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Perceptions of College Campus Climate among Queer Female Sexual Assault Survivors

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PERCEPTIONS OF COLLEGE CAMPUS CLIMATE AMONG QUEER FEMALE SEXUAL ASSAULT SURVIVORS

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One-fifth of women in the United States report at least one lifetime experience of rape (Black et al., 2011; Centers for Disease Control and Prevention, 2014; Smith et al., 2018). Sexual assault (SA)is a common experience among cisgender women college students, with 20% reporting experiencing a rape during their time in college (Cullen et al., 2000). Universities generally have resources designed to help survivors of SA, though research suggests many of these resources are underutilized by survivors. The current study was guided by social constructivism and used a transcendental phenomenology approach to explore six queer, female participants' decision-making processes about utilizing campus resources for support following SA. Semi-structured interviews were conducted with six participants from multiple universities until information richness was met to develop an understanding of ways in which participants found their universities to be helpful and unhelpful in providing support for disclosing sexuality and SA survivorship to formal campus resources. Data analysis resulted in the generation of five themes: a) Questioning Belonging and Safety on Campus, b) Use of Formal Resources is Dependent on Trust, Reliability, and Past Experiences, c) Stigma and Hurtful Disclosure Reactions Negatively Impact SA Survivors, d) Heteronormativity Complicates Healing

from SA for Queer SA Survivors, and e) Supportive Reactions and Community After SA Disclosure Lead to Connection and Healing. Findings from this study can be used to help inform and provide recommendations to universities to better support queer female students who have experienced SA and choose to seek campus resources.

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"I want to thank me for believing in me. I want to thank me for doing all this hard work. I want thank me for having no days off. I want to thank me for never quitting."-Snoop Dogg

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CHAPTER 1 PERCEPTIONS OF COLLEGE CAMPUS CLIMATE AMONG QUEER FEMALE SEXUAL ASSAULT SURVIVORS

Rates of sexual assault (SA) including rape are high among women in college such that one in four women experience some form of SA (DeKeseredy, 2018), and one in five women experience rape, specifically (Cullen et al., 2000). Queer women, or women with a broad range of minoritized sexualities (e.g. lesbian, bisexual, pansexual, etc.; GLAAD, 2022), experience SA at higher rates than heterosexual women (Eisenburg et al., 2021; Edwards, Sylaska, Barry, et al., 2015; Edwards, Sylaska, & Neal, 2015; Kreb et al., 2016), and queer, female students experience SA in college at two-and-one-half to five times the rate of their female heterosexual peers (Eisenburg et al., 2021). Mental health (APA, 2013, Dworken et al., 2017; Tripp et a., 2015), physical health (National Coalition to Prevent Child Sexual Abuse and Exploitation, 2012), relationships (Kreb et al., 2016), and academic standing (Baker et al., 2016; Boyraz et al., 2013; Boyraz et al., 2016; Jordan et al., 2014) can all be negatively impacted when women experience SA in college. Survivors most commonly disclose their experiences of SA to informal sources such as friends and family. By contrast, formal campus resources for SA survivors, such as campus police, healthcare professionals, and Title IX offices (Sabina & Ho, 2014; Mennicke et al., 2021), are frequently underutilized (DeLoveh & Cattaneo, 2017; Sabina & Ho, 2014). LGBTQ individuals, in particular, utilize informal resources more often than their heterosexual peers due to fear of maltreatment related to their LGBTQ identity from formal supports (Walters, 2011). Despite higher rates of SA, few current studies seek to understand the specific needs of queer women students when they

report to formal campus resources (Eisenburg et al., 2021). Thus, it is critical to further understand their decisions around disclosure and reporting, utilization of formal campus resources, and perception of campus climate in the interest of improving effectiveness and safety of formal reporting sources.

Concealable Stigmatized Identity and Outness

Individuals who have non-visible identities against which others often perpetrate prejudice and discrimination, or concealable stigmatized identities (CSIs) (Quinn & Earnshaw, 2013), may choose to withhold disclosure of these identities to avoid negative treatment (Goffman, 1963). Such CSIs include being LGBTQ+ (Quinn & Earnshaw, 2013) and being an SA survivor. Variance in self-perception exists among those who hold CSIs which can be explained by valanced content and magnitude (Quinn & Earnshaw, 2013). Valanced content refers to elements of CSIs which can positively or negatively influence how one with a CSI(s) feels about themselves such as internalized stigma, perceived stigma, experienced discrimination, disclosure reactions, and information which is discrepant from negative stereotypes. Magnitude of a CSI refers to the significance of a CSI to one's understanding of themselves. Discrimination experienced by those with CSIs is related to health difficulties and psychological distress (Chaudoir & Quinn, 2015; Frable et al., 1998), which can be compounded when holding multiple CSIs (Reinka et al., 2020), such as is the case with female SA survivors who hold sexual minority identities.

