

Motivators of Sexual Violence Disclosures and Mental Health: A Mixed Methods Investigation

Violence Against Women

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Abstract

The aim of this mixed methods study was to examine motivators and characteristics of sexual violence disclosures and relationships with mental health. A representative national sample of male and female Icelandic adult survivors ($N = 473$) took part in a survey. Disclosure was common, especially among women, and psychological symptoms were greatest among late disclosers. Motivators of disclosure included violence itself, trauma and recovery, and social context and movements. Social context and movements disclosures related to lower psychological symptoms. Further research is needed to understand how disclosing related to social movements, such as #MeToo, could potentially confer mental health benefits.

Keywords

sexual violence, motivators of disclosure, mental health, disclosure characteristics, mixed methods

Sexual violence involves being threatened, coerced, or forced to perform any unwanted sexual act, and it is a persistent human rights violation and global public health issue (World Health Organization [WHO], 2021). Sexual violence is associated with

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negative mental health outcomes, such as increased risk of posttraumatic stress disorder (PTSD), depression, anxiety, substance use disorders, self-injurious behavior, and suicidality (Campbell et al., 2009; García-Moreno et al., 2013; Sigurvinsdottir et al., 2021). While women, trans, and nonbinary individuals are disproportionately impacted by sexual violence, people of all sexes can be victims (Peitzmeier et al., 2020; Thomas & Kopel, 2023; WHO, 2021; Wirtz et al., 2020).

Disclosures of Sexual Violence

Disclosing sexual violence refers to telling someone about the violence, informally or formally, in a self-motivated manner, or following an invitation to tell (Ullman, 2003). Most survivors eventually disclose the violence (Filipas & Ullman, 2001; Fisher et al., 2003; Koon-Magnin & Schulze, 2019; Orchowski et al., 2022; Starzynski et al., 2005). However, some survivors wait months, years, or even decades before they disclose (Alaggia et al., 2019). Survivors are more likely to disclose to friends and other informal support sources than formal supporters (such as health-care professionals or the police; Campbell et al., 2015; Koon-Magnin & Schulze, 2019; Orchowski et al., 2022). The decision to disclose can be difficult and, in some cases, a complex, ongoing process involving internal and external factors (McElvaney et al., 2012). Barriers to disclosure are factors that hinder survivors from disclosing. Conversely, motivators of disclosure help survivors talk about their experiences. So far, barriers to disclosure are better understood than what motivates them, although the literature on motivators is growing (Alaggia et al., 2019). Sometimes, barriers and motivators are mirror opposites of each other (e.g., low social support as a barrier, and high social support as a facilitator of disclosure), but in other cases, disclosure motivators can have unique characteristics, such as disclosing as a form of sexual violence advocacy (Gorissen et al., 2023). Keeping a social-ecological perspective is important when examining barriers and motivators of disclosure, as the decision to disclose may be shaped by individual, interpersonal, and societal factors (Ullman, 2023).

Individual disclosure factors. Individual factors that relate to disclosures are sex, shame, self-blame, fear of reactions from others, a desire to feel better, and unintentional disclosures. Women generally find it easier to disclose than men, and more research has focused on women's disclosures (Alaggia et al., 2019; Gueta et al., 2024). Men may be reluctant to disclose because of ideas about masculinity and sex norms (Alaggia et al., 2019; Easton et al., 2014) and not feeling like they "fit in" with social movements related to sexual violence, such as #MeToo (Gueta et al., 2024). Stereotypes of the "ideal victim" can also deter women from disclosing if they feel that their experience does not conform to those ideas (Gueta et al., 2024). Feelings of shame, self-blame, and guilt related to the violence are barriers to disclosure (Alaggia et al., 2019; Caron & Mitchell, 2022; Carson et al., 2020; Gueta et al., 2024), and conversely, the absence of self-blame can motivate disclosures (Ullman, 2023). Some survivors worry about

how others will react to disclosure, but not fearing those reactions can facilitate sharing (Caron & Mitchell, 2022; Ullman, 2023). Some survivors disclose because they believe it will improve their emotional or psychological well-being (Demers et al., 2017; Gorissen et al., 2023). Finally, some disclosures are unintentional, as some survivors disclose because they are less inhibited than usual, due to the influence of drugs or alcohol (Gueta et al., 2024; Ullman, 2023).

Interpersonal disclosure factors. The perpetrator plays a role in disclosures because survivors may fear revenge, future violence, or because the perpetrator has a high social status, which could result in a backlash against the survivor (Caron & Mitchell, 2022). Survivors may also want to protect the perpetrator from social or legal consequences if they are close (Alaggia et al., 2019; Caron & Mitchell, 2022). Wanting to protect others from violence can also be a powerful disclosure motivator (Demers et al., 2017; Ullman, 2023; Yalcinoz-Ucan & Eslen-Ziya, 2024). Seeking social support and validation can motivate disclosures, both offline (Demers et al., 2017) and online (Gorissen et al., 2023). Ultimately, survivors do not always choose to disclose but are prompted by others, especially if they feel something is wrong (Ullman, 2023). Certain contexts can also prompt disclosure, like therapy (Alaggia et al., 2019) or when someone else discloses violence (Ullman, 2023). Furthermore, these interpersonal disclosure factors may interact with individual factors. For example, survivors who struggle with negative emotions following violence may be experiencing limited social support (Bjørlykhaug et al., 2022) and may worry about how others will react to the disclosure (Caron & Mitchell, 2022; Ullman, 2023).

Societal disclosure factors. Societal motivators of disclosures also play an important role in the decision to disclose. These can involve how legal frameworks and justice system practices may shape disclosure patterns, as survivors may be more willing to disclose to police officers who display more survivor-centered interviewing skills (Patterson, 2011). Feminist movements have also helped in the creation of survivor services, with the establishment of rape crisis centers, specialized medical services, and shelters for victimized women (Martin, 2005). The creation of institutional mechanisms to address survivors' needs can help survivors feel that their concerns will be heard (Campbell, 2006; Shaw & Campbell, 2017). Cultural norms can also significantly diminish survivors' willingness to disclose, especially norms that emphasize that survivors are to blame for having been victimized and a variety of blaming attitudes that survivors may encounter when they disclose (Hayes et al., 2013; Van der Bruggen & Grubb, 2014).

