible as their sexual assault was recent and they had not yet been in a romantic relationship since the assault. One participant scheduled an interview and did not join the interview call during the scheduled time or respond to further communications. Ten individuals did not respond to my request to schedule an interview after they had completed the survey. One individual chose to withdraw from the study after being contacted by me to schedule an interview. Therefore, a total of 19 people participated in this study, completing interviews. All interviews were completed via Zoom with three participants opting to not have their cameras on during the call. One participant explicitly expressed her camera off as a stipulation for her willingness to participate in the study.

There was no restriction regarding the timeframe as to when the participant was sexually assaulted because the focus of this research is not on the incident of sexual assault itself but their privacy management regarding the experience within the context of their romantic relationship. One person indicated their current relationship as relatively new, being together less than one year. Seven participants had been in their current relationship for one to two years and four indicated having been in their relationship for two to four years. Five participants were in relationships lasting for more than five years. Two participants were not currently in romantic relationships at the time of the interview but had been in one that occurred within the past five years and after the assault.

Furthermore, participants were also asked how recently they first disclosed being sexually assaulted to their partner, if they had in fact disclosed any information. To maximize the likeliness the participants could recall conversations, I wanted the experience of disclosure to be relatively recent (Bute & Brann, 2015); however, participants who completed the survey and indicated having disclosed more than five years ago were not excluded if they wanted to participate in an effort to honor survivors and afford people interested in sharing this vulnerable narrative the opportunity to do so if they wished. As long as the participant had a romantic relationship in which they had to manage their private information surrounding sexual assault within the previous five years, the participant did not have to currently be with the partner to whom they disclosed. A certain "disclosure threshold" or quantity of details or information was not specified in the survey as privacy management is often ongoing and incremental (Bute & Vik, 2010); thus, any kind of disclosure from hinting to detailing the full experience was acceptable for this answer. Five participants indicated their first disclosure to their partner as happening less than a year ago. Four disclosed some information within the past one to two years and five had done so within the past two to four years. One person indicated they had disclosed within the past five years and two had first disclosed more than five years ago at the time of the interview. Participants who had not disclosed to their partners were not excluded from the sample as the decision to not disclose falls within the scope of the study because nondisclosure is still a means of privacy management (Petronio, 2002). Two individuals had never disclosed to a romantic partner.

Participants were located across the United States including Kansas, Nevada, Michigan, Colorado, Wisconsin, Kentucky, Ohio, Massachusetts, Texas, Indiana,

Missouri, New Jersey, and Iowa. One participant was from Germany. Participants ranged in age from 20 to 61 (M=29.74, SD=10.53). Fifteen participants identified as cis-gender females (79%), three identified as cis-gender males (16%), and one identified as non-binary (5%). Of the participants, 63.2% identified as heterosexual, 5.3% as bisexual, 5.3% as both bisexual and asexual, 5.3% as lesbian, and 21.1% as pansexual. Specifically, 67% of the cis-gender men who participated were heterosexual and 33% bisexual. Of the cis-gender women who participated, 66% identified as heterosexual, 6% lesbian, 20% pansexual, and 6% both bisexual and asexual. The non-binary individual who participated identified as pansexual. A majority of participants were White (89.4%) with one identifying as Asian (5.3%) and one as multiracial (5.3%).

Interviewing Procedure

Researchers frequently use in-depth interviews when studying privacy management as these disclosures make direct observation difficult (Bute & Vik, 2010). Furthermore, by sharing their narratives, even in an interview context, participants can benefit from catharsis (Stiles et al., 1992). Through the recruitment process, interested participants first completed a survey (see Appendix B), which provided participants with the study information sheet (see Appendix C); screened them for eligibility; collected demographic information and information about the disclosure and relationship of each participant; and provided contact information so I could contact them to schedule an interview. Questions such as "how recently did you first disclose your sexual assault to your partner?" and "have you received professional help concerning sexual assault (e.g., therapist, psychiatrist)?" were included in the survey to inform me of their experiences prior to the interview and guide my preparation and lines of questioning. Because

participants had varying relationship statuses as well as timelines of disclosure, this allowed me to enter into the interview more informed and allowed me to quickly build rapport and reframe questions based on the background information I already knew. The survey was administered via Qualtrics.

Once eligible participants completed the survey, I contacted them to conduct a secondary screening for eligibility to confirm the survey data as well as schedule an interview time. Interview questions (see Appendix D) focused on (1) details of disclosure and privacy in how the survivor managed their private information regarding their sexual assault; (2) factors the survivor considered when deciding whether to disclose; (3) disclosure influencing a restoration process; and (4) the rules the individual and couple developed to manage private information regarding the survivor's sexual assault both within the context of the relationship and with those in their social circles. Following each interview, participants received an email containing the study information sheet as well as a list of resources available to aid them in navigating potentially painful emotions or memories brought up by the interview (see Appendix E). All interviews were audio recorded and transcribed via the internal Zoom recording and transcription technology.

After each interview, I wrote field notes to indicate theoretical and methodological considerations, as well as my initial observations from the interview. Due to the iterative nature of this research, completing field notes after each interview allowed for modifications to the semi-structured interview guide based on previous interviews as I continued through the research process (Tracy, 2020). For instance, I found myself needing to prepare more thoroughly for interviews in which participants had not yet disclosed their sexual assault and took the time to revise my interview guide to account

for that line of questioning. Additionally, because of my own theoretical interests and personal experiences, I wanted to be robustly reflexive to ensure my own experiences and assumptions informed the reading of the data but did not inhibit my ability to critically consider the narratives of the participants. Through the recording of field notes and research memos, I was able to be self-reflective in both the way I attributed theoretical concepts to the data and my own positionality (Bute, 2009). I cleaned the raw transcripts provided by Zoom by listening to the recording while modifying the raw Zoom transcript and double-checking against the original recording to ensure accuracy. This served a dual purpose as it gave me the opportunity to familiarize myself with the data.

Data Analysis Procedure

Drawing upon a phronetic iterative analysis as synthesized by Tracy (2020), I relied upon a combination of emergent data and the tenets of CPM and the fever model to extend the theoretical understanding of this theory/model as well as consider practical applications of the research. During the primary-cycle coding, the initial coding process, I examined the data, focusing on *what* was present in the data (Weick, 2001). To do so, I first began by reading through the transcripts of all the interviews to gain a holistic picture of the data (Bute & Brann, 2015). Reading through all the transcripts as well as my field notes afforded me the opportunity to reacquaint myself with the data and begin thinking about the initial theoretical observations I had made immediately following each interview. After my first reading, I open-coded the data, creating an informal list of codes that included a brief definition and representative example of each code (Tracy, 2020). For example, “I had had a conversation with my therapist before, about what to do. If he responds badly…you respond like this,” was coded as, “preparing for

disclosure/consulting other people." These initial codes became a more formal codebook in which I included key codes, definitions, and examples to guide deeper analysis (Tracy, 2020). Because this research is guided by concepts from CPM and the fever model, I approached the analysis already considering some of those rules (e.g., privacy, ownership, turbulence; Bute & Brann, 2015). For example, "I had had a conversation with my therapist before, about what to do. If he responds badly…you respond like this," was coded under the CPM concept of "privacy control" (Petronio, 2002). In this stage of coding, I sought to apply data from the interviews to the theoretical approaches of CPM and the fever model, borrowing from their models and assumptions in what has been called prospective conjecture (Hallier & Foirbes, 2004), looking for answers to my research questions through the interpretive concepts identified.

To ensure the trustworthiness of my data (Lincoln & Guba, 1985), I took a number of measures to produce an audit trail and decision rationale (Koch, 1994; Farley & McLafferty, 2003) so a future researcher might be able to see and understand the steps I took throughout the process of the project and understand the intention behind each decision. I took extensive field notes throughout the interview process and wrote memos during my initial stages of data analysis documenting early theoretical and methodological considerations. Furthermore, I consulted with my advisor a number of times throughout the process to solidify my methodological choices and receive her insight regarding the conceptualization and execution of the research as well as my data interpretations. Reflexivity remains at the heart of the audit trail (Nowell et al., 2017), thus in addition to keeping record of the raw data, field notes, and transcripts (Halpren, 1983), I kept a reflexive journal. Therefore, in addition to documenting the

methodological process of the research, I considered how my positionality influenced decisions in my study construction and the way in which I personally engaged with the results and the interview experience. The process of this study, therefore, presents a reasonable interpretation of the salient themes in the privacy management of a survivor of sexual assault in a romantic relationship, holding true to and building upon existing theoretical understandings of privacy management.

Reflexivity Statement

Tracy (2020) posits the researcher in qualitative research as serving as the research instrument, thus, it is important to consider the background, values, and beliefs of the researcher and the way they might influence interactions with participants and interpretations made of the data. A number of aspects regarding my positionality are particularly salient in my study construction, participant interactions, and data interpretations, namely, (1) I am a 25-year-old, White, queer graduate student; (2) I am currently single, interacting with potential romantic partners; and (3) I have been sexually assaulted. Below I describe the way these characteristics interacted with and influenced the research process.

Social Identity

My age, race, and sexuality may have influenced the recruitment process as well as my interactions with participants. First, I am a 25-year-old graduate student completing my master's degree at Indiana University-Purdue University Indianapolis. Although I did not advertise my age as a part of the recruitment materials, because my primary methods of recruitment were social media and snowball sampling, potential participants could easily see I am a young person from the recruitment videos I posted as

well as profile pictures on my social media accounts. This could have influenced the individuals who were willing to participate as 14 of the total participants were in their twenties. In addition to it influencing the demographics of potential participants, my age likely impacted my interactions with participants throughout the interview process. I found it easy to build rapport with individuals in their twenties as their lived experiences were closely associated to mine. For example, during one interview with, a 28-year-old, White woman, we connected over a book we had both recently read:

> Interviewer: You said you didn't think about it beforehand. What in the moment brought on you deciding to share that [sexual assault]?
>
> Jessica: Okay, this is a really dumb question. But have you read the book *It Ends with Us*?
>
> I: Oh, my gosh! Yes, I have!
>
> Jessica: So, I'm currently in the middle of it and you know how the whole thing between her and okay, is it…whatever his name is, have this whole like "naked truth" thing?
>
> I: Yeah.
>
> Jessica: So, we were basically having this conversation where we're just chit chatting about like past partners and past heartbreaks because I was kind of getting over a relationship and he was kind of getting over a relationship, so we were just like just spilling our hearts out and then we were just like sharing our naked truth.

This connection not only helped build rapport but allowed me to understand the context of the example she gave during the interview. Furthermore, recruitment materials

communicated my status as a graduate student, which might have influenced people's willingness to participate and could have influenced people's unwillingness to participate. Several participants expressed their desire to participate because they understood the difficulty of being a graduate student recruiting for a thesis and they wanted to give back to the research community by sharing their experiences in this context. What may have been an incentive for some to participate, my lack of experience may have contributed to some's decision to not as they may have doubted my ability to conduct research regarding this sensitive topic.

Additionally, although my flyers and social media posts did not contain a picture of me, the video I posted on TikTok and my profile pictures on my social media clearly show I am White. My identity as a White woman could have contributed to the population I was able to access, with 89.4% of my participants being White, as individuals of diverse races and ethnicities may have not felt I would adequately be able to relate to, communicate, or draw conclusions based on their experiences. Finally, as an individual identifying as queer, it was important to me that the study did not exclude individuals who are not heterosexual as there is still a large body of interpersonal communication research that does not include LGBTQ+ individuals in their samples. Therefore, my recruitment materials clearly communicated individuals did not have to be heterosexual to participate. Because of my sexual identity, I also have personal access to many queer spaces and was able to recruit people from these spaces contributing to 37% of my population identifying as LGBTQ+.

Personal Experience

As I began my master's program and moved to Indianapolis, I downloaded a couple of dating apps and began looking for connections. Like my participants, I also have been sexually assaulted and found myself faced with navigating disclosures to potential partners for the first time. Additionally, I became the recipient of potential partners' disclosures of their own experiences as survivors of sexual assault. In my own uncertainty and unease both as the discloser and recipient regarding sexual assault, I became interested in learning how other survivors managed their private information in these complex situations.

During the conceptualization of the study, I intentionally made the decision I was not going to disclose my own experiences unless I was directly asked by a potential participant or in the interview. In doing so, I made a concerted effort to keep my own narrative, experience, and biases out of the recruitment process and interview conversations, though my own experiences likely informed my communication during interviews and my interpretation of the data. In making this decision, I consulted with my advisor and committee members. I knew that my own disclosure might make participants more comfortable with sharing their experiences during the interview; however, I ultimately decided to not initiate the disclosure in an attempt to decenter myself and center the narratives of my participants. I never shared my own experiences at all during the interviews as the participants never asked me to do so. Instead, I relied upon other communicative skills to build rapport, and although I was able to empathize with many of the experiences they detailed, I did not feel my own disclosure necessary or productive in the conversations.

Although I did not disclose my own experiences to my participants during the interviews, my positionality served as an asset as it made me more sensitive to the experiences of my participants in every area of this study. I conceptualized the study and crafted my recruitment materials with my participants in mind, being cognizant of potential triggers in recruitment language and the topics the interviews would and would not cover. Seeking to best honor my participants during the interviews, I was thoughtful of the way I engaged each participant during our conversations, working to care for their emotional health as well as my own. Because of my own experiences, I was able to consider which questions might be more difficult to answer and structured my semi-structured interview guide in a way that allowed me to build rapport and trust with my participants before asking more intimate questions. Additionally, my positionality influenced my data analysis process as I approached the data with a deep sense of gratitude for the vulnerability and generosity of my participants. I meticulously combed through data with the aim to not only present an accurate representation of the themes established in the interviews but honor their narratives and characterizations of their experiences.

Chapter 3: Results

The findings of this study provide insight into the ways in which survivors of sexual assault manage their private information in romantic relationships through the creation of privacy rules as well as the potential effect disclosure might have on alleviating psychological distress associated with the sexual assault, stigmatization of that identity, and the burden of secrecy. Through a phronetic iterative analysis (Tracy, 2020), the combination of emergent data and theoretical underpinnings reveal the ways in which survivors of sexual assault created boundaries in their romantic relationships regarding their private information within the relationship, sexual and physical boundaries, and future disclosures outside of the partnership. Additionally, data detail the process by which survivors of sexual assault make decisions in navigating the dialectical tension of disclosure and nondisclosure, their motivations for utilizing a particular privacy management strategy, and the work they undertake to reveal or conceal all or parts of the sexual assault and subsequent physical and emotional experiences. Finally, results from this study reveal the emotional effect of various privacy management strategies on the participants.

