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Variations in When Survivors Disclose Nonconsensual Sexual Experiences: An Examination of Sexual and Gender Identity

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Abstract

Sexual and gender minority individuals experience higher rates of sexual assault and endure more severe consequences of sexual victimization than their heterosexual and cisgender counterparts. Sexual and gender minority survivors also face significant barriers to timely disclosure, including stigma and fears of negative reactions from others, which may preclude access to informal and formal support resources. Given this prior research, we investigated differences in the timing of survivors' disclosures of nonconsensual sexual experiences by sexual and gender identity. We hypothesized that sexual and gender minority survivors would report a longer time interval between their victimization and their first in-person disclosure compared to heterosexual and cisgender survivors. We analyzed data from a sample of sexual assault survivors recruited online through social media (*N* = 540), all of whom had

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at least one prior experience of nonconsensual sexual contact and had made at least one in-person disclosure. Disclosure timing was measured on a 5-point, ordinal scale with an inequal interval structure (e.g., within 24 hr, 1 month, 1 year, 10 years, or 10+ years). Results of ordinal logistic regression models supported our hypotheses. Results revealed significant disparities in the timing of sexual assault disclosure among minoritized survivors. Sexual minority survivors reported longer delays in disclosure than heterosexual survivors, and gender minority survivors reported longer delays in disclosure than cisgender survivors. Overall, these results may help explain mixed findings in the literature regarding disclosure rates by sexual and gender identity and highlight a need to address the unique barriers encountered by sexual and gender minority survivors to improve help-seeking behavior and overall outcomes.

Keywords
sexual assault, disclosure, support seeking, LGBTQ+, minority stress

Sexual assault—defined as any form of nonconsensual sexual contact (Khan et al., 2020)—is a widespread problem, with 1 in 5 women and 1 in 14 men experiencing attempted or completed rape in their lifetimes (Smith et al., 2018). Studies consistently highlight that sexual minority (e.g., gay, lesbian, bisexual, pansexual, queer) men and women have a higher risk of sexual assault compared to their heterosexual counterparts (Black et al., 2011; Borgogna et al., 2023; Chen et al., 2023; Coulter et al., 2017). Bisexual women and gay men, in particular, experience disproportionately high rates of lifetime sexual victimization (45.2–79.3% and 24.4–59.8%, respectively; Chen et al., 2023). Similarly, transgender and gender nonbinary individuals also face significantly higher rates of sexual assault than cisgender individuals (Borgogna et al., 2023; Coulter et al., 2017). In fact, according to the National Transgender Survey, one-half of gender-nonconforming individuals experience sexual assault in their lifetimes (James et al., 2016).

Pervasive rates of sexual assault pose a considerable threat to the well-being of sexual and gender minority individuals. A meta-analysis spanning 40 years of research indicates that sexual assault is related to a broad range of psychological symptoms and disorders, including suicidality, depression, and post-traumatic stress (for a review, see Dworkin et al., 2017). In addition, research suggests that survivors who have sexual minority identities have more severe mental health consequences than survivors with heterosexual identities (Long et al., 2007; Sigurvinsdottir & Ullman, 2015, 2016).

Disparities in both the risk of victimization and the severity of its impact highlight the urgent need to examine how support systems can be optimized to improve outcomes for sexual and gender minority survivors.

Timing of Sexual Assault Disclosure

To access either informal support (e.g., emotional support from friends or family) or formal support (e.g., healthcare or legal services), survivors must first disclose their experience of victimization (Campbell et al., 2009). Most sexual assault survivors share their experiences with at least one person or resource, with friends or family members being the most common confidants (Ahrens et al., 2010; Smith et al., 2000; Ullman et al., 2010). For example, Starzynski et al. (2005) found that 80% of women disclosed their sexual assault to either a formal or informal source, with 98% disclosing to an informal source and 61% to a formal source. Other research indicates limited formal reporting; in one study, 70% of survivors disclosed their victimization to someone else, but only 5% reported the assault to the police (Fisher et al., 2003).

Existing research, however, often simplifies disclosure as a discrete, binary event (i.e., either disclosed or not disclosed; Ahrens et al., 2010). Yet, disclosure is a complex process involving multiple factors, including the *timing* of disclosure (Ahrens et al., 2010; Ullman & Filipas, 2001). Although many survivors disclose their victimization soon after the assault (e.g., Goodman-Brown et al., 2003; Orchowski & Gidycz, 2012; Ullman, 1996), there is significant variability (Bhuptani et al., 2023). One study found that among the 87% of survivors who disclosed, 37.2% did so a year or more after the assault, 32.5% disclosed days or weeks afterward, and 30.3% disclosed immediately (Ullman & Filipas, 2001). In a study of college women, 55% of survivors disclosed immediately (i.e., within 48 hr), but almost half of the survivors reported *delayed disclosure* (i.e., after 48 hr; Bhuptani, et al., 2023).

Survivors' timing of disclosure has important implications for help seeking and well-being. Delayed disclosure may not only put survivors at risk of continued abuse, but also more severe psychological symptoms (Ahrens et al., 2010; Hébert et al., 2009; Ruggiero et al., 2004; Ullman, 2007; Ullman & Filipas, 2005). Such findings are consistent with larger psychological theories of trauma recovery that link emotional processing via disclosure to more positive outcomes (Foa & Kozak, 1986; Pennebaker, 1993; Pennebaker et al., 2001), as well as research on individuals who have experienced traumatic events generally (Mueller et al., 2008). In addition, research has found that delayed disclosure of sexual assault is associated with negative social reactions (i.e., blaming; Koçtürk & Bilginer, 2020; Ullman, 2007), which have been consistently linked to greater psychological distress (Dworkin et al., 2019).

