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Women's Strategies for Navigating Disclosure of a History of Sexual Trauma with Current Intimate Partners

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Abstract

The experience of sexual trauma is common, especially for women. One way to mitigate the adverse social and behavioral health outcomes associated with sexual trauma is through the provision of social support. However, before social support can be provided, there is a need for the survivor to disclose to close others, including romantic partners. This study aimed to understand how women with a history of sexual trauma navigate disclosing these experiences with a current intimate partner. In-depth semi-structured interviews were conducted with 41 women with a history of sexual trauma who described themselves as being in a healthy relationship at the time of interview. Interview transcripts were analyzed inductively using reflexive thematic analysis, identifying five overarching themes, including (a) guarding privacy ownership, (b) establishing communication boundaries, (c) utilizing an external impetus, (d) minimizing re-traumatization, and (e) managing the

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tension between the need for privacy and disclosure. The results provide a clearer understanding as to how women navigate disclosing very private and sensitive information concerning their experiences with sexual trauma communication in a healthy relationship. Future research can build upon these findings by examining additional intersections of experience and current policies and educational efforts can look toward this body of research to see clear evidence of the need for destigmatization to address the prevalence of shame in women's stories. Our findings encourage clinicians to learn from the tactics employed by survivors to develop strategies for their clients and for future researchers to consider the complexity of disclosure to intimate partners. There are risks involved with disclosure and a societal need to address the shame women feel about their sexual trauma experiences as they seek to develop and maintain healthy intimate relationships beyond the experience of sexual trauma.

Keywords
sexual trauma, sexual assault, healthy relationships, intimate partner violence, communication, disclosure

Introduction

Sexual violence in the United States is staggering, with nearly one in three women reporting the experience of sexual violence, and one in four experiencing rape in their lifetime (Centers for Disease Control, 2024). Rates of depression, stress, posttraumatic stress disorder, low sexual desire, and low self-esteem are higher among women who have experienced sexual violence (Andresen et al., 2019; Bennice et al., 2003; Kucharska, 2017; Mgoqi-Mbalo et al., 2017; Millegan et al., 2015; Möller et al., 2017; O'Loughlin et al., 2020). Survivors may also suffer from adverse health conditions, including digestive tract issues, neurological disorders, cardiovascular conditions, urogenital conditions (Coker et al., 2000; Staples et al., 2012; Vives-Cases et al., 2011), and are at higher risk for increased substance use (Carbone-Lopez et al., 2006; Vives-Cases et al., 2011). One method to mitigate the adverse social and behavioral health outcomes associated with sexual trauma is through the provision of social support (Belknap et al., 2009; Coker et al., 2003). However, before social support can be provided, close others, including romantic partners, must be aware of the sexual trauma experienced.

There is little existing research on the role of romantic partners as a source of social support for sexual trauma survivors (Lukacena & Mark, 2022).

Further, there is limited information on how sexual trauma survivors navigate disclosing their sexual trauma experiences with intimate partners (de Montigny-Gauthier et al., 2019; Person et al., 2025; Ullman, 2023). The limited research on navigating disclosure makes it challenging for clinicians and therapists to provide sound guidance to sexual trauma survivors and their partners to best navigate challenges in their relationships. Research has examined what a 'good' or supportive reaction from a partner may look like (Lukacena & Mark, 2022; Person et al., 2025). However, there is a need to expand on this work to explore how women who have experienced sexual trauma navigate the disclosure of their trauma with a current intimate partner.

The act of revealing personal information about oneself, or self-disclosure, can significantly impact a relationship's development, maintenance, and potential deterioration (Derlega et al., 1993). Although choosing to self-disclose private information can positively benefit relationships, resulting in higher relationship quality, trust, and attraction (Brunell et al., 2007; Person et al., 2025), self-disclosure is accompanied by relational risks such as feelings of shame and embarrassment (Delker et al., 2020b; Petronio, 2002). The tension between maintaining privacy and disclosing private information results in weighing benefits and drawbacks of disclosure compared to maintaining privacy (Lancaster et al., 2016). An intimate partner may contemplate disclosing information about their relationship history. Although discussing relational history is important and can allow couples to grow in closeness, this type of disclosure is simultaneously taboo in romantic relationships (Rankin & Bustle, 2008). Anderson et al. (2011) identified that romantic partners actively avoid discussions about past relationships and sexual experiences for four major reasons including the perceived lack of relevance to the present relationship, not wanting to become subject to comparisons to past partners, creating a threat to the soundness of the relationship, and instigating negative emotions of jealousy and inadequacy. Thus, engaging in effective sexual communication while navigating these potential concerns adds an additional layer of complexity to self-disclosure for a sexual trauma survivor.

