#MeToo Disclosure Decisions and Experiences in the United Kingdom Versus India:

A Thematic Analysis

XXXXXXX

Submitted in partial fulfilment of the requirements for the degree of MSc in Global Mental

Health, Mental Health and Wellbeing, University of Glasgow.

August 2020

Word count for the research project paper: 7982

Overall word count: 15,596

Table of Contents

Acknowledgements

Abstract

#MeToo Disclosure Decisions and Experiences in the United Kingdom Versus India:

A Thematic Analysis

Sexual trauma survivors face debilitating mental health outcomes yet are often reluctant to seek help, formally or informally, due to harmful beliefs about sexually victimised individuals. However, since 2017's #MeToo Movement began, unprecedented numbers of survivors have disclosed online. This study aimed to understand and compare the #MeToo disclosure decisions and experiences of survivors in the UK versus India, two countries with historically disparate disclosure rates thought to stem from differences in gender equality. Four research questions were posed: 1) What did survivors hope to achieve? 2) What inspired disclosure? 3) How was #MeToo participation experienced? 4) How, if at all, did disclosure decisions and experiences differ by country? 27 participants, 16 from the UK and 11 from India participated via an online qualitative survey. Responses were analysed using thematic analysis. Participants in both countries disclosed to bolster the #MeToo Movement politically. Others, mostly UK-based, disclosed for therapeutic gain and felt able to because they had witnessed positive #MeToo conversations. As this pattern was not evident in India-based accounts, the #MeToo Movement may have been less well-received in India than the UK. That said, participants in both countries received negative reactions from family and friends, although responses manifested differently cross-nationally. Despite hostility, #MeToo disclosure often helped participants in both countries through positive shifts in self-perception and trauma processing. Others, however, were distressed by the #MeToo Movement's widespread coverage. UK-based participants described the benefits of increased connection with other survivors. For participants in both countries, the presence of other survivors also catalysed disclosure, either due to reduced isolation (therapeutic disclosers) or a desire to show solidarity (political disclosers). Results had several implications. To create conditions that enable disclosure, positive discussions about sexual trauma should increase in India and continue in the UK. Constructive media coverage could help achieve this, but context-specific interventions tackling problematic community beliefs are required. Increasing safe, online, spaces for survivors to communicate is recommended. However, such spaces will not replace the need for formal mental health treatment. Since heightened sexual trauma-related discussion was triggering for some survivors, mental health professionals should consider preparing for increased service demand.

Keywords: #MeToo, social media, sexual trauma, disclosure, mental health

#MeToo Disclosure Decisions and Experiences in the United Kingdom Versus India:
A Thematic Analysis

Sexual trauma is prevalent but underestimated worldwide (World Health Organization [WHO], 2013). Consistent with sexual violence definitions, 'sexual trauma' (ST) is used throughout to encompass all types of sexual victimisation including sexual assault and harassment (United Nations General Assembly, 1993). ST disproportionately affects women and girls (Committee on the Elimination of Discrimination Against Women, 1992), and the term 'survivor' is commonly used when referring to victims due to resilience connotations (Thompson, 2000).

ST is underestimated because survivors often do not report incidents to formal support providers like police and health professionals (WHO, 2013). Underreporting is problematic because ST can have devastating mental health impacts including post-traumatic stress disorder, anxiety, depression, and increased suicidality (Dworkin, 2018; Grose et al., 2019; Willness et al., 2007). Survivors who do not report are less likely to receive mental health treatment than those who do (Carretta et al., 2015). Moreover, without accurate data, survivors' needs remain unclear, potentially leaving services under-resourced (Palermo et al., 2014).

Survivors who have informally discussed their experience with friends and relatives are more likely to seek healthcare (Carretta et al., 2015; Manay & Collin-Vézina, 2019). Here, informal revelations are termed 'disclosure'. Unfortunately, survivors are often reluctant to disclose because they feel ashamed or responsible for what happened or anticipate blame or disbelief from others (Kennedy & Prock, 2018; Ullman et al., 2020). These barriers have been attributed to harmful beliefs that perpetuate ideas including, but not limited to: "If a girl acts like a slut, eventually she is going to get into trouble", and "A lot of times, girls who claim they were raped just have emotional problems" (McMahon & Farmer, 2011, p.77). Endorsing, or concern that others endorse, these beliefs contributes to survivor silence, causing distress and concealing ST's prevalence (Suarez & Gadalla, 2010).

In 2017, however, survivors began disclosing in unprecedented numbers online (Redden, 2017). After ST allegations were published against Hollywood producer Harvey Weinstein (Kantor & Twohey, 2017), Alyssa Milano, a well-known actress, posted an image on Twitter, a social microblogging network. It read: "If all the women who have been sexually harassed or assaulted wrote 'Me Too.' as a status, we might give people a sense of the magnitude of the problem" (Sayej, 2017, n.p.). Attached was a post stating: "If you've been sexually harassed or assaulted, write 'me too' as a reply" (Sayej, 2017, n.p.). Social media sites allow users to prefix phrases with hash symbols, rendering them searchable 'hashtags' (Zhu, 2016). When a hashtag's use sharply accelerates over brief periods, they are said to have 'gone viral' (Nahon & Hemsley, 2013). #MeToo went viral within 48 hours of Milano's post (Redden, 2017).

Despite originating in the United States, #MeToo has been posted 85 million times in 85 countries (Sayej, 2017). Widespread use granted it social movement status, becoming known as the '#MeToo Movement' (Fileborn & Loney-Howes, 2019). As a relatively new phenomenon, research is just emerging. However, analyses have indicated that in over 1000 Twitter posts using #MeToo to disclose, survivors included vivid details in nearly 60% of posts, some for the first time (Bogen et al., 2019; Schneider & Carpenter, 2019).

It is largely unclear why survivors disclosed via #MeToo and how doing so affected them, but these are important questions to address. Although survivors are not obligated to share their stories, understanding why they disclosed may yield information about how to create comfortable conditions for survivors who want to speak. Furthermore, learning about #MeToo experiences may help gauge needs for related policy and service development.

In the three weeks after Milano's post, survivors in the United Kingdom (UK) and India were the most prolific #MeToo users outwith North America, logging 74,125 and 24,122 posts, respectively (Fox & Diehm, 2017). In India, after #MeToo became '#MeTooIndia' in 2018, the movement's local traction increased considerably (Mishra, 2020), with over 978,000 posts documented in one month (Mehrotra, 2018). The present study therefore explores and compares the #MeToo disclosure decisions and experiences of survivors in the UK and India.

Although fully comprehensive data is unavailable, they make an interesting comparison due to disparate reporting and disclosure rates. 7.8%-14.7% and 19% of childhood and adult survivors, respectively, in England and Wales report to a health professional (Office for National Statistics [ONS] - Crime Survey for England and Wales [CSEW], 2018, 2020) compared with 0.07% of any-age survivors in India (Palermo et al., 2014). While disclosure is more common in both countries, 38.3% of any-age survivors in India share informally (Palermo et al., 2014) compared with 70%-77% and 58% of childhood and adult survivors, respectively, in England and Wales (ONS - CSEW, 2018, 2020).

Since the UK is a high-income and India is a lower-middle-income country (The World Bank, 2020), disparities may partly exist due to variation in the strength of health services and legal protections (Sharma, 2019; Williamson, 2017; WHO, 2005). Nevertheless, gender equality differences are considered a major reason for discrepancies, with the UK substantially more egalitarian than India (Equal Measures 2030, 2019). Research indicates that harmful ST beliefs, associated with less egalitarian attitudes (Suarez & Gadalla, 2010), are more readily endorsed in India than the UK (Barn & Powers, 2018; Hill & Marshall, 2018). The potential effect on #MeToo disclosure decisions and experiences is unknown. The present study's approach to exploring this is outlined after reviewing the literature relevant to #MeToo disclosure.

Literature Review

Why Disclose Online?

The personal is political.

Social movements, like #MeToo, are defined as, "networks of informal interactions between a plurality of individuals… engaged in political or cultural conflicts, on the basis of shared collective identities" (Diani, 1992, p.1). Survivors may therefore have disclosed for political purposes.

Keller et al. (2018) interviewed seven North American survivors about decisions to participate in '#BeenRapedNeverReported', a less well-known hashtag used to share reasons for not reporting ST in an attempt to tackle beliefs that accusers who do not file charges are lying (Ferreras, 2014). Keller et al. (2018) identified that survivors contributed to #BeenRapedNeverReported because they felt disgusted by hashtag opposers or wanted to support other survivors. The authors argued that their results supported the feminist theory, 'affective solidarity', which asserts that collective activism arises from shared desires for revolution stemming from uncomfortable affective experiences including rage or longing for connection (Hemmings, 2012).

Personal healing.

Unbeknownst to Milano when posting, the phrase 'me too' has been used by some survivors to identify and support each other since 2006 when it was introduced for therapeutic purposes by Tarana Burke, an activist working with American survivors of colour (Santiago & Criss, 2017). The only known study to specifically explore reasons for #MeToo disclosure identified that survivors disclosed for personal healing. Alaggia and Wang (2020) analysed 171 posts incorporating #MeToo and related hashtags on Twitter and Reddit, an online social forum, and observed that survivors disclosed to liberate themselves from harmful ST beliefs. The authors identified that survivors were emboldened to disclose by other revelations on social media or in the press. Analysing pre-existing social media posts, however, may have constrained interpretations. For ethical reasons, the posts were stripped of demographic information. As their geographical origin was unknown, regional variations in reasons for disclosure may have been masked. Secondly, expressing reasons for disclosure may not have been a priority during the act. Asking disclosers to explicitly reflect on decisions may deepen comprehension.

Online Disclosure Experiences

Social reactions.

As survivors fear hostility upon disclosure (Ullman et al., 2020), Bogen et al. (2019) characterised the sentiment of 763 Twitter posts reacting to #MeToo revelations using Ullman's (2000) Social Reactions Questionnaire (SRQ), a well-established classification tool in offline disclosure literature. According to the SRQ, providing emotional support or tangible aid are positive reactions. Blaming or stigmatising survivors is negative. Other reactions like distracting survivors from what happened, trying to control decisions, or egocentrically privileging one's own emotions are

typically negative but sometimes perceived positively by survivors (Relyea & Ullman, 2015; Ullman, 2000).

Two-thirds (509) of the reactions classified by Bogen et al. (2019) were positive. The remaining 254 were negative, 201 of which were distracting or egocentric. In 20 instances, responders tried to control decisions by requesting that survivors share experiences or details. Only 18 posted hateful comments, and while victim-blaming was evident, it was not salient enough to form a sub-theme. This is promising, but Bogen et al. (2019) only characterised public, online reactions. Private or offline responses may have differed and remain unknown. As the authors also did not collect demographic details, responses could have varied geographically.

Although Bogen et al. (2019) could not ascertain how specific responses affected survivors, negative reactions are consistently associated with worse mental health outcomes (Dworkin et al., 2019). Positive reactions have marginal, if any, protective effects on psychopathology (Dworkin et al., 2019) but are linked to posttraumatic growth (PTG; Ullman, 2014).

Posttraumatic growth.

PTG describes positive adjustments that emerge from struggling with challenging circumstances (Tedeschi & Calhoun, 2004) and involves improvements in self-perception, interpersonal relationships, and the ability to find meaning in difficult experiences (Tedeschi & Calhoun, 1996). PTG does not necessarily reduce distress (Elderton et al., 2017) but has been associated with increased well-being and life satisfaction, thereby promoting personal recovery (Triplett et al., 2012).

PTG has been documented among survivors who disclosed online (Lin & Yang, 2019). In Keller et al.'s (2018) #BeenRapedNeverReported study, participants described supportive connections with other survivors that developed after hashtag contribution. Similarly, Strauss Swanson and Szymanski (2020) interviewed 16 American survivor activists who participated in #MeToo, observing that all felt an increased sense of survivor community through political activity. For Strauss Swanson and Szymanski's (2020) participants, activism also increased agency and ST sense-making.

However, survivors who consciously choose to protest ST may engage in less self-blame and avoidance coping, both of which are related to enhanced PTG (Ullman, 2014). It remains unclear whether survivors who might have disclosed for less political, more therapeutic reasons also experienced PTG.

Difficult emotions.

Keller et al. (2018) identified that participants were often reminded of their ST through #BeenRapedNeverReported contribution and experienced distress through exposure to other stories. Participants in Strauss Swanson and Szymanski's (2020) study described similar experiences, stating that #MeToo was particularly upsetting because it was constantly in public discourse. The effect on

survivors outwith North America and less politically active survivors (who may be unaccustomed to higher levels of ST engagement) is unknown.

The Present Study

Very few studies have examined #MeToo disclosure decisions and experiences. Existing research has either not explored survivor's perspectives directly, focused on activists, or studied responses to revelations. Additionally, no study has explored this topic with survivors in the UK or India. To remedy this, the current exploration aims to understand and compare #MeToo disclosure decisions and experiences with UK-based and India-based survivors by answering four research questions:

1. What did survivors hope to achieve by disclosing during the #MeToo Movement?
2. What inspired disclosure?
3. How was #MeToo participation experienced by survivors?
4. How, if at all, did #MeToo disclosure decisions and experiences differ for UK-based versus India-based survivors?