The #MeToo movement presents another avenue for survivors to disclose their experience. Seeing others disclose strongly motivates survivors to disclose, either when the disclosure is part of traditional media (Ullman, 2023) or on social media, where "everyday people" (i.e., nonfamous people not regularly featured in the traditional media, such as politicians, athletes, artists, etc.) can share their experiences in their own words (Gueta et al., 2024). This way, disclosing can be a form of activism

or advocacy, where survivors can use their own experience to educate others about violence and challenge stigma and sexual myths (Gorissen et al., 2023). Survivors describe wanting to have a voice and feeling solidarity with others experiencing similar circumstances (Yalcinoz-Ucan & Eslen-Ziya, 2024), hoping that it might help others (Gorissen et al., 2023). Public disclosures can be used as a way of seeking justice by exposing perpetrators and holding them accountable for their actions (Gorissen et al., 2023). Other survivors take advantage of online disclosures because they have struggled to disclose in person or wish to remain anonymous (Gueta et al., 2024). In this way, social support can also be conceived as existing at the broader levels of communities and societies, rather than only at the interpersonal level, where it is most often conceptualized.

Disclosing and Mental Health

Although disclosures are considered a crucial part of mobilizing support and resources for survivors (Alaggia et al., 2019), the literature has shown disparate findings in terms of whether the disclosure itself is directly related to mental health benefits. Some studies suggest that nondisclosers report more symptoms of PTSD and depression than disclosers (Ahrens et al., 2010), others have found no relationship (Carson et al., 2020), and others have found that PTSD symptoms are higher among disclosers (McTavish et al., 2019). Although the evidence is far from conclusive, survivors who disclose earlier report fewer PTSD symptoms than late disclosers, although what constitutes early disclosure varies between studies, from “immediately after” and up to a month after the event (McTavish et al., 2019; Ruggiero et al., 2004; Ullman, 2007).

Current Study

This mixed methods study aimed to examine what motivates sexual violence survivors in Iceland to disclose their experiences, what characterizes those disclosures, and how they relate to mental health. As previously mentioned, the extant literature has focused on barriers to disclosure rather than motivators (Alaggia et al., 2019). This study also adds to the literature by including a comparatively large, representative national sample of men and women, as men have been underrepresented in studies on this topic (Alaggia et al., 2019). To our best knowledge, this is the first study of its kind in Iceland and in the Nordic countries, where the literature on disclosures of sexual violence has been surprisingly sparse.

Because relatively little is known about motivators of disclosure in general, and specifically in Iceland, we asked survivors an open question about what motivated them to disclose. These qualitative data were then analyzed into themes and examined in relation to sex and mental health. We identified one study that used a mixed methods approach to analyze how disclosure barriers related to mental health among women undergraduate students in the United States (Carson et al., 2020). We build on this knowledge, focusing on motivators of disclosure, using a larger and more diverse

sample. To give a more comprehensive picture of disclosure, we also examine disclosure characteristics, including the prevalence of disclosure, disclosure delay, to whom survivors disclosed, and whether these related to sex or mental health. The research questions were the following:

1. How common was it for sexual violence survivors to have disclosed sexual violence?
2. How long did survivors wait before disclosing?
3. Who did survivors disclose to?
4. What motivated survivors to disclose?
5. Did any of these factors differ by sex or have significant associations with mental health (symptoms of depression, anxiety, stress and PTSD)?

Method

Design

The study used the data-transformation variant of a convergent mixed methods design (Creswell & Plano Clark, 2018). Thus, the quantitative and qualitative data were collected simultaneously, analyzed separately, and then the results from both data types were brought together for analysis (i.e., merging) using a data-transformation technique. The rationale for using this design was to gain multiple perspectives to develop a more comprehensive and complete understanding of the topic. The study is reported in line with the Good Reporting of a Mixed Methods Study guidelines (O’Cathain et al., 2008).

Participants

The participants came from a nationally representative sample of Icelandic adults ($N = 1766$). Since the focus of this study was on sexual violence, we used data from the 473 individuals who reported having experienced sexual violence (sexual assault or an unwanted sexual experience) and answered whether they had disclosed that to someone. Demographic information for the sample is presented in Table 1. We used a concurrent mixed methods sampling design with identical samples (Collins et al., 2007) for quantitative and qualitative components of the study.

Procedure

This study was a part of a larger study (see Einarsdottir et al. (2024) for detailed information on data collection). Eligible individuals were mailed an invitation letter detailing the study’s purpose and procedures. The invitation letter was followed by a phone call from a trained research assistant who obtained informed consent for participation and administered the survey over the phone. During the call, the research assistant

Table 1. Demographic Information of Participants.

Sex	N	%
Female	367	77.6
Male	106	22.4
Relationship status		
Single	101	21.4
Married or cohabiting	298	63.0
Divorced	43	9.1
Relationship without cohabitation	19	4.0
Widow/er	12	2.5
Education		
10th grade or less	80	16.9
High school diploma	67	14.2
Vocational diploma	65	13.7
Bachelor's degree	109	23.0
Graduate degree	86	18.2
Icelandic native speaker	458	98.1
	M	SD
Age	47.19	15.39

entered each participant's answers (verbatim for the open-ended questions) into a computerized form using a secure survey platform. The data were collected from February 2019 to January 2021. There was no compensation for participating in the study.

Ethical approval was obtained from the National Bioethics Committee in Iceland (Permission No. VSN-18-136), reported to the Icelandic Data Protection Authority, and funded by the Icelandic Center for Research (RANNÍS; Grant No. 184687-05). All participants received detailed information about the study before providing voluntary informed consent for participation. The research assistants who administered the phone survey received training in trauma counseling if participants had a strong emotional reaction to being asked about sensitive topics. Moreover, the participants received a list of local referral resources and were offered support from a psychologist if they needed (who was independent from the research team).

Measures

Demographic information. Participants were asked about their sex, age, marital status, level of education, and employment status.

Sexual violence. Exposure to sexual violence was assessed with the Life Events Checklist for *DSM-5* (LEC-5; Weathers et al., 2013), a reliable and valid screening

tool for exposure to potentially traumatic events. LEC-5 has 17 items that incorporate a range of stressful events known to potentially result in distress or PTSD, including two items on sexual violence (i.e., sexual assault and other unwanted/uncomfortable sexual experience). Participants were asked to consider their entire life and indicate the level of exposure to each event on a six-point nominal scale: “Happened to me,” “Witnessed it,” “Learned about it,” “Part of my job,” “Not sure,” and “Doesn’t apply” (Weathers et al., 2013; Weis et al., 2022). Participants who endorsed direct exposure (i.e., “Happened to me”) to either one of or both sexual violence items were included in the analyses. Additional follow-up questions on sexual violence asked about the sex of the perpetrator(s).