Metts and Spitzberg (1996) describe sexual communication as not only how individuals navigate finding and selecting intimate partners but also the processes by which the meanings, functions, and effects related to sexual relationships are negotiated between intimate partners. Partners develop standard practices for engaging in sex with one another. For example, a sexual trauma survivor, although in a current healthy relationship, may be uncomfortable engaging in certain sexual practices or find it difficult to have satisfying sexual experiences due to sexual trauma experiences (Staples et al.,

2012). They may avoid disclosing this information because they perceive that communicating about these past sexual experiences and associated feelings is not part of 'normal' relationship practices (Metts & Spitzberg, 1996). Although a partner may desire to self-disclose information regarding past sexual trauma experiences to become closer to a current intimate partner, they may not know how to best approach these conversations and feel this private information should be protected (Petronio, 2004).

It is important to consider the challenges of engaging in effective sexual communication for sexual trauma survivors now in healthy relationships. Some of the challenges are mitigated by social media platforms, like X (formerly Twitter). They provide an online outlet for survivors to engage in disclosure surrounding sexual violence, particularly following the #MeToo movement. Survivors were apt to share their stories of sexual violence, connect with other survivors, and offer social support to navigate trauma (Bogen et al., 2021). Notably, the #MeToo movement was most inclusive of cisgender women and tended to leave behind older adults, men, and transgender or genderqueer survivors (Fava et al., 2025; Predali, 2021), though sexual and gender minority survivors were found in one study to be more likely to have disclosed sexual trauma to partners (Person et al., 2024). Although these public spaces may allow for support reception for navigating sexual trauma, there are still concerns about how to interpersonally navigate these discussions to foster healthy intimate relationships.

Research consistently demonstrates that sexual trauma disclosure is shaped by multilevel barriers spanning individual, relational, and social domains. Survivors often report internal barriers such as shame, self-blame, and difficulty articulating their experiences, as well as perceptions that the trauma happened too long ago or not relevant to current romantic relationships (Collin-Vézina et al., 2015; Person et al., 2024, 2025). These individual-level factors are closely tied to relational concerns, particularly anticipated negative reactions, fear of not being believed, and worries about disrupting or harming the valued relationship (Ahrens & Aldana, 2012; Collin-Vézina et al., 2015; Ullman, 2023).

Echoing these broader disclosure patterns within the context of romantic relationships, MacIntosh et al. (2016) found that disclosures to romantic partners were not always motivated not by a desire for intimacy, but by feelings of obligation, sexual difficulties within the relationship, or external pressures that made disclosure unavoidable. Across these accounts, shame emerged as a central and organizing mechanism, simultaneously inhibiting disclosure while also motivating survivors to disclose because they believed partners 'should' know they were fundamentally changed because of the abuse. Survivors anticipated rejection, blame, or relational disruption

following disclosure, underscoring how anticipated shame shapes disclosure decision-making even within close romantic partnerships. Importantly, partner responses appeared to shape subsequent help-seeking and disclosure processes, with supportive reactions reducing shame and facilitating further disclosure, while dismissive or blaming responses intensified shame and discouraged future help-seeking (MacIntosh et al., 2016).

At a broader social level, anticipated stigma and the labeling of survivors as 'victims' further constrain disclosure decisions by increasing perceived interpersonal and social risk (Ahrens & Aldana, 2012). Even when they have a romantic partner, survivors may prefer to disclose to professionals to avoid burdening their partner or destabilizing the harmony in their relationship, highlighting the complexity of disclosure decision-making in intimate contexts (Person et al., 2025). Together, this work suggests that disclosure is not simply a matter of willingness, but a strategic and emotionally fraught process shaped by shame, stigma, relational risk, and the management of interpersonal boundaries. These tensions may be especially important to consider within healthy intimate relationships, where effective communication about sensitive topics is closely tied to relational and sexual well-being. Satisfaction with sexual communication regarding topics related to sexual behavior is significantly positively associated with sexual satisfaction (Jones et al., 2018), as well as general communication satisfaction and relationship satisfaction (Cupach & Comstock, 1990; Mark & Jozkowski, 2013). As a result, how survivors navigate revealing or concealing information related to past sexual trauma may meaningfully shape multiple facets of satisfaction within their intimate relationships. One theory to help elucidate how women with a history of sexual trauma balance the tension of revealing and concealing private information regarding their sexual experiences is the communication privacy management (CPM) theory.

CPM theory serves as a lens to understand how individuals manage disclosing and protecting private information in relationships with others (Petronio, 2002, 2007). CPM is concerned with disclosures of highly sensitive and private information to which others would not normally have access (Greene et al., 2003). Three major components comprise CPM, including (a) privacy ownership, (b) privacy control, and (c) privacy turbulence, which collectively provide a model for understanding how people make decisions about navigating the tension between maintaining privacy and disclosing private information, which results in assessing outcomes an individual perceives will result from disclosure or lack thereof (Lancaster et al., 2016; Petronio, 2013).