A qualitative approach was adopted due to its suitability for exploring subjective experiences of complex social phenomena like online ST disclosure (Braun & Clarke, 2013). Comparison-seeking is not typical of most qualitative research but can be done providing that observations are not assumed to represent absolute differences (Braun & Clarke, 2013).

Methods

Participants and Recruitment

Participants had to have revealed ST using #MeToo or #MeTooIndia, be 16 or older, and live in the UK or India. No restriction was placed on gender because, although females are predominantly targeted, all genders are victimised (Lowe & Rogers, 2017; Mitchell et al., 2014).

Participants were recruited from social media (Twitter, Facebook, Instagram, Reddit, Sheroes, Tumblr) as #MeToo began there (Redden, 2017), and the target population likely occupy these spaces. This strategy also overcame geographical recruitment issues in India.

Anonymous, academic, social media profiles were created to advertise the study while protecting the researcher's identity from potential online harassers. Advertisements (see Figure 1) were posted daily for two months (May-July 2020) and included a content warning, brief study and eligibility information, and a weblink to the Participant Information Sheet (PIS).

Figure 1

Recruitment Advertisement Posted From the Research-Specific Twitter Account
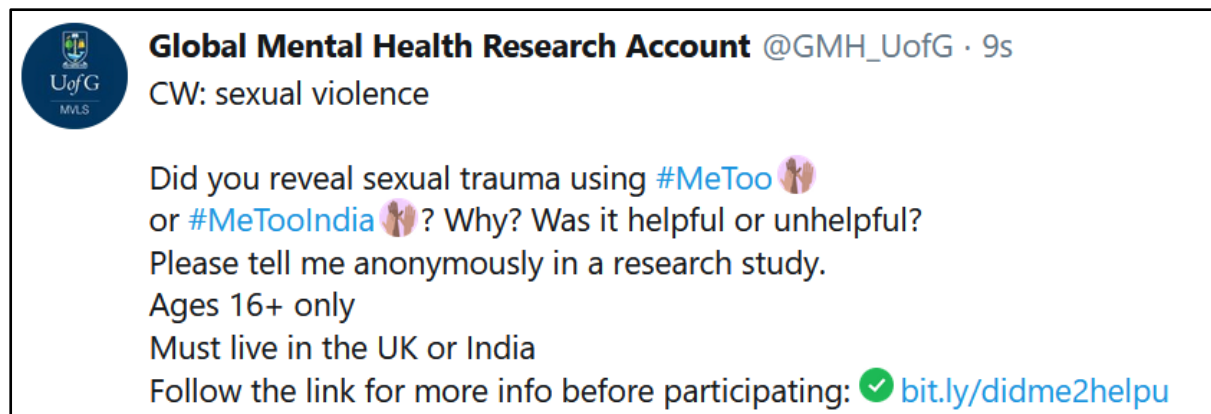
Advertisements included #MeToo and #MeTooIndia to increase online visibility. Additionally, 19 UK-based, 17 India-based, and 6 international organisations with interests in ST, mental health, or gender equality agreed to share advertisements on social media when contacted (see Table A1 for details).

A convenience sampling strategy was used to increase accessibility to the target population (Patton, 2015). All participants volunteered by clicking the recruitment advertisement weblink, reading the PIS (see Appendix B for PIS), confirming eligibility (see Appendix C for eligibility questions), and completing the online qualitative survey used to collect data.

Small samples are usual in qualitative research. However, for small qualitative surveys, Braun and Clarke (2013) recommend gathering 15-50 responses to compensate for the shallower data sometimes received compared with interviews. Twenty-seven complete responses were received, 16 (59.3%) from the UK and 11 (40.7%) from India. Figure 2 details people's overall interaction with the research.

Figure 2

Flow Chart Describing People's Interaction With the Study
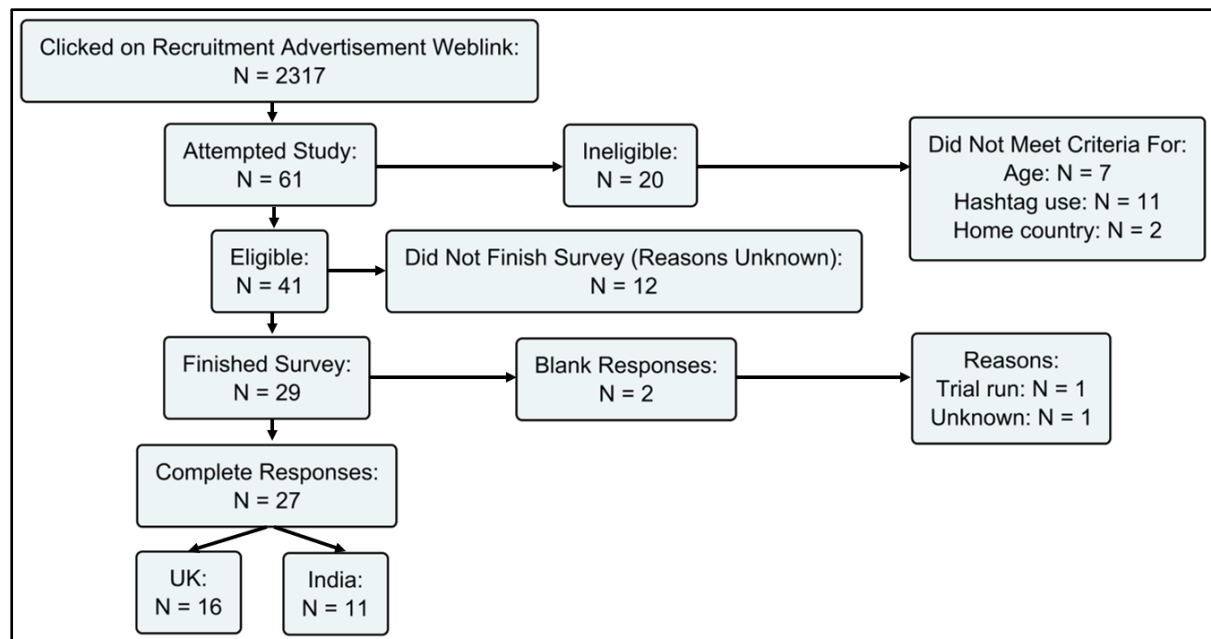
Note. 'N' = Number of people.

Data Collection

        An online qualitative survey was deemed most ethical as it provided maximum privacy to the target population, some of whom may have only ever disclosed anonymously online (Alaggia & Wang, 2020; Schneider & Carpenter, 2019). To avoid obtaining directly identifiable information (e.g., name, email address), explicit consent was not sought. Instead, individuals were informed in the PIS that consent would be assumed upon survey completion. In the UK, explicit consent is required to process certain demographic information (The European Parliament and the Council of the European Union, 2016). To adhere to legal requirements and minimise indirect participant identification, restricted demographic data (home country, gender, and age range) was collected.

        The survey was presented using Jisc's 'Online surveys' platform, and the PIS doubled as the first page. The layout is presented in Appendix C, but, briefly, after confirming eligibility and providing demographic details, participants answered three questions:

1. Why did you decide to reveal your sexual trauma history using #MeToo or #MeTooIndia?
2. How did revealing your sexual trauma history using #MeToo or #MeTooIndia help you?
3. How was revealing your sexual trauma history using #MeToo or #MeTooIndia unhelpful?

        When using online qualitative surveys, researchers cannot clarify questions or probe for additional information (Braun & Clarke, 2013). Thus, to encourage detailed responses, questions were few and open-ended. However, to ensure that the dataset was manageable based on time constraints,

answer boxes had 280-character limits. To avoid ambiguity, questions used simple language, were short, and supplemented by prompts. Prompts were concealed under 'More Info' sections unless clicked on to minimise influencing participant responses (see Appendix C for a visualisation).

The survey was piloted with three individuals before launch. Initially, questions 2 and 3 began with a 'Yes' or 'No' question followed by an open-ended sub-question asking for elaboration. Feedback and closed answers during piloting revealed that the sub-questions were not obvious. Accordingly, the questions were adjusted, becoming entirely open-ended. Data was collected for two months (May-July 2020) before ceasing due to time constraints.

Data Analysis

Although the research questions were informed by literature and the researcher's experiences, an inductive approach was used to ground understandings in the data (Braun et al., 2014). Braun and Clarke's (2006) thematic analysis (TA) was selected due to time constraints and its suitability for qualitative survey data (Braun & Clarke, 2013).

After exporting and compiling the dataset in spreadsheets and word documents, all responses were closely read multiple times with initial thoughts noted. The entire dataset was then coded by moving systematically through each data item and labelling data extracts of interest and relevance. Codes were repeatedly refined as the process developed. Identification of similarities and differences between codes led to the development of candidate themes and sub-themes. These were reviewed by returning to the supporting extracts and entire dataset until a 'best fit' was established. Based on Guest et al.'s (2012) guidance, themes and sub-themes were then explored for parallels and distinctions between UK-based and India-based accounts.

Methodology

As TA is theoretically flexible, guiding ontological and epistemological assumptions, defined respectively as theories about the nature of reality and knowledge (Crotty, 1998), should be specified (Braun & Clarke, 2006). Figure 3 depicts, simplistically, the ontological and epistemological continuums.

Figure 3

Poles of the Ontological and Epistemological Continuums and Relationships Between Them
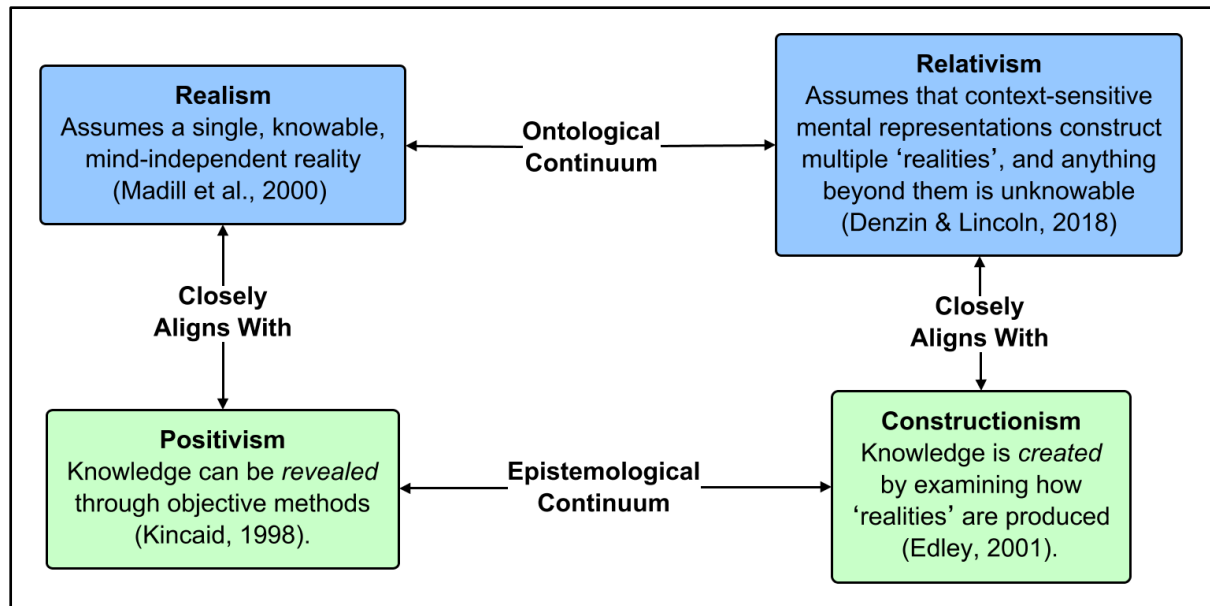
Here, realism and positivism were inappropriate because the objectivity required to fully access a mind-independent reality was impossible and unwelcome (Madill et al., 2000). Relativism and constructionism were also incompatible because the aim was to understand #MeToo experiences, implying that participant's responses can indicate something beyond *how* accounts of experiences are constructed.

Contextualism (lying between positivism and constructionism) asserts that knowledge is inevitably shaped by researcher's and participant's culturally-influenced understandings (Pidgeon & Henwood, 1997) but seeks a foundation for knowledge nevertheless (Madill et al., 2000). A foundation is gained by combining contextualism with critical realism, an ontological position assuming that mind-independent reality exists but is partially inaccessible due to subjectivity (Archer et al., 1998; Madill et al., 2000). This combined approach is suitable for understanding people's perspectives and experiences (Braun & Clarke, 2013). Using this approach, understanding is gained by grounding analyses in participant's descriptions while considering how socio-cultural factors influence meaning (Braun & Clarke, 2006; Madill et al., 2000). Critical realism and contextualism were adopted due to compatibility with the research aim and recognition of subjectivity and context's importance.