The timing of disclosure may also impact access to healthcare and legal services. Individuals who delay disclosure may not receive care for physical injuries or medical concerns (Ahrens et al., 2010; Campbell et al., 2021), including sexually transmitted infection (STI) testing/prophylaxis and emergency contraception (Patel et al., 2013). Delayed disclosure also impacts evidence collection required for legal proceedings (Smith et al., 2000). Survivors who choose not to immediately disclose do not benefit from sexual assault nurse examiner programs that are positively evaluated by survivors (Du Mont et al., 2014) and are associated with increased prosecution rates (Campbell et al., 2014). Indeed, survivors who disclose within the first 72 hr are more likely to obtain medical care and make a police report than survivors who delay disclosure (Ullman, 1996; Ullman & Filipas, 2001).

Factors Influencing Timing of Disclosure

Research has investigated several key predictors of disclosure timing. Childhood victimization, in particular, has received substantial research support, such that individuals who experience sexual abuse in childhood report longer delays in disclosure than individuals who report abuse in adulthood (Malloy et al., 2021; Ullman, 1996), with more than half of the childhood abuse survivors reporting delayed disclosure (Hébert et al., 2009). Relatedly, survivors who are abused by close others take more time to disclose than survivors who are abused by non-close others (Goodman-Brown et al., 2003). In general, survivors who have experiences that fit the "classic rape" stereotype (i.e., perpetrated by strangers, use of physical force) are less likely to delay disclosing than those who do not (Smith et al., 2000). For instance, Bhuptani et al. (2023) found that individuals who had a "freeze" response were more likely to delay disclosing than individuals who actively resisted. Such delayed disclosure in these cases may be related to levels of self-blame, as survivors who consider themselves more "responsible" for their assault are also more likely to delay disclosure (Kellogg et al., 2020). As a whole, individual factors that prevent disclosure altogether, such as shame and stigma (Alaggia & Wang, 2020; Carretta et al., 2016; Ullman, 1996), are also likely to influence the timing of disclosure.

Although multiple factors affect disclosure timing, to our knowledge, no research has investigated variations in disclosure timing among sexual and gender minority individuals, despite these identities being associated with increased rates of violence (Chen et al., 2023; James et al., 2016) and risk factors for delayed disclosure. Sexual and gender minority individuals are more likely than heterosexual individuals to experience childhood abuse—a major factor influencing disclosure (Friedman et al., 2011). In addition,

sexual minority individuals are more likely than heterosexual individuals to report multiple victimizations (Friedman et al., 2011) and perpetration by family members (Long et al., 2007).

Sexual and gender minority survivors also experience unique stigma and stressors that serve as additional barriers to timely disclosure. These stressors can be understood through the lens of *minority stress theory* (Meyer, 2003). According to this theory: (a) A cumulative burden of excessive stressors requires immense effort to adapt to these events, (b) persistent discriminatory and prejudicial attitudes are prominent within the sociocultural context, and (c) the experience of minority stress is a social construct, meaning that it is inherently a social process rather than individual in nature (Meyer, 2003). Ultimately, an approach based on minority stress theory underscores how stigma, heteronormative rape myths, and identity-related concerns can uniquely shape disclosure for sexual and gender minority survivors.

Consistent with these principles, scholars have invoked minority stress theory to explain barriers to disclosure among gender and sexual minority individuals (Binion & Gray, 2020; Moschella et al., 2020). For instance, a study of posts on Twitter using #WhyIDidntReport indicated that queer status adds an additional vulnerability to experiencing internalized emotions, such as shame, that hinder formal reporting (Griffin et al., 2022). Transgender and nonbinary survivors also report unique challenges, such as confusion around whether their experience qualifies as sexual assault, that may impact disclosure and help seeking (Lanthier et al., 2023). Furthermore, evidence suggests that sexual and gender minority survivors are more likely to anticipate being blamed or doubted (McMahon & Seabrook, 2020; Richardson et al., 2015) and to receive more negative reactions to disclosure than heterosexual survivors (Long et al., 2007; Sigurvinsdottir & Ullman, 2015, 2016). One study found that 93% of queer college students who disclosed their victimization encountered a negative reaction from family member(s), such as invalidation of one's sexual identity (Bedera et al., 2023). In addition, minoritized survivors also fear "outing" oneself, which complicates seeking support and disclosing within personal relationships and formal channels (Hackman et al., 2022). Research has indicated that queer survivors face the burden of "double disclosure" (Garnets et al., 1990; Pentaraki, 2017)—namely, that a sexual assault disclosure may inadvertently also reveal one's sexual identity.

Existing research on gender and sexual minority survivors has thus far only examined overall disclosure behavior (i.e., did or did not disclose). A recent review reported that between 9% and 44% of sexual and gender minority individuals disclosed to informal sources, and 4% to 21% of sexual and gender minority individuals disclosed to formal sources (Edwards et al., 2023). Yet, some studies indicate no significant differences in disclosure

behavior by sexual or gender minority identity (Eisenberg et al., 2021; Palmer et al., 2022; Starzynski et al., 2005), whereas others suggest lower overall rates of disclosure for minoritized survivors than for heterosexual survivors (Richardson et al., 2015). It may be that, although eventual disclosure rates are similar, gender and sexual minority survivors are more likely to experience *delayed disclosure*, which impacts their ability to receive timely and effective psychological, physical, and legal care.

Current Study

To address the gaps in existing research, the present study aimed to understand the timing of sexual assault disclosures among gender and sexual minority survivors compared to heterosexual and cisgender survivors. The current research includes a more comprehensive anchoring of disclosure timing (i.e., within 24 hr, 1 month, 1 year, 10+ years) than prior studies, which have relied on dichotomized variables, such as before/during a research study (Carretta et al., 2016) or before/after 48 hr (Bhuptani et al., 2023). The goal of the present study was to examine whether differences exist in the timing of in-person disclosure to any source (i.e., formal or informal) between these groups. We made two primary hypotheses:

Hypothesis 1: Individuals with minoritized sexual identities (e.g., lesbian, gay, bisexual+, pansexual, queer) will report longer timing in between sexual victimization and first in-person disclosure than heterosexual individuals.
Hypothesis 2: Individuals with transgender or gender minority identities (e.g., nonbinary, agender, bigender) will report longer timing in between sexual victimization and first in-person disclosure than cisgender individuals.