The first element of CPM contends that individuals consider their role as 'authorized owners' of private information and how they manage issues related

to ownership of their private information (Petronio, 2013). The authorized owner can provide an individual access to private information; this individual becomes an 'authorized co-owner' and is expected to take on the responsibilities associated with the private information (Thompson et al., 2012). Second, privacy control represents the conditions individuals set to reveal or conceal private information (Griffin et al., 2015). As the authorized owner, individuals believe in their right to control the spread of such information and this sense of control extends even after disclosure to authorized co-owners (Petronio, 2013). Individuals control their information by developing internalized privacy rules to help manage their information and communicative actions pertaining to that information (Petronio, 2002). Authorized owners can convey privacy rules explicitly, delivered in a direct, unambiguous manner, or implicitly in an indirect, hinted, or perhaps no mention whatsoever (Petronio, 1991, 2002). After disclosure, successful control can be achieved through coordination and negotiation of mutually agreed upon collective privacy boundaries with authorized co-owners (Petronio, 2013). Boundaries act to maintain relational harmony and protect private information from getting mishandled (Griffin et al., 2022). When co-owners of private information do not abide by the established privacy rules, boundary turbulence, the disruption of privacy management and relationship trust, can occur when boundaries are no longer in sync, and co-owners leak private information to an unauthorized third party (Petronio & Reierson, 2015). Petronio (2013) defends that turbulence is a sign that the authorized owner and co-owners need to recalibrate the privacy management system by adjusting the delivery or explicitness of the rules, distinguishing how much information third parties can receive, and how much ownership co-owners are responsible for the private information (Steuber & McLaren, 2015).

Taken together, these three components of CPM provide insight as to *why* and *how* individuals choose to manage their private information, which can serve as a lens to better understand how one might navigate the disclosure of sexual trauma to a partner. In the current study, we aimed to understand the *why* and *how* women who are survivors of sexual trauma choose to manage the sharing of their experiences of sexual trauma. Specifically, this study aimed to answer the following two research questions:

RQ1: How do women who have experienced sexual trauma decide to disclose or withhold information about their history of sexual trauma with current intimate partners?

RQ2: What strategies do women who have experienced sexual trauma use to navigate disclosure of sexual trauma to a current intimate partner?

Method

Recruitment

Following approval from the [masked for peer review] Institutional Review Board, the research team recruited women who had experienced sexual trauma but reported being in a healthy, happy current relationship to participate in semi-structured interviews. The purpose of the more extensive qualitative study from which these data are drawn was to further understand the ways women who have experienced sexual trauma navigate getting into a healthy sexual relationship as they heal. Multiple forms of recruitment were used in this convenience sampling effort, including recruitment via social media, hanging posters in local coffee shops, and emailing information about the study to therapists. To qualify as a participant for the current study, participants met the following inclusion criteria: (a) identify as a woman over the age of 18, (b) have previously experienced sexual trauma (as defined by the participant), and (c) currently in a healthy romantic relationship (as defined by the participant). Given that this research focused on a specific subgroup of the population that may be more difficult to reach, this type of sampling was both purposive and of convenience.

Procedure and Analysis

The research design included semi-structured, open-ended interviews conducted over the phone by the first author with 41 women who met inclusion criteria. We stopped recruitment efforts when repetition of overall themes across interviews began and there was a decrease in new narratives expressed by the women. The duration of the interviews ranged between 28 to 78 min (~ 42 min). Participants were between the ages of 18 to 55 ($M = 29$) and 65.8% self-identified as heterosexual, with some participants identifying their sexual orientation as bisexual (12.2%), lesbian (2.4%), pansexual (4.9%), queer (9.8%), and questioning (4.9%). Most of the participants (95.1%) were in a relationship with a man at the time of data collection and the average relationship length was 4.23 years (ranging from 3 months to 29 years) with 7.3% of participants reporting their current relationship as polyamorous. Approximately 20% of participants identified as a racial/ethnic minority including AfroLatina, Asian, Black, Filipino, Jewish, or Hispanic, while the majority self-identified as White. Most (70%) of the participants reported experiencing sexually traumatic experiences after 12 years of age, 26% before the age of 12, and 4% both before and after the age of 12. We used 12 as an imperfect approximation cut off for prepubertal and postpubertal sexual

trauma. Participants were compensated with a $20 gift card. Interviews were audio recorded and transcribed verbatim by the transcription company Rev.com. Additionally, all identifying information was removed from the transcripts, and the names of participants were replaced with pseudonyms.