Reflexivity

Reflective journaling during qualitative research enhances credibility by encouraging contemplation of how the researcher's assumptions and experiences influence data collection and analysis (Ortlipp, 2008). A research diary was therefore kept to document arising thoughts and

feelings. The researcher is a female, British, #MeToo discloser and was conscious of 'insider' status in several respects, which may have encouraged more empathic, trustworthy analytic interpretations.

Although revealing 'insider' status to participants can increase trust, thereby enhancing data quality (Berger, 2015), the only communication the researcher had with participants was via the publicly viewable PIS. Since feminists who are active online are sometimes subject to sexual violence threats (Jane, 2014) the researcher chose not to reveal 'insider' status.

'Outsider' status in other domains was recognised. Cultural differences between the researcher and India-based participants may have impeded comprehension of their experiences. Additionally, the researcher's disclosure experiences have been positive, potentially hindering understanding of survivors more negatively affected.

Ethical Issues

In the absence of explicit consent, to try and fully inform participants, recruitment advertisements asked people to read the PIS before participating. The PIS detailed the study's practical and ethical elements succinctly and simply. As a small risk of distress was identified, several country-specific helplines and resources were provided. Participants were also assured that no trauma details would be asked for and that participation was entirely voluntary. To avoid coercion, no incentives were offered (The British Psychological Society [BPS], 2014).

The dataset was stored in OneDrive for Business, aligning with university recommendations (The University of Glasgow, n.d.). Demographic data is currently reported unadjusted in Tables 1 and 2. Although it is unlikely that participants could be identified from the minimal data collected, if published, categories with few participants may be merged to further protect confidentiality (The BPS, 2014).

During planning, this study included an option for participants to submit answers on Twitter, emulating Berry et al.'s (2017) exploration of reasons for mental health discussion online. The hope was to increase research awareness and engagement in real-world settings. However, the University of Glasgow's College of Medical, Veterinary, and Life Sciences Ethics Committee highlighted that the risk of online abuse toward participants could not be minimised. After making the project entirely survey-based, ethical approval was granted (Reference Number: 200190141). Two subsequent amendments were approved (see Appendix D for confirmation of all approvals). The first made the changes identified through piloting. The second increased the range of social media sites recruited from. Recruitment was initially exclusively Twitter-based but was slow during the first three weeks.

Rigour Checking and Trustworthiness

For transparency, the Standards for Reporting Qualitative Research (O'Brien et al., 2014) were followed.

Although it is ideal for multiple researchers to independently analyse (triangulate) qualitative datasets or subsets (Madill et al., 2000), time constraints disallowed this.

Supporting data has been quoted verbatim to safeguard authenticity, save for spelling and grammatical adjustments that aid readability. Ellipsis has sometimes been used to omit unnecessary information without altering intended meanings. All quotes are presented with corresponding participant (P.) numbers, home countries, and age ranges (yrs) and, unless otherwise specified, are from females.

Analysis

Demographic details are presented in Tables 1 and 2. In this study, one overarching theme, 'Changes Undertaken and Undergone' provided a structure for the four themes and two sub-themes identified based on observations that all described how participants strived for or experienced change through #MeToo participation. Figure 4 depicts the overarching theme, themes, and sub-themes and the relationships between them. All themes and sub-themes manifested in both country's accounts. However, some were salient in one country's accounts more than the other, and cross-national discrepancies were evident in participant's descriptions. Differences are highlighted throughout.

Table 1

Gender Breakdown by Country and Across Total Sample

Gender	Country		Total	
	UK	India	Count	%
Female	16	10	26	96.3
Male	0	1	1	3.7

Table 2

Age Range Breakdown by Country and Across Total Sample

Age Range	Country		Total	
	UK	India	Count	%
16-25	5	3	8	29.6
26-35	6	7[a]	13	48.2
36-45	1	1	2	7.4
46-55	4	0	4	14.8

[a] One participant in this group was male.

Figure 4

Visualisation of the Overarching Theme, Themes, and Sub-Themes
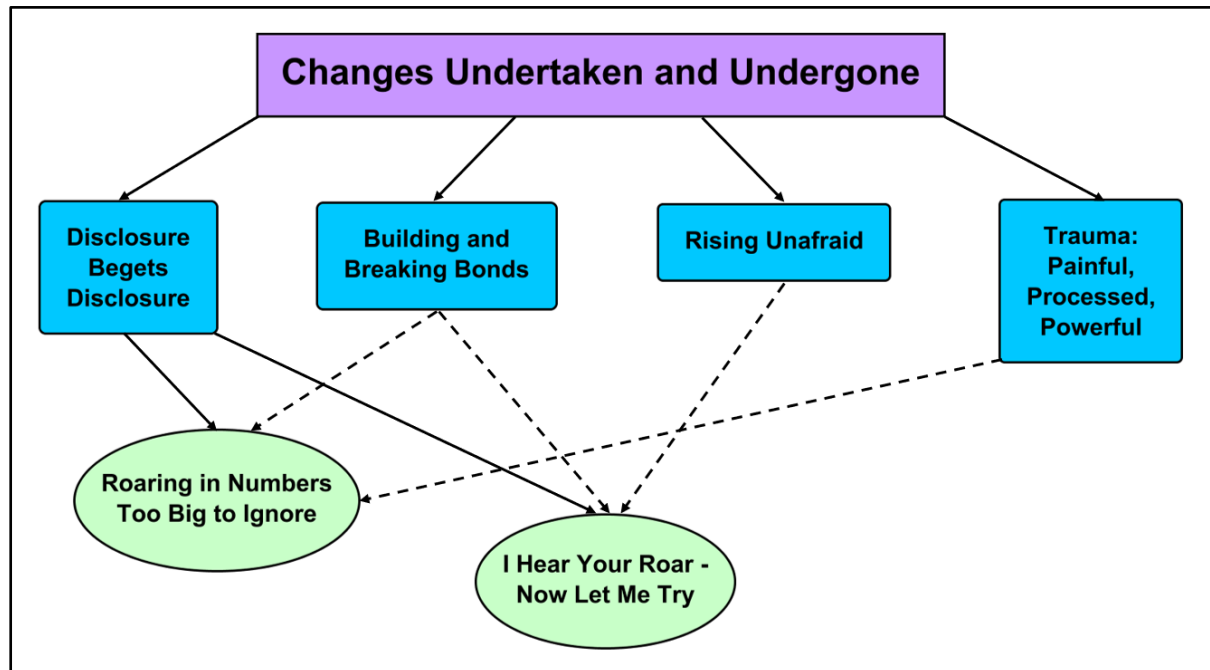
Note. Solid lines indicate hierarchical relationships between the overarching theme and themes or between a theme and its sub-themes. Dashed lines depict lateral relationships between themes and sub-themes of a different theme.

Disclosure Begets Disclosure

This theme describes the observation that most participants in both countries disclosed during the #MeToo Movement because others had. Other disclosures, however, inspired survivors for different reasons, and they hoped for distinct outcomes. Participants generally occupied one of the two sub-themes below, but a minority fell within both. UK-based participants were spread relatively evenly across sub-themes, while India-based participants mostly occupied the first.

Roaring in numbers too big to ignore.

Within this sub-theme, participants disclosed principally for political impact and wanted to transform harmful ST beliefs. Almost all UK-based survivors within this category identified disclosure as an awareness-raising effort. P.10 explained that she disclosed "to show the 'true' number affected" (UK, 36-45yrs), while P.12 said, "I wanted to show how widespread this experience was among women" (UK, 46-55yrs). The purpose behind revelations was equivalent to Milano's suggested use of 'me too' (Sayej, 2017), implying that decisions were influenced by the public #MeToo discourse.

India-based participants similarly disclosed to educate others about ST's prevalence but also protested other ST-related problems. For example, P.19 disclosed "to bring up the pervasive issue of sexual harassment and violence against women that is often ignored, minimised, or spun into a victim-blaming narrative" (India, 26-35yrs), suggesting that she challenged the harsh reactions that survivors receive, as well as ST's frequency. Another India-based participant, prompted by commentary on #MeToo disclosures, felt the need to raise awareness not just about ST's prevalence, but its very existence. When asked why she disclosed, P.18 explained, "I had several male friends and acquaintances who were making comments about how it was more of a 'Western' phenomenon and that women from my state in India did not experience this" (India, 16-25yrs).

For participants in both countries, disclosing in response to other disclosures seemed almost a knee-jerk reaction. After seeing a #MeToo-related Twitter post, P.20 declared, "I was angry and had to add my voice to that" (India, 26-35yrs), highlighting how a strong emotional experience drove the decision. Others felt compelled by a responsibility toward those who disclosed before them. P.15 disclosed "out of solidarity" (India, 26-35yrs), while P.14 shared her story "to… support those who had started it" (UK, 46-55yrs). Remaining silent was simply not an option for some. P.7 claimed, "it was necessary" (India, 26-35yrs), and P.2 stated, "I felt like I was obligated to add my voice" (UK, 26-35yrs).

Some participants also suggested that others contribute. P.14 described how she used her #MeToo post "to… encourage others to come forward and realise that we are not alone, and it is not our fault" (UK, 46-55yrs). Although P.14 wanted other survivors to benefit, she also seemed motivated by the belief that increased disclosures could strengthen the #MeToo Movement. Several participants spoke about how amplified discussion was crucial for change. P.20 asserted, "I think it's a vitally important conversation to have" (India, 26-35yrs), while P.2 felt that by adding her voice to the collective, she was augmenting the movement's chances of success: "I felt empowered. I felt like there are SO many of us survivors. We're like an army… I wasn't just stating it on a random day. It was part of a culture shift" (UK, 26-35yrs).

I hear your roar – now let me try.

Within this sub-theme, changes experienced or perceived while watching #MeToo unfold led participants to disclose themselves. These survivors, almost exclusively UK-based, seemed to hope primarily for therapeutic, rather than political, gain.

Some survivors previously felt anomalous for experiencing ST, but after seeing countless others using the hashtags, realised how normal they were. P.26 clarified that she disclosed because, "I felt less alone in the experience of being a survivor" (UK, 26-35yrs), suggesting that #MeToo had presented her with an opportunity to connect with similar others having previously felt isolated. P.7 declared, "It was… empowering to just know that I was not alone. Almost every woman I know revealed something, from verbal remarks to being touched inappropriately" (India, 26-35yrs). Knowing how widespread ST was seemed to give P.7 strength.

Another participant disclosed after seeing other stories because she no longer felt responsible for what happened. She stated, "The movement of me too really changed my perspective, and it really opened my eyes to the fact it wasn't my fault" (P.3, UK, 16-25yrs), indicating that she may have disclosed to affirm her release from limiting beliefs.

P.3 continued, "The positivity coming from people being open was great" (UK, 16-25yrs). It is therefore possible that her transformation occurred because she witnessed supportive #MeToo conversations. Indeed, others disclosed because their concerns about disclosure's safety reduced. P.26 said, "I've kept it secret for most of my life. MeToo helped decrease the stigma because there were so many others sharing" (UK, 26-35yrs), implying that she believed the volume of disclosures before hers had shifted society's response to survivors. P.8 similarly explained, "I have kept this to myself for a long time, and I was made comfortable and confident to do it as the numbers increased" (UK, 46-55yrs), suggesting that she was either reassured by the reactions others received or felt that fellow survivors would support her if necessary.

Building and Breaking Bonds

This theme describes how #MeToo Movement participation affected relationships with other people. While some participants in the previous sub-themes were *motivated* to disclose due to the presence of other survivors (out of solidarity or reduced isolation), other participants (exclusively UK-based) described survivor connections that *resulted* from disclosure.

P.16 said that after her revelation "some friends shared their stories" (UK, 46-55yrs), indicating that disclosure deepened relationships with survivors unwittingly already known. P.16 elucidated that speaking about ST has reduced isolation for the whole group: "It always makes us feel less alone" (UK, 46-55yrs). For P.23, a survivor who joined a #MeToo Facebook page, disclosing there allowed supportive contact with survivors beyond her immediate social network. She said that survivors on the page were, "very welcoming people, nice and friendly" (UK, 26-35yrs). For other participants, mere knowledge of other survivors nurtured a sense of belonging and acceptance: "Just seeing so many people also using #MeToo and being a part of that, I just felt seen and heard" (P.2, UK, 26-35yrs).

Unfortunately, participants from both countries described negative reactions. India-based participants mostly spoke about the way family members responded. P.6, who wanted to pursue justice after disclosure, stated, "I wasn't able to report due to family issues" (India, 16-25yrs). Meanwhile, P.18 shared:

> It made my family unhappy as they were afraid that it would affect my chances of finding a good husband - for middle-class families, it's common for the family of the groom to hire a detective to see if the bride has been chaste. (India, 16-25yrs)

Discontent at disclosure seemed rooted in concerns about disclosure's social consequences for survivors as well as the broader family. Relatives wanted secrecy, suggesting that they feared stigmatisation.

Contrastingly, UK-based participants discussed overtly hostile reactions from a wider range of people. P.25 said, "A lot of people such as family and close friends walked away because they didn't believe me or thought I was copying others" (UK, 16-25yrs). P.11 was similarly abandoned and attacked, describing how she "lost many friends and got a lot of hate from friends of the person that had caused the trauma" (UK, 16-25yrs). It seemed that responders either felt participants were lying or to blame for ST.