Method

Participants

The current study recruited 767 individuals with a history of sexual assault as part of a larger study on survivors' experiences during the #MeToo movement (Bhuptani et al., 2024). Sexual assault victimization was operationalized as the endorsement of at least one item on the Sexual Experiences Survey-Short Form Victimization (Johnson et al., 2017; Koss et al., 2007). Participants were recruited via online advertisements on social media platforms, including Instagram, Facebook, and Twitter. Sample recruitment for

Table 1. Sample Demographics (*N* = 540).

Gender Identity	*n* (%)	Race/Ethnicity	*n* (%)
Cisgender man	18 (3.3)	Asian/Pacific islander	39 (7.2)
Cisgender woman	403 (74.6)	Black/African American	22 (4.1)
Transgender man	24 (4.4)	Latinx or Hispanic	55 (10.2)
Transgender woman	2 (0.4)	Multiracial	29 (5.4)
Nonbinary	83 (15.4)	Native American/American Indian	20 (3.7)
Other	7 (1.3)	White or Caucasian	361 (66.9)
Prefer not to answer	3 (0.6)	Other	12 (2.2)
Sexual Orientation		Prefer not to answer	2 (0.4)
Asexual	10 (1.9)	Education	
Bisexual	192 (35.6)	No schooling	1 (0.2)
Gay	16 (3.0)	8th grade	1 (0.2)
Heterosexual	183 (33.9)	Some high school	15 (2.8)
Lesbian	32 (5.9)	High school diploma/GED	43 (8.0)
Pansexual	69 (12.8)	Some college	135 (25.0)
Other	32 (5.9)	Trade/technical/vocational	11 (2.0)
Prefer not to answer	6 (1.1)	Associate degree	48 (8.9)
Income		Bachelor's degree	159 (29.4)
<$25,000	229 (42.4)	Master's degree	106 (19.6)
$25,000–$34,999	74 (13.7)	Professional degree	1 (0.2)
$35,000–$49,999	72 (13.3)	Doctorate degree	12 (2.2)
$50,000–$74,999	71 (13.1)	Postdoctoral training	8 (1.5)
$75,000–$99,999	31 (5.7)	Prefer not to answer	0 (0.0)
$100,000–$149,999	14 (2.6)		
$150,000–$199,999	4 (0.7)		
$200,000+	8 (1.5)		
Prefer not to answer	37 (6.9)		

Note. Percentages may not add up to 100 due to rounding.

the larger study was not specifically targeted toward sexual and gender minority individuals. Participants who lived in the United States and were 18+ years old were eligible to participate. The larger study assessed the timing of both in-person disclosures (i.e., face-to-face disclosure to formal or informal sources) and online disclosures (e.g., use of the #MeToo hashtag on social media). However, given the in-person focus of prior research on disclosure delay, the current analysis focuses only on initial in-person disclosures (to any source). Therefore, we included only the subsample of participants who experienced sexual assault and also disclosed this experience to someone else in-person (n = 540; 442 reported only in-person disclosure, and 98 reported both in-person as well as online disclosure). Demographics of the subsample are listed in Table 1.

Measures

Participants completed a demographics questionnaire, which included questions about gender, sexual orientation, race/ethnicity, education, and income (see Table 1). Gender and sexual identity were used in analyses. Sexual identity was assessed with one question ("What is your sexual orientation?"), with response options "straight/heterosexual," "gay," "lesbian," "bisexual," "pansexual," "asexual," "other," and "prefer not to answer." For analysis, individuals with a minoritized sexual identity were collapsed into a nonheterosexual subgroup. Gender identity was assessed with one question ("What is your gender identity?"), with response options "cisgender woman (woman assigned female at birth)," "cisgender man (man assigned male at birth)," "transgender man (man assigned female at birth)," "transgender woman (woman assigned male at birth)," "nonbinary," "other," and "prefer not to answer." For analysis, cisgender men and cisgender women were collapsed into a cisgender subgroup, and gender minority individuals were collapsed into a non-cisgender subgroup. All "Prefer not to answer" responses were coded as missing data. Timing of disclosure was measured using one question, "How long after your victimization experience did you tell someone?" with response options "within 24 hours," "within 1 month," "within 1 year," "within 10 years," and "within 10+ years." This variable was treated as an ordinal outcome, with an inequal interval structure. If participants experienced multiple victimizations, they provided information about the incident they first disclosed to someone in person, regardless of when it occurred.

Procedure

The authors' Institutional Review Board approved the study's research procedures. The study team disseminated the link to the survey through social media platforms, including Instagram, Facebook, and Twitter, from February 2020 to February 2022 (see Bhuptani et al., 2024). After clicking on the survey link, participants reviewed an informed consent form and indicated their consent to participate. Study participation lasted approximately 30 min, and participants received a $10 electronic Amazon gift card as compensation. To prevent threats to data quality, participants were required to check a reCAPTCHA. In addition, the study team manually reviewed responses to flag instances of inconsistent responding, ballot stuffing (i.e., repeated responses from the same participant), suspicious patterns among email addresses (e.g., random letters), and nonsensical responses to open-ended questions. The study team omitted suspicious responses from data analysis.

A total of 1,191 responses were collected, with 767 responses (64.3%) passing the quality control checks. Only a subsample of these participants (i.e., those who disclosed in person to either a formal or informal source; $n = 540$) was included.

Data Analysis Plan

For analyses, we used *R* (R Core Team, 2020; Version 4.4.1). Because our primary outcome (i.e., timing of disclosure) did not have an equal interval structure, we used logistic ordinal regression via the *R* package *MASS* (Venables & Ripley, 2002; Version 7.3.60.2). Rates of missing data were low ($n = 0$ for disclosure timing, $n = 3$ for gender identity, and $n = 6$ for sexual identity). Due to low rates, we excluded missing data pairwise in the analyses.