The following details the themes and subthemes identified including descriptions of each theme as well as exemplar quotations from participants. To protect the identities of the participants, all names are pseudonyms.

Privacy Management Motivations

Participants identified several motivations for utilizing different privacy management strategies related to the relational dynamics in an intimate relationship or explanations for trauma symptoms or boundaries. The varied motivations of privacy

management participants ultimately influenced the level of disclosure or privacy a participant chose. Therefore, considering the motivation for choosing a particular strategy is integral to understanding the ways in which participants managed their private information. Participants were not always motivated to disclose their experiences, though some form of disclosure often happened. In some instances, participants used nondisclosure or hinting as privacy management strategies. Motivations for nondisclosures or hinting are included in this section, as privacy management is not simply disclosure but a dialectical tension in which disclosure and privacy coexist (Petronio, 2002). Participants in this study chose to use different privacy management strategies (1) to test the relationship; (2) to account for unintended bodily disclosure and trauma symptoms; (3) to explain or justify physical or sexual boundaries; and (4) to preserve relational health or fulfill a sense of obligation in an intimate relationship.

To Test the Relationship

Participants used disclosure of being sexually assaulted as a way of testing the relationship to determine whether it was worthwhile to continue in the relationship. They wanted their partner, the recipient of the disclosure, to respond in a positive way, thus, deepening trust and validating their desires to stay in the relationship. Participants paid close attention to how their partners reacted, not only to gauge the potential for future disclosures but to determine whether they should stay in the relationship at all. “I wanted to see how he reacted to it,” said Chelsea, “because if he reacted poorly, then that’s an easy out.” Although participants wanted validation or affirmation from their partners upon receiving the disclosure, if they responded negatively, with that information, they could make decisions for the future of the relationship. Lydia reported:

> Because we were not officially dating, I think it was one of those where I could have disclosed it to him, and if he was like, "peace, I'm out," I would have been, "great, cool. We can end this conversation" …I usually allow that to be a first part of the conversation because…how they respond to me is actually how I feel about moving forward with the relationship.

Many participants first disclosed their experiences to their partners early on for this reason. Amy detailed telling her partner before they even went on their first date. She described her decision calculus, saying:

> Our [first] date was coming up…I remember trying to figure out the timeline, like "when do I share it? Do I share it before we go on a date? Do I share it on the first day? Do I share it later?"

Alongside participants disclosing their experiences early to a new partner, many found telling a new romantic partner to be easier than telling other people in their lives (e.g., parents, long-time friends) because of the newness of the relationship. A disclosure to a new romantic partner brought less risk than a disclosure to someone they had known for a long period of time. The loss of a new romantic partner was determined to be less of a loss than that of a close family member or friend they had had for a long time. "I didn't think [he] was going to stick around, so it was easy to tell him," said Katie, "the people that are close to me already, I don't really disclose it [to them] unless they ask. I'm more careful with the details."

This theme revealed that participants recognized the response of the recipient of their disclosure provided a wealth of information regarding how the recipient might respond to future disclosures if the relationship were to continue. Participants highly

valued their partner's response and in addition to testing for future disclosures (Petronio et al., 1996), used it as a means of testing the future of the relationship.

To Account for Unintended Bodily Disclosure and Trauma Symptoms

Many participants experienced trauma symptoms after the assault. This manifested in panic attacks, nightmares, vomiting, and severe aversion to sex and physical intimacy. Their bodies inadvertently gave away the fact that something was wrong before many were ready to verbally make the disclosure of their experience to their partners. Some participants determined that they would still have told their partner about the sexual assault but if not for the physical symptoms of the trauma, they would have told their partners much later than their bodies forced them to disclose. Rather than initiating the first vulnerable disclosure, Ericka wished she could have disclosed after her partner's disclosure as a reciprocal act, however, because of the trauma symptoms, she felt obligated to tell her partner prior to spending the night with him for the first time. Ericka described her experience, saying:

> It was the first time that I planned on staying the night with him because I knew there were going to be questions about why I have night terrors…I think I just felt like I had to tell him, because I did not want to freak him out by waking up in the middle of the night dreaming and flailing around, and I mean, I felt like I had to tell him just to give him a heads up on what his night might be like. I think I was more obligated to tell him. If I didn't have nightmares like that I probably wouldn't have [told him what happened] until he told me about what happened to him.

Although they did not disclose preemptively like Ericka did, Gabriella and Katie also found that their trauma symptoms manifested during times of sex or physical intimacy (e.g., kissing, sleeping next to each other in the same bed), so, when faced with the potential for sex or physical intimacy, they decided there was a need to tell their partners when it triggered a trauma response. Specifically, Katie said:

> I snuck into his house to watch a movie, his parents were asleep, and he said I should just stay the night, and so I said yes. But then I found I could not fall asleep next to him, and this was because I was assaulted while I was sleeping and woke up to it. I just had all this anxiety and I couldn't sleep the whole night, so when we woke up, I'm like this is a problem.

Gabriella described her physical interactions with her partner and the difficulty her PTSD presented for her relationship, saying:

> Anytime I would do anything physical, even kissing, my stomach would get really upset and occasionally, in the middle of something, I would throw up even if I mentally wanted to do this and wanted to be there. It was like my body trying to protect me. It was a defense mechanism…And I finally told him that I had been diagnosed with PTSD and my psychiatrist and therapists have come to the conclusion that [the vomiting] is a PTSD response…when I finally did tell him, I felt really bad because I was like "oh my gosh! He probably thinks that he's doing something wrong and so then I was like no, no, no, it's not you.

Physical intimacy was not a prerequisite for trauma symptoms to manifest as many participants experienced symptoms due to nondisclosure and the burden of keeping the experience a secret without professional help to process the trauma. Conner, after decades

of not telling anyone about his experience, began to experience recurring nightmares. He reported:

> I had this vision of putting it in a box and up on a shelf in some closet and just keeping it there, and never wanting to take it down. So, the last thing I wanted to do was talk to anybody, and the nightmares really just forced me into it.

After seeking out professional help due to the nightmares, Connor then disclosed to his wife. Connor described them, saying, "when certain things happened, I was physically disassociating, freezing, or not able to respond, sometimes for hours." These symptoms, along with freezing and panicking during sex, prompted his partner to inquire about his childhood experiences, blaming his parents. These symptoms prompted Connor to disclose the details of his experience to his partner upon remembering the experiences from his childhood through counseling.

Meagan unintentionally disclosed her experience to her partner in a state of panic due to trauma symptoms from the assault. After the panic subdued, she realized she disclosed too much based on her partner's reaction and found herself needing to backtrack. She described the experience, saying:

> [After] I saw [the perpetrator] at that park, we were sitting in the car and I was having a panic attack. I said something like, "I can feel the bruises; I can still tell you exactly where they are. I can tell you where the bite marks were. I could tell you where everything was" …it came out in an emotional response, and I know that was too much for him.

However, experiencing trauma symptoms did not always result in disclosure. Instead, participants found themselves faced with navigating the dialectical tension of disclosure

and privacy in which their bodies were physically disclosing a trauma experience while at the same time they sought to keep the details of their sexual assault from their partners. Maxwell did not have a desire to disclose any details regarding the incident to his wife, however, there were moments where his PTSD almost resulted in a disclosure. He reported,

> I never considered sharing my experiences of sexual assault with my wife…because I have really good knowledge on how shitty women are treated after assault…the closest I ever got was when the PTSD symptoms really kicked in before I hit therapy, before I made a disclosure to a medical person, because I was trying to forget about what happened but the mind wouldn't let me do so. I think that was the closet I ever came [to telling her].

Similarly, some participants, although not disclosing everything about their experience, decided to disclose enough to explain their trauma symptoms. Explaining their physical symptoms, they determined, did not require them to give the full details of their assault experience, rather, they gave enough so their partners' curiosity regarding the cause of those symptoms would be satiated or the seemingly "irrational" behavior explained. Sadie described her first disclosure as not really a disclosure. "[It was more] of a 'you can sense something's up' type thing. The first time we were intimate, I was just super nervous and then I cried, so that's going to prompt questions," she said. Eden agreed, saying,

> I would have panic attacks when we were having sex and so I had to do something because otherwise I think I looked unhinged. I had to explain a little bit and he didn't need the whole backstory for me to look less unhinged. He didn't

need everything, he just needed enough so that I could get to the point where I was like now you understand.

Eden also determined that absent the trauma symptoms, she might not have disclosed to her partner at all since the disclosures were for the purpose of explaining her physical symptoms. She was experiencing a severe trauma response at the start of their relationship; however, by the time of the interview, she was no longer experiencing the same levels of disassociation or panic attacks. If she had met her partner at that mental state, experiencing fewer symptoms of trauma, she felt the need to disclose might have been nonexistent. Specifically, Eden said, "All of the symptoms of being a rape victim have gone away. I'm normal again…If we probably would have held out a little longer, I probably didn't need to disclose."

The embodied nature of the trauma of sexual assault affected the privacy management of the participants as revealed in this theme. Where their trauma symptoms manifest in their bodies, participants felt they had to account for these symptoms in some way, most often, disclosure. However, these disclosures rarely included all of the details of the incidents as participants still attempted to conceal the more vulnerable details of their experience.

To Explain or Justify Physical or Sexual Boundaries

In an intimate, romantic relationship, there is often the expectation of physical intimacy (e.g., kissing, holding hands, hugs) and sex. Many participants found their physical and sexual boundaries to be more rigid than they perceived to be expected by society or their partners. In order to explain or justify their boundaries for sex and physical intimacy, participants found disclosure of their assault to be necessary. Katie had

not been physically intimate with anyone since being assaulted so she was nervous at the thought of it with her current partner. To "clear [my] conscience," Katie said, "I just shared it pretty bluntly, like exactly what happened just so I could kind of explain and justify why I wasn't interested in being intimate." Similarly, Susanna reported, "sex in a relationship is a really difficult area anyway…I kind of had to explain where I was coming from and why it was just a really sensitive topic for me."

Often, these disclosures came prior to any physical intimacy or sex as participants attempted to preempt the request or risk for either by their disclosures. Participants did not want their partners thinking that they were not interested in a romantic relationship with them and wanted to explain the reason for their hesitancy in sex or physical intimacy was not because of anything the partner had done but was because of the experience of assault. Amy said,

> Prior to our first date, I did tell him about my sexual assault because initially what matched us was, I had commented on one of his [Hinge, a dating app] prompts and one of his love languages was physical touch. So, I said, "oh we have the same love languages." I had wanted to tell him in person [about being assaulted] because I felt that's just something that you would tell somebody in person, but then I kind of thought about it, and I was like well, he already know that I really like physical touch like hugs and holding hands and all of that, but, since my sexual assault, he was the first person I had dated since that and really ever dated at all that was very serious…I was like "it's not really something that I wanted to tell you over the phone, but if I seem like I don't want to hold your hand or don't

> want to give you a hug, it's not you, it's just that I have these boundaries because I was really hurt several years ago," and he has totally respected that.

Megan also told her partner prior to their first meeting in person. She did not want her partner to think she could not meet his needs or expectations, so she disclosed as she wanted to make sure he knew she was romantically interested in him:

> I was worried more about him than myself in this case because I was like, "oh well I don't want him to think something is wrong so I'm just going to disclose this information that I'm maybe not really ready to [disclose].

Disclosures to justify or explain boundaries for sex and physical intimacy were not necessarily complete with all of the details of the assault. Most often, participants told enough of the narrative or hinted at the potential of underlying circumstances which would explain enough to justify their boundaries without revealing the information they deemed made them more vulnerable. For example, when Chelsea set her physical boundary at kissing, she said, "I don't want to do anything else. This is as far as we're going to go right now and we can talk about it later." Chelsea went on to report:

> I told him I haven't had sex for this amount of time but I didn't tell him why. I had thought about it and I was like I don't know how to approach this with somebody new and to explain all that.

Although they often did not disclose all of the details of the assault, participants found when they had more rigid sexual and physical boundaries than what might be expected by society or their partners, they felt obligated to disclose at least part of their experiences to their partners. Sometimes participants made these disclosures to avoid putting themselves in uncomfortable positions, but most often, their disclosures were out of concern for their

partners as participants did not want their partners to believe they could not fulfill the sexual needs in the relationship or were not romantically interested.

To Preserve Relational Health or Fulfill a Sense of Obligation

Romantic relationships can bring additional expectations for not only physical intimacy but emotional intimacy as well. Participants expressed their desire for partners to know their assault experiences because they anticipated it would play a role in their relationship or because of their emotional preferences and comfortabilities. For instance, Skylar said:

> I think I wouldn't feel emotionally comfortable sleeping with someone who didn't know that [assault experience] about me because I feel that it's had such a big impact on who I am and also who I am in those relationships.

In the past, Jessica also felt the assault had influenced those former relationships, and "anticipated in future relationships that it'd play a role," so she disclosed to her current partner as well. Furthermore, participants felt an obligation to share their experiences with their partners because of the nature of an intimate relationship. This was not characterized as a negative obligation; rather, they saw it as an opportunity to be known in a deeper way by their partners, describing it as an important moment in their relationships. Lydia described her disclosure as a pivotal moment in their relationship, saying:

> I think that was a good moment where we recognized that hey, I can share heavy stuff with you or you can share heavy stuff with me and we're not going to react in a weird, not great way here. We're going to sit here and go, "what do you need?"

Morgan also said her disclosure was a pivotal piece in their relationship although she did not want to disclose it at the time she did. During a conversation discussing their future plans and the future of the relationship, Morgan wanted to show her partner how much he meant to her in the relationship. She described the experience:

> I kind of just was like, "okay, we're not serious yet, but if he gets serious about me, then he'll probably want to know the ins and outs of the darkest parts of my life because I will know his.

Similar to participants disclosing to justify their sexual and physical boundaries, participants who disclosed to preserve relational health or fulfill a sense of obligation characterized disclosure as a way to care for their partner and the relationship, rather than contribute to their own healing process. For example, Lydia felt that her partner deserved to know and because her assault happened as a child and the disclosure to her happened 20 years after the assault, she felt she should disclose, not for her own healing or comfortability in the relationship, but for the sake of her partner. "Personally, I feel like at that point I had already dealt with it so well that me disclosing to him was more about my caring for him in the relationship and less about me," Lydia said, "it's still something where he deserved to know." This theme speaks to the awareness participants had of the potential effect of their experience on the relationship as well as the potential effect of their disclosure on their partner. Therefore, in an effort to best care for their partner and the health of the relationship, they made the decision to disclose, not because of their own needs or desires, but of the responsibility they placed on themselves to maintain the health of the relationship.