We used reflexive thematic analysis to analyze the data, taking an inductive approach (Braun & Clarke, 2013, 2021; Campbell et al., 2021) to focus specifically on the disclosure experiences described by the women in the study. Our analysis was guided by a critical realist/constructivist epistemological orientation informed by Braun and Clarke's reflexive thematic analysis framework. Ontologically, the study assumes that participants' experiences are real and meaningful, while also recognizing that these experiences are shaped by broader social, cultural, relational, and institutional contexts. Epistemologically, knowledge is understood as co-constructed between participant and researcher rather than objectively discovered. Consistent with reflexive thematic analysis, themes were viewed as interpretive analytic constructions developed through the researcher's engagement with the data, rather than emerging passively from the dataset itself. In our reflexive thematic approach, we acknowledge the positions of our research team as it relates to the current study. Our team includes four cisgender white women, three of whom have experienced sexual trauma. The research team is interdisciplinary, with backgrounds in public health, communications, medicine, and social work. Guided by a critical realist and constructivist orientation, we acknowledge that our lived experiences, disciplinary training, social locations, and professional identities shaped our engagement with the data and interpretation of participants' accounts. We understood participants' experiences as real and meaningful while recognizing that both participant narratives and researcher interpretations are situated within broader social and cultural contexts. Consistent with reflexive thematic analysis, themes were developed through reflexive and interpretive engagement with the data rather than viewed as objectively emerging from it:

Analysis was focused on participant answers to the following set of questions:

> How did you navigate discussing your sexual trauma history with your current partner? Is this approach the same approach you have used in prior relationships? Has there been anything that has worked particularly well? Or not worked particularly well? If you could give advice to someone who is navigating this now, what would you tell them?

Consistent with the six phases of reflexive thematic analysis (Braun & Clarke, 2022), the authors followed an iterative process which consisted of

(a) reading over the transcripts several times to get acquainted with the data, (b) generating an initial list of potential themes through the use of codes, (c) identifying overlap in codes to form distinct themes, (d) reviewing potential themes, (e) defining, revising, and naming the primary themes and subthemes, and (f) report production to answer the research questions of interest. During analysis, any themes not agreed upon between the authors were discussed until consensus was met. Themes were subject to consensus discussions when they were initially identified and again when they were defined, revised, and named. For additional rigor, a third coder, who was less entrenched in the data collection and analysis and is an author on the paper, reviewed the themes and theme definitions to ensure quotes were representative of those themes.

Results

We identified five themes to describe the strategies women employed to disclose their sexual trauma history to their romantic partners. These strategies include (a) guarding privacy ownership, (b) establishing communication boundaries, (c) utilizing an external impetus, (d) minimizing re-traumatization, and (e) managing the tension between the need for privacy and disclosure.

Guarding Privacy Ownership

Women expressed feeling as though they were the sole owners of information related to their sexual trauma experiences; this was experienced by 51.2% of the sample. They strongly voiced their right to protect their private information and hold the power to grant access to their partners at the pace for which they see fit, echoing mitigation tactics designed to reduce negative outcomes (Griffin et al., 2021). Many opted to maneuver the disclosure in a gradual manner to maintain safety. For example, Margo (25, white, heterosexual) explored the importance of disclosing at the will of the survivor:

> I would probably encourage people to disclose when it is something that feels at the forefront of your attention, which it does for me, like it has in both of those instances felt that way early on, which for better or for worse is when I disclosed. But yeah, when it feels at the forefront of your attention and it's like, 'Oh man, if I want this person to know me more, this is something that I feel like needs to be a part of it'. Or to take steps to protect yourself if you feel like navigate, if you're physically intimate and you feel like that might be something that is going to come up.

Stef (26, Black, heterosexual) discussed preserving her privacy ownership through a gradual, needs-based approach to disclosure that prioritized her comfort:

> I guess I told him the stuff that was relevant, so I guess why I am the way I am and why I'm distant sometimes or afraid to be touched sometimes and stuff like that . . . I guess the main thing for me is I knew my levels of comfortability. I never forced myself to tell just because I wanted to, and I didn't let my hesitation stop me either. I just took it slow and bits at a time, because I didn't want to feel rushed. I didn't want him to think that I was too damaged or whatever.

Ariel (37, white, heterosexual) highlighted the importance of choice in her role as the authorized owner of information related to sexual trauma experiences and indicated this approach extended beyond her romantic relationships; using her experiences with disclosure in other settings were helpful for navigating disclosure in her relationships:

> I think knowing that I don't have to do certain things. So I don't have to disclose to my partner or disclose to others [. . .] I don't feel like I have to go public with it. That – that's my choice. . . So I think a big thing for me is knowing that it's my choice who I want to share it with. And that's something that I think would be [. . .] very useful for other people to know. I would tell them that they'll know when the time is right to tell. It doesn't have to be right away. It's going to take some time, because it's not a comfortable subject, but it is one that should be discussed.

This ownership and holding the power of ownership was also expressed by Kristy (27, Korean Asian, bisexual/queer), who said:

> It is not something that is necessary to share for that partner in the way that an STI is, and I think that being a sexual abuse survivor can feel just as stigmatizing as having an STI. I would want that person to know that it is okay to have experienced that and feel that they're in control of that conversation.