Results

Hypotheses 1 and 2

Participants with nonheterosexual sexual identities ($n = 351$) reported longer delays in in-person disclosure than participants with heterosexual identities ($n = 183$), $t(529) = 2.48$, $p = .013$, $OR = 1.50$ 95% CI [1.09, 2.07] (see Table 2 and Figure 1 for frequencies and percentages). Participants with non-cisgender identities ($n = 116$) reported longer delays in in-person disclosure than participants with cisgender identities ($n = 421$), $t(532) = 3.10$, $p = .002$, $OR = 1.76$ [1.23, 2.53] (see Table 2 and Figure 2) for frequencies and percentages).

Discussion

The present study examined differences in the timing of in-person disclosure between sexual assault survivors with minoritized sexual and gender identities and their heterosexual and cisgender counterparts. Prior research has indicated that sexual and gender identities may influence disclosure behaviors (e.g., Edwards et al., 2023), and individuals with minoritized identities may be more likely to receive more negative responses to disclosure (e.g., Bedera et al., 2023) and to face unique barriers to disclosure (e.g., heterosexist rape myths, lack of affirming services; Edwards et al., 2023) than individuals without minoritized identities. The present study fills an important gap in the literature by directly comparing the *timing* of disclosure between survivors in these two groups. Based on prior literature (Edwards et al., 2023), we hypothesized that there would be a longer time interval between

Table 2. Timing of Disclosure by Sexual and Gender Identity (*N* = 540).

	Nonheterosexual (*n* = 351)	Heterosexual (*n* = 183)	Non-cisgender (*n* = 116)	Cisgender (*n* = 421)
Time	***n* (%)**	***n* (%)**	***n* (%)**	***n* (%)**
Within 24 hr	**47 (13.4)**	**33 (18.0)**	**7 (6.0)**	**74(17.6)**
Within 1 month	**51 (14.5)**	**40 (21.9)**	**11 (9.5)**	**80(19.0)**
Within 1 year	**73 (20.8)**	**37 (20.2)**	**32 (27.6)**	**79(18.8)**
Within 10 years	**131 (37.3)**	**49 (26.8)**	**49 (42.2)**	**131(31.1)**
After 10+ years	**49 (14.0)**	**24 (13.1)**	**17 (14.7)**	**57(13.5)**

Note. **Percentages for sexual identity are based on a sample size of 534, as 6 individuals were missing sexual identity information. Percentages for gender identity are based on a sample size of 537, as 3 individuals were missing gender identity information.**

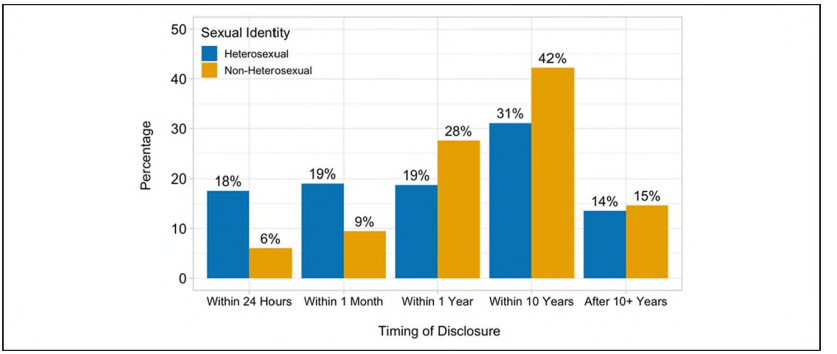

Figure 1. Timing of disclosure by sexual identity (*N* = 534).
Note. **Percentages are based on a sample of 534 rather than 540, as 6 participants indicated "Prefer not to answer" for their sexual identity.**

victimization experiences and initial in-person disclosure among sexual and gender minority survivors.

Overall, both of our hypotheses were supported by the data. Consistent with Hypothesis 1, individuals with minoritized sexual identities reported significantly longer delays in disclosing sexual victimization compared to heterosexual individuals. Consistent with Hypothesis 2, individuals with non-cisgender identities reported significantly longer delays in disclosing sexual victimization compared to cisgender individuals. In general, these findings align with prior research suggesting that sexual and gender minority individuals experience heightened stigma and barriers when disclosing

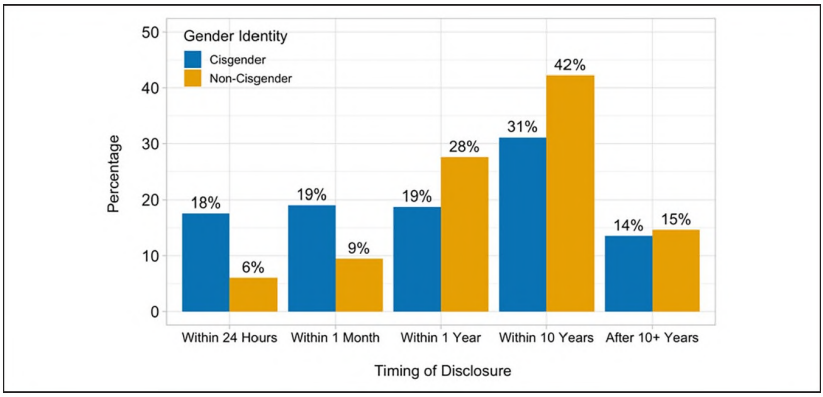

Figure 2. Timing of disclosure by gender identity (*N* = 537).
Note. **Percentages are based on a sample of 537 rather than 540, as 3 participants indicated "Prefer not to answer" for their gender identity.**

sexual assault (Bedera et al., 2023; Hackman et al., 2022; Kanefsky et al., 2024). The longer gap between assault and disclosure observed among sexual and gender minority survivors may reflect apprehension about receiving negative social reactions, fear of invalidation of both their assault experience and their identities, or the challenge of having to navigate a "double disclosure" (Garnets et al., 1990; Pentaraki, 2017). Such a pattern largely aligns with predictions made by minority stress theory (Meyer, 2003), in which an unsupportive social environment places additional burdens on survivors with minoritized identities (Binion & Gray, 2020). It is possible that fears of "outing" oneself are particularly relevant for individuals who may not have yet come out to friends, family, or other support systems.