Sexual Assault as a CSI

Historically, men have used systems and actions of power to perpetrate violence against women to maintain dominance, and one such example is sexual assault (SA) (Dobash & Dobash, 1979). Although people of any gender may perpetrate SA, most perpetrators are men (Kreb et al., 2016) and most survivors (91%) are women (Rennison, 2002). The term SA describes several forms of nonconsensual sexual acts such as attempted or completed penetration (inserting an object or body part into another's anus or vagina), termed rape, and sexual touching or kissing another's body. SA can occur through physical force, coercion (verbal threat or manipulation), or incapacitation (sleeping or intoxication (Cantor et al., 2019). Among rape survivors, half (50%) report being raped by an intimate partner and 40% of survivors report being raped by an acquaintance; by contrast, very few (13.8%) survivors reported being raped by a stranger (Black et al., 2011).

Sexual Assault in College

Approximately one-quarter of undergraduate women and one-tenth of women graduate students experience some form of SA through violence, physical force, or incapacitation. College women are raped at three to four times the rate of their male peers (Cantor et al., 2019).

Students with minoritized sexual orientations experience SA significantly more often than heterosexual students (Eisenburg et al., 2021; Edwards, Sylaska, Barry, et al., 2015; Edwards, Sylaska, & Neal, 2015; Kreb et al., 2016). Lesbian, bisexual, and gay (LBG) students who disclose their sexual minority identity (Bartholomew et al., 2011; Carvalho

et al., 2011), have internalized homophobia (Balsam & Szymansky, 2005; Edwards, Sylaska, & Neal, 2015), and/or are aware of LBG stigma (Carvalho et al., 2011) are at increased risk of SA during college. Likewise, female students of color are more likely to experience SA compared to their White counterparts (Kreb et al., 2016).

Psychological and Academic Consequences of SA

Survivors' physical health, mental health, and academic standing can all be negatively affected by SA (Demers et al., 2018; Lindquist et al., 2016; Mengo & Black, 2016; Turchik & Hassija, 2014). Depression, posttraumatic stress disorder (PTSD) or posttraumatic symptoms, anxiety, disordered eating, and suicidal thoughts are possible mental health effects of SA (Dworken et al., 2017). Decreased self-care, alcohol-use, impulsivity, trouble with concentration, and trouble with short-term goals are all possible symptoms related to PTSD caused by SA (Tripp et al., 2015), occurring in one-third to one-half of rape survivors (APA, 2013). Women with sexual trauma may also experience problems with sexual intimacy (Baggett et al., 2017) and sexual confidence (Turner et al., 2010; Van Bruggen et al., 2006). Dropping out of school and lower academic outcomes are also more common among college students who have experienced SA compared to students who have not (Baker et al., 2016), especially among survivors with PTSD symptomatology (Boyraz et al., 2013; Boyraz et al., 2016; Jordan et al., 2014). Lesbian, bisexual, gay, transgender, queer/questioning (LGBTQ+) SA survivors were found to have worse mental (Graham et al., 2019; Smith et al., 2016), sexual, and physical health outcomes than their heterosexual, cisgender peers (Edwards, Sylaska, & Neal, 2015). For example, queer SA survivors were more likely to develop anxiety, depression, trauma-

related symptoms, and a decreased self-esteem compared to heterosexual peers (Smith et al., 2016). Approximately one-third of lesbian women and nearly three-fifths of bisexual women reported at least one negative effect of SA, including fearing for safety, missing work or school, and trauma-related mental health symptoms (Walters et al., 2013). Taken together, multiple areas of functioning are impaired for female SA survivors, and especially female sexual minority survivors.