Posttraumatic stress disorder. PTSD symptoms were assessed with the PTSD Checklist for *DSM-5* (PCL-5; Blevins et al., 2015). PCL-5 is a widely used and validated measure consisting of 20 items corresponding to the *DSM-5* symptom criteria for PTSD. Participants were asked to rate how bothered they had been by these symptoms in the past month on a 5-point Likert scale from 0 (“*not at all*”) to 4 (“*extremely*”), with a total score range from 0 to 80. Cronbach’s alpha for the PCL-5 in this sample was excellent ($\alpha = .93$)

Depression, anxiety, and stress. Depression, anxiety, and stress symptoms were assessed with the short-form of the Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995). DASS-21 consists of three seven-item subscales and is a well-established measure that assesses the presence and severity of core symptoms of depression, anxiety, and stress (Henry & Crawford, 2005). Participants were asked to rate the extent to which they had experienced each symptom over the past 2 weeks on a 4-point Likert scale from 0 (“*did not apply to me at all*”) to 3 (“*applied to me very much, or most of the time*”). Cronbach’s alpha were acceptable for depression ($\alpha = .87$), stress ($\alpha = .79$), and anxiety ($\alpha = .70$).

Disclosure of sexual violence. Participants who had been sexually victimized were asked if they had disclosed it to someone (“Yes/No”). Those who had disclosed further answered a Disclosure Characteristics Questionnaire designed for this study, asking about the timing of initial disclosure (1 = “*same day as violence occurred*” to 8 = “*more than 10 years later*”), total number of people they had told (1 = “*one other person*” to 5 = “*more than seven people*”), and to whom they had disclosed (response options included various types of informal and formal support sources as well as the opportunity to provide “Other” responses).

Motivators of disclosure. Participants who indicated they had disclosed the sexual violence to at least one other person were asked the following open-ended question: “What motivated you to disclose the sexual violence you experienced?”

Data Analysis

Qualitative analysis. The open-ended qualitative data were analyzed using Structured Tabular Thematic Analysis (ST-TA; Robinson, 2022), a method specifically designed to analyze brief texts. ST-TA is grounded in Boyatzis's (1998) ecumenical thematic analysis and Braun and Clarke's (2006) reflexive thematic analysis. Its development was influenced by methods of analyzing brief data, particularly short story narrative analysis and content analysis. Due to its pluralist epistemological framework, ST-TA is well-suited for mixed methods studies and has been recommended to analyze answers to open-ended survey questions (Robinson, 2014, 2022). Given the exploratory nature of this study, we used an inductive approach to ST-TA, following its seven-phase process: Deep immersion in the data, generating codes and initial themes, tabulating themes against data segments, checking interanalyst agreement, exploring theme frequencies, developing a thematic diagram and producing the report. A detailed description of how each phase was performed is provided in Table 2. This analysis was conducted using Microsoft Excel spreadsheet software. The first and second authors served as the primary analysts. The second author led coding and theme development, with the first author providing thorough follow-up and dialog throughout the analysis. Both are Icelandic women experienced in qualitative methods and in researching sexual violence and trauma. A reflexive journal and an audit trail of analytic decisions were maintained to enhance rigor.

Quantitative and mixed methods analysis. A data transformation technique (i.e., quantizing) was used to accomplish merging of the quantitative and qualitative datasets (Fetters et al., 2013; Sandelowski, 2000). We created quantitative variables based on the qualitative themes, each taking the values of 1 (*theme present*) and 0 (*theme absent*). Each participant's qualitative response was compared against all themes and marked whether each theme was present or not. This allowed for calculating the proportion of individuals who mentioned a particular motivator and testing for differences in important variables, such as sex or mental health. Triangulation of the findings took place in the form of discussions between the first and second authors, with a specific focus on how the qualitative and quantitative findings related to each other.

To examine the relationships between disclosure themes and mental health symptoms, independent samples *t*-tests, chi-squared tests and one-way ANOVAs were used at the bivariate level and linear multiple regression for multivariate analyses. Assumptions for *t*-tests and linear regressions were tested through visual inspection of diagnostic plots and statistical tests. No significant violations of normality, homoscedasticity, linearity, or independence were detected. Descriptive analyses were conducted separately for men and women, but the uneven groups in the disclosure themes precluded testing for statistical differences between them. All statistical analyses were conducted using IBM SPSS software (Version 28; 2021).

Table 2. Analytic Phases for Inductive ST-TA Approach, Based on Robinson (2022).

Phases	Description of How Each Phase Was Performed
1. Deep immersion in the data	The entire dataset was read several times to gain a strong familiarity with the data and get an early sense of patterns and meanings therein. Notes for possible codes and other initial analytical ideas were also taken in this phase.
2. Generating codes and initial themes	Based on the immersive reading and initial notes, codes were developed, and the entire dataset was coded. Next, the codes (64 in total) were grouped into clusters (prospective themes and subthemes) and named using words and phrases from the participants.
3. Tabulating themes against data segments	The data segments (each participant's answer) were attached to themes and subthemes in a tabulated form, providing a foundation for the agreement checking and frequency calculation in subsequent phases. The theme development was continued in this phase and ensured that each data segment was attached to at least one theme.
4. Checking interanalyst agreement	A discussion-based approach was applied to check the level of agreement with the thematic set. Over a series of meetings, the two analysts discussed the themes attached to the data segments and resolved any differences in order to end up with a clear, consistent, and coherent set of themes.
5. Exploring theme frequencies	The frequency of participants allocated to each of the agreed themes was calculated. The participants often mentioned several motivators for their disclosure, so if appropriate, their answers could be attached to multiple themes. The theme prevalence was furthermore explored across the men and women groups of survivors.
6. Developing thematic diagram	Analytical patterns and relationships between the themes were further examined to achieve an integrated scheme. A thematic diagram was created for a concise and coherent visual representation of the findings.
7. Producing the report	A detailed log of the theme development, refinements, and rationale was kept throughout the analytical process for scientific rigor and transparency. This article represents the final phase, where the analysis and findings are reported.

ST-TA = Structured Tabular Thematic Analysis.