Privacy Control

Participant managed their private information (RQ1) through various control behaviors. Privacy control, an element of CPM, describes the way privacy rules are formed by the way people chose to reveal or conceal certain pieces of information (Petronio, 2013). This element is particularly concerned with the way individuals manage information that they deem makes them vulnerable. Participants relied upon a number of strategies to control information regarding their sexual assault experience, especially the graphic details of the experience and the aftermath of the experience. Strategies participants utilized to control this information are discussed in the following section. Again, for some participants, the result of their control was not full disclosure as some chose to not disclose at all or to hint or test the waters to determine if they should disclose more. These instances are included in this section as privacy management is inclusive of these measures to control private information. Specifically, participants displayed privacy control behaviors (1) prior to their first disclosure; (2) during the first disclosure; (3) and throughout the privacy management process.

Prior to their First Disclosure

Privacy control manifested at various stages throughout the disclosure process, particularly in the stages before the first disclosure. Before their first disclosure to their partner, survivors of sexual assault deployed several strategies that ranged in levels of planning for the disclosure.

Resource Seeking and Consultation. For many participants, disclosure of their experience was methodically planned, and they sought out external resources to aid them in their disclosure or persuade or solidify in their minds that disclosure was necessary.

Participants sought resources from a plethora of sources. Harmony consulted her sister prior to disclosure, saying, "She's been sexually assaulted in her past. She's now happily married, and she was telling me how she disclosed that to her partner." Eden, among others, described talking to her therapist before telling her partner, working through different scenarios or practicing the language she would use for her disclosure:

> I had had a conversation with my therapist before about what to do if he responds badly, what to do if he responds like this. I think my biggest fear of him responding was that he was going to ask me a lot of questions…we had practiced a lot of what to do.

Connor contacted rape crisis call centers, but did not find them to be a helpful resource as they typically focused on female victims rather than male victims. He described the experience, saying:

> It was just tough for me to get in with those because of the whole stigma of a young man and being afraid of not being believed…Just saying the word "rape" out loud was, just, yeah…I've spent decades preventing myself from giving any sort of reaction or talking about it, so saying it was just one of the hardest things I've ever done.

After consulting his therapist, Connor decided to write his wife a letter after finding the words impossible to say out loud. Through the letter, he was able to start the difficult conversation and continue it verbally after first broaching the topic in written form.

If they did not consult a therapist or someone in their social circle, participants looked online for resources to aid them in their disclosure or to help them decide whether they should disclose in the first place. Sadie found a mix of survivors having positive and

negative experiences disclosing it to their partners, but overall found the stories of people online to be helpful. She said, “it’s nice to know that you’re not alone. There are people to do this with you.” Morgan read through the comments section of a TikTok video with the title of, “are you thinking of telling your partner about the deep parts of your life that makes talking about sex so hard or that makes that part of your relationship so difficult to dive into?” Morgan reported, “the comments in there were uplifting and nice and it really just did it for me…like, ‘okay these people have really good experiences and this is how they did it and that was really nice.’” Similarly, Chelsea took to Google and Reddit to learn how others had disclosed sexual assault to their partners. In addition to looking for other survivor’s perspectives, she wanted to see what recipients of these disclosures were saying, searching, “my girlfriend just told me she was sexually assaulted, what do I do?” The results from this search convinced her to disclose to her partner:

> [It] cemented in my mind that I needed to do it at that point that I was at. Like it confirmed that yeah, we’re at this point because all the things I read from the receivers [of the disclosure] were like “I’m glad she told me; I’m glad she feels comfortable telling me that,” so that made me feel better about doing it.

Participants were keenly aware of the potential affect this disclosure could have on their partner, themselves, and the relationship. Therefore, their preparation not only attended to their own emotional needs (e.g., “I am not alone”), but attended to the potential needs of the recipient of the disclosure. This theme demonstrates the strategic nature privacy management often takes as participants contemplated the way in which they would disclose to their partner and how to best mitigate a negative response.

Setting of the Disclosure. In addition to the research or consultation participants underwent prior to disclosure, they often intentionally made the decision to disclose their sexual assault experience in a particular setting, including over the phone, in person, or while participating in an activity. The chosen setting often influenced the nature of the disclosures.

Over the Phone. For many participants, their first disclosure to their partners happened over the phone whether a regular phone call or a video call. Several participants were in a long-distance relationship with their partners at the time of disclosure, thus, did not have the opportunity to disclose face to face at all. For example, Lydia said:

> Because our relationship was built over the phone, we had become so comfortable in phone disclosures. I think that [phone disclosures] are different than face disclosures, but yeah, I think we became comfortable in those so that probably had a play in this as to why I was disclosing over the phone, and I felt comfortable with it.

Brittney and her partner also were long-distance as the time of disclosure; however, she wished she had the opportunity to disclose in person or use a video call. She described her experience, saying, "that's probably the one thing I would have changed…I could have just seen [his] emotions a little bit differently and he could have seen mine."

Others were not in a long-distance relationship so could have opted to disclose in person; however, they used a phone disclosure to preempt their meeting for the first time to mitigate the risk of unwanted physical touch. However, phone disclosures with this motivation did not typically include the full assault narrative, but rather they disclosed

enough details to decrease the risk or explain their boundaries and waited for an in-person interaction to continue with additional disclosures. Amy said,

> Prior to like our first date, I did tell him about my sexual assault…I had to tell him on Facetime, and I was like "it's not really something that I wanted to tell you over the phone, but if I seem like I don't want to hold your hand or don't want to give you a hug, it's not you, it's just that I have these boundaries because I was really hurt several years ago," and he has totally respected that.

Meagan did not feel like she would be able to disclose the information face to face so utilized the technology to help her make the disclosure. During a conversation on Facetime, she said, "hey, I don't really know that I want to get physically involved the first time we hangout." She did not explain anything else at that point in the conversation, but followed up on it with a text message later. She said, "I waited until it was over text, because I couldn't really bring myself to say the words to him, so it was easier to text him." Therefore, phone disclosures often served as an initial disclosure with future disclosures containing more details following, unless the relationship was long-distance in which all disclosures were forced to be mediated because of the nature of the relationship at that time.

In Person. Other participants disclosed to their partners for the first time when they were in person and able to see each other face to face. Although many participants did not necessarily choose an in-person disclosure intentionally the in-person setting was by happenstance, some expressed an explicit desire for the full disclosure to happen in person even if they had already disclosed partial information over the phone. Amy, who

had initially broached the topic on the phone prior to their first date, described this experience saying:

> Once we were in person, I did share with him everything, and he did have some questions so I just answered them…I thought for me it would feel more personable [to] actually be in person with them because you can read the body language because if it's on the phone, I mean, you only see that [gestures to neck and head] much of them versus their whole body. I mean, you can tell if they're actually engaged in what you're talking about.

Activity-based. Some participants disclosed for the first time while doing an activity that was familiar to them such as grocery shopping or going for a walk. These participants intentionally picked an activity for the couple to be doing during the disclosure because they did not want to have a formal conversation to make an uncomfortable disclosure more comfortable. Katie said, "we knew this location; we knew this walk, and I'm sure it contributed to the comfortability." Harmony also disclosed to her boyfriend outside of a formal conversation. She reported:

> In some ways, it made it a lot easier because it had kind of come up naturally just in the conversation we were having…It also wasn't like "sit down, I'm about to tell you some shit" which would feel really uncomfortable for me. And then, it was also, I think, part of it was that it was a very routine thing that we've done…we always go get groceries together and we go to Whole Foods a lot and it was a very familiar environment. It was also nice, because even though it was a very good conversation – I felt good – it is an uncomfortable subject, and so it was a little bit awkward, so it was nice to just be like, "let's go to the next aisle."

For these participants, the walk, whether around a well-known park or Whole Foods, created a comfortable setting for the disclosure as they were familiar with the activity and had a distraction if the conversation reached a lull.

Timing of the First Disclosure. In their preparation for the first disclosure, in addition to their resource seeking and consultation and planning the setting of the disclosure, many participants intentionally timed their first disclosure to their partner, planning the best time of day or time in their relationship to disclose for the first time. Gabriella waited to disclose for the first time until the newness of the relationship wore off and she had more time to become comfortable in the relationship with a vulnerable disclosure. “I don’t think I actually told my boyfriend until about a year into our relationship,” Gabriella said, “I considered saying something [a couple months into the relationship], but it was still pretty new in our relationship. Harmony expressed that there was not a rule for when the disclosure had to happen. She said, “There isn’t a timeline where it's like, ‘oh it’s been six months, I should definitely tell them now,’ like, ‘it’s been a year,’ or, ‘hey, we’re about to have sex for the first time, I should definitely tell them now.’” This belief varied as some expressed the necessity to offer the first disclosure to their partners early in the relationship for the benefit of the survivor, recipient, and relationship. Conner recommended other survivors tell their partners earlier than he told his wife, saying,

> Certainly, the sooner, the better, and I’ve heard this from other survivors, and it rang true that their partner won’t be that surprised or not as surprised as you would think or fear, because they know there’s something going on you’re dealing with…it’ll be a relief to them as well by you disclosing.

Additionally, waiting for the disclosure, one participant broke up with her current boyfriend before getting back together and disclosed to him while he was overseas to mitigate the risk of sexual intimacy and because she did not want to acknowledge the incident happening in her life:

> Interviewer: You disclosed to him for the first time after your first breakup happened?
>
> Brittney: I told him [then] because there's no risk of him actually being able to do anything wrong.
>
> Interviewer: No risk of sexual or physical intimacy or something else wrong?
>
> Brittney: Yeah, and at that point too, he's overseas and we're not going to obviously be able to do anything like that. Then, he doesn't have to know about it necessarily because you're in denial. I was in denial about it because it's like you have this bad thing happen and you're like I don't want to remember it, so you try to push it out as far as you can.

Participants were aware of the significance of the disclosure both for themselves and the relationship, thus, often considered and reconsidered the timing when planning the disclosure. However, they emphasized in advice to other survivors that this timeline is unique to each person and their relationship.

No Preparation. Conversely, many participants did not feel the need to prepare before disclosing to their partner whether that be putting thought into the setting, conducting prior research, or practicing through their disclosure. They did not think about the timing of the disclosure and disclosed because the opportunity presented itself or they simply felt like disclosing. Susanna said, "I literally blurted it out…I don't think it was

something I formulated" Sadie agreed, saying, "[It was] definitely not a plan. [It was] one hundred percent circumstantial." Delany felt because of the nature of her relationship, the conversation did not require any preparation as past difficult conversations did not require her preparation. She described her experience, saying, "I never with [fiancé] sat down and thought, 'okay, this is when I'm going to say what to him. This is how I'm going to say it." Amy did not feel the need to prepare for her conversation with her partner either. She attributed this to her faith and divine intervention as she was confident God would help the conversation flow naturally. She said,

> I just told him. I think the Lord just helped with that too. He really helped the conversation be able to flow and that's not something that you can research, you know…I've had a lot of peace about things, so I didn't rehearse anything.

Participants who did not put much preparation into their disclosure relied on their past experiences of disclosing sexual assault to inform their disclosure to their current partner as well as based on the trust they had previously established in the relationship (or a higher power), confident they would disclose succinctly and their partner would respond positively to the disclosure.

While Drunk. Participants also described disclosing while drunk, which challenged their control of the information, as such revelations were often unintentional. Jessica described the experience says, "I didn't really think about it beforehand…it kind of just slipped out, and to be really honest, we were intoxicated." Eden had a similar experience where both she and her partner were drunk when she first disclosed to him. "The very first time that I hooked up with him, I spilled the beans that something

happened between me and my ex…I was also very drunk…and [boyfriend] was drunk too."

Participants shared mixed feelings about their disclosures while intoxicated. Jessica considered it to be a "good accident," saying, "If I were sober in that moment, I probably wouldn't have told him or I would have left it way more open-ended than I did." Conversely, Chelsea, carefully managed her private information, saying, "I've always been kind of scared that I'll drunkenly say something to my current boyfriend, so I've been very careful about that." Therefore, even in participants' drunken disclosures, they still were methodical in privacy management attempting to avoid disclosure or concealing certain details they did not wish shared at the time.

First Disclosure Approaches

In participants' first disclosures to their partners, they approached the conversation in several different ways. Some participants intentionally wanted to disclose one time and never revisit the conversation. At the same time, others planned to piecemeal their disclosures over the course of their relationship so intentionally withheld details in their first disclosure. The following section details these participants' approaches to first disclosures including (1) intentional single disclosure; (2) ongoing and incremental disclosure; (3) downplaying; (4) partial disclosure; and (5) accidental disclosure.

Intentional Single Disclosure. Some participants went into their first disclosures to their partners intentionally planning a single, one-time disclosure. They did not want to revisit the topic again but rather wanted to say everything they had to say in one conversation. Participants specifically communicated to their partners they did not want

to approach the topic again. “I definitely laid it all out on the table, like here it is,” said Susanna, “I’ve told you and I really don’t want to talk about [it] again, not as much of like let’s relive it again.” Other participants did not explicitly tell their partners they did not want to revisit the topic. Skylar said,

> I think these days I tend to just tell the story, you know, pretty much exactly as I told it to you, kind of right at the beginning, generally at some point before we sleep together for the first time, and then I wouldn’t mention it again.

Participants perceived control regarding the initiation of future conversations as resting on them. Thus, they chose to not revisit the topic. “I haven’t really ever thought about bringing it back up,” Brittney said. “My brain just doesn’t think about bringing that conversation back up because I’ve had it with the people that I want to have it with.” Oftentimes, the desire to say it all in one conversation came because the participant did not want to subject themselves or their partner to the emotional toll disclosure can have on a person. Susanna recognized the difficulty in bringing the conversation up over and over again, saying, “it’s just one of those super uncomfortable things and especially when you see the person you love rehash a very traumatic experience, you don’t know if [disclosure] is necessary.” In other’s experiences, they simply did not feel the need to return to the conversation again or go into great depth regarding the details if future conversations happened to arise as they feel it was not as salient in their current lives or identity. Lydia described her experience, saying:

> Honestly, since then [the first disclosure], we haven’t really talked about it. It’s just kind of been one of those we talked about it, he knows about it, but because I don’t feel the need to talk about it anymore, because it’s just not who I am, we

> don't really talk about it as much…. we'll never delve into it again because we just don't feel like we need to.