SA Prevention Among Colleges and Universities

College campuses are implementing a variety of measures to promote SA prevention. For example, self-defense classes have been found to increase confidence to avoid instances of attempted SA (Gidycz & Dardis, 2014; Orchowski et al., 2020). Bystander training for university faculty, staff, and students is also an effective strategy of decreasing rates of SA in college settings (Jouriles et al., 2018; Mujal et al., 2021; Webb et al., 2020). Other common campus resources that aim to provide support to college students after a SA include campus counseling centers, survivor advocates, student health services, and campus police (Holland & Cortina, 2017; DeLoveh & Cattaneo, 2017; Sabina & Ho, 2014), and are often underutilized by SA survivors in college (DeLoveh & Cattaneo, 2017; Sabina & Ho, 2014). Survivors' ability to recognize they have been sexually assaulted, awareness of campus resources, and perception of others as receptive to their report of SA contribute to their active use of campus resources (DeLoveh & Cattaneo, 2017). Survivors who use campus mental health resources most frequently find counseling, peer support groups, and survivor advocates the most useful resources (Graham et al., 2021). Common reasons among survivors of SA for not seeking formal

resources include lack of knowledge of resources (Artime et al., 2018; Sabina & Ho, 2017), feelings of embarrassment and shame (Holland & Cortina, 2017; Sabina & Ho, 2014), feeling the instance was not severe enough to report (Cantor et al., 2019; Holland & Cortina, 2017; Kreb et al., 2016), past negative experiences with healthcare workers, lack of appointment availability, needing to schedule an appointment (Artime et al., 2018; Halstead et al., 2018), fear of retaliation, and the belief in other rape myths (e.g., the survivor is at fault) (Holland & Cortina, 2017). However, in response to the #MeToo movement, more women, in general, identified and reported their experiences of SA as compared to before the #MeToo movement (DeKeseredy, 2021). Notably, preventive strategies for SA on college campuses have been normed on cisgender and heterosexual students, and the usage of more inclusive strategies could prove helpful for diverse groups of students (Webb et al., 2020).

Campus Sexual Misconduct Policies and Climate

Campuses differ in definitions and handling of SA (Holland & Cortina, 2017; Sabina & Ho, 2014). Title IX is a federal civil rights law that prohibits discrimination based on sex at any public or private university or college receiving federal funding (Title IX of the Education Amendments Act of 1972, 2018) and outlines federal guidelines and obligations for universities when addressing SA. For example, teaching assistants, housing staff, faculty working directly with students, and coaches are mandated to report SA to Title IX (Veidlinger, 2016). Students with privileged identities (White, middle-class, heterosexual, cisgender, U.S. citizens) report the most positive experiences of reporting their SA to Title IX, whereas students with marginalized identities (students of

color, international, LGBTQ+) more commonly report negative experiences of reporting SA to Title IX (Brubaker, 2019). The sense of an institution, such as a university, not properly responding to an incident of abuse can be defined as institutional betrayal (Smith & Freyd, 2014). One study found LGBTQ+ students formally report SA at similar rates to cisgender, heterosexual peers, however they report more negative reporting experiences (Eisenburg et al., 2021). Another study found queer SA survivors are more likely to report their SA to formal sources than their heterosexual peers (Felix et al., 2021). Negative experiences of reporting to Title IX offices include loss of autonomy, empowerment, and trust due to standardized procedures across all students, regardless of individual identities and circumstances (Brubaker, 2019). Queer students who reported their experience of SA to campus officials felt more negatively towards the reporting process and less trust towards campus officials than queer individuals who did not report to the same sources. They suggested the process could be improved by increasing flexibility in reporting procedures and more transparency in the beginning of the reporting process (Nightingale, 2021).

Campus climate, or how students perceive safety and belongingness on campus, is more negatively perceived by students with marginalized identities (Harper & Hurtado, 2007; Hart & Fellabaum, 2008; Kreb et al., 2016), such as LGBTQ+ students (Rankin, 2005; Tetreault et al., 2013), as compared to students with privileged identities. Students with marginalized identities are also more likely to face discrimination which can result in difficulties with academic and vocational performance (Rankin, 2005). Approximately one-quarter of sexual minority students report facing discrimination (Rankin, 2010), and

LGBTQ+ students experience more difficulties with mental health, physical health, and academic outcomes than cis-gender, heterosexual students (Woodford & Kulick, 2015; Zimmerman et al., 2015). Female SA survivors are also more likely than students who did not experience SA in college to rate campus climate as poor (Kreb et al., 2016).

LGBTQ+ students who felt their campus and campus officials were ready to acknowledge problems and make beneficial changes felt a greater sense of community and belonging than LGBTQ+ students who did not perceive readiness to change (Edwards et al., 2016). In fact, students who did not experience protection and support against abuse from their institutions experienced impaired mental & physical health, lack of service utilization, and isolation from the institution (Smith & Freyd, 2014). Such students can include LGBTQ students (Smith et al., 2016) and SA survivors (Linder & Myers, 2018). Despite high rates of SA in college, most (89%) of universities reported zero instances of SA in 2015 (AAUW, 2017), which is an example of universities' failure to address widely known abuse on campus.