For participants in both countries, worry about people's inward reactions was harmful, even if explicit hostility was not received: "I felt uncomfortable putting my trauma on display publicly. It felt as though others would consider it a plea for attention" (P.19, India, 26-35yrs); "Sometimes I got the impression people didn't believe me or thought I was overreacting. I could've been paranoid, but I'm pretty sure that's how some people felt" (P.4, UK, 16-25yrs). Doubts may have increased tension in relationships with those not overtly supportive, compounding the distress of ST and discomfort of disclosure.

Rising Unafraid

As aforementioned, one participant disclosed *due to* decreased self-blame. However, several participants in both countries spoke about changes in self-perception and behaviour *following* disclosure.

P.25 said, "It… helped me get more help and become who I needed to be as I wasn't hiding what my ex had done to me anymore" (UK, 16-25yrs). Being able to publicly confront her experience made P.25 feel braver, potentially increasing her self-worth and providing momentum to seek further assistance. P.27 similarly described how having the courage to disclose made her feel more powerful: "Being able to share it gave strength" (India, 26-35yrs).

For P.18, defying gender stereotypes made her feel more in control of her life and story: "I broke many perceptions about what it means to be 'a good Indian woman' when I made that post, and it made me feel more empowered" (India, 16-25yrs). Similarly, P.13 asserted, "It felt liberating to come out with it and no longer feel the shame and guilt I had felt for years" (UK, 26-35yrs), suggesting that she no longer felt bound by what society had dictated to her about ST. Refusing to subscribe to harmful beliefs, P.13 felt free to chart her own recovery.

Finally, for P.20, #MeToo disclosure permanently shattered silence because further discussion felt less daunting: "It's made it easier for me to talk about and engage with sexual harassment and violence in general, as well as speak of my own experience, especially to do so without any kind of shame" (India, 26-35yrs).

Trauma: Painful, Processed, Powerful

Several participants from both countries described altered relationships with ST. Unfortunately, for some this was a negative transformation:

Once I was aware of the movement, I was reminded of my traumatic experiences almost every day. It haunts every day since. It feels like the #MeToo Movement has shined a spotlight to that part of my past that I've been trying to forget. It's constantly highlighted in my head every time I see the word MeToo. (P.17, UK, 26-35yrs)

Observing #MeToo's public discourse was damaging for P.17, who felt unable to escape. Her recovery seemed to regress due to triggered memories. This experience was shared by P.5 who said, "Those memories are the worst" (India, 16-25yrs).

Other participants were reminded of their trauma but did not consider it harmful. P.13 declared, "It was exhausting and triggering to read other people's stories, but it definitely was helpful" (UK, 26-35yrs), suggesting that she acknowledged the emotional labour involved but accepted it as inevitable for her #MeToo participation. Comparably, P.20 stated, "It made me angrier and made me think about it more but that's not unhelpful" (India, 26-35yrs), implying that she believes confronting difficult emotions is a necessary and possibly important part of healing.

Some survivors, including the only male participant, talked about how #MeToo disclosure facilitated sense-making and ST acceptance: "It started me on a long journey of deconstruction" (P.22, India, Male, 26-35yrs); "It helped me process it was real" (P.4, UK, 16-25yrs).

Beyond processing, several participants from both countries realised that their trauma could serve a purpose. When asked about how disclosure was helpful, P.16 stated, "Other people felt supported and told me so" (UK, 46-55yrs), suggesting that she believed her story was valuable for its ability to help other survivors. Although those who disclosed for political impact may have believed that their story had a useful purpose beforehand, some explicitly described disclosure's helpfulness in terms of its function. P.9 asserted, "It… allowed me to feel part of something and use it as a strength" (UK, 16-25yrs). Meanwhile, P.19 stated, "It generated a conversation amongst people I know, which I think was important" (India, 26-35yrs). Nevertheless, India-based participants seemed demoralised by disclosure's lack of political impact: "Yesterday it was me, tomorrow someone else. It's still the same." (P.1, India, 26-35yrs); "It did little to shift the society's mindset and my cautiousness. It still feels like nothing has changed" (India, 26-35yrs).

Discussion

This study aimed to understand #MeToo disclosure decisions and experiences for UK-based versus India-based survivors by answering four research questions: What did survivors hope to achieve? What inspired disclosure? How was #MeToo participation experienced? How, if at all, did answers differ by country? Observations regarding the first three questions will be summarised and discussed below, with notable country differences considered throughout.

What Did Survivors Hope to Achieve?

Participants disclosed for political or therapeutic reasons. In both countries, participants disclosed politically to raise awareness about ST's prevalence. Others, mostly UK-based, disclosed therapeutically to connect with other survivors or liberate themselves from long-held secrecy.

It is perhaps unsurprising that participants disclosed politically. Keller et al. (2018) identified that politics motivated disclosure among survivors using #BeenRapedNeverReported, and Strauss Swanson and Szymanski's (2020) study focused on activists who participated in #MeToo. Nevertheless, to the author's knowledge, this is the first study to document that #MeToo disclosures were politically fuelled among participants from the broader (non-activist) survivor community and outwith North America.

More India-based than UK-based participants described disclosing to challenge ST-related problems beyond prevalence. It may be that #MeTooIndia was more structured than elsewhere because it emerged a year after Milano's post, giving local activists time to plan (Sreedharan et al., 2020). However, it is also possible that India-based participants felt a more urgent need to protest. Research suggests that harmful ST beliefs are more deeply entrenched in India than the UK (Barn & Powers, 2018; Hill & Marshall, 2018), and this study provided partial anecdotal support for that. For example, one India-based participant disclosed because her community did not believe ST existed, a belief comparable with some Indian parliamentarian's views that marital rape, not yet illegal in India, should not be criminalised because it does not happen (Sharma, 2019).

India-based participants were also less likely than UK-based participants to describe disclosing therapeutically to liberate themselves from secrecy. Although Alaggia and Wang's (2020) textual analysis of posts including #MeToo similarly identified liberation as a disclosure reason, the locations of posters were unknown. This study offers tentative evidence that what survivors hoped to achieve through #MeToo disclosure varied geographically. It is possible that India-based survivors felt less able to disclose therapeutically, a notion explored below.

What Inspired Disclosure?

Irrespective of aspirations, participants generally disclosed because others had. The specific catalyst, however, varied. Political disclosers felt compelled due to affective experiences including anger and a desire to support other survivors. Like Keller et al.'s (2018) study, this supports Hemmings's (2012) 'affective solidarity' theory. By contrast, therapeutic disclosers shared because other revelations changed personal beliefs about ST and disclosure's safety.

Alaggia and Wang's (2020) textual analysis observed that other #MeToo disclosures on social media or in the press inspired revelation. While the authors identified that survivors felt emboldened by other stories, the present study elucidated several reasons why, perhaps because participants were asked explicitly to reflect on their decisions. Participants felt able because they realised that they were not alone, not responsible, or because they believed that responses to disclosure were shifting.

As aforementioned, India-based participants were less likely to disclose therapeutically, and none expressed that they shared because they believed disclosure would be met positively. Content analyses of how the media framed #MeToo have indicated that coverage was mostly positive in the UK and other Western countries (De Benedictis et al., 2019; Starkey et al., 2019), and public figures accused of misconduct were often held accountable (Krook, 2018; Ransom, 2020). In India, however, press coverage was harsher (Starkey et al., 2019), and support from institutional bodies was less forthcoming (Sreedharan et al., 2020). This may explain why India-based participants felt demoralised after disclosure. It may also clarify why UK-based participants, and posters in Alaggia and Wang's (2020) study, felt inspired to disclose therapeutically after witnessing #MeToo discourse but India-based participants did not express this. Such an interpretation supports Noelle-Neumann's (1974) 'spiral of silence' theory, which asserts that, fearing ostracism, people are less likely to authentically express themselves until they perceive that public opinion aligns, or is aligning, with what they have to say.

This study hoped to identify factors that enable survivor's speech on ST. Based on observations, supportive conditions might be created through increased public, *positive* discussions, and media organisations in the UK and India could help achieve this. Although the media reflects community attitudes (Bennett & Iyengar, 2008), it also influences society and political agendas (Gavin, 2018).

How was #MeToo Participation Experienced?

Negative reactions received.

Unfortunately, participants in both countries received negative reactions. UK-based participants received disbelieving and victim-blaming responses, while India-based participants described family dissatisfaction that ST was not kept secret.

Interestingly, disbelief and victim-blaming, the dominant reactions described by UK-based participants, were relatively rare in Bogen et al.'s (2019) analysis of online reactions to #MeToo revelations. As the authors analysed public social media posts, the current study suggests that private reactions differed, especially as participants identified responders like family and close friends, presumably known offline. Supporting this interpretation, Ahern and Lamb (2017) interviewed 95 British childhood survivors and found that 32% received unsupportive responses, including disbelief and anger, from parents and peers.

Similarly to the present study, in India, Choudhary et al. (2019) identified through interviews and focus groups with 11 childhood survivors, 21 caregivers, and 27 health professionals that families often hid ST, severely damaging family relations. Secrecy is encouraged in India because non-sanctioned sexual activity (consensual or otherwise) reflects poorly on a patriarch's ability to control his female relatives and children, dishonouring the entire family (Hosseini & Basavaraju, 2016). In

India, dishonour ruins marital prospects for survivors and their relatives, which is disastrous as marriage and socioeconomic status are inextricably linked (Chesler & Bloom, 2012).

Notably, comparisons of attitudes toward survivors in the UK versus India have not assessed family honour (Barn & Powers, 2018; Hill & Marshall, 2018), presumably because the employed questionnaires were developed in Western contexts where this is less relevant (Uskul et al., 2019). Worryingly, Ward et al. (1988) attempted to validate the Attitudes toward Rape Victims Scale (ARVS) with Indian populations but recommended that, due to unclear psychometric properties, further testing be undertaken. To the author's knowledge, further testing has not occurred, yet the ARVS was used in Hill and Marshall's (2018) cross-cultural comparison. Thus, existing literature may not fully capture the nature or extent of survivor treatment differences.

Since negative reactions were documented among participants in both countries here, increased interventions tackling problematic community attitudes are recommended in both settings. However, additional localised research should be conducted to understand negative reaction manifestation to tailor programmes to context.

Negative reactions perceived.

Participants in both countries experienced distress even when reactions were not overtly negative. In a survey of 60 informal responders, Ahrens and Campbell (2000) identified that 68% and 40% were unsure of what survivors needed and how to help, respectively. It is, therefore, possible that some individuals who witnessed #MeToo revelations were confused about how to respond and, subsequently, did nothing. Scholars have theorised that not seeing the facial expressions of people reading online disclosures protects survivors (Andalibi et al., 2016). However, it could be argued that without non-verbal cues, worries about inward reactions are fuelled.

Other times, online responders may be well-intentioned but unhelpful. For instance, participants in this study encouraging other survivors to disclose were presumably trying to help. However, Bogen et al. (2019) would have coded this as a negative, controlling response, arguing that it undermines survivor agency and creates pressure to reveal when doing so might worsen suffering. As online disclosure's popularity increases, providers of community training on how to respond to ST revelations could consider researching and including information about reacting online.

Evidence of posttraumatic growth.

Participants in both countries described positive self-transformations and improved ST- and emotional-processing after #MeToo participation. UK-based, but not India-based, participants also spoke enthusiastically about connections with other survivors.

These observations build on Strauss Swanson and Szymanski's (2020) results with survivor activists by documenting PTG among survivors who disclosed therapeutically, as well as politically. It is unclear why India-based participants did not discuss strengthened relationships with other survivors. Since they more often disclosed politically, they might already be connected to others and

not consider this a defining part of #MeToo (Sreedharan et al., 2020). Nevertheless, PTG after ST has scarcely been researched in India, and since expression may vary cross-culturally (Kashyap & Hussain, 2018), future research should explore this.

Survivor connections.

Survivor connections were a recurring data feature. In both countries, participants who disclosed politically often did so to show survivor solidarity. UK-based therapeutic disclosers were enabled by the presence of other survivors and, irrespective of disclosure purpose, described how contact with survivors reduced isolation and increased feelings of belonging and acceptance.

Increasing opportunities for survivor connection may therefore be another way to create comfortable conditions for survivors to speak about ST, whilst simultaneously facilitating recovery. Indeed, in key ST-related work, Herman (1997) asserts that ST's interpersonal nature causes at least some disconnection from others, thus restoring connection is crucial for healing.

Researchers and health professionals could explore survivor's perspectives regarding in-person support group expansion. Online groups, however, may be less daunting (Mendes et al., 2018) and more accessible, especially in rural areas. Although India's internet coverage is far from complete, rural access and social media use is growing rapidly (Internet and Mobile Association of India, 2015), making this a plausible option even in remote, under-resourced areas. Support groups on social media have already emerged organically, but privacy concerns have been raised (Matsakis, 2018). Thus, online organisations must enforce comprehensive policies to keep survivors safe.

Triggered memories.