The current results also explain discrepancies in the nascent literature on disclosure behavior among sexual and gender minority survivors, in which some studies have found discrepant rates of overall disclosure, while others have not (for a review, see Edwards et al., 2023). Although sexual and gender minority survivors may *eventually* disclose at similar rates as heterosexual and cisgender survivors, a longer delay in disclosure may be present for sexual and gender minority survivors. A natural next step for this line of research is to examine and clarify which of these factors serve as the most potent facilitators or barriers to disclosure during specific time periods for minoritized survivors. Examination of these factors should occur alongside other influences on disclosure timing, such as the survivor's relationship to the perpetrator and the presence of a "freeze" response (Bhuptani et al., 2023). In addition, the timing

of disclosure may vary based on the type of person or resource the survivor is reporting to. For instance, one study found that sexual minority survivors may be *more* likely to disclose to formal sources and *less* likely to disclose to informal sources than heterosexual survivors (Felix et al., 2020). In another study, Moschella et al. (2020) found that bisexual survivors who experienced sexual assault during college were more likely to disclose their victimization to romantic partners, family, and law enforcement than heterosexual survivors (Moschella et al., 2020). Additional research that incorporates the timing of disclosure may resolve these discrepant findings in the literature.

The current findings have important implications for the health and well-being of gender and sexual minority survivors. The timing of disclosure plays a crucial role in ameliorating negative mental health outcomes, as delays in disclosure are related to higher levels of psychological distress (Ahrens et al., 2010; Hébert et al., 2009; Ruggiero et al., 2004; Ullman, 2007; Ullman & Filipas, 2005) and greater levels of negative social reactions once survivors do disclose (Koçtürk & Bilginer, 2020; Ullman, 2007). Such delays may also prevent access to social support that could mitigate the harmful consequences of sexual assault (Dworkin et al., 2019). For example, research has shown that social support benefits survivors of trauma (Brewin et al., 2000) and is an important buffer against psychopathology generally (Taylor, 2011). Although there are numerous evidence-based psychotherapies for survivors of violence, it remains unclear whether early intervention may substantially impact survivor distress (Dworkin & Schumacher, 2018). However, given that minoritized survivors experience more harmful effects of sexual assault (Long et al., 2007; Sigurvinsdottir & Ullman, 2015, 2016), delays in disclosure may prevent timely access to vital emotional, practical, or professional support (e.g., Ahrens et al., 2010; Smith et al., 2000; Ullman & Filipas, 2001).

These findings suggest several important next steps for researchers, clinicians, and policymakers who aim to support gender and sexual minority survivors. Interventions and awareness campaigns should explicitly acknowledge the unique challenges faced by minoritized survivors, including difficulties such as “double disclosure” (Garnets et al., 1990; Pentaraki, 2017). Clinicians should be made aware that delayed disclosure is more common among sexual and gender minority survivors, and tailored, multilevel prevention programs should be designed to disrupt and promote affirming environments within families, social networks, and institutions. In addition, service providers and healthcare professionals should be trained to respond to disclosures in a sensitive and affirming manner, such that over time, fears of invalidation can be allayed and delays in disclosure may be reduced. Because sexual and gender minority survivors may be hesitant to disclose their experiences due to concerns about invalidation or discrimination (Griffin et al., 2022), clinicians

could benefit from being specifically trained to avoid harmful, victim-blaming responses, particularly because many survivors report help-seeking experiences as a second victimization (Jackson et al., 2017). To achieve this aim, researchers could adapt and design an existing disclosure intervention (Edwards et al., 2022) to specifically target professionals' early interactions with gender and sexual minority survivors.

Although this study provides valuable insights into disclosure timing among sexual and gender minority survivors, it also has several crucial limitations. First, the study relied on self-report and retrospective data, which may be subject to recall bias. Second, the study employed a cross-sectional design, which limits our ability to draw causal conclusions about the factors influencing disclosure timing. As such, future research should use longitudinal designs to better understand how contextual factors (e.g., identity development, access to social support) influence disclosure over time in specific contexts. Third, although the sample included a relatively large number of sexual and gender minority participants recruited from online social media, the diversity of identities within this group was not fully explored. Due to statistical limitations, we were unable to parse out specific identities (e.g., bisexual vs. pansexual, transgender vs. gender nonconforming) or further examine differences between cisgender men and women. Future research should examine within-group differences in disclosure timing, such as differences among specific sexual orientation or non-cisgender subgroups, as well as disclosure delay among cisgender men. For instance, some research indicates that bisexual women are more likely to receive negative social reactions than other survivors (Long et al., 2007), which could result in more substantial delays in disclosure for this population. Although a major strength of our study design was the use of a large sample of exclusively sexual assault survivors recruited nationally, our sample is likely not representative of survivors at large, as various factors influence the success of recruitment on social media platforms (e.g., Stern et al., 2020). Survivors who delayed disclosure until the #MeToo movement may have disproportionately participated in the current study, as the sample was recruited specifically for a study about survivors' participation in this movement. Finally, our study did not measure several important variables that may confound these associations, such as the specific time since the victimization incident reported on. If participants were assaulted 1 year ago, for instance, their possible disclosure timing would be restricted in range. If time since victimization differed between minoritized participants and nonminoritized participants, this pattern may also explain group differences in disclosure delay. In addition, it is possible that the specific wording of our question ("How long after your victimization experience did you tell someone?") may have influenced responses. Survivors may not

have considered the full range of possible disclosures in their answer (i.e., "tell someone" may have implied disclosing specifically to formal sources).