Identity Disclosure

Discretion about disclosure of one's identity is very common among those with CSIs to reduce instances of discrimination (Goffman, 1963). Some people may choose to only disclose their CSI to specific people in certain settings (Goffman, 1963; Ragins, 2008). Positive outcomes such as increased social connection (Camacho et al., 2020), well-being (Abbott & Mollen, 2018), and feelings of connectedness (Chaudoir & Fisher, 2010) can result from disclosure of a CSI. Specifically, lesbian women experience high levels of social support after disclosure of their sexual orientation (Beals et al., 2009),

leading to better health outcomes (Steele at al., 2006; Tracy et al., 2013). LGB individuals also experienced decreased depression, increased self-esteem, and less anger when they were able to safely disclose their CSI (Ragins, 2004). However, negative outcomes such as lack of support may follow one sharing their CSI with others (Camacho et al., 2020). Likewise, hiding a CSI can also have negative impacts on an individual including isolation (Newheiser & Barretto, 2014), role confusion, and psychological distress (Ragins, 2008). Due to the variability and potential severity of outcomes, individuals with CSIs often exert caution when considering revealing their CSIs (Goffman, 1963; Orne, 2011).

Disclosure of SA

SA differs from other crimes such that survivors often lack societal support and may be blamed for their assault (Koss et al., 1994), also called victim-blaming (Cook, 2010). Victim blaming may inhibit survivors seeking help (Wright et al., 2010) due to feelings of guilt and shame (Jenson & Greek 1982). Most (65%) instances of reported rape are to informal sources, while fewer than 15% of reported instances of rape are to formal sources. An estimated 63% of rape is not reported to police, representing the most underreported crime (Rennison, 2002). For college students specifically, only 25.5% of rapes and 7% of other forms of SA by physical force are reported to university resources (Cantor et al., 2019).

Survivors of SA often have positive (Sabina & Ho, 2014; Sylaska & Edwards, 2013) or neutral (Dworken et al., 2019) experiences of reporting to informal supports. However, survivors with negative mental health outcomes and histories of trauma are

more likely to receive negative responses to their reporting of SA upon disclosure (Ullman, 2021). When SA survivors experience negative responses from informal sources, negative mental health outcomes may develop (Dworken et al., 2019; Sabina & Ho, 2014). Thus, a cyclical nature of negative mental health outcomes and negative reactions to disclosure of SA is created. Bisexual women were more likely to report their assaults to friends than were heterosexual women (Mennicke et al., 2021) and women of other minority sexual orientations (Edwards et al., 2022), and LBG survivors more frequently report SA to informal supports than formal supports (Donovan & Hester, 2008) due to distrust of formal resources (Walters, 2011). Contrarily, Palmer and colleagues (2022) found LGBTQ students more frequently reported SA to on and off campus formal resources than did heterosexual students, which was predicted to be related to differences in identity development and concealment as well as the study potenitally being conducted at an LGBTQ inclusive campus. Similar barriers to disclosure of SA to formal sources on college campuses may exist among queer women college students, and few studies seek to understand this experience (Edwards et al., 2022).

Queer people who experience SA are at three times the risk of feeling blamed for their SA than cisgender, heterosexual people (Richardson et al, 2015). As most SAs are not reported to formal resources (Rennison, 2002), often due to fear of stigma, judgement, as well as a lack of specialization among resource agents for responding to LGBTQ individuals (Holland et al., 2021b; Hackman et al., 2022), there is a unique need

to further understand experiences of queer women student SA survivors to better improve formal resources on campus.