Both Ariel and Kristy's stories suggest that information ownership extends to relevant relationships in a survivor's life while underscoring the importance of personal agency in determining if, and when, is the appropriate time to share sensitive information regarding their sexual trauma. The hallmarks of this theme, guarding privacy ownership, were the expectations of the discloser, a need for the sexual trauma not to be identity-defining, and the fear that the partner may not understand.

Establishing Communication Boundaries

Delker et al. (2020a) emphasizes that, for some, controlling the narrative of the story can act as a means of empowerment. Through this approach to empowerment, boundaries were highlighted as the most important consideration and were navigated with different tools and approaches, endorsed by 63.4% of the sample. Jos (25, white, heterosexual) expressed how they navigated boundaries through letter writing, capturing a clear threshold in her desire to disclose in a way that reduced the potential for disruptive reactions:

> I think so. I feel a lot of times, especially now with the way culture is, talking about stuff face to face can be really hard because I feel like we edit what we say based on the nonverbal communication someone is sending to you. So I feel like writing the letter was helpful because in the beginning I started, I'm just gonna write my thoughts, and whatever comes comes, and I won't see his response, and he'll have time to process what he's being told. So I feel like that was probably the best approach I've had to actually discussing that, and that it didn't really come out of such a negative place.

Abby (20, white, Hispanic, heterosexual) emphasized her boundary regarding language, expressing the importance of determining her comfort with the labels 'survivor' or 'victim'. This emphasizes the freedom individuals have in identifying with and controlling their narratives:

> That's hard. I guess like I would tell them make sure it's what they want, and that they don't feel pressured to kind of come forth to their partner. But also, if it is what they want, then make sure that they're owning their story. So like, I know a lot of people now can identify as survivor instead of victim, so like, if that's their route, then replacing the verbage they use with survivor, victim, or if they feel more closely to a victim, then like still owning that verbiage, if that makes sense.

The freedom of controlling the narrative through establishing communication boundaries was also expressed by Beth (30, Asian, heterosexual), who said:

> When I felt comfortable talking about [sexual trauma], when it was relevant I could bring it up, but if not then we'd go eat dinner or talk about other things. It doesn't dominate all that he knows about me. It's not like you are just the person that's been assaulted and therefore that's your only identity.

Finally, Kate (37, white, bisexual/pansexual) highlighted how the outcome of disclosure was a litmus test for the relationship in that the partner's reaction would indicate the strength and viability of the relationship:

> My advice . . . Well, first of all, make sure that they feel safe doing so, and second of all, if you trust your partner, you should be open and honest about it because your partner could be an incredible support, and if they're not supportive at all, then depending on how big a part of the traumatized person's life their trauma is, maybe they should evaluate whether or not they should be in that relationship because that support is so interval to healing.

Utilization of External Impetus

Some women (41.5%) opted to use current events as a bridge to initiate the disclosure of their sexual trauma experiences to their partners. In particular, popular press covering the #MeToo Movement seemed to be a natural stimulus for conversation:

> I just told him. I was like 'This stuff is on the news, and it really bothers me. Here's why. You should know this about me', and it was partly an, 'If this scares you, then we can't be together because this is unfortunately a big part of who I am right now'. And he just kind of rolled with it, and he was just like 'I really care about you a lot, and we'll work through it together'. (Kate, 37, white, bisexual/pansexual)

Cindy (26, white, heterosexual) was not only prompted to disclose by the #MeToo movement, but current events provoked re-traumatization, sparking conversations in her relationship:

> It was really tricky because it was kind of the whole #MeToo movement was going on throughout the duration of our relationship. And that was having kind of a big effect on me with like very specific cases in mind, like the Aziz Ansari one for example. So he and I were having discussions about that, just as a general political thing happening, and it was just causing me a lot of anxiety, and I just felt like he didn't really . . . he couldn't understand, right? So I think that it kind of led into a more personal discussion about why those things were affecting me the way that they were.

Sometimes, the external impetus that instigated the conversation was part of the survivor's personal life, like it was for Justine (25, white, heterosexual):

> I opened up while I was doing this paper about abuse and assault. I opened up and told him that looking at all these terms brought me to the realization that this had actually happened to me, and it's not so uncommon. I was very upset because it kind of felt like I'd been living a bit of a lie for the last three years, three or four years. He was very sympathetic and gentle about it. Then for a while, at least, it was a bit, was very careful about making sure I was in a comfortable consensual space.

It is worth noting for Justine that the catalyst for the disclosure was the facilitation of her own understanding of the trauma she experienced, indicating that the external impetus can initiate an important inner dialogue for sense-making and healing for survivors. In addition, for others it was through hearing their partner's opinions that made them disclose, to try and personalize it for them and help them understand, as was expressed by Amy (27, white, heterosexual):

> I kind of just brought it up in conversation. There was one time in particular, him and I debate a lot, we both like debating. We were debating about when human sexuality goes wrong. He had some opinions that I was just bothered by, and I just told him during that. I was like, 'You know I've been through it? I've been sexually abused'. We haven't really talked about the details. He doesn't know a lot about it, but I have disclosed that to him . . . I feel like it worked well. Ultimately, we were in the heat of the moment debating, as we do. He was receptive, and he was understanding. He has changed his viewpoints on some things 'cause now he knows somebody who's been through it. I'm sure he's known people before, but maybe they didn't disclose it to him.