Through this theme, it is evident participants put thought into their first disclosures and intentionally planned to disclose once, whether the full details of their experience or not, and never return to the topic. Participants planning an intentional single disclosure exercised control regarding their information either explicitly communicating they would not revisit the topic or by simply not bringing it back up again. These participants were aware of the need to disclose their experiences but for their sake and the sake of their partner, this disclosure occurred one time in the relationship.

Ongoing and Incremental Disclosure. For participants who did not approach their disclosure with a single, one-time disclosure in mind, they incrementally revealed their experiences and emotions to their partners over time. These participants differed from those who planned a single, one-time disclosure in that they did not set a specific boundary, whether explicitly or implicitly, in their first disclosure, leaving the space for future disclosures if relevant or necessary. Oftentimes, a revisiting of the conversation and further revelations of details were initiated by external circumstances such as a trauma response being triggered or therapy sessions. Katie said:

> We brought it up a few times…I saw him [father of the perpetrator] and I knew it was him and he knew it was me, and he pretended nothing happened. I called my husband; I was crying. I'm like, I can't cry at the [convention] and it was kind of refreshing. He's just like, "he has no idea who you've become, what you've done in spite of his son." It was very thoughtful and then I think when we hear about

> stuff in the news and sexual assault and things, he will reference what happened to me…he'll bring it [up] within the context of what we're talking about.

Delany also mentioned ongoing conversations spurred by therapy or new memories after their first conversation about the assault. She described her experience, saying:

> At that time, we talked about it on the surface level, like the facts were laid out, but not all the feelings and emotions…now, I'm just bawling, and he didn't get it, but he was still comforting and understanding because we were both learning about it together. I would go to therapy and then we would talk about my therapy sessions…and we would talk about what I was learning in school and go back and forth. Or there's sometimes I'll remember things now, and I'm like, "oh my gosh, I never told him this," and then we'll have a conversation.

Incremental disclosure, unlike those revealing the assault details in a single, one-time disclosure, was often unplanned. It occurred naturally as the relationships of participants progressed over time. Often, these disclosures took place over many years. Harmony described her privacy management process, saying, "I didn't plan out the conversation; it kind of happened piecemeal over honestly a few years." She would disclose a bit more of the experience or reference present day happenings reminding her of the assault, however, did not tell her partner the full details of the experience until recently when a conversation prompted her partner to say, "you never really told me about that. Do you want to? Can I ask what happened?" to which she offered additional details to her experience. Although Harmony was comfortable offering additional details to her partner, when presented with the opportunity for future disclosures, participants responded with varying amounts of new information determined by what they were comfortable with

additionally revealing. Katie continued to stay more surface level and redirect the conversation, saying, “typically, I won’t dive deep into it. For example, if he were to ask, ‘did I call the police when that happened,’ ‘yep, I did,’ and then I change the subject. I don’t dive deep into it.” Jessica agreed saying she attempted to keep ongoing conversations focused on the present-day feelings she was experiencing rather than the details of the experience or feelings from the past.

Sometimes the incremental disclosures took place as a natural part of the conversation; however, other participants planned and prepared for future disclosures, contemplating the depth and detail they wished to go into in that conversation. Connor is very calculated in his ongoing disclosures, saying, “every time I’ve disclosed to somebody, I’ll take some notes. Taking notes, writing it down, and having, ‘here’s the short version, here’s a little deeper version’ helped.” Often, participants made decisions about what additional details to share and when based on their partner’s capacity to receive the disclosure as they did not want to hurt them by providing additional details. Largely, ongoing privacy management behaviors were characterized as done more for the benefit of the recipient than the benefit of the survivor of sexual assault making the disclosure. Chelsea described this decision calculus, saying, “Whatever I'm going to share, [I ask], is this going to add to our conversation or our relationship in any meaningful way?” She continued, saying, “I know it hurts him to hear and so I don’t want to just say it to say it and hurt him. So, I definitely do think about is this going to actually meaningfully add anything to our conversation.” Eden agreed and reported:

> I told him a lot and I told him a lot very slowly. He had to learn that I self-harmed. That was a very hard conversation we had because I relapsed when I was

> dating him and he had to be like, "what happened?" and I had to be like, "sometimes I cut myself," and that's a really fucking weird thing to say to people…so with [boyfriend], I've told him things very slowly because it's all I think he can digest. I really don't think he could handle it if I just sat down with him and was like, "I was sexually assaulted in high school. I was raped in college. I self-harm. I'm Bipolar Depressive. I go to therapy. I'm on a lot of meds." If I would have ever just come clean to him about everything that I've kind of gone through in my mental health, self-harm, rape-whatever journey, I think it'd be too much for him to handle, so I've kind of spoon-fed him it…He knows most of the shit and he's dealt with it very well but I don't think I will tell him [everything].

Participants were keenly aware of the affect ongoing disclosure would have on them, their partners, and their relationship. Therefore, as they continue disclosing additional details, they often carefully considered when to disclose more and what the contents of the disclosure would contain. Even for participants piecemealing disclosures out over time, they still placed a large emphasis on doing so in a way in which would care for their partners. Participants typically prioritized their partners mental and emotional needs over their own as they continued the privacy management process.

Downplaying. When disclosing to their partner for the first time, many participants attempted to downplay their experiences or emotions related to the experience. This was often done to reduce their anxiety about the disclosures or to lighten the disclosure of a heavy topic. "I think maybe out of nerves of telling him, you know, just because it's a hard topic I tried to lighten it up," Katie said. "I kind of said like, 'but it's no big deal'…looking back, [it's] like no, no, I can be serious about that." Many

participants attempted to make a joke out of the experience as a means to downplay their emotions about the experience or disclosure. When asked what recent conversations look like, Eden said, “We joke about it a lot. Like one time, I told him if I was a comic, I’d lead with my rape and he was like, ‘don’t say that.’” Delany also mentioned joking to downplay the trauma, “I wish I didn’t make a joke out of it. I wish that I had the language. … like it almost felt silly that I was joking about it at a point.”

In instances in which the participant had disclosed their experience to other people in the past before disclosing it to their current partners, the reactions of previous recipients influenced their disclosure to their partners now, resulting in their downplaying the experience. Delany described this experience, saying, “you really don’t know what to call it and so you kind of start telling people and you get mixed reactions.” She found herself adopting the attitudes of the recipients of her disclosures. “I had someone laugh when I told them about it so I was like, ‘should I be laughing about it?’” Delany continued, “I didn’t want to be dramatic or overly sensitive. I wanted to be cool, you know, so I even was semi-friends with the rapists.” Jessica also found past confidants’ responses influencing current disclosures:

> The first people I told were my mom and my sister and my mom just did not react well at all because it was my ex, and she loved my ex. So, she was like, “okay yeah, but sometimes you’ve got to give a little bit and take a little bit in relationships” and I was like well, “[that’s] literally the definition of assault so stop it.” I think having that bad first experience really influenced the experiences later.

When downplaying her experience to her current partner, Delany, taking her cues from past disclosures was met with a different response than she had previously experienced as her current partner validated her and showed her how to express her anger:

> I said it to him [her current partner] as a joke, like I was joking about it to him…and he dead ass looked me in the face and was like, "do not joke about that ever. That should not have happened to you. That should not happen to anybody and he was very serious about it. That was kind of the first validation that I got that what had happened to me was rape and that it was okay for me to be mad because somebody was showing me that they were mad. He did that for me. So that was the – oh my gosh, I want to cry thinking about it – but that was the first time it had been validated.

In addition to downplaying as a means to reduce their own anxiety or as a result of past poor responses to the disclosure, participants also downplayed the experience and the effect it had on them for the benefit of the recipient of the disclosure. Katie wanted to make the news easier for her partner. "I mean, you don't want to scare a good guy off with your sad story. What can you do to hang on to someone you love?" she asked. "You just try to make it easier for the other person, but I think that came as a detriment to me."

Privacy management of sexual assault is difficult and uncomfortable for both the discloser and recipient. Downplaying the experience and its emotional effect alleviated some of the anxiety participants had regarding the disclosure but their downplaying and joking could be damaging to their emotional health as the full scope of their needs was not able to be met.

Partial Disclosure. Often, participants chose to not disclose the entire story regarding what happened to them at the time of the assault or the events and their emotions following the assault, particularly in the first disclosure they gave to their partners. Instead, they chose to intentionally conceal vulnerable details regarding their experience and emotions while at the same time, disclosing other pieces of information. Gabriella said she told her partner the "bare minimum" and although her partner has asked additional questions, she has never provided the details of exactly what happened. Harmony first hinted at being sexual assaulted during a drinking game saying, "oh well, my numbers between consensual and non-consensual sexual experiences are different," and although the disclosure felt good to share, she did not feel it was the right time or place for additional details. Jessica also made the decision to reveal and conceal certain details she did not feel important. She said,

> Because of how my previous partner reacted, I'm just like well, [current partner] doesn't need to know the details. Also, it's just kind of over time, realizing that details just aren't important. One version of assault versus another doesn't make one better or worse, you know, it's just how it impacts the person.

Although they did not disclose all of the details in their first instance of disclosure, some participants returned to the conversation later and gave further details after the first conversation. Delany's first conversation with her partner did not contain a lot of details, but in more recent conversations throughout the course of their relationship, she revealed more. She described these conversations, saying:

> It was just very surface-based like I didn't say anything about these feelings. I didn't tell him the things that the guys said to me. I didn't tell him it was after that

> that I had a lot of pain in my vagina. I didn't talk to him about that stuff. I didn't talk about the really gross, nitty-gritty detail, but he knew surface level…now he knows. He could write a whole book on it if he wanted to, but I think at that time, I didn't know what to say. I didn't want anybody to fucking know some of that stuff was really gross; it makes me cringe.

Conversely, Chelsea offered a partial disclosure and wished she had revealed more details to her partner about what had happened. "I don't wish I had told him sooner, but I do wish in the conversations that we had before just about sex in general that I was more open about some of the general discomfort I felt around it," she said. "I wish I had explained it to him a little better."

Partial disclosures served many different purposes. Often, participants used a partial disclosure to test the waters for a future disclosure. Maxwell, instead of giving minor details about his experience, chose to create a story to see how his wife would react before telling her of his own experience of assault:

> I kind of make believed a patient at work saying that he was raped by a woman, and she [participant's wife] kind of sported back the same excuses that you used to hear, I mean, you still hear them with women, right? "Oh, he shouldn't have been there," "he could have fought it off," "if he had an erection that was what he wanted," kind of thing…when it comes to sexual assault and penetration, especially from a female to a male, the standards are different. I'm just going to be blunt; they're different.

Similarly, other participants tested the waters with partial disclosures before revealing details they deemed to be more vulnerable. They used this to see what their partners'

response would be and if they could trust them with additional information or trust them to provide future support. Delany described the purpose of the disclosure as asking, "is he a safe person, basically?" Lydia also wanted to know how her partner would react and described this experience, saying, "I just wanted to test the waters and share this thing with [him] and see how [he would] react…it's still a big topic and [he] could still support me if I ever needed to have other disclosures." Jessica agreed as she had previously disclosed the experience to past partners who did not react positively to the disclosure:

> How a person responds, tells me a lot about if I'm going to tell them more or if I'm going to bring it up again. I think what I mean by that is if a person ever gets extremely angry like my past partner did, then I'm just like, "okay, cool." Not that they brush if off, but more so that they are like, "that's something that happened, I'm sorry," I'm like, "okay, cool, I can trust you with more information." Or, if they tell me about their experiences, I'm like, "cool, I can trust you with more information.'"

In instances in which participants felt they could not trust their partners with future disclosures because of the results when they tested the waters, they were faced with offering other explanations for injury or trauma symptoms working hard to ensure they covered their tracks and the truth was not revealed. Maxwell underwent significant effort to ensure he did not accidentally reveal his experience or any details to his wife; however, physical injuries and PTSD made this difficult. He said,

> I had sustained bodily [injury] in addition to PTSD. I actually had sustained bruising and scars, and I had been hiding them for like a month, and at that point, I couldn't even lift my arm up because it was totally jacked up. So, the [urgent

> care] person was like, "you've got to go talk to your doctor," and when I talked to my doctor, she was like, "no, do not mention it to your wife at all. You already knew this, but I'm telling you right now, don't tell her. You're protecting her. It's not going to go well…" I hate to say it, but I'm very good at lying. I mean, there are ways she probably could find out and I would be totally fucked. I hate this about myself, but especially after the rape, I've just been very good about covering my ass and making sure that nothing hints back to the truth or true depth of what happened… I've become more deceitful towards my wife, as well, and so that does naturally create tension at times.

Participants offered partial disclosures because particular details were no longer salient, to bide time until there was a more appropriate setting for disclosure, or to test the waters for future disclosures. These disclosures were measured in that participants intentionally concealed information while revealing other details in varying amounts.

Accidental Disclosure of Details. A couple of times, participants detailed accidental disclosures where they shared parts of their sexual assault experience with their partner that they did not intend on sharing with them. Often, these were details participants deemed to be more vulnerable that they had intentionally withheld from their partners. Brittney said she accidentally shared the perpetrator's name with her partner. She reported, "he of course said some vulgar words about him [the perpetrator] and I'm like, 'you don't even know the guy'…at that point, I'm trying to get him to stop talking about it." Ericka also found her partner to get upset when she accidentally told him details about what occurred during the assault, however, she felt like leaving those out would have meant she had to lie to her partner. Sadie did not regret sharing specific

details with her partner; however, she did wish she had not disclosed the emotional effect it had on her:

> Sometimes I wish that I didn't share how I was truly feeling emotionally because he's very receptive but not understanding of it and then it's like you can't really liken it to another situation. I think that the only thing is just sometimes sharing how emotionally, I'm going to use this word, damaged, which I [wish I] wouldn't have always shared that.

Some participants only had accidental disclosures when they were drunk, and they would have not disclosed had they not been intoxicated as they are calculated in their sober disclosures. Eden's first disclosure happened when she was drunk and reported she accidentally told her partner too much at the beginning before they had established further trust. However, after that initial disclosure, she was more measured in future conversations. She said, "there's not really many accidental times. I've been very calculated in the way I do spoon-feed him my trauma." Jessica was also drunk in her first disclosure and characterized the conversation as a "good accident," however, she said she "probably wouldn't have told him or would have left it way more open-ended than [she] did."