The Present Study

Over half of women experience some form of SA throughout their life (Centers for Disease Control and Prevention, 2022). Ninety-one percent of reported rapes are from cisgender women (Rennison, 2002), and approximately one-fifth of women report at least one instance of rape in their lifetime (Black et al., 2011; Centers for Disease Control and Prevention, 2014; Smith et al., 2018). Queer women are at even higher risk for experiencing SA than their heterosexual peers (Eisenburg et al., 2021; Edwards, Sylaska, Barry, et al., 2015; Edwards, Sylaska, & Neal, 2015; Kreb et al., 2016). LGBTQ students often face discrimination on their college campuses (Rankin, 2005; Tetreault et al., 2013) and subsequent feelings of betrayal in response to their university's negative or lack of response to such discrimination (Smith & Freyd, 2014), including higher rates of discrimination when reporting their SA to campus sources such as Title IX offices (Walters, 2011). In turn, students with CSIs such as SA survivorship and sexual minority status likely use discretion when disclosing their identities (Goffman, 1963; Orne, 2011), such as to formal campus resources which are frequently underutilized by LGBTQ+ students (DeLoveh & Cattaneo, 2017; Sabina & Ho, 2014). The purpose of this phenomenological study is to identify challenges as well as helpful approaches to supporting queer college women who have experienced SA during their time in college. Specifically, I will examine the decision-making processes for reporting to formal resources among queer college women who experienced SA as students. The study will

be guided by the following two research questions: 1) For queer, woman/female university students, what experiences influence decisions about disclosure to formal reporting sources? and 2) For the same group, how do anticipated or experienced disclosure reactions from formal reporting sources, if any, influence belongingness or a sense of social support on campus? Participants were asked about their decision-making process in choosing to report their SA and to whom, how anticipated reactions towards their CSIs (e.g., sexual minority, SA survivor) influenced their disclosure, experiences of disclosing their SA to formal sources on campus, and how their needs as queer, female SA survivors could be better met by campus officials. Findings are intended to inform recommendations that can be provided to universities to help aid in perceptions of support and sense of safety, therefore, aiding queer, cisgender female students who are survivors of SA support in their academic careers. Qualitative research seeks to understand complex social experiences (Hatch, 2002), and the current limited research in this area can benefit from the descriptive experiences of SA survivors with varying experiences and backgrounds.

CHAPTER 2 LITERATURE REVIEW

Violence Against Women

Patriarchy is a self-validating system which benefits those in power and harms those who are seen as subordinate (Dobash & Dobash, 1979). The patriarchy uses institutions and social relationships to place people hierarchically, placing men in positions of power, privilege, and dominance and women in subservient roles. Those who accept their submission are often rewarded within this system, and those who resist their submission often face consequences from those in power. One such consequence of patriarchy is violence towards women, such as interpersonal violence or various forms of assault (Dobash & Dobash, 1979).

Several decades ago, scientific research on intimate partner violence focused on supposed deficits in women who experienced abuse rather than the men who abused them (DeKeseredy & Schwartz, 1998). In the late 1970s research shifted to questioning how gender norms and gendered power (e.g., patriarchy) influence violence against women, finally putting the responsibility on men who caused abuse. Such research generally included studies of rape, sexual harassment, and battering against women as well as sexual abuse against children (Renzetti & Kennedy Bergan, 2005). However, DeKeseredy (2021) asserted feminist research about violence against women has been declining in North America for the past 12 years, though the #MeToo movement brought a reemergence of critical work discussing how patriarchal systems relate to gendered violence.

Notably, even this critical scholarship of violence against women often uses gender-neutral terms such as domestic violence, spousal abuse, and intimate partner violence (IPV) such that these terms may imply women perpetrate the same amount of violence as men. Many right-wing and conservative efforts have been made to remove gender from discussion around violence in relationships such that abuse perpetrated by men is minimized, which is meant to benefit White, heterosexual men (DeKeseredy, 2021). One such example of violence against women is sexual assault. Importantly, SA can be perpetrated by people of any gender (Mellins et al., 2017), but, like other forms of violence against women, is most commonly perpetrated by men such that up to a quarter of college men have sexually assaulted someone at least once (Abbey et al., 2012).

Types of Sexual Assault

SA includes experiences such as nonconsensual touching, verbal coercion, rape, or attempted rape in childhood or adulthood; several terms exist in the literature to describe these instances including sexual trauma, sexual victimization, and sexual abuse. SA is a broad term that describes a variety of nonconsensual sexual acts. Penetration is a form of sexual violence where a "penis, finger, or object [is] inserted inside someone else's vagina or anus" or "when someone's mouth or tongue make contact with someone else's genitals" (Cantor et al., 2019, p. 17). Sexual touching includes kissing or "touching someone's breast, chest, crotch, groin, or buttocks" as well as, "grabbing groping, or rubbing against the other in a sexual way, even if the touching is over the other's clothes" (Cantor et al., 2019, p. 18). Penetration and sexual touching can occur through physical force, such as using one's body weight or a weapon. These forms of SA can also occur

when one is unable to consent, such as when they are "passed out, asleep, or incapacitated due to drugs or alcohol" (Cantor et al., 2019, p. 18). SA can also occur if consent is not obtained actively such as through coercion. Coercion is "threatening serious non-physical harm or promising rewards such that [one] felt [they] must comply" (Cantor et al., 2019, p. 27).