Results

Violence Characteristics

Of the 473 participants, 54.3% ($n = 257$) had experienced sexual assault (i.e., rape, attempted rape, or coercion to perform sexual acts through force or threats), and 75.1% ($n = 355$) reported experiencing other unwanted or uncomfortable sexual

experiences. The perpetrator(s) were predominantly male (89.2%; $n = 422$), in some cases female (6.6%; $n = 31$), and in a few instances, both men and women (3.8%; $n = 18$).

Disclosure of Sexual Violence

Most survivors (84.4%; $n = 399$) had disclosed their experience to at least one person. A chi-squared test showed that women (86.9%) were significantly more likely than men (75.5%) to have disclosed, $\chi^2(1, N = 473) = 8.17, p = .004$. There were no differences in mental health symptoms between disclosers and nondisclosers. Of those who had disclosed, one-fourth (26.6%; $n = 106$) disclosed immediately after the violence, 21.3% ($n = 85$) waited weeks to months, and half of participants (50.9%; $n = 203$) disclosed after at least 1 year. Almost a third (30.8%; $n = 123$) waited over 10 years before disclosing. There was no significant sex difference in disclosure delay. However, a one-way ANOVA showed a significant difference between mental health symptoms depending on how long survivors delayed their disclosure. Symptoms of anxiety, stress and PTSD were greatest among those who had waited 1 to 10 years to disclose, and depressive symptoms were the highest for those who had waited over 10 years to disclose (Table 3).

Most (62.4%; $n = 249$) disclosed only to informal support sources, one-third (32.3%; $n = 129$) told both informal and formal sources, and a minority (5.0%; $n = 20$) told only formal support sources (Table 4). A chi-squared test showed that informal disclosures were more common among women (82.0%) than men (72.0%), $\chi^2(1, N = 473) = 5.41, p = .020$. However, there were no sex differences in formal disclosures. An independent samples t -test showed that survivors who disclosed to informal sources had marginally more depressive symptoms than those who did not ($t(461) = 1.98, p = .049$). There were no differences for the other mental health variables regarding disclosure to informal sources. However, those who disclosed to formal sources had significantly greater mental health symptoms than those who did not. This was true for depression (formal disclosers = 4.72, nonformal disclosers = 3.46, $t(461) = -2.96, p = .003$), anxiety (formal disclosers = 3.18, nonformal disclosers = 2.01, $t(458) = -3.82, p < .001$), stress (formal disclosers = 6.30, nonformal disclosers = 5.12, $t(460) = -2.67, p = .004$) and PTSD symptoms (formal disclosers = 21.93, nonformal disclosers = 15.73, $t(418) = -3.81, p < .001$).

Motivators of disclosure. Most disclosers (95%) answered the open-ended question about what had motivated them to disclose sexual violence. Some (4.0%; $n = 16$) stated that they were unsure what had motivated them or could not remember, and few (1.5%; $n = 6$) said nothing specific had motivated them. Most (89.5%; $n = 357$), however, named the main motivator(s) of their disclosures, and from these open-ended texts, we extracted three themes: (a) the violence itself, (b) trauma and recovery and (c) social context and movements. As Figure 1 shows, each of these themes included subthemes, with a total of seven subthemes. The first theme, the violence itself, included wanting to

Table 3. Mental Health Differences in Disclosure Delay.

	Less Than 1 Week	1 Week to 1 Year	1 to 10 Years	More Than 10 Years	<i>F</i>	<i>p</i>
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>		
Depression	3.03 (3.27)	3.14 (3.70)	3.94 (3.75)	4.59 (4.89)	3.77	.011*
Anxiety	1.81 (2.40)	2.07 (3.23)	2.91 (3.27)	2.61 (3.26)	2.87	.036*
Stress	4.85 (3.90)	4.83 (3.86)	6.68 (4.12)	5.51 (4.51)	3.63	.013*
PTSD symptoms	14.40 (12.91)	16.93 (15.64)	21.40 (13.94)	18.89 (16.47)	4.02	.008*

PTSD = posttraumatic stress disorder.

p* < .05.Table 4.** People the Survivors Disclosed Their Experience With Sexual Violence to.

Variables	<i>n (%)</i>
Types of support sources (not mutually exclusive)	
<i>Informal sources</i>	
Friend	273 (68.4)
Family member	207 (51.9)
Spouse or former spouse	179 (44.9)
Coworker	8 (2.0)
Peer-support group	4 (1.0)
<i>Formal sources</i>	
Center for survivors	19 (4.8)
Psychologist	110 (27.6)
Psychiatrist	9 (2.3)
Health-care professionals	32 (8.0)
Social worker	2 (0.5)
Employer/Boss	12 (3.0)
School authority	2 (0.5)
Police	20 (5.0)
Other	8 (2.0)
Missing	1 (0.3)

stop the violence and not being able to hide the violence. The second theme, trauma and recovery, contained two subthemes: shock and suffering and hope for healing. The third theme, social context and movements, had three subthemes: social connections, survivor solidarity and sociocultural change.

Table 5 shows how prevalent each theme was for the whole sample, as well as separately for men and women. Chi-squared tests showed marginally significant differences for the themes, where women were more likely to disclose because of the violence itself, or because of social context and movements. However, trauma and recovery were more common motivators for men. This is also reflected in the subthemes, where

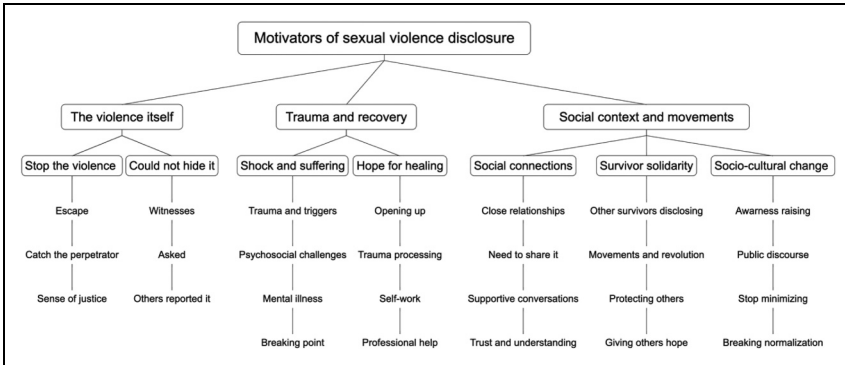


Figure 1. Diagrammatic overview of the themes and subthemes.

Table 5. Percentage Prevalence of Themes for the Total Sample and the Sex Groups Separately.