Minimizing Re-Traumatization

Although many of the women interviewed chose to disclose their sexual trauma experiences with a partner, 53.7% discussed how they made cognizant efforts to protect themselves in the disclosure process. Heather (42, white, bisexual) notes the importance of attentiveness to one's own healing process to minimize re-traumatization, especially when considering disclosure:

> And so, when you're starting this trauma work, and healing, and with an intimate partner, to recognize that it's equally, if not more important, to begin to get to know yourself without the trauma versus putting the responsibility and the . . . like laying it all on your partner to help you to find and discover pleasure.

This was also emphasized by Jane (33, white, heterosexual and queer curious), who talked about the importance of protecting herself from re-traumatization by not rushing the next relationship:

> Don't jump into another sexual relationship. Don't feel bad if you're in a relationship and you don't want to be intimate. And then when you feel as you can talk about this calmly and without losing your shit, that's when you're ready to tell people who are not your inner circle your therapist or whoever.

Allie (22, white, bisexual) points out that an important way to avoid re-traumatization is not just for the disclosure but also for feeling safe in the sexual relationship. Here, the articulation needs around trauma and sex in consensual relationships so that a healthy relationship can flourish is explored:

> It's important to just be open about what you're okay with, what you're not okay with, and every time that's happening to say those things because I think it's all too common, and I know for myself that there'd be times I was, even in consensual situations, where I would be doing things that just felt degrading to me, but I thought if I did them, the person would like me. So it's just like standing up for yourself and knowing that the right person for you will never make you feel like you have to do anything.

Throughout these interviews, the underlying concept of shame was regularly disclosed. In the context of minimizing re-traumatization when navigating disclosure of sexual trauma to a partner, Landry (45, white, heterosexual) encouraged survivors to address shame up front:

> I don't know how you tell someone to try to not feel shame, but it would be to do some work on the shame so you can be fully disclosing, and then it's so much better on the other side. It really bothered me, and it was really upsetting that this huge, huge part of my life, my best friend and intimate partner didn't know. It was so relieving on the other side.

Cindy (26, white, heterosexual) points out that re-traumatization can be avoided by using disclosure to work through her trauma, emphasizing the role disclosure plays in the healing process:

> So it started to kind of unlock these scary doors. So it took kind of a long time to work through some of that, and I think I still am. But I think working through that has helped me figure out ways to kind of say what I need and what is too far for me. So trying to help me draw lines so that I don't end up in that situation anymore, I think was kind of a big thing.

Managing Dialectical Tension: Privacy versus Disclosure

Overall, most of the participants (87.8%) experienced the dialectical tension between maintaining privacy concerning their trauma and disclosing the sexual trauma. This was characterized by clear 'pushes and pulls' in the interviews as Mindy (26, white, bisexual/queer) explained the process of choosing to disclose or withhold this information from their intimate partner:

> Yeah, so the approach that I use now is a lot more practical. If I am going to be in physical proximity with somebody, then there are things that they need to know in order to make that enjoyable for both of us. That practical straightforward approach is I feel like . . . it just makes a lot more sense for me.

Ariel (37, white, heterosexual) advised others to disclose their sexual trauma experiences in the early stages of a relationship:

> I think I would just tell them rip the band aid and just be honest because I think that you'll find that you . . . at first like if you have a hard time with a certain aspect of your sexual life, they're gonna be a lot more understanding if you just tell them and they know what you're going through. And it gets harder to keep that kind of a secret.

Contrasting the benefit of disclosing, Stef (26, Black, heterosexual) speaks about the consequences of her hesitation to disclose:

> He told me later why, but he just felt that I just didn't want him to touch me, not because I don't like it, just I didn't want him to touch me. So, he took it personally at first, but then after I explained, he said that it made sense and he said he wished he would've known sooner so he knew how to react, but after that, he was okay.

Beth (30, Asian, heterosexual) points out the consequences of when a disclosure goes poorly with regard to a partner's reactions by stating,

> If they end up reacting in an ungracious or cruel or really ignorant way, it's painful, and it's terrible, and at the same time it also gives you information about whether you want to continue on this relationship or not

Reinforcing the idea that disclosure plays a pivotal role in determining the viability of the partner. This reality of disclosure likely contributes to the dialectical tension of choosing to disclose.