Participants were acutely aware of the tension between privacy and disclosure and attempted to make calculated decisions as to the details they chose to share with their partners. However, maintaining privacy around vulnerable details can be difficult even when it is desired. Emotional responses, intoxication, and simple slip-up in ongoing demonstrate the complicated nature of privacy control and its changing and volatile nature.

Ongoing Privacy Management

CPM concludes that private information, once disclosed, is co-owned with the recipient of the disclosure (Petronio, 2002); that is, both the discloser and recipient now are faced with making decisions about to how to manage the information and can make decisions regarding its management independent of the other. Often, because of the nature of co-ownership, people place more rigid boundaries around the information they believe makes them more vulnerable (Petronio, 2002). These boundaries can be explicitly established or implied. Boundary turbulence occurs when these boundaries are violated (Petronio, 2013). Participants were faced with establishing boundaries around their narratives of sexual assault as well as learning to establish physical or sexual boundaries (which many found more difficult to do after being assaulted). Therefore, the following section provides examples of the way participants set boundaries regarding the sexual assault narrative within the relationship and with people outside of the relationship, as well as the boundary turbulence experienced by participants.

Within the Partnership. Within the partnership, participants set boundaries following their first disclosure regarding their assault. Often, these boundaries were influenced by the response of the recipient of the disclosure; thus, the following themes consider privacy boundaries in relation to the reaction of the participants' partners. The themes of how partners responded to disclosure and interacted are not mutually exclusive as some partners displayed a variety of responses. For example, partners often provided some level of support while at the same time not fully meeting the support needs as outlined by the survivors because of their own unease with receiving the disclosure.

Uneasy Confidants. The couple set privacy boundaries regarding information surrounding the topic of sexual assault after the first disclosure. Often, participants would establish an open line of communication. They were willing to talk about the topic of sexual assault and their personal experiences if their partner did in fact have any questions for them. Because future conversation did not make them uncomfortable or was not retraumatizing, they left the door open for potential future disclosures, but did not initiate future conversation, instead, leaving that up to their partner if their partner desired further conversation. Lydia said she told her partner, "It's very comfortable with me to talk about. If you ever have questions or if you ever want to talk about it again, I'm not upset about it." Amy also felt it important to be open in their relationship and told her partner if he had questions to ask her, otherwise he could just "keep it and save it and just process it." Gabriella also gave her partner permission to ask additional questions. She reported:

> I just told him the bare minimum to explain my side of things and then I think over the years, he's asked more questions. He's also been very patient in asking me, "is it okay for me to ask a question? Are you in a mindset where I can ask you a question right now?" Sometimes the answer is yes, sometimes the answer is no, but I appreciate that he asks because sometimes that's not what I want to talk about…but I don't think we've ever talked about the exact details of exactly what happened.

Chelsea also told her partner that he could ask questions, however, like Gabriella, has still not told him all of the details regarding the experience as it is her perception that he does not ask questions because he does not want to know additional details.

Even when participants gave their partners explicit permission to ask questions and revisit the conversation, they found their partners did not bring up the topic again. Often when participants created the space for future conversations to disclose, they found their partners did not ask for further information or details out of their own discomfort with the topic or fear they might trigger something in the survivor. Gabriella said, "I think he is afraid to bring it up sometimes because he doesn't know if it is going to upset me." She said she has told him many times that if he has questions, he is welcome to ask them, but she still finds he never asks if he does in fact have them. Brittney agreed saying her partner did not push the topic either. "He doesn't shut down about it," she said, "but he doesn't necessarily want to trigger anything, so he doesn't discuss it in depth." Chelsea's partner never asked for additional information either, and she described their relationship as him allowing her to fill him in on what she considered necessary. Conversely, Eden said because her trauma symptoms became less frequent, her partner did not feel the need to initiate future conversations. Therefore, she felt her partner did not acknowledge or "bypassed" this large portion of her life:

> We've not really talked about it since [the first disclosure], and I don't have nightmares, I don't disassociate anymore so we've not really talked about the fact that I was raped. I'm going to be honest; I sometimes wish we would talk about it more…I kind of wish we'd have that conversation where he's like, "I acknowledge that you were raped and you are a rape survivor and this is something you went through."

For Parker, his partner was also incredibly uncomfortable with his disclosure. He detailed the experience, saying,

> She suddenly avoided the topic at all costs. [It was] my impression that she was afraid of what she was going to hear. She would switch topics; she became nervous. She tried to avoid it…she doesn't say anything about it so I guess I don't get to say anything about it.

Parker wished they could revisit the topic, but because his partner was so averse to his disclosure, he did not want to bring the topic up again. Eden also expressed regret regarding her first disclosure as she felt she was not allowed to revisit the topic. She said:

> I wish I would've told him differently. I wish I would have told him everything. I wish I would have told him – because I can't really do it now, right? I wish I would have told him everything. I wish I would've told him in a way that was more explanatory. I wish I would have told him clearer, instead of being very ambiguous with it, because I was like something happened to me, you know, instead of like playing the boogie man.

Megan agreed, saying she wished she could talk to her partner about this topic. "I want him to understand why certain things will trigger me. I just want to know that he feels something about it." Largely, the survivor created privacy boundaries based on the reaction of their partner. Therefore, if the survivor deemed their partner as uneasy with their disclosure, they did not continue communication regarding the topic even if they desired it.

Unsupportive Confidants. Similarly, many participants detailed their partners bringing up the topic in a problematic or unsupportive way, and they found themselves faced with setting an explicit boundary as to the appropriate ways to talk about the topic or avoid the topic altogether. Meagan wanted her partner to be as angry about the assault

as she was. When asked how she would have wanted her partner to respond to a disclosure, she said:

> I want you to have an emotional response. I want you to be upset the way I'm upset. I want you to for one, call someone an asshole. Do something, say something that shows you're angry or protective or whatever, instead of continuing to be so calculating and measured.

For Meagan, the lack of emotional response, kept her from bringing the topic up again with her partner. "That's probably the biggest thing that keeps me from talking to him about it. I know I won't get the response I want, and I know that I will almost feel like I'm overreacting because he doesn't react." Eden's partner also did not know how to respond to the disclosure and if the topic was brought up again, did so in a problematic way. She detailed one interaction she had with her partner, saying:

> We got a lot more drunk than we thought we would off that beer, and we were talking to each other about that, and [boyfriend's friend] said, "I bet [boyfriend] took advantage of that," and I was like, "fuck you, awesome." And [boyfriend] laughed, and just went back to eating his pizza. I remember I was really quiet the rest of the night, and then we went to another bar, and then [boyfriend] asked me like, "hey? You're being really quiet, what's up?" And I was like, "I'm going to say this once: don't ever make a sexual assault joke about me again. Don't ever do that. You do that to me one more time, and I swear to God, I will break up with you so fast like that" [snaps fingers].

After that experience, Eden concluded she would rather not bring up the topic at all than have her partner respond poorly even though she desperately wanted him to bring the

topic up again. “I’m always the one initiating hard conversations,” she said. “I’m always the one spoon-feeding him my trauma, and so, as a result, I’m always the one with another shocker.”

In some cases, in which partners did not provide the support or emotional response participants sought, they found it in other places. However, they expressed a disappointment at the fact that they had to seek support outside of their romantic partnership. One participant describes an interaction between her and her partner after they saw the perpetrator of the assault at a local park. She was supposed to pick up a donation for a non-profit she worked at; however, after seeing the perpetrator working there, she was uncomfortable with going to retrieve the item:

> I had to tell [my boyfriend] that I can’t do it, I can’t do it, and I think that was probably one of the worst moments in [boyfriend] and my relationship because he didn’t say, “oh let me go get it for you,” or “how can I help you.” He just kind of was like, “I’m sorry,” and I ended up calling my current best friend who has also been assaulted and I just cried to her. When I saw him, I just felt like I was right back there and she talked me through all of it, and then she was like, “you don’t need to go back there. I will go, just tell me what I need to say, but you don’t need to put yourself in that situation.” So, I had to go to someone else to get the support…he clearly doesn’t know how to respond to it, and so even though he’s really good at handling emotional stuff and traumatic experiences elsewhere, this is the one thing that he just, I don’t know – I just try not to bring it up anymore, because not that I want to relieve it or anything, but I try to skirt around it if it comes up because I know that he’s not going to give me the response that I need.

Even if partners were supportive to their disclosures, many participants expressed they still did not receive the specific support they needed and as a result had to attempt to control the conversations however they could. Connor said, “some will focus more on the incident and I just don’t want to go there, because I mean, obviously it was the traumatic part, but it’s really the aftermath of hiding something for decades – that’s the real trauma.” He found himself attempting to redirect conversations often to align with what he wanted to communicate to the recipient. Eden echoed this sentiment saying she wished her partner would ask, “what was that experience like? What did the healing look like? What did you grow through?”

Shutting Down Partner Inquiries. Sometimes, participants expressed their partners as asking them for additional information or if they wanted to talk about their experiences more. Although participants would sometimes be open to conversation, many times, they shut down conversation as they themselves were not interested in continuing to reveal information or discuss the topic. “He might ask if I want to talk about it more and I’ll say ‘no,’” Jessica said. Conversely, Katie said her willingness to answer questions asked by her partner depended upon her emotional capacity in a moment. She said, “if he were to ask me a question about it, I would answer to the capacity that I was feeling comfortable with [in that] moment.” However, she found that her partner never asked for additional information so she never found a need to shut down his inquiries. Chelsea agreed saying her partner had never asked for additional information so she never had to set an explicit boundary; however, she said she might redirect the conversation saying they could “bridge [the topic] another time.” For Ericka, questions were prompted by a trauma response being triggered and when asked she would decide in

the moment based on its significance and her emotional capacity whether she wanted to talk about it or not.

Outside of the Partnership. In addition to setting boundaries regarding participants' information and physical and sexual boundaries within the relationship, participants, and their partners, had to manage their private information within their social circles and families. The couples were faced with navigating future disclosures outside of the partnership together as they negotiated ownership of private information.

Explicit Boundaries. Some participants gave explicit permission or explicitly forbid their partners to share this information with people outside of the partnership. Ericka gave her partner explicit permission to share the information with others outside of the partnership in an advocate role to explain behaviors prevalent in her social interactions related to her trauma symptoms. She told her partner to tell them the truth as to what happened and described these interactions, saying:

> I spend a lot of time with his family, and the assault happened with an ex-boyfriend over a long period of time, the worst being the last three months I was with him, and I was actually held against my will in another state. It was very, very violent, extremely violent. So, he kind of had to explain to his family certain things, because I would flinch a lot if somebody raised their arm by me so he kind of had to explain to them privately. And I wanted him to do that because I didn't want them to think that he was hurting me. They understood; they were very understanding about it.

Eden's partner also told his friends after she had a panic attack because he did not know how to handle the trauma symptoms and was scared for her. She also explicitly told him

he could share the information with whoever he wanted, saying "you tell your friends, I'll tell mine. We'll come together if we need to."

On the other hand, some participants explicitly told their partners they were not allowed to share this information with other people outside the relationship. "I told him 'You can't,'" said Chelsea. "I never had the thought of 'oh, he's going to run and tell somebody about this'…but I did say, 'I'm telling you this and you can't tell anybody.'" Parker also expressed that he asked his partner not to share this information because he was "not sure [if] the rest of society is ready for that [openness around sexual assault]."

Implicit Boundaries. Others found explicit privacy rules to be uncomfortable and chose to rely on implicit rules and mutual understanding in the relationship regarding disclosures to others outside of the relationship. In these instances, participants relied on the implicit rule that their partner would not share the participants' stories with others outside of the partnership. For example, Katie said, "It really just depends on the way you structure your relationship and what feels right for you…for me, [explicit privacy rules] feel rigid and uncomfortable." Connor also did not set an explicit boundary as he was alright with anyone knowing the information. However, he did not believe his wife would "just randomly disclosing things to people because it really is my story to tell." Brittney agreed, saying she never said her partner could not talk about it with anyone else but did not think he would go tell other people about her experience. For Lydia, she felt her partner did not feel the need to bring it up to other people, but suspected her partner did not feel ownership over the story and also would not deem it necessary to discuss with others as the topic was a nonissue in their relationship.

Participants also detailed a few instances in which they would be comfortable with their partners' disclosing including to help another survivor who disclosed to their partner or to process the information they received. Amy said she was very open with her story, so if her partner knew someone else who had been assaulted, she would want her partner to mention something and connect her to that person "because when you are sexually assaulted, you really do feel like you're the only person." Additionally, although she expected her partner not to disclose this information, Sadie felt "if he were to disclose to someone for his own benefit of 'I don't know what to do,'" she would be understanding of that disclosure.

The Tension of Boundary Setting. Many participants recognized the complexity of co-ownership of information regarding information surrounding their assault. They described the internal dialogue they had with themselves in determining how to manage their private information and what they should reveal to their partners. Participants acknowledged that they were giving information away with which their partners could choose to do whatever they wanted with it once received, including disclosure outside of the partnership, resulting in participants being methodical with their privacy management. "[I was] definitely super relieved eventually and then I think it's a back and forth of some lovely intrusive thoughts," said Sadie, "now they have a piece of you that they know and that's scary sometimes." Lydia also recognized that this disclosure gave a piece of herself away, saying, "once you give it away, you can't take it back so I was trying to be very methodical in how I would [disclose]." Participants recognized that once disclosing this information to their partners, their partners could make the decision to do with that information whatever they wanted. Morgan said,

> It's your choice to tell whoever, but I would always say, make sure the person you're telling is actually there to protect your heart because there is so much that the wrong person can do with that information…just really assess what your relationship is with that person and what it means before doing it [disclosing] because it makes a huge difference.

Recognizing the implications of these disclosures, some participants created a distinction around specific details they were comfortable with others outside of the partnership knowing, expressing they would be alright if their partner disclosed certain pieces of information but uncomfortable if their partner revealed other information they deemed to be more vulnerable. For example, Meagan said,

> It also just depends on the information, because in terms of this topic in particular, I wouldn't be upset if people knew that I've been sexually assaulted, but I wouldn't want people to know that it happened twice so close together. I wouldn't want people to know that it involved heavy drinking both times. I think there's certain details that I would be less comfortable with people knowing.

This theme demonstrated participants' awareness of the co-ownership of private information as they understood if they told their partners of their experiences, there was a risk that their partners could tell someone else or improperly handle the information in future interactions.