Future research should continue to collect nuanced information about the context and timing of disclosure. For example, future research will benefit from using a continuous measure of disclosure timing. Although our measure consisted of five options (within 24 hr, 1 month, 1 year, 10 years, 10+ years), which is an improvement from prior studies (e.g., Bhuptani et al., 2023), a continuous, equal interval measure would be the most helpful for detecting nuanced variations in disclosure timing. Furthermore, recent research (e.g., Ullman, 2024) suggests that disclosure is not uniform across persons, time, and situation. Ullman (2024) found that many survivors selectively shared some details (but not others) to specific individuals within their support environment. It may be likely that survivors with minoritized identities may carefully share information, select language, or select certain individuals for disclosure to avoid challenges posed by stigma. Finally, additional research should examine how intersectional identities (Crenshaw, 1989, i.e., the intersection of gender, race, ability, sexual identity, and class) influence disclosure timing and the hypothesized processes underlying it.

In sum, this study highlights significant disparities in the timing of sexual assault disclosure among gender and sexual minority survivors. The disclosure delays observed likely reflect the compounded impact of stigma, minority stress, and/or fear of negative social reactions. By addressing barriers and fostering support systems, researchers and practitioners alike may reduce disparities in disclosure and improve outcomes for survivors of sexual assault.

Data Availability

The data that support the findings of this study are available from the corresponding author, Alexis A. Adams-Clark, upon reasonable request.

Declaration of Conflicting Interests

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Ethical Considerations

The Institutional Review Board at Lifespan—Rhode Island Hospital gave ethical approval for this study. Participants were recruited throughout the United States via

advertisements on various social media platforms and provided written consent prior to completion of the surveys.

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References

Ahrens, C. E., Stansell, J., & Jennings, A. (2010). To tell or not to tell: The impact of disclosure on sexual assault survivors' recovery. *Violence and Victims*, *25*(5), 631–648. https://doi.org/10.1891/0886-6708.25.5.631

Alaggia, R., & Wang, S. (2020). "I never told anyone until the #metoo movement:" What can we learn from sexual abuse and sexual assault disclosures made through social media? *Child Abuse & Neglect*, *103*, 104312. https://doi.org/10.1016/j.chiabu.2019.104312

Bedera, N., Nordmeyer, K., & Holland, K. J. (2023). "I could never tell my parents:" Barriers to queer women's college sexual assault disclosure to family members. *Violence Against Women*, *29*(5), 800–816. https://doi.org/10.1177/10778012221101920

Bhuptani, P. H., Fleming, C. E., & Orchowski, L. M. (2023). Timing of sexual assault disclosure: A study of college women. *Violence Against Women*, *29*(12–13), 2372–2392. https://doi.org/10.1177/10778012231189482

Bhuptani, P. H., López, G., Peterson, R., & Orchowski, L. M. (2024). Associations among online social reactions to disclosure of sexual victimization, coping and social isolation. *Journal of Child Sexual Abuse*, *33*(2), 146–168. https://doi.org/10.1080/10538712.2024.2314287

Binion, K., & Gray, M. J. (2020). Minority stress theory and internalized homophobia among LGB sexual assault survivors: Implications for posttraumatic adjustment. *Journal of Loss and Trauma*, *25*(5), 454–471. https://doi.org/10.1080/15325024.2019.1707987

Black, M., Basile, K., Breiding, M., Smith, S., Walter, M., Merrick, M., Chen, J., & Stevens, M. (2011). *National intimate partner and sexual violence survey: 2010 Summary report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/NISVS_Report2010-a.pdf

Borgogna, N. C., Lathan, E. C., & Aita, S. L. (2023). Sexual and gender minority victimization: Base rates of assault in college students across sexual and gender identities. *Journal of Interpersonal Violence*, *38*(7–8), 5613–5637. https://doi.org/10.1177/08862605221124253

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, *68*(5), 748–766. https://doi.org/10.1037/0022-006X.68.5.748

Campbell, R., Bybee, D., Shaw, J. L., Townsend, S. M., Karim, N., & Markowitz, J. (2014). The impact of sexual assault nurse examiner (SANE) programs on criminal justice case outcomes: A multi-site replication study. *Violence Against Women*, *20*, 607–625. http://dx.doi.org/10.1177/1077801214536286

Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse*, *10*(3), 225–246. https://doi.org/10.1177/1524838009334456

Campbell, R., Ma, W., Javorka, M., Gregory, K., Vollinger, L., & Opsommer, M. (2021). Why do sexual assault survivors seek medical forensic exams and forensic evidence collection? Exploring patterns of service needs in a state-wide study. *Psychology of Violence*, *11*(3), 264–275. https://doi.org/10.1037/vio0000355

Carretta, C. M., Burgess, A. W., & DeMarco, R. (2016). To tell or not to tell. *Violence Against Women*, *22*(13), 1499–1518. https://doi.org/10.1177/1077801215627507

Chen, J., Khatiwada, S., Chen, M. S., Smith, S. G., Leemis, R. W., Friar, N., Basile, K. C., & Kresnow, M. (2023). *The National Intimate Partner and Sexual Violence Survey (NISVS) 2016/2017: Report on victimization by sexual identity*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Coulter, R. W. S., Mair, C., Miller, E., Blosnich, J. R., Matthews, D. D., & McCauley, H. L. (2017). Prevalence of past-year sexual assault victimization among undergraduate students: Exploring differences by and intersections of gender identity, sexual identity, and race/ethnicity. *Prevention Science*, *18*, 726–736. https://doi.org/10.1007/s11121-017-0762-8

Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: A Black Feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics*. University of Chicago Legal Forum, *1989*(8). https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Du Mont, J., Macdonald, S., White, M., Turner, L., White, D., Kaplan, S., & Smith, T. (2014). Client satisfaction with nursing-led sexual assault and domestic violence services in Ontario. *Journal of Forensic Nursing*, *10*(3), 122–134. https://doi.org/10.1097/JFN.0000000000000035

Dworkin, E. R., Brill, C. D., & Ullman, S. E. (2019). Social reactions to disclosure of interpersonal violence and psychopathology: A systematic review and meta-analysis. *Clinical Psychology Review*, *72*, 101750. https://doi.org/10.1016/j.cpr.2019.101750

Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review*, *56*, 65–81. https://doi.org/10.1016/j.cpr.2017.06.002

Dworkin, E. R., & Schumacher, J. A. (2018). Preventing posttraumatic stress related to sexual assault through early intervention: A systematic review. *Trauma, Violence, & Abuse*, *19*(4), 459–472. https://doi.org/10.1177/1524838016669518

Edwards, K. M., Mauer, V. A., Huff, M., Farquhar-Leicester, A., Sutton, T. E., & Ullman, S. E. (2023). Disclosure of sexual assault among sexual and gender minorities: A systematic literature review. *Trauma, Violence, & Abuse*, *24*(3), 1608–1623. https://doi.org/10.1177/1524838021107384

Edwards, K. M., Waterman, E. A., Ullman, S. E., Rodriguez, L. M., Dardis, C. M., & Dworkin, E. R. (2022). A pilot evaluation of an intervention to improve social reactions to sexual and partner violence disclosures. *Journal of Interpersonal Violence*, *37*(5–6), 2510–2534. https://doi.org/10.1177/088626052093443

Eisenberg, M. E., Lust, K., Mathiason, M. A., & Porta, C. M. (2021). Sexual assault, sexual orientation, and reporting among college students. *Journal of Interpersonal Violence*, *36*(1–2), 62–82. https://doi.org/10.1177/0886260517726414

Felix, S. N., Daigle, L. E., Hawk, S. R., & Policastro, C. (2020). Lesbian, gay, and bisexual victims' reporting behaviors to informal and formal sources. *Sexuality Research and Social Policy*, *18*, 281–289. https://doi.org/10.1007/s13178-020-00456-8

Fisher, B. S., Daigle, L. E., Cullen, F. T., & Turner, M. G. (2003). Reporting sexual victimization to the police and others: Results from a national-level study of college women. *Criminal Justice and Behavior*, *30*(1), 6–38. https://doi.org/10.1177/00938548022391

Foa, E., & Kozak, M. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, *99*, 20–35.

Friedman, M. S., Marshal, M. P., Guadamuz, T. E., Wei, C., Wong, C. F., Saewyc, E. M., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health*, *101*(8), 1481–1494.

Garnets, L., Herek, G., & Levy, B. (1990). Violence and victimization of lesbians and gay men: Mental health consequences. *Journal of Interpersonal Violence*, *5*(3), 366–383. https://doi.org/10.1177/088626090005003010

Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P. H., & Gordon, D. S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse and Neglect*, *27*(5), 525–540. https://doi.org/10.1016/S0145-2134(03)00037-1

Griffin, V. W., Wentz, E., & Meinert, E. (2022). Explaining the why in# WhyIDidntReport: An examination of common barriers to formal disclosure of sexual assault in college students. *Journal of Interpersonal Violence*, *37*(15–16), NP14716–NP14745. https://doi.org/10.1177/08862605211016343

Hackman, C. L., Bettergarcia, J. N., Wedell, E., & Simmons, A. (2022). Qualitative exploration of perceptions of sexual assault and associated consequences among LGBTQ+ college students. *Psychology of Sexual Orientation and Gender Diversity*, *9*(1), 81–91. https://doi.org/10.1037/sgd0000457

Hébert, M., Tourigny, M., Cyr, M., McDuff, P., & Joly, J. (2009). Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *The Canadian Journal of Psychiatry*, *54*(9), 631–636. https://doi.org/10.1177/070674370905400908

Jackson, M. A., Valentine, S. E., Woodward, E. N., & Pantalone, D. W. (2017). Secondary victimization of sexual minority men following disclosure of sexual assault: "Victimizing me all over again...." *Sexuality Research and Social Policy*, *14*, 275–288. https://doi.org/10.1177/1473325010367821

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality. https://transequality.org/sites/default/files/docs/usts/USTSFullReport-FINAL1.6.17.pdf

Johnson, S. M., Murphy, M. J., & Gidycz, C. A. (2017). Reliability and validity of the sexual experiences survey-short forms victimization and perpetration. *Violence and Victims*, *32*(1), 78–92. https://doi.org/10.1891/0886-6708.VV-D-15-00110

Kanefsky, R. Z., Newins, A. R., & Necaise, A. (2024). Sexual assault disclosure among sexual minority individuals: Associations with "outness," perceived stigma, community belonging, and perceptions of police. *Psychology of Sexual Orientation and Gender Diversity*, *11*(3), 498–507. https://doi.org/10.1037/sgd0000611

Kellogg, N. D., Koek, W., & Nienow, S. M. (2020). Factors that prevent, prompt, and delay disclosures in female victims of child sexual abuse. *Child Abuse & Neglect*, *101*, 104360. https://doi.org/10.1016/j.chiabu.2020.104360

Khan, S., Greene, J., Mellins, C. A., & Hirsch, J. S. (2020). The social organization of sexual assault. *Annual Review of Criminology*, *3*(1), 139–163. https://doi.org/10.1146/annurev-criminol-011518-024456

Koçtürk, N., & Bilginer, S. Ç. (2020). Adolescent sexual abuse victims' levels of perceived social support and delayed disclosure. *Children and Youth Services Review*, *118*, 105363. https://doi.org/10.1016/j.childyouth.2020.105363

Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, *31*(4), 357–370. https://doi.org/10.1111/j.1471-6402.2007.00385.x

Lanthier, S., Mason, R., Logie, C. H., Myers, T., & Du Mont, J. (2023). "Coming out of the closet about sexual assault"; Intersectional sexual assault stigma and (non) disclosure to formal support providers among survivors using Reddit. *Social Science & Medicine*, *328*, 115978. https://doi.org/10.1016/j.socscimed.2023.115978

Long, S. M., Ullman, S. E., Long, L. M., Mason, G. E., & Starzynski, L. L. (2007). Women's experiences of male-perpetrated sexual assault by sexual orientation. *Violence and Victims*, *22*(6), 684. https://doi.org/10.1891/088667007782793138