Exposure to the wider #MeToo conversation increased distress for some participants in both countries. Although Strauss Swanson and Szymanski (2020) made similar observations, this is, to the author's knowledge, the first study to document #MeToo's triggering effect outwith North America and among non-activists. While unclear whether related to heightened distress or increased confidence (as was the case for one UK-based participant in this study), evidence suggests that more Canadian survivors have sought ST-related healthcare since #MeToo (Azzopardi & Smith, 2019). Although comparable data for the UK and India is unavailable, a systematic review including studies from both countries indicated that survivors who informally disclose are more likely to subsequently seek formal support (Manay & Collin-Vézina, 2019). It is therefore conceivable that the pattern documented by Azzopardi and Smith (2019) is replicated in the UK and India, and this should be explored. Bogen et al. (2019) suggested that health professionals use social media to spread awareness about effective treatment options. The present author supports this recommendation and argues that formal support providers prepare for increased service demand, especially in India where mental health professionals are currently considerably lacking (WHO, 2017).

Strengths and Limitations

This is the first study to explore #MeToo disclosure decisions and experiences with survivors in the UK and India, making it an important contribution to a novel, understudied research area. This study's cross-cultural component indicated that #MeToo participation may have differed geographically, generating several recommendations and future research avenues. Additionally, the privacy afforded by the online survey may have encouraged uninhibited participant responses (Suler, 2004).

There were, however, several limitations. Non-peer-reviewed evidence including grey literature and newspaper articles were over-relied upon due to inadequate research. As a result of convenience sampling, survivors with positive #MeToo experiences may have been more likely to participate than survivors with negative experiences who no longer follow the hashtags used to recruit. Several eligible individuals did not finish the survey, and it is unclear why. Braun and Clarke (2013) recommend incorporating a final 'clean-up' question in qualitative surveys so participants can provide additional thoughts and feedback. Had this been included, study acceptability issues may have been identified. In retrospect, the survey should have been ordered so that the question about #MeToo's unhelpfulness was asked *before* the question about helpfulness. This would have further minimised the risk of distress and ended the survey positively (Brinkmann & Kvale, 2015). Imposing character limits on answer boxes restricted the detail that participants could provide. It also remains possible that the question prompts influenced answers. However, received responses differed or extended beyond prompt content. Additionally, the comparison groups were slightly unbalanced so differences should be interpreted with extra caution. Moreover, triangulation could have offered alternative and more complete analytic interpretations (Madill et al., 2000) but was infeasible. Finally, although qualitative research does not seek generalisability, the extent to which readers can assess the transferability of results to other groups is impeded by the lack of demographic and contextual information collected (Lincoln & Guba, 1985).

Appropriate Recommendations

Building on recommendations made throughout, researchers should seek ethical ways to explore how non-disclosing survivors were affected by the #MeToo Movement. Non-disclosing survivors experience increased self-blame (Carretta et al., 2015), but observing positive conversation may have reduced this. Conversely, witnessing #MeToo coverage or hostility toward others may have been especially damaging for non-disclosers without support.

Notably, there was only one male participant. Research suggests that males experience different barriers to and responses upon disclosure (Lowe & Rogers, 2017). Future research may wish to explore their #MeToo experiences specifically.

Future research should also explore the movement's impact on survivors from marginalised backgrounds. In India, for example, people from lower castes and socioeconomic classes have less internet access than those with more social privilege (Poell & Rajagopalan, 2015). Thus, survivors

from lower castes and classes may have been unable to use the hashtags. Survivors *with* internet access may have felt too unsafe to contribute or had more negative experiences doing so as survivors of lower caste and class receive harsher societal treatment than those from higher castes and classes (Dey, 2019).

Conclusion

This study explored and compared #MeToo disclosure decisions and experiences with ST survivors in the UK and India. Survivors in both countries disclosed politically to raise awareness about ST's prevalence. However, India-based participants additionally described protesting other ST-related issues, which may highlight a more urgent need for societal transformation in India compared with the UK. Supporting this, several UK-based, but no India-based, participants disclosed for therapeutic purposes because they felt able to after witnessing supportive #MeToo discourse. This suggests that the #MeToo Movement received a more welcome reception in the UK than India. Positive ST-related discussion should increase in India and continue in the UK. The media could assist with this, but context-sensitive interventions tackling problematic community attitudes are necessary in both countries since participants received negative responses that were influenced by culture.

Despite hostility, #MeToo disclosure was helpful for participants. UK-based and India-based survivors described posttraumatic growth including positive shifts in self-perception and ST sense-making. It may therefore be valuable to increase access to safe spaces where survivors can explore sharing stories. Since participants in both countries, irrespective of disclosure's purpose, talked about how other survivors inspired disclosure, and UK-based survivors spoke about the benefits of survivor connection, safe spaces could manifest as survivor support groups. This could facilitate survivor speech while meeting therapeutic needs. Nevertheless, these spaces will not replace the need for formal mental health treatment, especially as some participants in both countries experienced exacerbated distress through exposure to #MeToo-related content. Mental health professionals should prepare for increased service demand.

References

Ahern, E. C., & Lamb, M. E. (2017). Children's reports of disclosure recipient reactions in forensic interviews: Comparing the NICHD and MoGP protocols. *Journal of Police and Criminal Psychology*, *32*, 85–93. https://doi.org/10.1007/s11896-016-9205-x

Ahrens, C. E., & Campbell, R. (2000). Assisting rape victims as they recover from rape: The impact on friends. *Journal of Interpersonal Violence*, *15*(9), 959–986. https://doi.org/10.1177/088626000015009004

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 and Neglect*, *103*, 104312. https://doi.org/10.1016/j.chiabu.2019.104312

Andalibi, N., Haimson, O. L., De Choudhury, M., & Forte, A. (2016). Understanding social media disclosures of sexual abuse through the lenses of support seeking and anonymity. In J. Kaye (Ed.), *Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems* (pp. 3906–3918). Association for Computing Machinery. https://doi.org/10.1145/2858036.2858096

Archer, M. S., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (1998). *Critical realism: Essential readings*. Routledge.

Azzopardi, C., & Smith, T. D. (2019). Paediatric health care in the #MeToo era: Advocating for survivors of sexual violence. *Paediatrics and Child Health*, *24*(4), 213–215. https://doi.org/10.1093/pch/pxy186

Barn, R., & Powers, R. A. (2018). Rape myth acceptance in contemporary times: A comparative study of university students in India and the United Kingdom. *Journal of Interpersonal Violence*. Advance publication online. https://doi.org/10.1177/0886260518775750

Bennett, W. L., & Iyengar, S. (2008). A new era of minimal effects? The changing foundations of political communication. *Journal of Communication*, *58*(4), 707–731. https://doi.org/10.1111/j.1460-2466.2008.00410.x

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Berry, N., Lobban, F., Belousov, M., Emsley, R., Nenadic, G., & Bucci, S. (2017). #WhyWeTweetMH: Understanding why people use Twitter to discuss mental health problems. *Journal of Medical Internet Research*, *19*(4), e107. https://doi.org/10.2196/jmir.6173

Bogen, K. W., Bleiweiss, K. K., Leach, N. R., & Orchowski, L. M. (2019). #MeToo: Disclosure and response to sexual victimization on Twitter. *Journal of Interpersonal Violence*. Advance

publication online. https://doi.org/10.1177/0886260519851211

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., Clarke, V., & Terry, G. (2014). Thematic analysis. In P. Rohleder & A. Lyons (Eds.), *Qualitative research in clinical and health psychology* (pp. 95-114). Red Globe Press.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE Publications Ltd.

Brinkmann, S., & Kvale, S. (2015). *InterViews: Learning the craft of qualitative research interviewing* (3rd ed.). SAGE Publications, Inc.

Carretta, C. M., Burgess, A. W., & DeMarco, R. (2015). To tell or not to tell. *Violence Against Women*, *21*(9), 1145–1165. https://doi.org/10.1177/1077801215590672

Chesler, P., & Bloom, N. (2012). Hindu vs. Muslim honor killings. *Middle East Quarterly*, *19*(3), 43–52. https://www.meforum.org/middle-east-quarterly/pdfs/3287.pdf

Choudhary, V., Satapathy, S., & Sagar, R. (2019). Qualitative study on the impact of child sexual abuse: Perspectives of children, caregivers, and professionals in Indian context. *Journal of Child Sexual Abuse*, *28*(4), 489–510. https://doi.org/10.1080/10538712.2018.1563262

Committee on the Elimination of Discrimination Against Women. (1992). *General recommendation No. 19: Violence against women*. https://tbinternet.ohchr.org/Treaties/CEDAW/Shared Documents/1_Global/INT_CEDAW_GEC_3731_E.pdf

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process* (1st ed.). SAGE Publications Ltd.

De Benedictis, S., Orgad, S., & Rottenberg, C. (2019). #MeToo, popular feminism and the news: A content analysis of UK newspaper coverage. *European Journal of Cultural Studies*, *22*(5–6), 718–738. https://doi.org/10.1177/1367549419856831

Denzin, N. K., & Lincoln, Y. S. (2018). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (5th ed., pp. 1-26). SAGE Publications, Inc.

Dey, A. (2019). 'Others' within the 'others': An intersectional analysis of gender violence in India. *Gender Issues*, *36*(4), 357–373. https://doi.org/10.1007/s12147-019-09232-4

Diani, M. (1992). The concept of social movement. *The Sociological Review*, *40*(1), 1–25. https://doi.org/10.1111/j.1467-954X.1992.tb02943.x

Dworkin, E. R. (2018). Risk for mental disorders associated with sexual assault: A meta-analysis. *Trauma, Violence, and Abuse, 21*(5), 1011-1028. https://doi.org/10.1177/1524838018813198

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

Edley, N. (2001). Unravelling social constructionism. *Theory and Psychology, 11*(3), 433-441. https://doi.org/10.1177/0959354301113008

Elderton, A., Berry, A., & Chan, C. (2017). A systematic review of posttraumatic growth in survivors of interpersonal violence in adulthood. *Trauma, Violence, and Abuse*, *18*(2), 223–236. https://doi.org/10.1177/1524838015611672

Equal Measures 2030. (2019). *Harnessing the power of data for gender equality: Introducing the 2019 EM2030 SDG Gender Index*. https://data.em2030.org/wp-content/uploads/2019/05/EM2030_2019_Global_Report_ENG.pdf

Ferreras, J. (2014, October 30). #BeenRapedNeverReported gives women space to share stories of sexual assault. *Huffington Post Canada*. https://www.huffingtonpost.ca/2014/10/30/been-raped-never-reported-twitter-ghomeshi_n_6078818.html?_guc_consent_skip=1592321948

Fileborn, B., & Loney-Howes, R. (2019). *#MeToo and the politics of social change*. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-15213-0

Fox, K., & Diehm, J. (2017, November 9). #MeToo's global moment: The anatomy of a viral campaign. *CNN*. https://edition.cnn.com/2017/11/09/world/metoo-hashtag-global-movement/index.html

Gavin, N. T. (2018). Media definitely do matter: Brexit, immigration, climate change and beyond. *The British Journal of Politics and International Relations*, *20*(4), 827–845. https://doi.org/10.1177/1369148118799260

Grose, R. G., Roof, K. A., Semenza, D. C., Leroux, X., & Yount, K. M. (2019). Mental health, empowerment, and violence against young women in lower-income countries: A review of reviews. *Aggression and Violent Behavior*, *46*, 25–36. https://doi.org/10.1016/j.avb.2019.01.007

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). Comparing thematic data. In *Applied Thematic Analysis* (pp. 161–186). SAGE Publications, Inc. https://doi.org/10.4135/9781483384436

Hemmings, C. (2012). Affective solidarity: Feminist reflexivity and political transformation. *Feminist Theory*, *13*(2), 147–161. https://doi.org/10.1177/1464700112442643

Herman, J. L. (1997). *Trauma and recovery*. Basic Books.

Hill, S., & Marshall, T. C. (2018). Beliefs about sexual assault in India and Britain are explained by attitudes toward women and hostile sexism. *Sex Roles*, *79*, 421–430. https://doi.org/10.1007/s11199-017-0880-6

Hosseini, S. B., & Basavaraju, C. (2016). Study on honor killing as a crime in India: Cause and solutions. *International Journal of Preventive, Curative & Community Medicine*, *2*(1), 90–94. https://www.academia.edu/25720837/Study_on_Honor_Killing_as_a_Crime_in_India_Cause_and_Solutions

Internet and Mobile Association of India. (2015). *Social media in India 2014*. https://cms.iamai.in/Content/ResearchPapers/b788f14d-2824-4c8a-b2a4-d34fce6d18e2.pdf

Jane, E. A. (2014). "Back to the kitchen, c**t": Speaking the unspeakable about online misogyny. *Continuum: Journal of Media and Culture Studies*, *28*(4), 558–570. https://doi.org/10.1080/10304312.2014.924479

Kantor, J., & Twohey, M. (2017, October 5). Harvey Weinstein paid off sexual harassment accusers for decades. *The New York Times*. https://www.nytimes.com/2017/10/05/us/harvey-weinstein-harassment-allegations.html

Kashyap, S., & Hussain, D. (2018). Cross-cultural challenges to the construct "posttraumatic growth." *Journal of Loss and Trauma*, *23*(1), 51–69. https://doi.org/10.1080/15325024.2017.1422234

Keller, J., Mendes, K., & Ringrose, J. (2018). Speaking 'unspeakable things': Documenting digital feminist responses to rape culture. *Journal of Gender Studies*, *27*(1), 22–36. https://doi.org/10.1080/09589236.2016.1211511

Kennedy, A. C., & Prock, K. A. (2018). "I still feel like I am not normal": A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence, & Abuse*, *19*(5), 512–527. https://doi.org/10.1177/1524838016673601

Kincaid, H. (1998). Positivism in the social sciences. In *The Routledge encyclopedia of philosophy.* Taylor & Francis. https://doi.org/10.4324/9780415249126-R017-1

Krook, M. L. (2018). Westminster too: On sexual harassment in British politics. *The Political Quarterly*, *89*(1), 65–72. https://doi.org/10.1111/1467-923X.12458

Lin, Z., & Yang, L. (2019). Individual and collective empowerment: Women's voices in the #MeToo movement in China. *Asian Journal of Women's Studies*, *25*(1), 117–131. https://doi.org/10.1080/12259276.2019.1573002

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications, Inc.