Emotional Effect of Privacy Management

Privacy management strategies can have many different effects on people including both negative and positive effects often based on the response of the confidant (Chaudoir & Quinn, 2010; Frey et al., 2016; Lepore et al., 2000; Rodriguez & Kelly,

2006) and the community or catharsis experienced by the discloser after sharing the information (Stiles et al., 1992). Therefore, I also asked participants to discuss the ways in which sharing narratives of sexual assault affected them emotionally (RQ2) to learn if their privacy management strategies influenced the level of psychological distress experienced by the survivor (Stiles, 1987). Some participants expressed a feeling of relief or a deepening connection within the relationship upon disclosing their experiences to their partner. However, most participants did not feel disclosure alone brought about a great sense of emotional healing or catharsis. This was most often because the time between the assault and their first disclosure to their current partner was lengthy; thus, they had ample time to heal and process the events on their own before considering their privacy management in their current romantic relationship.

Relief

Participants felt disclosure served as a catalyst to their healing. Parker found the emotional effect the assault had on him to lessen the more he talked about it. Specifically, Parker said:

> I definitely find the more I talk about it, the less frightening it becomes…for example, as a child, I once fell off a swing and I hurt myself badly…now, it becomes something that happened in the past, but it doesn't affect me. And I hope this [sexual assault] can be like that. It still hurts, but maybe in the future it hurts less…it [the hurt] becomes less present the more I talk about it.

Ericka also found talking about the assault to provide a sense of disconnect from the incident. "I can actually talk about it like I'm not connected to it anymore," she said. "It's something that happened in the past and it's no longer something that's happening." Like Parker, she found disclosure of the assault to help her distance herself from the feelings

of the experience. Participants also described disclosure itself to be a relief as they no longer had to keep the experience a secret. Chelsea said, "I definitely feel like it's kind of a weight off my chest that he knows. I don't have to worry about telling him or him finding out." Connor agreed, describing it as "a huge relief to be able to talk openly about it, about what's going on without fear of judgement or any of that stigma." He continued, discussing the burden of secrecy and the affect it had on him:

> It's just so big in your head and when you're disclosing it, it's like this balloon collapsing. It doesn't pop it, it just flutters and empties and you feel a sense of relief, like, "oh, I guess that was it." It doesn't reduce the trauma per say, but the anxiety of trying to keep it a secret – it's amazing how much weight that has on people, on me. You know, you see stories if you're with other people and the news comes on, and there's something about sexual assault…and you get paranoid that I'm going to do something or say something that might disclose that it happened to me…I think a lot of guys ignore a lot of how much burden it is to carry that secret and it's just not needed.

Therefore, participants found disclosure to be a healing act both because it reduced the burden of carrying the weight of that experience alone and because it allowed them distance from the experience itself.

Sense of Connection

Additionally, disclosure often brought participants closer together with their partners which had a psychological benefit to the participants as well. Conner attributed to some of the past "ups and downs" in their relationship to be due to his subconscious processing of the rape and said, "[disclosure] definitely brought us closer together. I

know she feels more connected to what's going on in my head." Jessica described disclosure to her partner as one that built mutual trust where she learned she could trust him with her information and he could trust her with his. After she disclosed the assault to her partner, he reciprocated by disclosing sensitive information to her. "I think his disclosure was kind of showing an appreciation for the relationship we are building, appreciation for me, and the trust that I put into him," Jessica said. "I don't want to say it was a thank you letter, but that's the only way I can think of to describe it."

There was one outlier to those contextualizing disclosure as having a net positive affect on their own health or the health of the relationship. Although many participants believed disclosure in their experiences to be positive, Maxwell chose to manage his private information through nondisclosure and was uncertain as to the benefit disclosure might have on his wellbeing. He described his experience, saying:

> Watch the anger. The anger, I cannot even begin to articulate what it's like. Especially the first two to three months after, it was incredible. Rage would just come up out of nowhere…scary rage, deep inside. Just raw anger. I mean, I didn't disclose, but I'm not sure disclosing would have helped.

For himself, Maxwell did not perceive disclosure to have any benefits and only felt it would distance him from his wife and create conflict in the relationship; thus, his risk-benefit calculus resulted in the continued concealing of his experience.

Chapter 4: Discussion

The purpose of this research was to examine the ways survivors of sexual assault managed their private information regarding their experiences in a romantic relationship (RQ1) as well as whether disclosure of their sexual assault in romantic relationships relieved any psychological distress of the survivor (RQ2). Through qualitative, semi-structured interviews and a phronetic iterative approach to analysis, the findings of this study detail the motivations participants had for utilizing various privacy management strategies, how participants controlled their personal information throughout the privacy management process, the ways in which participants and their partners established boundaries surrounding the sexual assault narrative within and outside of the relationship, and the emotional effect various privacy management strategies had on the participants and their romantic relationships. This research also bridges the gaps between the fever model (Stiles, 1987) and communication privacy management (Petronio, 2002), reaching across extant theories to deepen theoretical understanding of the privacy management approaches regarding distressing information, namely that of sexual assault. Furthermore, the results of the study offer practical implications with insights into the relationship between various privacy management strategies and the physical and psychological health of survivors of sexual assault as well as the overall health of a romantic partnership.

The Embodied Nature of Privacy Management

This study considers the various mechanisms through which participants sought to control their private information (e.g., single disclosures, incremental disclosures, downplaying) (Petronio, 2013; Petronio & Child, 2020). Survivors of sexual assault often

made privacy management decisions based on their own comfortability, beliefs, and convictions. However, as a part of the methodical process of privacy management, they also sought out external resources or consulted others to aid them in their privacy management decisions. Including consulting friends or family members who had also been assaulted, talking to a therapist, writing out key points of a disclosure, or contacting rape crisis centers, participants deployed a number of strategies when attempting to decide if and how they should disclose information to their partners. It is important to note that this planning did not always result in full disclosure of all of the details of the assault narrative or any disclosure at all. In some instances, findings from their own research or consultations encouraged participants to conceal certain details or not disclose to their partner at all. For participants who prepared for their first disclosure by resources seeking and consultation of others prior to disclosure and through controlling the setting of their first disclosure, it seems privacy management can be methodical and based on a series of rules (Petronio, 2002). These results indicate survivors of sexual assault often make decisions regarding their privacy management and prepare to execute their decision whether through disclosure, nondisclosure, or another privacy management strategy. Furthermore, this demonstrates a communal nature to the privacy management process external to the discloser and recipient in which the discloser may rely on others with similar experiences, professional resources, or those accessed via the internet to aid them in their own privacy management.

However, for some participants in this study, they did not plan to disclose their experiences to their partners. These participants were experiencing severe trauma symptoms including vomiting after or during sex, nightmares, panic attacks, or

disassociation during sex. Symptoms of trauma manifested immediately as participants began the new relationship with their partners as they found themselves faced with the potential of physical and sexual intimacy. Extant research regarding sexual assault disclosure outlines different patterns in timing of disclosure (Ahrens et al., 2010); however, they do not consider the motivations for disclosure, how survivors' motivations affect the timing of first disclosures, or the quantity of details regarding the experiences revealed and concealed. Scholars outline the outcomes of disclosure as building trust (Rubin, 1973), greater levels of intimacy (Taylor, 1979), contributing to the sensemaking process of traumatic experiences (Horowitz, 1976), and alleviating psychological distress via catharsis and greater self-understanding (Stiles et al., 1992). Many participants in this study experienced these outcomes and in the instances in which they did not experience these benefits to disclosure, it was primarily the result of the confidant's response (Ahrens, 2006; Chaudoir & Quinn, 2010; Frey et al., 2016; Lepore et al., 2000; Rodriguez & Kelly, 2006). Although current research outlines these positive outcomes to disclosure, these outcomes do not necessarily contribute to or inform the motivation for choosing to utilize a particular privacy management strategy; thus, the results of this study offer insights into the reason a survivor of sexual assault might choose to utilize different approaches to privacy management. Participants were far more utilitarian in their motivations for disclosure as they sought to test the relationship to determine if the recipient of the disclosure was a suitable partner; explain trauma symptoms and physical/sexual boundaries; or due to a sense of obligation or increased relational health. Therefore, personal benefits to disclosure, when they occurred, were merely a byproduct of their privacy management approach, not the reason for it.

Instead, of being motivated to disclose for personal benefits such as healing, participants found themselves faced wanting to give their partners an explanation for their trauma symptoms. For the majority of participants in this study, they found the trauma symptoms they were experiencing resulted in them having more permeable boundaries surrounding the information of the assault (Petronio, 2002). These permeable boundaries were not always at the choice of the participant, rather they felt their behaviors required explanation which resulted in some amount of disclosure. This demonstrates the unstable nature of control as control changes from moment to moment. Trauma symptoms such as panic attacks or disassociation challenge the control a person has over their private information when they find themselves having to account for their behaviors in some way. In some cases, participants felt they could no longer control their disclosure and that disclosure needed to happen; however, they still attempted to control the contents of their disclosure. They still attempted to reinforce their more rigid privacy boundaries as they did not disclose the most vulnerable details (Petronio, 2002) and only disclosed enough information to explain the trauma symptoms they were experiencing. Therefore, even when privacy boundaries become less rigid, there was still a tension between disclosure and privacy as participants sought to maintain some level of control by concealing vulnerable details.

The embodied nature of the trauma of sexual assault affected the privacy management of the participants in this study (Bute & Brann, 2015). Trauma from sexual assault and disclosure due to trauma symptoms are both embodied experiences as participants' bodies sometimes made a form of disclosure before the participants were ready to verbalize their experiences with their partners. However, experiencing symptoms

of trauma did not always result in disclosure. Instead, participants found themselves faced with navigating the dialectical tension of disclosure and privacy in which their bodies were physically disclosing a trauma experience while at the same time they sought to keep the details of their sexual assault from their partners. For example, Maxwell did not have a desire to disclose any details regarding the incident to his wife; however, there were moments where his PTSD symptoms almost resulted in a disclosure. He found himself creating different stories for his wife to explain what was happening in his body. Bruises he explained away as small skin blemishes and nightmares as associated with trauma from other illnesses. Other participants also recognized that their privacy management would be ongoing in which they were required to conceal information or reveal additional details due to their continued trauma symptoms.

Occasionally, further details were revealed by participants to their partners when they experienced a trauma response triggered by something (e.g., seeing the perpetrator at a local park). In these cases, disclosure was an involuntary consequence of their physical reaction (Stiles et al., 1992); however, this was not typically the participants' first disclosure to their partner. Other participants took specific measures to avoid reaching further levels of distress so they would not inadvertently reveal additional details such as receiving professional help, avoiding potential triggers (e.g., not watching sexual assault scenes on TV), or not getting drunk around their partners. These measures seem to indicate participants recognized the relationship between distress and disclosure (Stiles et al., 1992) and therefore made calculated decisions (Petronio, 2002) to prevent disclosure from occurring in those settings.

Additionally, for participants who found their trauma symptoms to lessen over time due to medication, therapy, comfortability in the relationship, or the passage of time creating more distance from the incident, they found the need for future disclosures with more details to lessen as well. Because the initial motivation for disclosure (i.e., to account for unintended physical disclosures and trauma symptoms) was gone, that removed the motivation or need for future disclosures to happen which participants often characterized as a negative. For example, Eden determined that she would not have disclosed at all if she were not experiencing trauma symptoms. She wanted to talk about her experience with her partner but felt since she was not experiencing the physical symptoms of trauma anymore, it was not affecting their lives or relationship; therefore, neither her nor her partner mentioned it again causing what was a highly significant portion of her life to be largely "bypassed" by her partner. This was the case for many participants who initially disclosed to explain their trauma symptoms.

Bute and Brann (2015), when studying privacy management in the context of miscarriage, argue that although both members of the couple experienced the emotional loss associated with the miscarriage, "the bodily event, and the immense physical pain that often resulted, belonged solely to the woman" (p. 30). They concluded, therefore, that although the couples co-owned the information, the primary owner of the private information was the women who had the bodily experience of miscarriage. Similarly, for survivors of sexual assault navigating privacy management in their romantic relationships, ownership is also a form of "embodied ownership" (Bute & Brann, 2015, p. 37). The participants in this study were assaulted and thus experienced the bodily trauma of sexual assault which manifested in a number of ways, primarily through severe trauma

symptoms. It then became the responsibility of the survivor to make privacy management decisions regarding their experience, and once disclosure occurred, the information became co-owned by the survivor and their partner. Partners often relied on the survivor to grant permission to talk about the experience in future disclosures (Bute & Brann, 2015); however, even when given permission, due largely to their own unease with the topic, they chose to not initiate conversation about the assault with their partner or others in the social circle.

This research reaches across theoretical understandings of privacy management and disclosure. The fever model posits that individuals disclose when they are psychologically distressed (Stiles et al., 1992). Specifically, this disclosure is an "automatic, involuntary consequence of the dysphoria" (Stiles et al., 1992, p. 981). For participants in this study, their trauma response is a form of psychological distress; therefore, they felt disclosure necessary to explain that distress. However, the fever model does not explain the dialectical tension between privacy and disclosure. CPM offers understanding for why participants might still choose to conceal vulnerable information regarding their experiences while disclosing enough information to explain the distress they were experiencing (Petronio, 2002). Privacy management is complex and even when faced with the loss of control due to their trauma symptoms, participants attempted to maintain control through whatever means necessary, namely concealment of vulnerable details.

The Burden of Ongoing Privacy Management

This study is among the few examining the privacy management process of sexual assault (see Ahrens et al., 2010; Petronio et al., 1996) specifically in a romantic

relationship. CPM assumes privacy management to be a process with incremental and ongoing disclosures (Bute & Vik, 2010); however, extant research regarding sexual assault largely creates distinctions between disclosure and nondisclosures, positing survivors of sexual assault's privacy management to have distinct phases or categories, including nondisclosure, slow starters, crisis disclosers, and ongoing disclosers (Ahrens et al., 2010). The findings of this study are consistent with current understandings of privacy management in that many participants approached privacy management as a process, anticipating future disclosures and decisions regarding their privacy management to be made over the course of the relationship. However, due most often to the recipients' response or the survivors' own comfortability with the topic and disclosures, future disclosures rarely occurred. Considering that privacy management conceptualizes privacy and disclosure as a dialectical tension in which both coexist (Petronio, 2002), the decision for nondisclosure or other strategies such as hinting or partial disclosures, still aligns with the process outlined by previous scholars as nondisclosure is an aspect of privacy management (Ahrens et al., 2010; Bute & Vik, 2010; Petronio, 2002). Furthermore, extant research argues the response of the confidant to be incredibly important to determine future privacy management approaches (Bute & Vik, 2010; Chaudoir & Quinn, 2010; Frey et al., 2016; Lepore et al., 2000; Rodriguez & Kelley, 2006; Rubin, 1973), which can explain the reason participants often did not continue disclosing after their initial disclosure to their partners.