This tension between privacy and disclosure was also talked about in the context of who has access to our most vulnerable selves. This can be seen in Sally's (28, white, heterosexual) experience:

> I'd probably tell them that the information of what you have experienced and all your lived experiences are precious and it is up to you who you share that with. And if you're not sure if someone is worthy of your trust and your vulnerability, listen to that voice. There is [variation in] how vulnerable or how sensitive information is, and if someone has not been very safe with less vulnerable things that you've disclosed to them that's a sign, and ultimately, if you don't feel safe with this information then I would jump ship.

As in Sally's experience, there are ways to discern whether or not someone deserves access to vulnerability, but there exists a tension in how navigating figuring that out and learning to trust the inner voice.

Discussion

The purpose of the current study was to learn from women how they navigated disclosing experiences of sexual trauma to their current romantic partners with whom they share a healthy relationship. Given the difficulty that accompanies the disclosure of a topic as sensitive and private as a prior experience with sexual trauma (Dailey & Polamares, 2004; Person et al., 2025; Starzynski et al., 2007) and uncertainty and complexity with how a partner may react to the disclosure (Lukacena & Mark, 2022; Person et al., 2025), the findings of this study are valuable for women who have experienced sexual trauma and anyone who cares about those women. Overall, our findings indicate that the path to disclosure is complex.

This study provided evidence of the high stakes involved in talking about personal experiences of sexual trauma. Through the narratives of survivors, we found that there are challenges associated with disclosing sexual trauma to a partner, but that there are also challenges with choosing not to disclose. The risk in choosing not to disclose might mean not receiving support from an intimate partner, compromising closeness in the relationship (Fava et al., 2025; Person et al., 2024; Rankin & Bustle, 2008), and potentially reducing the likelihood of sharing with mental health professionals (Starzynski et al., 2007). In navigating the risks presented by disclosure, consistent with CPM's first tenant (Petronio, 2002), women stressed the importance of their role as the owner of information related to their sexual trauma experiences including the ways they choose to guard their privacy ownership. Many women we spoke with expressed sharing information gradually and on their own terms to ensure trust had been established and safety could be maintained in the relationship. The women also discussed how important it was to develop communication boundaries around the topic of sexual trauma. These boundaries not only included the method for disclosure but also setting the tone for the language around their experiences for further discussions. Establishing these communication boundaries with their partners helped the women maintain their autonomy following an autonomy-diminishing experience, such as sexual assault. This is consistent with prior research from Lukacena and Mark (2022) that found partners often attempt to take control of the situation once they learn of their partner's experience of sexual trauma through a negative reaction to the disclosure.

Women expressed how helpful it was to utilize an external impetus for disclosure; the need to disclose became imminent due to current events, headline news stories, or other external motivation to more urgently disclose information regarding their sexual trauma experiences. Although the #MeToo movement was seen as an external impetus for disclosure, a recent review from Fava and colleagues (2025) highlighted that older women, non-cisgender white women, and men have been largely left out of the #MeToo movement. Social movements can serve as powerful external motivators and catalysts for change, but their implicit biases may unintentionally shape who benefits from the results of those movements, social and academic (Fava et al., 2025; Predali, 2021). The exclusion of certain groups from public movements such as #MeToo (Predali, 2021) may influence disclosure patterns and the responses to those disclosures. Participants also discussed how important it was in their disclosure process to minimize re-traumatization – for the women who participated, this meant timing the disclosure or a moment that was right for them individually, taking into consideration navigating feelings of shame, their process of healing, and perceived ability to engage in effective sexual communication. This aligns with prior research identifying shame as a significant barrier that can delay or inhibit a survivors' readiness for disclosure (Collin-Vézina et al., 2015; MacIntosh et al., 2016; Person et al., 2025). Finally, women interviewed for the current study discussed the challenge of balancing the tension between the need for privacy and the desire for support, intimacy, or closeness they may gain from disclosure. Some women recognized how disclosure could benefit their relationship, including shared sexual experiences; others noted that their partners directly expressed the wish to have known sooner about the sexual trauma experiences so they could have been more aware during their intimate interaction. Amidst all disclosure considerations, the participants indicated the importance of self-care throughout the process.

As Griffin et al. (2022) report, navigating disclosure of sexual trauma is nuanced and risky for the survivor, necessitating protective factors such as targeted interventions and educational efforts. Our research provides much needed insight into the strategies survivors implement to mitigate barriers in the process of disclosure. Ullman's (2023) systematic review highlights the vital role informal sources of support (e.g., friends, family) play in seeking professional support. Our findings promote this and provide guidelines for strategies to help facilitate more professional support. A greater understanding of the disclosure process and the development of tools to support and encourage that process may result in a broader and varied support system for people who have experienced sexual trauma. Research has shown that a non-supportive response from a significant other can be harmful and may result in

a decreased likelihood of subsequent disclosures (Lukacena & Mark, 2022). However, the findings of the current article are not intended to conclude that disclosure is right for everyone; disclosure decision-making is personal, and these findings support that autonomy.