Lowe, M., & Rogers, P. (2017). The scope of male rape: A selective review of research, policy and practice. *Aggression and Violent Behavior*, *35*, 38–43. https://doi.org/10.1016/j.avb.2017.06.007

Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, *91*(1), 1–20. https://doi.org/10.1348/000712600161646

Manay, N., & Collin-Vézina, D. (2019). Recipients of children's and adolescents' disclosures of childhood sexual abuse: A systematic review. *Child Abuse and Neglect*. 104192. https://doi.org/10.1016/j.chiabu.2019.104192

Matsakis, L. (2018, July 19). How a Facebook group for sexual assault survivors became a tool for harassment. *Wired*. https://www.wired.com/story/how-a-metoo-facebook-group-became-harassment-tool/

McMahon, S., & Farmer, G. L. (2011). An updated measure for assessing subtle rape myths. *Social Work Research*, *35*(2), 71–81. https://doi.org/10.1093/swr/35.2.71

Mehrotra, K. (2018, October 24). Indian #MeToo tweet spike surpasses US monthly data. *The Indian Express*. https://indianexpress.com/article/technology/social/indian-metoo-tweet-spike-surpasses-us-monthly-data-5415254/

Mendes, K., Ringrose, J., & Keller, J. (2018). #MeToo and the promise and pitfalls of challenging rape culture through digital feminist activism. *European Journal of Women's Studies*, *25*(2), 236–246. https://doi.org/10.1177/1350506818765318

Mishra, S. (2020). From #MeToo to #MeTooIndia: News domestication in Indian English language newspapers. *Journalism Studies*, *21*(5), 659–677. https://doi.org/10.1080/1461670X.2019.1709882

Mitchell, K. J., Ybarra, M. L., & Korchmaros, J. D. (2014). Sexual harassment among adolescents of different sexual orientations and gender identities. *Child Abuse and Neglect*, *38*(2), 280–295. https://doi.org/10.1016/j.chiabu.2013.09.008

Nahon, K., & Hemsley, J. (2013). *Going viral*. Polity Press.

Noelle-Neumann, E. (1974). The spiral of silence: A theory of public opinion. *Journal of Communication*, *24*(2), 43–51. https://doi.org/10.1111/j.1460-2466.1974.tb00367.x

O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for Reporting Qualitative Research: A synthesis of recommendations. *Academic Medicine*, *89*(9), 1245–1251. https://doi.org/10.1097/ACM.0000000000000388

Office for National Statistics - Crime Survey for England and Wales. (2018). *Table 22: Who victims*

aged 16 to 59 told about rape or assault by penetration (including attempts) experienced since age 16, by sex of victim, year ending March 2017 CSEW. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/sexualoffence sappendixtables

Office for National Statistics - Crime Survey for England and Wales. (2020). *Table 20: Who adults who experienced sexual abuse before the age of 16 told about the abuse or who found out, by type of sexual abuse, year ending March 2019 CSEW.* https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/childsexualab useappendixtables

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report*, *13*(4), 695–705. http://www.nova.edu/ssss/QR/QR13-4/ortlipp.pdf

Palermo, T., Bleck, J., & Peterman, A. (2014). Tip of the iceberg: Reporting and gender-based violence in developing countries. *American Journal of Epidemiology*, *179*(5), 602–612. https://doi.org/10.1093/aje/kwt295

Patton, M. Q. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.). SAGE Publications, Inc.

Pidgeon, N., & Henwood, K. (1997). Using grounded theory in psychological research. In N. Hayes (Ed.), *Doing qualitative analysis in psychology* (pp. 245–273). Psychology Press.

Poell, T., & Rajagopalan, S. (2015). Connecting activists and journalists: Twitter communication in the aftermath of the 2012 Delhi rape. *Journalism Studies*, *16*(5), 719–733. https://doi.org/10.1080/1461670X.2015.1054182

Ransom, J. (2020, July 14). Harvey Weinstein's stunning downfall: 23 years in prison. *The New York Times*. https://www.nytimes.com/2020/03/11/nyregion/harvey-weinstein-sentencing.html

Redden, M. (2017, December 6). #MeToo Movement named Time magazine's Person of the Year. *The Guardian*. https://www.theguardian.com/media/2017/dec/06/metoo-movement-named-time-magazines-person-of-the-year

Relyea, M., & Ullman, S. E. (2015). Unsupported or turned against: Understanding how two types of negative social reactions to sexual assault relate to postassault outcomes. *Psychology of Women Quarterly*, *39*(1), 37–52. https://doi.org/10.1177/0361684313512610

Santiago, C., & Criss, D. (2017, October 17). An activist, a little girl and the heartbreaking origin of 'Me too.' *CNN*. https://edition.cnn.com/2017/10/17/us/me-too-tarana-burke-origin-trnd/index.html

Sayej, N. (2017, December 1). Alyssa Milano on the #MeToo movement: 'We're not going to stand for it any more.' *The Guardian*. https://www.theguardian.com/culture/2017/dec/01/alyssa-milano-mee-too-sexual-harassment-abuse

Schneider, K. T., & Carpenter, N. J. (2019). Sharing #MeToo on Twitter: Incidents, coping responses, and social reactions. *Equality, Diversity, and Inclusion*, *39*(1), 87–100. https://doi.org/10.1108/EDI-09-2018-0161

Sharma, A. (2019). *Critical analysis of Criminal Law Amendment Act (2013 and 2018): Missed opportunities and hasty decisions* [LLM dissertation, National Law University, Delhi]. DSpace at My University. http://14.139.58.147:8080/jspui/bitstream/123456789/274/1/05LLM18.pdf

Sreedharan, C., Thorsen, E., & Gouthi, A. (2020). Time's up. Or is it? Journalists' perceptions of sexual violence and newsroom changes after #MeTooIndia. *Journalism Practice*, *14*(2), 132–149. https://doi.org/10.1080/17512786.2019.1682943

Starkey, J. C., Koerber, A., Sternadori, M., & Pitchford, B. (2019). #MeToo goes global: Media framing of silence breakers in four national settings. *Journal of Communication Inquiry*, *43*(4), 437–461. https://doi.org/10.1177/0196859919865254

Strauss Swanson, C., & Szymanski, D. M. (2020). From pain to power: An exploration of activism, the #MeToo movement, and healing from sexual assault trauma. *Journal of Counseling Psychology*. Advance online publication. https://doi.org/10.1037/cou0000429

Suarez, E., & Gadalla, T. M. (2010). Stop blaming the victim: A meta-analysis on rape myths. *Journal of Interpersonal Violence*, *25*(11), 2010–2035. https://doi.org/10.1177/0886260509354503

Suler, J. (2004). The online disinhibition effect. *CyberPsychology and Behavior*, *7*(3), 321–326. https://doi.org/10.1089/1094931041291295

Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*(3), 455–471. https://doi.org/10.1002/jts.2490090305

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

The British Psychological Society. (2014). *Code of human research ethics*. https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy - Files/BPS Code of Human Research Ethics.pdf

The European Parliament and the Council of the European Union. (2016). *Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation – GDPR)*. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679

The University of Glasgow. (n.d.). *OneDrive for Business*. https://www.gla.ac.uk/myglasgow/it/office365/onedriveforbusiness/

The World Bank. (2020). *World Bank country and lending groups*. https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups

Thompson, M. (2000). Life after rape: A chance to speak? *Sexual and Relationship Therapy*, *15*(4), 325–343. https://doi.org/10.1080/713697439

Triplett, K. N., Tedeschi, R. G., Cann, A., Calhoun, L. G., & Reeve, C. L. (2012). Posttraumatic growth, meaning in life, and life satisfaction in response to trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, *4*(4), 400–410. https://doi.org/10.1037/a0024204

Ullman, S. E. (2000). Psychometric characteristics of the Social Reactions Questionnaire: A measure of reactions to sexual assault victims. *Psychology of Women Quarterly*, *24*(3), 257–271. https://doi.org/10.1111/j.1471-6402.2000.tb00208.x

Ullman, S. E. (2014). Correlates of posttraumatic growth in adult sexual assault victims. *Traumatology*, *20*(3), 219–224. https://doi.org/10.1037/h0099402

Ullman, S. E., O'Callaghan, E., Shepp, V., & Harris, C. (2020). Reasons for and experiences of sexual assault nondisclosure in a diverse community sample. *Journal of Family Violence*. Advance online publication. https://doi.org/10.1007/s10896-020-00141-9

United Nations General Assembly. (1993). *Declaration on the Elimination of Violence Against Women*. https://www.ohchr.org/Documents/ProfessionalInterest/eliminationvaw.pdf

Uskul, A. K., Cross, S. E., Gunsoy, C., & Gul, P. (2019). Cultures of honor. In S. Kitayama & D. Cohen (Eds.), *Handbook of cultural psychology* (2nd ed., pp. 793–821). The Guilford Press. https://kar.kent.ac.uk/59527/

Ward, C., Newlon, B., Krahé, B., Myambo, K., Payne, M., Tastaban, Y., Yuksel, S., Ghadially, R., Kumar, U., Lee, H. B., Cheung, F. M., Upadhyaya, S., Patnoe, J., Kirby, C., Gomez, A. V., Parra, E., & Colosio, L. (1988). The attitudes toward rape victims scale: Psychometric data from 14 countries. *Social and Behavioral Sciences Documents*, *18*, 2877–2934.

http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.611.8635&rep=rep1&type=pdf

Williamson, A. (2017). The law and politics of marital rape in England, 1945–1994. *Women's History Review*, *26*(3), 382–413. https://doi.org/10.1080/09612025.2015.1133536

Willness, C. R., Steel, P., & Lee, K. (2007). A meta-analysis of the antecedents and consequences of workplace sexual harassment. *Personnel Psychology*, *60*(1), 127–162. https://doi.org/10.1111/j.1744-6570.2007.00067.x

World Health Organization. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes, and women's responses*. https://apps.who.int/iris/bitstream/handle/10665/43310/9241593512_eng.pdf;jsessionid=A5AE45AE62CB2D214AD55D3439074C06?sequence=1

World Health Organization. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1&isAllowed=y

World Health Organization. (2017). *Mental health ATLAS 2017 member state profile: India*. https://www.who.int/mental_health/evidence/atlas/profiles-2017/IND.pdf?ua=1

Zhu, H. (2016). Searchable talk as discourse practice on the internet: The case of "#bindersfullofwomen." *Discourse, Context and Media*, *12*, 87–98. https://doi.org/10.1016/j.dcm.2015.10.001

Appendix A. Organisations That Aided Recruitment

Table A1

Organisations That Aided Recruitment Organised by Geographical Base and Area of Interest

Organisation		
Base	Name	Interest
UK	All About Respect	ST
	Bold Voices	ST
	Glasgow and Clyde Rape Crisis	ST
	Lifecentre	ST
	Pro Empower	ST
	Sexplain	ST
	Sexpression: UK	ST
	The Violence Against Women and Girls Research Network	ST
	Women's Lives Leeds	ST
	The Counsellors Café	MH
	Wish Women's Mental Health Charity	MH
	CHASE Feminist Network	GE
	Feminist Studies Association	GE
	FiLiA	GE
	Harpy	GE
	Kairos Women's Space	GE
	The Fawcett Society	GE
	The Women's Budget Group	GE
	University of Strathclyde Feminist Reading Group	GE
India	A Rapist in Your Way	ST
	Safecity	ST
	Safetipin	ST
	Sayfty	ST
	Shakti Shalini	ST
	The Gender Security Project	ST
	Youth Against Rape	ST
	Bhor Foundation	MH
	Tatva Center	MH
	Bar and Bench	GE
	Dalit Feminism Archive	GE
	Feminism in India	GE
	FemPositive	GE
	MASH Project	GE
	Network of Women in Media, India	GE
	Smashboard	GE
	Social Media Matters	GE
International	#MeToo Many Voices	ST
	Encounters with Men	ST
	FORCE: Upsetting Rape Culture	ST
	We are HER	ST
	Association for Women's Rights in Development	GE
	Women on Web	GE

Note. ST = Sexual Trauma, MH = Mental Health, and GE = Gender Equality.