McMahon, S., & Seabrook, R. C. (2020). Reasons for nondisclosure of campus sexual violence by sexual and racial/ethnic minority women. *Journal of Student Affairs Research and Practice*, *57*(4), 417–431. https://doi.org/10.1080/19496591.2019.1662798

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Moschella, E. A., Potter, S. J., & Moynihan, M. M. (2020). Disclosure of sexual violence victimization and anticipated social reactions among lesbian, gay, and bisexual community college students. *Journal of Bisexuality*, *20*(1), 66–85. https://doi.org/10.1080/15299716.2020.1715910

Mueller, J., Moergeli, H., & Maercker, A. (2008). Disclosure and social acknowledgement as predictors of recovery from posttraumatic stress: A longitudinal

study in crime victims. *The Canadian Journal of Psychiatry*, *53*(3), 160–168. https://doi.org/10.1177/07067437080530030

Orchowski, L. M., & Gidycz, C. A. (2012). To whom do college women confide following sexual assault? A prospective study of predictors of sexual assault disclosure and social reactions. *Violence Against Women*, *18*(3), 264–288. https://doi.org/10.1177/1077801212442917

Palmer, J. E., Williams, E., & Mennicke, A. (2022). Interpersonal violence experiences and disclosure patterns for lesbian, gay, bisexual, queer+, and heterosexual university students. *Journal of Family Violence*, *37*(3), 505–519. https://doi.org/10.1007/s10896-021-00268-3

Patel, A., Roston, A., Tilmon, S., Stern, L., Roston, A., Patel, D., & Keith, L. (2013). Assessing the extent of provision of comprehensive medical care management for female sexual assault patients in US hospital emergency departments. *International Journal of Gynecology & Obstetrics*, *123*(1), 24–28. https://doi.org/10.1016/j.ijgo.2013.04.014

Pentaraki, M. (2017). Fear of double disclosure and other barriers to the help seeking behaviour of LGBT youth in Northern Ireland. In S. Holt, C. Overlien, & J. Devaney (Eds.), *Responding to domestic violence: Emerging challenges for policy, practice and research in Europe* (pp. 135–151).

Pennebaker, J. W. (1993). Putting stress into words: Health, linguistic, and therapeutic implications. *Behavior Research and Therapy*, *31*, 539–548.

Pennebaker, J. W., Zech, E., & Rimé, B. (2001). Disclosing and sharing emotion: Psychological, social, and health consequences. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 517–543). American Psychological Association.

R Core Team. (2020). *R: A language and environment for statistical computing* [Computer software]. R Foundation for Statistical Computing. https://www.R-project.org/

Richardson, H. B., Armstrong, J. L., Hines, D. A., & Reed, K. M. P. (2015). Sexual violence and help-seeking among LGBQ and heterosexual college students. *Partner Abuse*, *6*(1), 29–46. https://doi.org/10.1891/1946-6560.6.1.29

Ruggiero, K. J., Smith, D. W., Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. L. (2004). Is disclosure of childhood rape associated with mental health outcome? Results from the National Women's Study. *Child Maltreatment*, *9*(1), 62–77. https://doi.org/10.1177/1077559503260309

Sigurvinsdottir, R., & Ullman, S. E. (2015). The role of sexual orientation in the victimization and recovery of sexual assault survivors. *Violence and Victims*, *30*(4), 636–648. https://doi.org/10.1891/0886-6708.VV-D-13-00066

Sigurvinsdottir, R., & Ullman, S. E. (2016). Sexual orientation, race, and trauma as predictors of sexual assault recovery. *Journal of Family Violence*, *31*(7), 913–921. https://doi.org/10.1007/s10896-015-9793-8

Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, *24*(2), 273–287. https://doi.org/10.1016/S0145-2134(99)00130-1

Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M. J., & Chen, J. (2018). *The national intimate partner and sexual violence survey: 2015 Data brief—Updated release*. National Center for Injury Prevention and Control; Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/60893

Starzynski, L. L., Ullman, S. E., Filipas, H. H., & Townsend, S. M. (2005). Correlates of women's sexual assault disclosure to informal and formal support sources. *Violence and Victims*, *20*(4), 417–432. https://doi.org/10.1891/088667005780927593

Stern, M. J., Fordyce, E., Carpenter, R., Viox, M. H., Michaels, S., Harper, C., Johns, M. M., & Dunville, R. (2020). Evaluating the data quality of a national sample of young sexual and gender minorities recruited using social media: The influence of different design formats. *Social Science Computer Review*, *40*(3), 663–677. https://doi.org/10.1177/089443932092824

Taylor, S. E. (2011). Social support: A review. *The Oxford handbook of health psychology*, *1*, 189–214.

Ullman, S. E. (1996). Correlates and consequences of adult sexual assault disclosure. *Journal of Interpersonal Violence*, *11*(4), 554–571. https://doi.org/10.1177/088626096011004007

Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse*, *16*(1), 19–36. https://doi.org/10.1300/J070v16n01_02

Ullman, S. E. (2024). Aspects of selective sexual assault disclosure: Qualitative interviews with survivors and their informal supports. *Journal of Interpersonal Violence*, *39*(1–2), 263–289. https://doi.org/10.1177/08862605231195808

Ullman, S. E., & Filipas, H. H. (2001). Correlates of formal and informal support seeking in sexual assault victims. *Journal of Interpersonal Violence*, *16*(10), 1028–1047. https://doi.org/10.1177/088626001016010004

Ullman, S. E., Foynes, M. M., & Tang, S. S. S. (2010). Benefits and barriers to disclosing sexual trauma: A contextual approach. *Journal of Trauma & Dissociation*, *11*(2), 127–133. https://doi.org/10.1080/15299730903502904

Venables, W. N., & Ripley, B. D. (2002). *Modern applied statistics with S* (4th ed.). Springer.

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