In recognizing the role of consent in disclosure, our research has reiterated the need for educational efforts dedicated to this topic. Disclosure is where the articulation of needs and safety issues occurs, two primary components of consent. The confluence of disclosure and consent, as evidenced by our analysis, encourages educational efforts that address both. Thus, our findings echo Ullman's (2023); changing social norms is a route to encouraging disclosure by educating the public and developing policies informed by the impacts social attitudes have on those disclosers. Additionally, our findings underscore Delker's et al. (2020b) analysis that disclosure is not universally beneficial, and that disclosure of sexual violence in particular is reliant on one's sociocultural position. Our participants, with their varied experiences with disclosure, noted the importance of validation when they do choose to share their stories. Educational efforts should aim to teach validation as something applied not only to the details of the disclosure but also to the difficulty of disclosure itself, as validation can help mitigate feelings of shame (Boring et al., 2021; Hillman et al., 2022).

Our findings should be taken within the context of the limitations of this work. First, participants were largely cisgender white women, omitting the perspective a diverse population would have provided to the study. As Slatton and Richard (2020) conclude in their review of Black women's experiences of disclosing sexual assault, as Edwards et al. (2023) highlight in their review of disclosure of sexual trauma among sexual and gender minority populations, and as Fava et al. (2025) conclude in their review, there has been a glaring omission of Black women's experiences, sexual and gender minority experiences, aging experiences, and an intersectional approach despite higher rates of sexual assault experiences (Center for Disease Control National Center for Injury and Prevention, 2019; Slatton & Richard, 2020; Walters et al., 2013) and lower rates of disclosing and reporting among these populations (Long et al., 2007). Additionally, this sample was limited to women's experiences, and these questions are just as relevant to men's experiences of relationships in the disclosure of sexual trauma, an area ripe for future engagement. Recruitment for this study required that participants acknowledge and self-identify as a survivor of sexual trauma, so these findings may be very different for people who are at a different point in their healing or disclosure journey. Our sample provides some perspectives from diverse sexual identity categories, with 34.2% identifying as nonheterosexual, but the lack of racial and gender diversity is a limitation of this study. The

perspective of the partner being disclosed to was not part of our research, resulting in a less comprehensive understanding of relationship dynamics in the disclosure process. The context was also a limitation of the perspectives offered in our research as the existing informal support (or lack thereof) provided by personal relationships and cultural backgrounds was not included in our analysis.

Our findings provide valuable insight for clinicians working with women who are in relationships and navigating the disclosure of their sexual trauma history. Each theme presented in our analysis represents a route to this process, with each its own benefits and drawbacks. While the importance of the partner's reaction is undeniable (Edwards et al., 2023; Lukacena & Mark, 2022), the way in which women choose to own and share their private information is critical as well. Ownership of the information informs how women see themselves as separate from or a part of the trauma. Additionally, how women shape the trauma with labels such as 'survivor' or 'victim' is an aspect of information ownership that contributes to the healing process, though the narratives for either are not always helpful as the framework can be too linear for nuanced, individual experiences (Delker et al., 2020a).

Many participants reported disclosure as a means of measuring the viability of the partner, contributing to the high-stakes nature of disclosure. Exacerbating this reality was the dialectical concern over keeping the information and thus feeling like disclosers are hiding themselves from their partners or revealing the information and risking a negative reaction or change in the relationship. As Ullman (2023) points out, a response to disclosure most often features both negative and positive reactions. In our previous work (Lukacena & Mark, 2022), disclosure of sexual trauma was necessary for one's well-being and to access social support, adding further complexity to this decision-making process. With outcomes of the disclosure process carrying such weighted potential, clinicians can apply our findings by recognizing the significance of privacy ownership and sharing. Consideration of this information can aid in the development of a holistic, flexible approach to disclosure that encompasses scenarios where sharing may or may not occur, along with the tools and strategies used by our participants.

Conclusion

To better understand the strategies women use to navigate the disclosure of sexual trauma to an intimate partner, we found that the prioritization of claiming ownership of their information, establishing communication boundaries, avoiding re-traumatization, utilizing an external impetus to disclose, and managing the tension were the main characteristics of the disclosure process.

Future research can build upon these findings by examining additional intersections of experience, moving to quantitatively test intersecting complexities at play. Further, current policies and educational efforts can look toward this body of research to see clear evidence of the need for destigmatization to address the prevalence of shame in women's stories. Our analysis is also a call to encourage clinicians to learn from the tactics employed by survivors to develop strategies of their own in the way they ask questions about sexual violence. There is a high value in acknowledging the complexity of balancing survivors' privacy with determining their need for healthcare. Our research is a foundational element to supporting women in the disclosure process that highlights the risks involved with disclosure and the need to address the shame women feel about their sexual trauma experiences as they seek to develop and maintain healthy intimate relationships.

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