Appendix B. Participant Information Sheet

University of Glasgow | College of Medical, Veterinary & Life Sciences

#DidMeTooHelpYou? - **Exploring the effects of revealing sexual trauma online in the UK and India**

Invitation to participate:

You are being invited to take part in a research study examining why Twitter users revealed a history of sexual trauma online during the MeToo movement and whether they found the experience helpful or unhelpful. Before you decide, it is important to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. Please contact us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

Since 2017, many people from a variety of countries and backgrounds have used #MeToo and its cultural or regional variations to talk publicly online about their experiences of sexual trauma. However, little is known about why they chose to do so and what the consequences were. This study aims to understand if and how talking about sexual trauma histories via #MeToo or #MeTooIndia helped and/or did not help sexual violence survivors in the UK and India. The study also aims to find out if experiences varied for people living in these different countries.

This study will be carried out between May and July 2020 and will be completed as part of the degree requirements for the principal researcher's Master of Science in Global Mental Health at the University of Glasgow.

Can I take part?

You can take part in this study if:

- You revealed that you have experienced sexual trauma (meaning any sexual assault, harassment, or other victimisation) using #MeToo or #MeTooIndia.
- You are aged 16 or over.
- You live in the UK or India.

What will taking part involve?

If you decide to take part, all you need to do is complete the online survey by clicking the "Next" button below. The survey should take no longer than 5-10 minutes and will ask you to describe why you revealed your sexual trauma history using #MeToo or #MeTooIndia (you will not be asked to give details about your history). It will also ask you to detail if and how doing so helped or did not help you. You will be asked for your age and gender, but you do not have to provide this information if you are uncomfortable. You will also be asked whether you live in the UK or India. Your data will be collected anonymously, and consent will be assumed if you complete the survey.

Do I have to take part?

No, it is up to you to decide whether to take part. Please contact the research team if you change your mind about participating after data has already been submitted.

What are the possible disadvantages and risks of taking part?

There is a small risk that taking part may cause distress.

If this happens, we encourage you to seek help. Some resources include:

UK-based		
Organisation	**Website**	**Phone Number**
The Survivors Trust	https://www.thesurvivorstrust.org	08088 010 818
SupportLine	www.supportline.org.uk	01708 765 200
Samaritans	www.samaritans.org	116 123

India-based		
Organisation	**Website**	**Phone Number**
Women Helpline	N/A	1091
Jagori	http://www.jagori.org	011 2669 2700
SNEHA Foundation India	https://snehamumbai.org	98330 52684 91675 35765

What are the possible benefits of taking part?

You may find sharing your experience beneficial. Additionally, the results of this research may eventually benefit other sexual trauma survivors.

Will my taking part in this study be kept confidential?

Yes. Identifiable information will not be collected if you complete the online survey. Comments you make may be quoted but will not be traceable to you.

Your data will be stored confidentially, either electronically in password-protected files or in locked filing cabinets. Only members of the research team and appropriate governance staff will have access to your data throughout the study.

What will happen to my data?

Following project completion, all data will be kept by the University of Glasgow for 10 years following the last time it is accessed.

What will happen to the results of the research study?

The results of this study may be published. If you would like a copy, please contact the research team in September 2020 when the dissertation write-up should be available.

Who is organising and funding the research?

The University of Glasgow is sponsoring this study.

Who has reviewed the study?

This research project has been reviewed by the College of Medical, Veterinary, and Life Sciences Ethics Committee at the University of Glasgow.

If you are unhappy with how this research has been conducted, you can contact the Research Governance Officer, Emma-Jane Gault, via email: EmmaJane.Gault@glasgow.ac.uk

Researcher Contact Details:

[The Principal Researcher's name and email address was printed here in the participant version]

Thank you for taking the time to read this information!

Please click "Next" if you would like to take part.

Appendix C. Qualitative Survey Layout

Note. The PIS preceded the page with the first eligibility question.

Eligibility Questions (1 of 3)

Are you aged 16 or over? * *Required*

○ Yes
○ No

< Previous   Next >

Eligibility Questions (2 of 3)

Did you reveal that you have experienced sexual trauma using #MeToo or #MeTooIndia? ✳ *Required*

○ Yes
○ No

‹ Previous   Next ›

Eligibility Questions (3 of 3)

Do you live in either the UK or India? ✳ *Required*

○ Yes
○ No

< Previous   Next >

Note. If participants answered 'No' to any of the eligibility questions, they were automatically screened out and presented with the following message: "Unfortunately, your answers indicate that you are not eligible to participate in this survey, but thank you for wanting to take part."

Demographic Questions

What is your age? *Optional*

- ○ 16-25
- ○ 26-35
- ○ 36-45
- ○ 46-55
- ○ 56-65
- ○ 65+
- ○ Would rather not say

What is your gender? *Optional*

- ○ Male
- ○ Female
- ○ Would rather not say
- ○ Other

If you selected Other, please specify:

What is your home country? *✽ Required*

- ○ UK
- ○ India

< Previous | Next >

Research Questions (1 of 3)

Why did you decide to reveal your sexual trauma history using #MeToo or #MeTooIndia?

➕ More info

Your answer should be no more than 280 characters long.

< Previous   Next >

Note. If the participant clicked on "More Info", they were presented with:

Research Questions (1 of 3)

Why did you decide to reveal your sexual trauma history using #MeToo or #MeTooIndia?

➖ Less info

For example, "To show support."

Your answer should be no more than 280 characters long.

< Previous   Next >

Research Questions (2 of 3)

How did revealing your sexual trauma history using #MeToo or #MeTooIndia help you?

➕ More info

Your answer should be no more than 280 characters long.

< Previous   Next >

Note. If the participant clicked on "More Info", they were presented with:

Research Questions (2 of 3)

How did revealing your sexual trauma history using #MeToo or #MeTooIndia help you?

➖ Less info

For example, "I felt supported by others."

Your answer should be no more than 280 characters long.

< Previous   Next >

Research Questions (3 of 3)

How was revealing your sexual trauma history using #MeToo or #MeTooIndia unhelpful?

➕ More info

Your answer should be no more than 280 characters long.

< Previous   Finish ✔

Note. If the participant clicked on "More Info", they were presented with:

Research Questions (3 of 3)

How was revealing your sexual trauma history using #MeToo or #MeTooIndia unhelpful?

➖ Less info

For example, "It brought back painful memories."

Your answer should be no more than 280 characters long.

< Previous   Finish ✔

Appendix D. Ethics Approval Letter and Confirmation of Approved Amendments

2nd April 2020

Dear Dr Kinnear

MVLS College Ethics Committee
Project Title: #DidMeTooHelpYou? - Exploring the effects of revealing sexual trauma online in the UK and India
200190141

The College Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study.

We are happy therefore to approve the project, subject to the following conditions.

- Project end date: 28/07/2020

- The research should be carried out only on the sites, and/or groups defined in the application.

- Any proposed changes in the protocol should be submitted for reassessment, except when it is necessary to change the protocol to eliminate hazard to the subjects or where the change involves only the administrative aspects of the project. The Ethics Committee should be informed of any such changes.

- For projects requiring the use of an online questionnaire, the University has an Online Surveys account for research. To request access, see the University's application procedure   at https://www.gla.ac.uk/research/strategy/ourpolicies/useofonlinesurveystoolforresearch/.

- You should submit a short end of study report to the Ethics Committee within 3 months of completion.

Yours sincerely

Dr Dorothy McKeegan

Acting co-chair

MVLS College Ethics Committee

RE: Amendments to Approved Application 200190141

MVLS Ethics Admin
To ████████████████ MVLS Ethics Admin
Cc Deborah Kinnear

↩ ↩ → …

18/05/2020

(i) You forwarded this message on 29/05/2020 08:57.

Action Items   + Get more add-ins

Hi ██████

The Chair has approved your requested amendments. Please treat this email as confirmation and I'll keep a copy on file for reference.

Regards
Neil

Neil Allan
MVLS Ethics Committee Administrator

Direct line: 0141 330 5206
email is the only reliable form of contact at this time

Institute of Infection, Immunity & Inflammation
College of Medical, Veterinary & Life Sciences
Glasgow Biomedical Research Centre
Room 314, Sir Graeme Davies Building
University of Glasgow
120 University Place
Glasgow G12 8TA
The University of Glasgow, charity number SC004401

RE: Further Amendment to Approved Application 200190141

ME — **MVLS Ethics Admin**
To [REDACTED] MVLS Ethics Admin

↩ ↞ → ⋯

17/06/2020

(i) You replied to this message on 22/06/2020 10:30.

Hi [REDACTED]

The Chair has approved this amendment. I'll keep a copy of this email on file for reference.

Regards
Neil

Appendix E. Target Journal Author Instructions

Target Journal: Journal of Interpersonal Violence

The submission guidelines for authors are available here:
https://us.sagepub.com/en-us/nam/journal-of-interpersonal-violence/journal200855#submission-guidelines

Appendix F. Research Project Outline

Title:

#HowDidMeTooAffectYou?: Exploring the Psychological Consequences of Disclosing Sexual Trauma in the UK and India

Student Number:
XXXXXXX

Supervisor:
Dr Deborah Kinnear

Introduction

Sexual violence is a pervasive global concern. According to the World Health Organization (WHO), approximately 35% of women worldwide have been physically or sexually assaulted (WHO, 2013). Although men also experience sexual violence, research suggests that women are ten times more likely to be victimised (National Sexual Violence Resource Center, 2015). Sexual violence often results in serious health concerns. Survivors may experience chronic pain, gastrointestinal disruption, and urogenital dysfunction (Campbell, 2002). Mental disorders including post-traumatic stress disorder (PTSD), depression, and substance use are also common (Campbell, Dworkin, & Cabral, 2009).

Historically, many survivors have disclosed sexual assault experiences to close relatives and friends but have less often told members out with their immediate social group (Fisher et al., 2003). In October 2017, however, people began to share their stories publicly in unprecedented numbers. An article detailing accusations of sexual misconduct against well-known Hollywood film producer Harvey Weinstein was published in *The New York Times* (Kantor & Twohey, 2017). In response, American actress Alyssa Milano asked sexually victimised women to expose the extent of the problem by posting #MeToo, a phrase coined by civil rights activist Tarana Burke in 2006, on their Twitter accounts. Within 48 hours nearly one million people had circulated the hashtag (Redden, 2017). It should be emphasised that many men and members of the LGBTQI+ community joined the #MeToo movement (Greenhalgh, 2018). However, a recent analysis found that 90% of Twitter disclosures were posted by women (Modrek & Chakalov, 2019). Although the #MeToo movement originated in the USA, it soon gained international recognition. #MeToo and its linguistic or cultural adaptations have been posted in 85 countries to date (Fox & Diehm, 2017), leading some to suggest that #MeToo is a transnational feminist movement allowing people to highlight context-dependent ways that sexual violence affects diverse communities (Ghadery, 2019).

Evidence documenting the content of online disclosures is beginning to emerge. Using text analysis, Modrek and Chakalov (2019) found that posts often described traumatic experiences in vivid detail. Similarly, a qualitative analysis by Bogen et al. (2019) found that most survivors' disclosure tweets contained specific information about who assaulted them, what happened, where and when it happened, why they thought it happened, and how it had affected them. The extreme degree of disclosure suggests that many survivors of sexual violence are interested in using social media to discuss their experiences. The long-term impact of doing so, however, is largely unknown.

Research conducted offline suggests that reconstructing personal narratives facilitates post-traumatic growth (PTG), a concept used to describe positive life changes in the aftermath of trauma (Jirek, 2017). It has also been demonstrated that disclosing sexual trauma may reduce victim self-blame (Ullman, 2010), thus it is possible that participating in the #MeToo movement had positive

psychological consequences. Conversely, Bogen et al. (2019) speculated that disclosure via #MeToo and reading other people's stories may have retraumatised individuals, resulting in negative psychological consequences.

It is also possible that online social reactions to #MeToo disclosures differentially affected psychological consequences. Hassija and Turchik (2016) found that offline supportive responses were associated with increased PTG. However, Borja, Callahan, and Long (2006) found that negative responses such as victim blaming or shaming were related to increased post-traumatic distress. An analysis of early #MeToo tweets classified as social reactions to disclosure showed that overall, responses were generally positive, advocating for or providing emotional support to survivors. Negative responses, however, accounted for 33% of social reaction tweets (Bogen et al., 2019).

A recent analysis of media coverage suggests that responses to #MeToo disclosure may have differed internationally. Media coverage was more positive in the USA compared with Japan and India, where survivors were more likely to be framed as a bad citizen or hysterical slut, respectively (Starkey et al., 2019). However, despite negative online attitudes and governmental attempts to thwart the #MeToo movement, an investigation in China found that #MeToo participation had empowered survivors through awareness-raising, identity reconstruction, and online connection with other survivors (Lin & Yang, 2019). To date, this is the only study that has examined the effects of disclosing sexual trauma via the #MeToo movement.