Additionally, in some cases, disclosure did have an effect on relieving psychological distress as posited by the fever model (Stiles et al., 1992); however, this was still primarily influenced by the response of the recipient of the disclosure and not

simply because disclosure happened (Ahrens, 2006; Chaudoir & Quinn, 2010; Frey et al., 2016; Lepore et al., 2000; Rodriguez & Kelly, 2006). In instances in which the confidant did not provide the desired response or support, participants were forced to seek support elsewhere and became frustrated with their partners. For one participant, because of the stigma male victims of sexual assault experience (Burt, 1980; Deitz et al., 2015; Edwards et al., 2011; France et al., 2015), he determined nondisclosure to have a more positive effect on him and his relationship than disclosure. Therefore, the benefits of privacy management are more complicated than those associated with disclosure and nondisclosure, and there are varying degrees of benefits based on the privacy management choices survivors make and the narratives they construct regarding the outcomes of those decisions.

The results of this study have theoretical implications regarding on whom the burden of continuing disclosures and privacy boundary setting falls. Previous research indicates it is the responsibility of both partners in the relationship to communicatively establish trust when navigating the dialectical tension of privacy and disclosure (Buyukcan-Tetik et al., 2013). Boundary turbulence occurs when people do not adhere to agreed-upon privacy boundaries (Petronio, 2002). Most often, for participants of this study, they found their open boundaries of inviting future conversation and with it, future disclosures, was not honored by their partners even as they attempted to hand over communicative responsibilities regarding privacy management to their partners. The responsibility of privacy management largely fell to that of the survivor of sexual assault, which most participants characterized negatively. Although many participants invited future inquiry into their experiences by their partners, because of their partners' own

discomfort with the topic or fear further conversation might trigger painful memories for the survivor, partners did not revisit the topic or seek out additional details in most cases. This became a point of contention for many participants as they found themselves resentful toward their partners with the desire for increased intimacy via information sharing around their experiences. In this way, privacy management still adhered to the process element as participants and their partners navigated the topic by avoiding it or hinting at the desire for future disclosures; however, disclosure was rarely incremental as participants established the privacy boundary, both explicitly and implicitly, for their partners to be in control of future revelations.

However, participants did not always desire for disclosure to be ongoing and incremental (Bute & Vik, 2010) as many intentionally presented their partners with a single, one-time disclosure or explicitly said they would shut down further inquiry into their experiences. Often this was the result of the emotional capacity of the participant as they felt they would not have the ability to mentally return to the topic of their sexual assault again demonstrating once more the embodied nature of privacy management of sexual assault. Additionally, other participants had no desire to return to the topic because they felt the identity of "survivor of sexual assault" to not be particularly salient to their current lives. Therefore, privacy management as a whole may be a process (Bute & Vik, 2010), but for individuals managing private information surrounding traumatic events, disclosure may be a single, one-time act due to the emotional toll future disclosures may have on both the discloser and confidant and if the response of the confidant is unsupportive (Bute & Vik, 2010). Furthermore, these single, one-time disclosures rarely included the full details of the assault as participants typically held back information that

they considered to be more vulnerable (Petronio, 2002), not relevant to their current functioning (e.g., sexual assault from high school versus most recent rape), or details they anticipated to provoke a negative response in their partner (e.g., multiple assaults, perpetrators' names). Therefore, findings from this study are consistent with current understandings of the dialectical tension of privacy and disclosure (Petronio, 2002) and demonstrate the dialectical tension of privacy and disclosure in ongoing privacy management throughout the course of a relationship. Theoretical implications from this study reveal that this tension may not necessarily go away as motivations to continue concealing specific details could remain even throughout the progression of a romantic relationship. Additionally, to navigate this tension, participants deployed a number of privacy management strategies throughout the course of their relationship beyond a single, one-time disclosure or ongoing, incremental disclosure as they downplayed their experiences and emotions, hinted at additional details, tested for future disclosures, and accidentally disclosed further details in times of distress or drunkenness. Therefore, findings from this study indicate that although some participants chose a single, one-time disclosure of their sexual assault experience, it was likely they continued to conceal additional details regarding the incident and their emotions.

Practical Implications

Findings from this study have many practical applications in addition to the theoretical extensions. First, when they are the recipient of a disclosure of sexual assault, romantic partners should specifically inquire of survivors how they would like future conversations to look throughout the course of the relationship. They should specifically ask if the survivor wants them to initiate future conversations and around what topics.

They should be aware of potential triggers in pop culture and other social settings and collaborate with the survivor to mitigate the potential negative affect of these on them. Recipients should make an effort to meet the disclosure with support, manage their own emotions, and tailor social support to the needs and desires of their partner as the needs of survivors can be different and individualized. Privacy boundaries surrounding sexual assault should be explicit to reduce the likeliness survivors are unsatisfied with their partners' social support or response to disclosure. Furthermore, recipients of a disclosure should be cognizant of the fact that even if they have received some details regarding the sexual assault incident, they likely do not know everything that occurred or the full emotional or physical affect the incident had on the survivor. Thus, partners of survivors of sexual assault should be mindful of potential triggers and through open communication, establish privacy boundaries together in the relationship. Partners should not assume survivors do not want to talk about the topic again and should ask if, when, and how they should revisit the topic. Participants in this study recommended partners ask questions, not to gain additional details about the incident itself, but about their wellbeing and what additional support they need in the relationship. Survivors should not assume their partners will know if, when, and how they should revisit the topic and should feel the freedom to talk about their experience if they find it necessary or helpful.

Additionally, survivors of sexual assault should recognize that although disclosure often brings positive outcomes for their personal health and the health of the relationship, that is not always the case as the outcome is not only reliant on their disclosure but the response of the confidant (Ahrens, 2006; Chaudoir & Quinn, 2010; Frey et al., 2016; Lepore et al., 2000; Rodriguez & Kelly, 2006). Therefore, they may find "testing the

waters" (Petronio et al., 1996), or hinting, to be a useful tool in determining the risks and benefits of disclosure. It should be noted that although many participants found themselves frustrated at the response of their partners, rarely did they regret disclosing the information they did, suggesting that disclosure does have a net positive affect on the person. Furthermore, for most participants disclosure was not associated with the cessation of their symptoms of trauma symptoms although it did give others in their lives deeper understanding into the psychological effects of the assault. This implies if survivors of sexual assault want to alleviate symptoms of trauma, disclosure to a partner is likely not enough. Participants found greatest success in reducing some symptoms of trauma through therapy and medications. Seeking professional help from therapists, psychiatrists, and other medical providers may prove to be beneficial to survivors of sexual assault. Professional help and resources found online can both be helpful to survivors when deciding how to manage their private information. Although they may not always encourage disclosure, seeking out narratives from others who have had similar experiences provides survivors a more comprehensive view of the privacy management process, disclosure strategies, and confidant responses. Furthermore, in what can oftentimes feel isolating, survivors can find community and comfort in knowing others have also had to navigate these complex situations.

Chapter 5: Limitations and Future Research

Like any research, this study has several limitations. First, the purpose of this study was to examine the privacy management strategies of survivors of sexual assault, privacy rule creation in romantic partnerships, and whether sharing assault narratives relieves psychological distress. I focused on the narratives of the survivors and their privacy management strategies, subsequently, this study does not provide insight into the experience of the recipient of the disclosure, that is, the romantic partner of the survivor. Therefore, any data regarding the response of the confidant was based on the survivors' perceptions and experiences of that response. Future research could collect data from both the recipient and survivor to gain a more holistic view of the privacy management process. Furthermore, throughout the study, many participants detailed their privacy management strategies to others beyond the partnership including friends, parents, and pastors. Studying privacy management in other relational contexts may provide a more nuanced understanding of the relational factors and decision-making process of survivors' privacy management as well as offer insight into how disclosures to different recipients might be interrelated.

Second, in addition to privacy management in everyday interpersonal contexts, survivors of sexual assault navigate privacy management in healthcare settings including with therapists, psychiatrists, and medical providers. Examining the power medical personnel have regarding medication, psychiatric support, and legal and justice implications for perpetrators; the effect medical personnel has on a patient's privacy management outside of the medical encounter; the influence of disclosure on professional intervention and support; the role of stigma on sexual assault disclosure in the medical

encounter; as well as the characteristics of medical personnel that influence a person's privacy management strategies could provide greater insight into the overall communicative experience of a survivor of sexual assault.

Third, I did not initially collect data regarding privacy management and its relationship to social support; however, participants detailed experiences providing insight into the complex relationship between social support and disclosure or nondisclosure. Future research should explore the relationship between disclosure and social support, the process of social support over the course of interpersonal relationships, and what support messages are beneficial to survivors versus ones that are not.

Additionally, due to the eligibility requirements being such that participants could describe a past relationship in which they found themselves tasked with privacy management regarding this information, some participants at times found it difficult to provide thick descriptions regarding disclosure experiences in their relationships as those disclosures happened up to five years ago from the time of the interview. Because privacy management is often incremental and ongoing (Bute & Vik, 2010), studying survivors of sexual assault's privacy management strategies throughout the course of a romantic relationship might provide a more detailed understanding of that process as well as increase the likeliness of participants to be able to recall specific conversations, emotions, and thought processes. A longitudinal research study design using diary entries or multiple interviews over the course of time may provide insight into the evolving nature of privacy management and the influence of various privacy management strategies on psychological distress over an extended period.

Fifth, some participants referred to family dynamics and their background (i.e., purity culture) in their narratives; however, these were not characterized as motivations for privacy management but as additional factors that complicated their experiences after being assaulted. As participants did not describe these to be particularly salient when choosing ways to manage their private information, a discussion of these factors was not included in this manuscript. Future research could consider the ways people's identities and their cultural and family background influence their current experience and communication as survivors of sexual assault.

Finally, although I did have the opportunity to speak with some individuals historically underrepresented in communication research, the number of those participants was small and thus offers limited insight into the experiences of these communities or the intersectionality of identities that may influence privacy management. Future research should make specific efforts to solicit participants from diverse racial or ethnic groups, sexual orientations, and gender identities. Purposeful sampling limiting recruitment to a specific group may be beneficial to future researchers as they seek to ensure a broad range of participants. During the process of this study, in the initial recruitment language, I intentionally attempted to recruit a broad range of participants, holding different identities and experiences, by identifying that participants could be unmarried or married, currently in a relationship with the partner or not, heterosexual or non-heterosexual, and monogamous or non-monogamous. However, most of my participants were still young, White, cis-gendered, heterosexual women. In the second round of recruitment, I specified I was recruiting men and people of color, however, still returned with few participants holding those identities. Future researchers may consider

seeking a certain number of participants from various population groups (e.g., 5 cis-women, 5 cis-men, 5 transgender women, 5 transgender men, and 5 nonbinary individuals) to ensure diversity in the sample.

Chapter 6: Conclusion

In this study, I examined the ways survivors of sexual assault managed private information regarding the assault in their romantic relationships. Furthermore, I also sought to consider if disclosure had a direct effect on alleviating the psychological distress of a survivor. Results from this study have many theoretical and practical applications. Although many participants experienced the building of trust (Rubin, 1973), greater levels of intimacy (Taylor, 1979), sensemaking (Horowitz, 1976), and the alleviation of psychological distress (Stiles et al., 1992), that was rarely the motivation for choosing a particular privacy management strategy. In instances in which participants did experience these positive outcomes, it was largely due to the response of the confidant (Ahrens, 2006; Chaudoir & Quinn, 2010; Frey et al., 2016; Lepore et al., 2000; Rodriguez & Kelly, 2006). Therefore, survivors of sexual assault may find professional support via therapists, psychiatrists, and other medical providers to be helpful in alleviating symptoms of trauma as disclosure alone is likely to be insufficient.

Furthermore, participants attempted to place the responsibility for continuing disclosures and privacy boundary setting on their partners in the relationship. However, privacy management still largely fell to the survivor of sexual assault. Due to this breakdown in boundary expectations, even if initial disclosures were given incrementally, disclosure throughout the relationship was rare as neither the survivors of sexual assault nor their partners initiated additional disclosures. In instances in which first disclosures were single, one-time disclosures or given out incrementally, they rarely included the full details of the assault as participants held back information they considered to be more vulnerable (Petronio, 2002), not relevant to their current functioning, or details they

anticipated to provoke a negative response in their partner. Privacy and disclosure are a dialectical tension (Petronio, 2002), and recipients of these disclosures should know that even if they have received some information regarding their partners' experiences, they likely do not know the full scope of the experience or the way it has affected them. They should work to mitigate potential triggers and establish open lines of communication, negotiating privacy boundaries together in the couple. Partners should be careful to ensure their support not be contingent upon receiving additional details of the assault and should take care to ensure their communication and actions are not necessarily with the motivation to gain information but to protect the health of the survivor and the relationship.

Appendices

Appendix A: Recruitment Language

Participants Needed: Sexual Assault Disclosure in Romantic Relationships
Maggie Unruh maunruh@iu.edu

Survivors of sexual assault must make difficult disclosure decisions regarding those experiences, particularly in romantic relationships where physical intimacy makes these sensitive disclosures even more complex. To better understand sexual assault disclosures in romantic relationships, I am seeking people willing to participate in a 90-minute interview who are survivors of sexual assault and have had to make disclosure decisions in a romantic relationship regarding those experiences within the last five years.

If you are willing to participate in a 90-minute, virtual interview to discuss your experiences, please fill out the survey at the link below. All participants must be over the age of 18 and able to read and speak English. Participants can be unmarried or married, currently in a relationship with the partner or not, heterosexual or non-heterosexual, monogamous or non-monogamous.

If you have any questions, please contact the researcher at the email addresses above.

Thank you in advance for your participation.

Appendix B: Pre-Interview Survey

PART A: Introduction/Consent

Logic: If CONTINUE, proceed to Part B. If I DO NOT WISH TO PARTICIPATE IN THIS STUDY, proceed to thank you screen.
(Copy of Study Information Sheet) If you would like to participate in this study, please select CONTINUE below.