Themes and Subthemes	Total Sample N= 399	Men N= 80	Women N= 319	χ	p
The violence itself	78 (20.1%)	10 (12.5%)	68 (21.3%)	3.16	.075
Trauma and recovery	132 (33.1%)	34 (42.5%)	98 (30.7%)	4.10	.045*
Social context and movements	166 (41.6%)	26 (32.5%)	140 (43.9%)	3.41	.065
Stop the violence	55 (13.8%)	8 (10.0%)	47 (14.7%)	1.21	.272
Could not hide it	25 (6.3%)	2 (2.5%)	23 (7.2%)	2.42	.120
Shock and suffering	85 (21.3%)	23 (28.7%)	62 (19.4%)	3.31	.069
Hope for healing	65 (16.3%)	17 (21.3%)	48 (15.0%)	1.81	.179
Social connections	62 (15.5%)	9 (11.3%)	53 (16.6%)	1.40	.236
Survivor solidarity	60 (15.0%)	7 (8.8%)	53 (16.6%)	3.10	.078
Sociocultural change	55 (13.8%)	13 (16.3%)	42 (13.2%)	0.51	.474

*p < .05.

men were marginally more likely to disclose because of shock and suffering, and women because of survivor solidarity.

The similarities and differences between women and men are further described in the narrative description of the themes presented below. To illuminate the participants’ experiences, we chose example quotes (translated from Icelandic to English) that best represent and support each theme.

The violence itself. This theme included two subthemes: stop the violence and could not hide it.

Stop the violence. Women disclosed because they feared for their health or life, needed help escaping the perpetrator, and to get to safety: “*I was scared, he had*

become more aggressive and rougher ... I couldn't handle the situation anymore. I needed to tell so I would get assistance removing him from the home." In contrast, only men spoke of catching and taking revenge on the perpetrator: "I wanted to catch the man. I wanted him to pay ... get revenge." Both men and women mentioned feeling outraged because they had been victimized in the first place, talking about their moral awareness and many referring to a sense of rightness and justice as the main motivator to disclose the violence: "I felt violated, it wasn't right, and I did not give my consent."

Could not hide it. In some cases, others had witnessed the violence, but sometimes survivors were not able to hide injuries or changes in their mental state and behavior in the aftermath: "I tried to hide it ... but my friends could see the bruises on my neck." Women were the only ones directly asked if something had happened to them: "She asked me ... I needed to explain why I didn't want to go to my grandparents' house anymore." Similarly, only women reported that someone else had told or reported the violence on their behalf and, in some cases, without their knowledge or consent: "My boyfriend read it in my diary and told my mom without asking me first."

Trauma and recovery. This theme included two subthemes: Shock and suffering and hope for healing.

Shock and suffering. Various short- and long-term traumatic effects were expressed in this subtheme. Some said that they had disclosed immediately after the violence because they had been in a state of shock. Others described that they had first tried to deny, forget, or "bury" the violence, and some managed to do so for many years. However, they decided to disclose many years later, when the memories came "flooding back" or at a time when they could not cope with triggers anymore: "My brain blocked out the event, but in adulthood, it all came back to me with various connections ... just like a crack that got larger and larger." For some, the main motivator had been the severe distress, psychosocial difficulties, and functional impairment caused by the trauma: "I couldn't hold it in anymore; my mental health had become so bad." In other cases, other life difficulties had sparked mental disorders, and they only disclosed when getting that diagnosis: "It was a diagnosis of postpartum depression really ... ended up in the psych ward with my newborn and told my story for the first time there." Both men and women mentioned PTSD and depression; women talked about anxiety and eating disorders, while men predominantly mentioned substance abuse. Several participants discussed disclosure as an act of "surrendering," that they had disclosed the violence at a point of "complete breakdown," being at the "end of the road," and even contemplating suicide: "I gave up, tried to take my own life after chronic drug addiction." and "Lost the will to live. This was my last call for help."

Hope for healing. Disclosing with the hope that it would help them feel better was mostly mentioned in the context of the importance of "opening up" about their traumatic experience as part of the healing journey: "Hoping that it would release me from the pain ... and what a relief it was when I finally opened up." Some spoke of the importance of disclosure in terms of trauma processing: "I needed to discuss it

with someone to be able to work through the trauma.” Others spoke more broadly, referring to it as part of self-work for reflection or personal growth: *“First and foremost, it was my decision to make peace with myself. It was time to tell 55 years later.”* While most participants disclosed the violence to friends or family members, some noted the benefits of also seeking professional help. The women mainly mentioned psychological therapies: *“It was part of the trauma history work with my psychologist; recalling it all.”* The men mostly mentioned drug and alcohol rehabilitation or 12-step programs: *“I wanted to take control of my life. The fourth step in AA helped me disclose ... [which is] honesty.”*

Social context and movements. This final theme consisted of three subthemes, social connections, survivor solidarity and sociocultural change.

Social connections. Survivors were motivated to disclose because they felt close and connected to others. They spoke of good relationships, social support, and encouragement from their loved ones: *“After the trauma, it was my friends who encouraged me to talk about this. We are such good friends that we can tell each other everything.”* In this sense, only women discussed a “specific need” to share their experience with someone else: *“I felt this need to share it with my spouse ... you know, not sitting with it alone.”* Many talked about social situations motivating disclosures, such as being in a “safe space” and the disclosure usually occurring in conversations with supportive other(s) who were also sharing their difficult life experiences. Still, most of these participants noted that they had not intended to tell, using phrases like “by accident,” “unexpected,” and “developed that way” to describe the disclosure: *“A casual chat that turned into a confidential conversation ... I wasn’t going to tell.”* In this context, few reported that they had been “drinking” or “under the influence of drugs” when they told. Nevertheless, the common thread was that they trusted the people they were with and felt they would be met with understanding: *“Around the time of the second assault, I had a confidant, my girlfriend, so that I could trust her with both incidents.”* *“There was something different talking to him ... he had a difficult childhood, and I could feel that he understood pain.”*