Rationale

A greater understanding of how disclosing sexual assault using #MeToo has psychologically affected survivors is necessary. It is possible that survivors' online disclosure experiences had positive and/or negative psychological consequences and that experiences varied in diverse contexts. If disclosure resulted in negative consequences, effective offline treatment and support may need to be more readily available, and policy changes may be necessary to keep people safe online. Conversely, if online disclosure benefitted survivors, the #MeToo movement may have provided a practical, cost-effective healing resource for some survivors of sexual trauma.

Aim and Research Questions

The aim of this research is to understand the psychological consequences of disclosing sexual trauma via the #MeToo movement. As this study is qualitative, it would be inappropriate to generate hypotheses. A social constructivist approach will be employed to answer the following research questions:

1. How did disclosing sexual trauma via the #MeToo movement psychologically affect survivors?
2. Did disclosure experiences vary geographically?

Proposed Methodology

Approach

A qualitative approach was chosen as little is known about this emerging field of interest. It is hoped that generated data will lead to testable hypotheses for future research. It was also considered inappropriate to conduct quantitative research. Quantitative tools that may have been relevant for this study have insufficient psychometric evidence to support their use in diverse sociocultural contexts, and time constraints made it infeasible to develop study-specific measures.

Target Population

Participants will be eligible to participate if they:

- Have a public Twitter profile
  - Posts originating from public Twitter profiles are accessible by anyone, and it is therefore ethically acceptable for researchers to collect and analyse public posts as data (Shepherd et al., 2015). Given the nature of this study, it would be challenging to obtain consent from individuals with private Twitter profiles, thus they will be excluded for this reason.
- Disclosed an experience of sexual trauma using the #MeToo
  - Understanding how sexually traumatised individuals who did not disclose during the #MeToo movement were affected is also important. However, it is possible that they chose not to because it was distressing. It was therefore considered ethically unacceptable to publicly ask about their experiences of #MeToo.
- Live in either the UK or in India
  - Two countries of study were chosen due to time constraints. It was considered infeasible to compare more than two countries without losing data richness. The UK and India were chosen as countries of comparison for two reasons:
    - The countries vary greatly in their endorsement of traditional gender roles. Rape myths (false, prejudiced beliefs about sexual assaults and rape victims) are more likely to be accepted in India than in the UK due to more traditional gender roles and higher levels of hostile sexism (Hill & Marshall, 2018). This, combined with the more negative media framing of sexual assault survivors in India (Starkey et al., 2019) suggests that differences in disclosure experiences may exist.
    - Logistically, it was believed that recruiting individuals in the UK would be feasible as this is where the researcher is based. Additionally, a Twitter

profile named "#MeTooIndia" with more than 42,000 followers exists, and it is hoped that recruiting via this page will be successful.

Hashtag Development

This study will closely follow methods employed by a recent study that showed circulating and analysing data generated from a study-specific hashtag is feasible for conducting mental health research (Berry et al., 2017). Given that Twitter is where the #MeToo movement began (Redden, 2017), it is thought to be an appropriate social media platform for reaching the target population. A unique hashtag encompassing the broad research question, such as "#HowDidMeTooAffectYou?" will be developed.

Data Collection

The study hashtag will initially be circulated via a Twitter page developed specifically for the research. Attempts will also be made to circulate the hashtag via relevant Twitter pages such as "#MeTooIndia". The hashtag will be circulated as part of a post that contains a research study disclaimer, brief eligibility information, the research question, and a weblink to an external webpage containing additional study information. Data collection will commence upon ethical approval and frequent attempts to circulate the hashtag will be made until no new tweets incorporating the hashtag are posted.

Tweets will be gathered and kept in a password-protected database. The Twitter Streaming Application Programming Interface (API) will be used to gather data in real-time, and the Search API function will be used daily to ensure no data is lost due to network connection issues.

Data Analysis

Upon completion of data collection, tweets will be imported to NVIVO for qualitative thematic analysis. Usernames will be removed to ensure privacy and confidentiality. Retweets and any tweets posted to circulate the hashtag will also be removed. The geolocation of participant's posts will be obtained and kept in a password-protected file.

Thematic analysis will be used to identify salient psychological consequences associated with disclosing sexual trauma using the MeToo hashtag. Analysis will be undertaken by the primary researcher. If possible, a random sample of posts will be secondarily analysed by an additional researcher to improve the reliability of emerging themes.

Potential Barriers

- One concern is that reliance on external Twitter pages such as "#MeTooIndia" may not be possible. Administrators of this page may not want to participate, and if they do, the

researcher will have no guarantee that the hashtag will be circulated frequently, nor that the study-specific post will be unaltered. Early attempts will be made to contact administrators and explain the importance of this research. Other relevant Twitter pages will be sought to aid recruitment.

- As anyone online will be able to use the hashtag, it may be difficult to enforce the inclusion criteria. Prior to analysis, any posts from private profiles will be removed. If individuals who did not disclose sexual trauma during the #MeToo movement choose to participate, their data might be incorporated into analysis as it may yield insight on the psychological effects of #MeToo more generally. By choosing to take part, it will be assumed that consent and acceptability of the study is indicated. Collection of user's geolocations will aid data analysis, but it may also be useful to consider asking people, if they are comfortable, to indicate where they live, their ethnic background, and/or their gender in their post?

- The primary researcher has never used API or NVIVO technology, thus additional time and training may be required to successfully employ the methods described. The researcher will familiarise herself with the technology during the break between Semester 1 and 2.

- The study conducted by Berry et al. (2017) included over 130 tweets in their analysis. It is believed that a similar number of posts would be manageable for this project. However, inclusion of the highly popular phrase "MeToo" in the study-specific hashtag may result in an unmanageable dataset. To combat this, the hashtag popularity will be monitored, and data collection will cease prematurely if tweets exceed what is feasible for analysis.

Proposed Timetable

TASK	MONTH	December	January	February	March	April	May	June	July
Preparation of Materials		■							
Apply for Ethical Approval		■	■						
Write Literature Review		■	■	■					
Collect Data				■	■	■			
Analyse Data						■	■	■	
Write Up							■	■	■

Plan for Obtaining Research Ethics Committee Approval

Documents required for submission to the College of MVLS Ethics Committee will be prepared during the break between Semesters 1 and 2 and will be submitted by mid-January 2019. Consideration will be given to concerns that additional insurance may be required for participants out with the UK.

As previously highlighted, Twitter is a public platform. Thus, collecting and analysing Twitter content posted from public profiles is considered ethically acceptable (Shepherd et al., 2015). However, guidelines for Internet research will be followed while preparing and conducting this study. The twitter post circulating the study-specific hashtag will explicitly state that it is being used for research purposes, and the linked webpage will detail information about the study as well as relevant support should participants feel they need it. To protect individuals from online harassment, the hashtag will be frequently monitored for malicious comments, and offending individuals will be reported to Twitter. A survey option could also be included for participants who would feel more comfortable participating privately.

Efforts will be made to protect the confidentiality of participants. Identifying information such as usernames will be excluded from analysis, and tweets used for the write-up or presentation will be paraphrased. If possible, paraphrased tweets will be assessed by an additional researcher to ensure that they truthfully reflect original posts. Paraphrased tweets will be entered into the Twitter search bar to confirm that users' profiles are not recognisable from the content.

References

Berry, N., Lobban, F., Belousov, M., Emsley, R., Nenadic, G., & Bucci, S. (2017). #WhyWeTweetMH: Understanding why people use Twitter to discuss mental health problems. *Journal of Medical Internet Research*, *19*(4), e107. https://doi.org/10.2196/jmir.6173

Bogen, K. W., Bleiweiss, K. K., Leach, N. R., & Orchowski, L. M. (2019). #MeToo: Disclosure and response to sexual victimization on Twitter. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260519851211

Borja, S. E., Callahan, J. L., & Long, P. J. (2006). Positive and negative adjustment and social support of sexual assault survivors. *Journal of Traumatic Stress*, *19*(6), 905–914. https://doi.org/10.1002/jts.20169

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, *359*(9314), 1331–1336. https://doi.org/10.1016/S0140-6736(02)08336-8

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

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/10.1177/0093854802239161

Fox, K., & Diehm, J. (2017, November 9). #MeToo's global moment: The anatomy of a viral campaign. *CNN*. https://edition.cnn.com/2017/11/09/world/metoo-hashtag-global-movement/index.html

Ghadery, F. (2019). #MeToo - Has the 'sisterhood' finally become global or just another product of neoliberal feminism? *Transnational Legal Theory*, *10*(2), 252–274. https://doi.org/10.1080/20414005.2019.1630169

Greenhalgh, H. (2018, August 22). #MeQueer takes Twitter by storm as LGBT community cries #MeToo. *Reuters*. https://www.reuters.com/article/us-lgbt-rights-twitter/mequeer-takes-twitter-by-storm-as-lgbt-community-cries-metoo-idUSKCN1L71WW

Hassija, C. M., & Turchik, J. A. (2016). An examination of disclosure, mental health treatment use, and posttraumatic growth among college women who experienced sexual victimization. *Journal of Loss and Trauma*, *21*(2), 124–136. https://doi.org/10.1080/15325024.2015.1011976

Hill, S., & Marshall, T. C. (2018). Beliefs about sexual assault in India and Britain are explained by attitudes toward women and hostile sexism. *Sex Roles*, *79*, 421–430.

https://doi.org/10.1007/s11199-017-0880-6

Jirek, S. L. (2017). Narrative reconstruction and post-traumatic growth among trauma survivors: The importance of narrative in social work research and practice. *Qualitative Social Work*, *16*(2), 166–188. https://doi.org/10.1177/1473325016656046

Kantor, J., & Twohey, M. (2017, October 5). Harvey Weinstein paid off sexual harassment accusers for decades. *The New York Times*. https://www.nytimes.com/2017/10/05/us/harvey-weinstein-harassment-allegations.html

Lin, Z., & Yang, L. (2019). Individual and collective empowerment: Women's voices in the #MeToo movement in China. *Asian Journal of Women's Studies*, *25*(1), 117–131. https://doi.org/10.1080/12259276.2019.1573002

Modrek, S., & Chakalov, B. (2019). The #MeToo Movement in the United States: Text analysis of early Twitter conversations. *Journal of Medical Internet Research*, *21*(9), e13837. https://doi.org/10.2196/13837

National Sexual Violence Resource Center. (2015). *Statistics about sexual violence.* https://www.nsvrc.org/sites/default/files/publications_nsvrc_factsheet_media-packet_statistics-about-sexual-violence_0.pdf

Redden, M. (2017, December 6). #MeToo Movement named Time magazine's Person of the Year. *The Guardian*. https://www.theguardian.com/media/2017/dec/06/metoo-movement-named-time-magazines-person-of-the-year

Shepherd, A., Sanders, C., Doyle, M., & Shaw, J. (2015). Using social media for support and feedback by mental health service users: Thematic analysis of a Twitter conversation. *BMC Psychiatry*, *15*, 29. https://doi.org/10.1186/s12888-015-0408-y

Starkey, J. C., Koerber, A., Sternadori, M., & Pitchford, B. (2019). #MeToo goes global: Media framing of silence breakers in four national settings. *Journal of Communication Inquiry*, *43*(4), 437–461. https://doi.org/10.1177/0196859919865254

Ullman, S. E. (2010). *Talking about sexual assault: Society's response to survivors.* American Psychological Association. https://doi.org/10.1037/12083-000

World Health Organization. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence.* https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1&isAllowed=y

Appendix G. Literature Review Search Strategy

The following databases were searched when conducting the literature review for this study:

- ProQuest
- PsycINFO
- MEDLINE
- CINAHL

Google Scholar was used for grey literature and hand searching proved useful for finding additional articles.

Figure G1 presents a successful PsycINFO search, but it should be noted that search terms and strings varied slightly depending on the database.

Figure G1.

Example PsycINFO Search

Search ID#	Search Terms	Search Options
S9	S7 AND S8	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase
S8	TI (disclos* OR reveal* OR report* OR shar*) OR AB (disclos* OR reveal* OR report* OR shar*)	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase
S7	S3 AND S6	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase
S6	S4 OR S5	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase
S5	TI (((social N2 (media OR network*)) OR facebook OR twitter OR instagram OR snapchat OR tumblr)) OR AB (((social N2 (media OR network*)) OR facebook OR twitter OR instagram OR snapchat OR tumblr))	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase
S4	DE "Social Media" OR DE "Online Social Networks"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase
S3	S1 OR S2	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase
S2	TI ((sex* N3 (assault* OR violen* OR abus*)) OR rape*) OR AB ((sex* N3 (assault* OR violen* OR abus*)) OR rape*)	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase
S1	DE "Sex Offenses" OR DE "Sexual Abuse" OR DE "Sexual Harassment"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase

Note. '#MeToo' and its variations were surprisingly fruitless search terms on PsycINFO even though relevant articles were located using the search terms depicted. '#MeToo' as a search term was more successful on ProQuest.