PART B: Relationship & Disclosure Background

Researcher Note: To be eligible for this study, a person must have disclosed their experience of sexual assault within the last 5 years. They do not have to currently be in the relationship in which they disclosed and the relationship they're currently in can have lasted longer than 5 years so long as they've made the initial disclosure within the past 5 years. (Some flexibility in this based on recruitment needs…)

1. How long have you been with your current partner?
( ) Less than 1 year
( ) 1-2 years
( ) 2-4 years
( ) 5 years
( ) More than 5 years

2. Which category best describes your current marital status:
( ) Single or never married
( ) Married or partnered
( ) Divorced or separated
( ) Widowed

3. How recently did you first disclose your sexual assault to your partner?
( ) I have not disclosed my sexual assault to my partner
( ) Less than 1 year
( ) 1-2 years
( ) 2-4 years
( ) 5 years
( ) More than 5 years

4. Have you received professional help concerning sexual assault (e.g., therapist, psychiatrist)?
( ) Yes
( ) No

PART C: Demographics

5. What is your age in years?

6. Race (Check all that apply):
( ) White, Caucasian
( ) Black, African American
( ) Asian
( ) Native Hawaiian, Pacific Islander
( ) American Indian, Alaskan Native
( ) Multiracial
( ) Other (please specify)
( ) Prefer not to disclose

7. Ethnicity:
( ) Non-Hispanic/Latinx
( ) Hispanic/Latinx
( ) Prefer not to disclose

8: Gender:
( ) cis-gender male (you were born a male and identify as male)
( ) cis-gender female (you were born female and identify as female)
( ) transgender male
( ) transgender female
( ) non-binary
( ) other (please specify)
( ) prefer not to disclose

9. Sexuality:
( ) Heterosexual or straight
( ) Gay
( ) Lesbian
( ) Bisexual
( ) Queer
( ) Pansexual
( ) Asexual
( ) Other (please specify)

9: In what state do you currently live?

PART D: Contact Information

10. Please provide an email address the researchers can use to schedule an interview.

11. Please provide a phone number the researchers can use to schedule an interview.

12. Preferred method of contact (select all that apply):
( ) Email
( ) Text
( ) Phone

Logic: END SURVEY thank you screen.

Appendix C: **Study Information Sheet**

INDIANA UNIVERSITY STUDY INFORMATION SHEET FOR RESEARCH

Sexual Assault Disclosure in Romantic Relationships

You are being asked to participate in a research study. Scientists do research to answer important questions that might help change or improve the way we do things in the future. This document will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

All research is voluntary. You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later.

This research is intended for individual 18 years of age or older. If you are under age 18, do not complete the survey.

The purpose of this study is to learn more about how survivors of sexual assault make decisions to share their narratives of sexual assault in their romantic relationships. We want to learn from individuals who have had to make these difficult disclosure decisions to improve the way people interact and communicate in romantic relationships and offer resources to survivors to better equip them to share these narratives.

We are asking you if you want to be in this study because you are an adult who has experienced sexual assault and have had to navigate sharing that narrative in a romantic relationship. This study is being conducted by Jennifer Bute, Ph.D. and Maggie Unruh, Department of Communication Studies, Indiana University Purdue University Indianapolis.

If you agree to be in the study, you will do the following things.

- Participate in a pre-interview survey to collect demographic information.
- Participate in a one-time, virtual or in person (at participant's preference) interview that may last up to 90 minutes (via Zoom). Interviews will be conducted by Maggie Unruh. Interviews will also be audio recorded and transcribed. Each participant will be interviewed separately.

Before agreeing to participate, please consider the risks and potential benefits of taking part in this study. Talking about sexual assault and the way in which you chose to share that with your romantic partners may cause sadness of discomfort. You can skip any questions that make you feel uncomfortable and may stop the interview at any time. After the interview, you will receive a list of resources that may offer additional support if you find our conversation brought up painful memories or emotions.

Additionally, although we do not believe a breach of confidentiality is likely, please be aware that loss of confidentiality could involve additional social risks due to the sensitive nature of this topic. Details regarding the measures we will take to protect your information are below and include de-identification, safe storage of audio recordings and transcriptions, and destroying of the audio files three years after the study is closed.

Although sharing narratives regarding different experiences can be cathartic, we don't think you will have any personal benefits from taking part in this study, but we hope to learn things that will help researchers in the future.

You will not be paid for participating in this study. There is no cost to participate in the study.

We will protect your information and make every effort to keep your personal information confidential, but we cannot guarantee absolute confidentiality. No information which could identify you will be shared in publications about this study. Audio recordings will be stored securely, transcribed verbatim, and de-identified for analysis. Audio files will be destroyed 3 years after the study has been closed with the Institutional Review Board.

Your personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

Information collected in this study may be used for other research studies or shared with other researchers for future research. If this happens, your name and other identifiers will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent.

If you have questions about the study or encounter a problem with the research, contact the researcher, Maggie Unruh at (620) 521-0504 or maunruh@iu.edu.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Research Protection Program at 800-696-2949 or at irb@iu.edu.

If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future. If you decide to withdraw, contact the researcher at the number or email above and your interview will be deleted and will not be used as part of this research.

Appendix D: Semi-Structured Interview Guide

Thanks so much for your willingness to participate in this study. Is this still a good time to conduct our interview? Before we continue, I just wanted to double check to make sure you are in a safe and private place right now where you feel comfortable talking about this topic?

As you know, I'm conducting research to learn more about how survivors of sexual assault make decisions to share their stories of sexual assault in their romantic relationships in hopes that we can improve the way we interact in romantic relationships and offer resources to survivors to better equip them to share these stories. I'll just go over the study information sheet and then we'll get started. (Pull up study information sheet and share screen – specifically review purpose of study, confidentiality, and risks/benefits).

This interview takes about an hour to an hour and a half. Again, everything that you tell me will be kept confidential and you can skip any questions that you don't feel comfortable answering. If you have any questions for me or need clarification on any question, please jump in and ask them at any time. If this sounds good to you, I'll go ahead and start the recorder.

RELATIONSHIP BACKGROUND INFORMATION

Tell me about your relationship.

How did you meet?

How long have you been together?

SEXUAL ASSAULT DISCLOSURE

Tell me about the first time you considered sharing your experience of sexual assault with your partner.

HAVE NOT YET DISCLOSED	HAVE DISCLOSED
What influences your decision to not tell your partner about that experience?	What initiated the conversation? Who initiated the conversation?
Has there ever been a time you almost told your partner and then decided not to? Describe that conversation.	Describe any particularly memorable conversations.
	Did you seek out external resources prior to disclosing? (e.g., Reddit threads; Googling "how to tell my boyfriend I've been sexually assaulted; friends/family on how to tell).

Have you "tested the waters" and attempted to share parts of that experience with your partner? Describe that conversation.	How early in the relationship did you tell your partner about that experience?
Have you ever accidentally shared a part of that experience that you didn't mean to tell your partner about? Describe that conversation. *How did your partner respond? How did you recover or backtrack from that disclosure?*	What led to your decision to tell your partner at that particular time in the relationship?
What would contribute to you deciding to tell your partner about that experience?	How did your partner respond?
Have you told anyone else about your experience? What did those conversations look like? How have those conversations influenced your decision to not tell your partner about that experience?	What about that initial conversation went really well? What do you wish you could go back and change about that first conversation?
How has this affected the relationship?	Have you ever accidentally shared a part of that experience that you didn't mean to tell your partner about? *How did your partner respond? How did you recover or backtrack from that disclosure?*
How has this affected your health (physical, psychological, etc.)?	How have you talked about your experience after that first conversation in the relationship? What have recent conversations surrounding this topic looked like? Who initiates continue conversation surrounding this topic?
	Was this the first romantic partner you told about that experience? *If yes, what about this partnership led you to decide to disclose?* *If no, tell me about those previous disclosures.*
	How comfortable were/are you talking about this experience to your partner? *What did you partner do to make you more/less comfortable sharing this experience?*

	How has this disclosure affected the relationship?
	How has this disclosure affected your health (physical, psychological, etc.)?
	How has this disclosure (to romantic partner) influenced the way you disclose to other people (or not disclose)?

BOUNDARY TURBULENCE

How do you communicate your personal boundaries in your relationship?

In general?

Surrounding topics of sexual assault/assault narrative?

Around physical intimacy?

Tell me about a time where you felt your boundaries were violated within the relationship.

Tell me about a time where you felt your partner advocated for your boundaries.

CONTROL & OWNERSHIP

How do you and your partner talk about this experience with people outside your partnership (e.g., family, social circles)?

Who controls disclosure to people outside of the relationship? Was that an explicit conversation? (i.e., "I'll tell you, but please don't tell anyone else.")

PRIVACY RULE CREATION

What rules do you have for talking about private information?
People rules - "Don't tell grandma."
Timing rules - How soon in a relationship is too soon to tell?
Context or channel rules – face-to-face, certain type of location

Are these rules different:

Within the relationship?

With family?
With social circles?

Surrounding sensitive topics?

Surrounding the topic of sexual assault?

Tell me about a time these rules were violated. Have they ever been violated surrounding the topic of sexual assault?

Tell me about a time you or your partner enforced the rules. Has your partner ever enforced the rules surrounding the topic of sexual assault?

GENERAL & CONCLUDING THOUGHTS

What would you tell survivors of sexual assault about sharing their story with their romantic partners?
About communicating boundaries in relationships?

What would you tell partners of survivors of sexual assault about receiving stories of sexual assault from their romantic partners?

How did it feel to talk about this topic with me today?

What else did I not think to ask you would you like to share concerning the topic of sexual assault disclosure in romantic relationships?

Appendix E: Post-Interview Resources for Participants

Thank you so much for sharing your time, experiences, and knowledge with me. Although talking about these experiences may be cathartic for some, I recognize that these are difficult and often sensitive topics to consider. If our conversation brought up painful emotions or memories, the following resources may offer additional support as you navigate these experiences.

National Sexual Assault Telephone Hotline

Call **800-656-HOPE (4673)** to be connected with a trained staff member from a sexual assault service provider in your area. The National Sexual Assault Telephone Hotline is safe and confidential.

https://www.rainn.org/

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a national network of local crisis centers providing 24/7 free and confidential support to people in suicidal crisis or emotional distress.

Call 1-800-273-8255.

https://suicidepreventionlifeline.org/

National Sexual Violence Resource Center

The National Sexual Violence Resource Center offers a wide variety of information relating to sexual violence including a large legal resource library.

https://www.nsvrc.org/

RAINN National Resources for Sexual Assault Survivors and their Loved Ones

RAINN offers a wide variety of resources and additional support contacts for survivors and families.

https://www.rainn.org/national-resources-sexual-assault-survivors-and-their-loved-ones

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Curriculum Vitae

Margret Unruh

Education

M.A.
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Department of Communication Studies Indiana University
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Thesis: *"I'm spoonfeeding him my trauma": An analysis of sexual assault survivors' privacy management in romantic relationships*
Advisor: Dr. Jennifer Bute
Committee Members: Dr. Maria Brann and Dr. Krista Longtin

B.S.
Fall 2018

Department of Communication Studies
Emporia State University
Emphasis: Relational Communication
Graduated with honors

Academic Employment History

Jan. 2021-Present

Associate Faculty, R110 Fundamentals of Speech Communication
Indiana University-Purdue University Indianapolis

Spring 2022-Present

Research Assistant, Obstetrics and Gynecology, Indiana University School of Medicine, PI Dr. Brownsyne Tucker Edmonds. *Periviable Decision-Making Dynamics: Who should decide and what happens when parental parties disagree.*

Spring 2022

Research Assistant, de Beaumont PHWINS (Public Health Workforce Interests and Needs Survey). PI Dr. Valerie Yeager. *Qualitative Insights From Governmental Public Health Employees About Experiences Serving During the COVID-19 Pandemic, PH WINS 2021*

Teaching Experience

Jan. 2021-Present

Associate Faculty, R110 Fundamentals of Public Speaking
Indiana University-Purdue University Indianapolis

Spring 2018

Teaching Assistant, Small Group Communication, Dr. Tennley Vik, Emporia State University

Spring 2018 Health Communication Honors Practicum Death & Dying Unit, Dr. Michael Dennis, Emporia State University

Honors and Awards

Academic Achievement Award, Department of Communication Studies Indiana University-Purdue University Indianapolis (Spring 2023)

Elite 50 Nominee, Indiana University-Purdue University Indianapolis (Fall 2022)

Department of Communication Studies Nominee, Sherry Queener Graduate Student Excellence Award, Indiana University-Purdue University Indianapolis (Fall 2022)

Petronio-Bantz Graduate Student Travel Award Department of Communication Studies, Indiana University Purdue-University Indianapolis (Fall 2022)

2022 Outstanding Paper/Project Award Department of Communication Studies, Indiana University-Purdue University Indianapolis (2022) "*The Rise and Fall of Mars Hill:* An Ideological Analysis"

Graduate & Professional Student Government (GPSG) Travel Award, Indiana University-Purdue University Indianapolis (Spring 2022)

IUPUI University Fellowship, Indiana University-Purdue University Indianapolis (2021)

Scholarship

Publications

Unruh, M.A. & Vik, T.A. (2022). Resisting and Persisting through Organizational Exit: An Autoethnographic Exploration of Disclosing Sexual Harassment in Collegiate Debate. *National Forensic Journal, 38*(1). https://doi.org/10.56816/0749-1042.1009

Manuscripts Under Review

Unruh, M.A. & Madsen, E.R. (under review). "I Can't Wait for this Sh*tshow to be Over": An Inductive Thematic Study of the COVID-19 Quarantine Experience on TikTok.

Research Teams

Indiana University School of Medicine, PI Dr. Greg Zimet. *Indiana County HPV Vaccination Series Completion.* (Summer 2022-Present).

Department of Communication Studies, Indiana University-Purdue University Indianapolis, PI Dr. Jennifer Bute. *First-Time Food Allergy Reactions and Race: An Analysis of Emergency Care Through the Lens of Parental Perceptions.* (Fall 2021-Present).

Competitively Selected Conference Presentations

Unruh, M.A. & Madsen, E.R. (2022). "I Can't Wait for this Sh*tshow to be Over": An Inductive Thematic Study of the COVID-19 Quarantine Experience on TikTok. Paper Presentation at the National Communication Association (NCA) Conference.

Unruh, M.A. (2022). "*The Rise and Fall of Mars Hill:* An Ideological Analysis.' Paper Presentation at the Religious Communication Association Conference.

Madsen, E.R. & **Unruh, M.A.** (2022). A Virtual Shift: Patient Perceptions and Relational Reconstructing with Telemedicine during COVID-19. Poster Presentation at the Kentucky Conference on Health Communication (KCHC).

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