Survivor solidarity. A sense of solidarity with other sexual violence survivors was evident in the data. Hearing or seeing others disclose their experiences with violence made survivors feel less alone and strongly motivated participants to tell their stories: *“When I heard of others who stayed in this same home [for troubled youth] and had experienced the same thing as me.”* *“My brother went through this as well, and when he told, I decided to tell.”* In this regard, participants described both “real” world and online spaces, with social media most often mentioned: *“All the #MeToo posts.”* *“Seeing other survivors giving back the shame.”* There were clear sex differences in this theme, as no men spoke of such movements or activism, which were commonly noted by the women: *“I couldn’t stay silent anymore ... at first there was nothing, but then it started to come along with the women’s rights movement, other women started to speak up.”* *“Because of protests like the SlutWalk ... standing together.”* Both men and women talked about disclosing to protect others, referring to other

sexual violence survivors and having a strong desire to prevent others from experiencing such violence: *"I don't want anyone else to become his victim."* Only women spoke of giving other survivors hope by showing that it is alright to disclose their traumatic experience and that it can be helpful: *"To help others, if I open up, then I give others permission to open up."*

Sociocultural change. Social and cultural change were mentioned by survivors, who referred to shifts in societal norms, beliefs, and attitudes, which, from their perspectives, were due to awareness-raising on the prevalence and consequences of sexual violence (e.g., education in school, TV shows, and coverage in the news). Moreover, survivors talked about the public discourse on this issue shifting in recent years. Some of the older participants spoke of being able to disclose when it became "allowed" to mention such violence: *"It was always so heavy for me to carry, but I didn't talk about it until they started to mention sexual violence in the media."* Younger people were motivated to disclose because of the "discussion in society" becoming increasingly open. Due to this shift, some participants further described how they had learned, realized, and recognized that what had happened to them was sexual violence. The men spoke of "stopping minimizing" their experience, that they had first found the violence "no big deal," even "laughable": *"I thought it was funny at first, but then I realized the seriousness of the matter ... it was actually wrong."* The women spoke of "breaking the normalization" of sexual harassment and violence against women, recognizing and labeling behavior that had previously been deemed as "normal" was, in fact, "not okay" and "unacceptable." Moreover, learning and believing that nothing they did was to blame for the violence they had endured: *"It made me realize that the shame wasn't mine, that I shouldn't have taken responsibility for this ... that it wasn't my fault."*

Mental Health and Disclosure Themes

For some themes, statistically significant differences emerged depending on whether certain disclosure themes were present or not (Table 6). For example, all mental health symptoms were lower among those with motivators in the theme social context and movements. The same was true for some of the subthemes, as symptoms of depression, stress, and PTSD were significantly lower among those whose qualitative data were part of the theme stop the violence. For the theme hope for healing, all mental symptoms were significantly greater for the group where that theme had been present. Lastly, symptoms of depression, anxiety, and stress were lower among those whose answers reflected survivor solidarity. For the remaining themes, however, there were no significant differences in mental health symptoms.

Because the disclosure motivators were interrelated, we conducted a multivariate linear regression analysis to examine the unique relationship between each theme and the mental health outcomes (Table 7). The theme social context and movements had a significant, unique relationship with each of the mental health outcomes. In

Table 6. Mean Mental Health Symptoms by Theme.

		Depression	Anxiety	Stress	PTSD
The violence itself	Present	3.47	2.74	4.96	15.94
	Not present	3.77	2.24	5.56	18.00
	<i>p</i> -value	.561	.233	.234	.291
Trauma and recovery	Present	4.29	2.76	5.68	19.47
	Not present	3.44	2.13	5.33	16.64
	<i>p</i> -value	.074	.064	.446	.114
Social context and movements	Present	2.99	1.70	4.78	15.56
	Not present	4.23	2.78	5.92	19.00
	<i>p</i> -value	.003*	.001*	.007*	.023*
Stop the violence	Present	2.53	2.52	4.41	13.86
	Not present	3.90	2.31	5.60	18.20
	<i>p</i> -value	.005*	.641	.028*	.033*
Could not hide it	Present	5.20	3.00	5.72	19.35
	Not present	3.61	2.29	5.42	17.46
	<i>p</i> -value	.146	.378	.745	.618
Shock and suffering	Present	3.88	2.41	5.00	17.24
	Not present	3.67	2.32	5.56	17.68
	<i>p</i> -value	.698	.802	.286	.821
Hope for healing	Present	5.26	3.35	6.89	23.53
	Not present	3.43	2.15	5.17	16.4
	<i>p</i> -value	.013*	.022*	.009*	.007*
Social connections	Present	3.22	1.90	5.13	14.88
	Not present	3.81	2.41	5.50	18.04
	<i>p</i> -value	.260	.220	.548	.099
Survivor solidarity	Present	2.88	1.67	4.60	16.09
	Not present	3.86	2.45	5.60	17.85
	<i>p</i> -value	.036*	.027*	.060*	.393
Sociocultural change	Present	3.31	1.78	4.91	17.24
	Not present	3.78	2.43	5.53	17.64
	<i>p</i> -value	.379	.127	.304	.841

PTSD = posttraumatic stress disorder.

**p* < .05.

addition, the subtheme hope for healing had a positive relationship with symptoms of depression, stress, and PTSD.

Discussion

The purpose of this study was to examine motivators of sexual violence disclosures, characteristics of disclosures, and how they relate to sex and mental health. Our results show that most survivors disclose their experience to someone, although they may wait a long time to disclose, which is consistent with other literature on this topic (Alaggia

Table 7. Multiple Linear Regression for Mental Health Symptoms and Relationships With Disclosure Themes.

	Depression		Anxiety		Stress		PTSD	
	β	p	β	p	β	p	β	p
The violence itself	.33	.260	.37	.217	.29	.317	.34	.266
Trauma and recovery	−.18	.242	.01	.951	−.21	.169	−.12	.431
Social context and movements	−.461	.007*	−.40	.02*	−.39	.024*	−.40	.026*
Stop the violence	−.41	.103	−.29	.254	−.38	.124	−.40	.124
Could not hide it	−.13	.443	−.18	.291	−.21	.228	−.19	.276
Shock and suffering	.08	.472	−.04	.754	.01	.956	.01	.908
Hope for healing	.21	.031*	.11	.258	.22	.028*	.21	.034*
Social connections	.22	.068	.19	.113	.16	.196	.16	.204
Survivor solidarity	.20	.087	.16	.182	.123	.301	.21	.099
Sociocultural change	.20	.063	.17	.135	.12	.281	.21	.079

PTSD = posttraumatic stress disorder.
β represents standardized regression coefficients.
**p* < .05.

et al., 2019; Filipas & Ullman, 2001; Fisher et al., 2003; Koon-Magnin & Schulze, 2019; Orchowski et al., 2022; Starzynski et al., 2005). Motivators of disclosure were related to characteristics of the violence itself, recovery, and the social context. Some survivors spoke of breaking free from violence and reaching safety as their main motivator, while others mentioned catching the perpetrator and seeking a sense of rightness and justice. Safety concerns and the need for help to end abuse have been found to motivate disclosures to the police (Patterson & Campbell, 2010). Seeking justice, whether through the criminal justice system or more informal means, has also been identified as a motivator for disclosure in other studies (Gorissen et al., 2023; Gueta et al., 2024; Murphy-Oikonen et al., 2022). The findings show that survivors are motivated to disclose for a variety of complex reasons, which may continually interact and shape how they perceive themselves, their trauma history, and what they may benefit or risk from disclosing.

Similar to other work (Carson et al., 2020), we found no differences in mental health symptoms depending on whether survivors had disclosed or not. However, early disclosers reported fewer mental health symptoms than those who disclosed later, as other studies have shown (McTavish et al., 2019; Ruggiero et al., 2004; Ullman, 2007), perhaps because early disclosers can access social support and resources unavailable to those who disclose later or not at all. Moreover, withholding disclosure can be stressful (Ullman, 2007), with survivors describing the built-up discomfort and emotional pain from keeping the secret for a long time or staying silent (Demers et al., 2017).

When looking at disclosure motivators at the individual level, women were more likely than men to disclose, as previous work has shown (Demers et al., 2018; Mennicke et al., 2022), and male survivors may report greater stigma associated

with violence (Orchowski et al., 2022). Motivators of disclosure also differed by sex, where men reported disclosing because they wanted to get revenge on the perpetrator, and only women had been asked directly by others if they had been victimized. Previous research has identified similar factors related to the perpetrator as disclosure motivators (Alaggia et al., 2019; Caron & Mitchell, 2022), as well as direct questions or specific contexts that help facilitate disclosures (Alaggia et al., 2019; Ullman, 2023). These findings therefore show that survivor sex can play a part both in how comfortable survivors feel in disclosing, and what specific situations and interactions with others may help them to do so.

Individual mental health concerns of survivors also motivated disclosures, hoping to improve their mental health, as previous research has also found (Demers et al., 2017; Gorissen et al., 2023). Some survivors even felt that they could no longer cope and described being on the verge of a mental breakdown. Qualitative analysis of short-form responses unfortunately does not allow for a deep dive into the experiences of these survivors, but given how strongly they worded the severity of their mental health problems, some survivors may have been faced with barriers before disclosing, including shame, self-blame, stigma, or limited access to services, as commonly identified in the literature (e.g., Alaggia et al., 2019; Caron & Mitchell, 2022; Easton et al., 2014). In fact, our findings showed that survivors who disclosed because they wanted to feel better in the future reported more psychological symptoms. Their disclosure may, therefore, stem from suffering and the hope that talking about their experiences will help them somehow. This is encouraging, as disclosure is the first step toward mobilizing support and resources for survivors.

Finally, “breaking down” and disclosing almost out of necessity can also be understood as being shaped by the cultural context of individualistic countries, where emphasis is typically placed on self-reliance and resilience (Dworkin & Weaver, 2021; Sinko et al., 2021). This closely aligns with another study among survivors in Iceland, where help-seeking was seen as a sign of weakness, which was identified as a significant barrier to disclosure (Thorvaldsdottir et al., 2022). Promoting disclosures in the future may therefore probably involve addressing cultural ideas and expectations, with disclosures and help-seeking being seen as a sign of strength rather than vulnerability and weakness (Sinko et al., 2021).

Interpersonal motivators of disclosure were mostly shaped by social support. For example, survivors most often disclosed to informal supporters, particularly friends and family, rather than formal ones, as other work has shown (Campbell et al., 2015; Koon-Magnin & Schulze, 2019; Orchowski et al., 2022). This may be due to closer proximity, familiarity, and greater trust in informal support, along with encountering more barriers to disclosing to formal support sources (Ullman, 2023). Participants reported that feeling strong social support from their friends and family was an important factor in influencing disclosure. This aligns with other research, showing that social support from others and warm, supportive environments can motivate survivors to disclose (Alaggia et al., 2019; Demers et al., 2017; Gorissen et al., 2023). Similarly, seeing others disclose helps survivors come forward with their

own experiences (Ullman, 2023). Feeling warmth and trust from friends and family therefore seems to be an essential part of deciding to disclose.

Formal sources of support reported in this study were most often psychologists, followed by other health-care professionals, with a small minority reporting disclosures to the police, which is consistent with previous studies (e.g., Fisher et al., 2003; Koon-Magnin & Schulze, 2019; Sabina & Ho, 2014). This suggests that perhaps there is room for formal actors to more actively invite disclosures, for example, with routine screenings of trauma history and violence. The findings also show that survivors who disclose to formal sources of support report significantly greater mental health struggles, so disclosing may be a way of trying to access resources to help them feel better. Other studies have found similar patterns, with women survivors of intimate partner violence in New Zealand seeking formal support because of safety concerns and “feeling like they could not endure more” (Fanslow & Robinson, 2010). Those disclosures may therefore be specifically motivated by wanting to seek needed services and resources.

Societal motivators of disclosure shaped the decision to disclose for some survivors in this study. This was particularly the case for online disclosures, where survivors mentioned the importance of disclosing to break the normalization of violence and to hold perpetrators accountable for their actions, as other studies have found (Gorissen et al., 2023; Gueta et al., 2024; Ullman, 2023). It is encouraging that the survivors spoke of shifts in societal norms and attitudes surrounding sexual violence, driven by awareness-raising efforts and more open public discourse, factors typically emphasized in intervention strategies and public health guidelines (WHO, 2019).

However, only women reported that activism and movements such as #MeToo served as motivators for their disclosure. Prior literature has highlighted that men may not identify with or feel they belong to such movements or other awareness-raising efforts, possibly due to a lack of targeted messaging or representation that resonates with their specific experiences (Bogen et al., 2022; Easton et al., 2014; Gueta et al., 2024). This is clearly an area for improvement to ensure that everyone is welcome to be part of that community, regardless of their background. This is particularly important as we found that when the social context motivates disclosures (such as online movements), survivors reported lower symptoms of depression, stress, anxiety, and PTSD. This may demonstrate that movements such as #MeToo have helped some survivors feel more connected to other survivors and see themselves in their experiences. These findings are consistent with a recent systematic review, which found that survivors felt like online disclosures were empowering and that they were contributing to society by sharing their story and connecting with other survivors (Gueta et al., 2024). Furthermore, these survivors may have felt believed and validated by the survivor community, which can be important for recovery (Demers et al., 2017; Gueta et al., 2024). These findings show how important societal factors and social movements can be in encouraging survivors to come forward and talk about their experiences.

The current findings add to the literature by using data from Iceland, one of the Nordic countries, but most of the research on this topic has been carried out in the

United States. The Nordic social context can have unique attributes that may influence disclosure motivators. For example, the Nordic countries are frequently described as egalitarian welfare states characterized by strong commitments to equality, social rights, and high levels of institutional trust. These principles are reflected in legal frameworks, social policy, and comparatively high public confidence in state institutions, including the criminal justice system (Lappi-Seppälä & Tonry, 2011). Disclosures could therefore be at least partially facilitated by relatively high institutional trust among citizens. Online disclosures may also be particularly unique, as the Nordic countries are among the most technologically advanced societies globally, with widespread and routine use of digital technologies in everyday life and public administration, whereby public authorities provide many services to citizens online (Eurostat, 2021; Flower, 2024; Hägglund et al., 2023; Nesse & Erdal, 2022). On the other hand, disclosure in the Nordic countries can be complicated by victim-blaming attitudes and rape myths despite high gender equality (Bendixen et al., 2014). This is also reflected in the “Nordic paradox” where gender-equal societies report high rates of violence, which may indicate that survivors are more willing to disclose than in other contexts (Gracia & Merlo, 2016; Wemrell et al., 2019). These factors that are inherently tied to the local context may mean that some of the findings will translate easily to other places, but of course not all of them.

To our best knowledge, this is the first mixed methods study focused on disclosure motivators and how they relate to mental health. Combining qualitative and quantitative data in this way is relatively novel in the field, as we have found only one study using a mixed methodology on this topic, which was focused on barriers to disclosure. They found that among women undergraduate students in the United States, those who reported shame had greater PTSD symptoms. However, barriers to disclosure were not related to depression symptoms (Carson et al., 2020). We therefore believe that our findings significantly add to the literature on disclosure motivators and mental health. Integrating the datasets through a data transformation approach (i.e., quantizing qualitative themes) enabled analyses that would not have been possible using either method alone, including examining the prevalence of disclosure motivators, sex differences, and relationships between motivators and mental health outcomes. This integration provides a more comprehensive understanding of the factors shaping sexual victimization disclosure decisions and their associations with survivors’ mental health. We also believe that prioritizing survivors’ voices is essential to give their accounts and experiences the space that they deserve. At the same time, integrating this information with a quantitative perspective allows us to focus not only on individual experiences, which may vary, but also think about how to best address the needs of this group as a whole.

Limitations of the current study include using a cross-sectional survey, making it impossible to conclude about causality. For example, we cannot say whether disclosing because of the social context confers mental health benefits, or whether survivors who are feeling better are more willing to disclose in that way. The cross-sectional design also means that we do not know whether the specific disclosure motivators identified in this study were directly considered when survivors were deciding whether to disclose

or not, or whether they were retrospectively taking those motivators into account. Also, the current focus was only on women and men, without considering the experiences of nonbinary and trans individuals. This is significant, as these groups are more likely to be victimized (Daigle et al., 2024) and the social context around their disclosures could be unique (Kurdyla, 2023). The survey was also only administered in Icelandic and, therefore, did not account for the perspectives of recent immigrants, refugees, and other groups. We also examined disclosure motivators of sexual violence broadly and did not differentiate between experiences that occurred in childhood or adulthood, whether the violence was repeated or not, and how other traumatic experiences could have shaped their experiences with disclosure. This is a significant limitation which may have impacted our findings, as childhood abuse may be particularly harmful to survivors (Hailes et al., 2019) and repeated violence is related to considerable increases in mental health difficulties (Miner et al., 2006). It is nevertheless interesting that despite the relative heterogeneity in survivors' experiences, such clear themes emerged as disclosure motivators. The survey was conducted by phone and responses to the open-ended question about disclosure motivators were supposed to be recorded by research assistants verbatim from participants' words, but it is impossible to verify whether this was indeed the case. Examining brief text research can be valuable in examining a broad range of responses, but these are less in-depth and rich than interview data. Nevertheless, brief text responses from participants allowed us to examine motivators considering mental health differences using a comparatively large, representative sample of men and women, but women have been overrepresented in studies on this topic, compared to men (Alaggia et al., 2019; Gueta et al., 2024).

This study has highlighted the diversity of disclosure motivators and that different motivators relate to mental health. The findings also underscore the importance of ongoing work to identify ways to mitigate barriers and facilitate early disclosure for survivors, with such initiatives likely benefiting from a trauma-informed approach. The current study also shows how multiple socioecological levels not only help shape disclosures, but that those levels continually interact with each other. In this way, survivors with mental health struggles may see interactions with others as the way to improved well-being. Shifting cultural attitudes around violence and subsequent recovery then also shape perceived acceptable avenues for help, and for whom. According to the participants in this study, the #MeToo movement has motivated the women to come forward in solidarity, but men may not identify with it in the same way. Given that survivor solidarity may confer mental health benefits, promoting this type of sense of community among men, or survivors regardless of gender, is probably a worthwhile effort. Future studies need to examine online disclosures in more detail and exactly how engaging in online communities and disclosing in this way could be an avenue for survivors to find meaning or posttraumatic growth in their recovery process. This could have implications for clinical interventions, where therapists might advise clients to disclose or engage with those types of communities as part of recovery if the survivor finds that appropriate. More work is also needed on nondisclosers to better understand what hinders people from doing so and whether that group has unique characteristics compared to disclosers.

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Data Availability

The data from this article will not be made publicly available.

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Erla Katrín Jónsdóttir is a doctoral student in psychology at Reykjavík University. Her research focuses on the psychological impact of sexual violence and other traumatic experiences, including the roles of social support, resilience, and posttraumatic growth in recovery. Her doctoral work examines the use of virtual reality courtroom training to prepare survivors of sexual violence for court proceedings.

Bryndís Björk Ásgeirsdóttir's research is focused on the effects of sexual abuse and family conflict/violence on mental health and behavior. In particular, her research examines important social and psychological risk and protective processes in the face of adversity, with the aim of informing educational policy, clinical practice, and public health interventions.