Rates of SA in the U.S.

Though people of all genders experience rape, most (91%) rape cases are reported by women (Rennison, 2002). Nearly 20% of women report being raped in their lifetime (Black et al., 2011; Centers for Disease Control and Prevention, 2014; Smith et al., 2018), one out of six women report experiencing coercion in their lifetime, and one out of three women report being touched without consent in their lifetimes (Smith et al, 2018). For female rape survivors specifically, nearly one-third experienced their first rape between the ages of 11 and 17, and 12.3% were under 10 years old (Black et al., 2011). Approximately 12% of women were younger than 10 years old during their first SA, and 30% of women were between the ages of 11 and 17 during their first SA (National Sexual Violence Resource Center, 2015). More than half (51.1%) of female rape survivors report being raped by an intimate partner, and another 40.8% report being raped by an acquaintance (Black et al., 2011). Importantly, very few rape survivors were raped by a stranger. Approximately 13% of women report experiences of unwanted penetration due to coercion (Black et al., 2010; Centers for Disease Control and Prevention, 2014), and about two percent experienced sexual coercion within the past year. In contrast to 20% of women experiencing rape in their lifetime (Black et al., 2011; Centers for Disease

Control and Prevention, 2014; Smith et al., 2018), men report much lower rates of rape and six percent of men report experiencing sexual coercion in their lifetime (Centers for Disease Control and Prevention, 2014).

Rates of SA Among College Students. Studies suggest 34% of women and 11% of men in college report experiencing SA at some point in their lifetime, whereas 21% of women and 7% of men reported experiencing SA since entering college (Kreb et al., 2016). The lowest rates of SA by incapacitation or force during college are among men in graduate school (2.5%) and the highest rates (25%) are among undergraduate women (Cantor et al. 2019; DeKeseredy, 2018). Women in college between 18 and 24 years old are three times more likely to experience sexual violence in comparison to women in general (Sinozich & Langton, 2014). More than six percent of female college students report one instance of penetration by force or inability to consent and nearly four percent of female college students report multiple instances of penetration, totaling over 11% of female undergraduate students experiencing at least one instance of penetration by force or inability to consent during college (Cantor et al., 2019). Walsh and colleagues (2020) found 64% of SA survivors in college experienced multiple assaults, regardless of gender.

One study surveyed approximately 23,000 undergraduate students across 9 different universities with a predominately female (n = 15,000) sample (Kreb et al., 2016). The type of rape reported at the greatest frequency was vaginal penetration with penis, followed by vaginal with object or finger and oral penetration respectively, and anal penetration being the least reported type of penetration. Nearly 95% of SA in college was committed by a male offender. Most offenders of rape (59%) and other forms of SA

(58%) were perceived to be intoxicated at the time of the assault. In this study, 60% of rapes were completed by someone the survivor knew, and about 23% were completed by a current or former dating partner. About 15% of rapes were perpetrated by a current or former friend or roommate, and fewer than 10% of rapes during college were perpetrated by a stranger. More than half of offenders were reported to be connected to the university including students, professors, and other employees (Kreb et al., 2016). Rates of SA vary based on students' social locations, such that students with marginalized group memberships are more likely to experience SA.

The #MeToo movement brought wide social awareness of the breadth of abuse against women (DeKeseredy, 2021). Jaffe and colleagues (2021) conducted a longitudinal study following 2,566 college students over three years to understand how the #MeToo movement impacted the labeling of unwanted sexual experiences. They found students were more likely to label unwanted sexual experiences as SA after the creation of the #MeToo movement, although this study did not find changes in rates of SA. Jaffe and colleagues (2021) discussed the importance of considering cultural context while conducting research since it impacts how participants define and think about phenomena.

Characteristics of College Sexual Assault Survivors. Compared to male students, female college students experienced three to four times more rape and SA. Over one-quarter (26.4%) of female undergraduate students and nearly one-tenth (9.7%) of female graduate students experienced rape or other forms of SA through violence, physical force, or incapacitation. Comparatively, nearly 7% of male undergraduate students and 2.5% of male graduate students experienced rape or SA through violent

means, physical means, or incapacitation (Cantor et al., 2019). One study found female students of color experienced SA more frequently than non-Hispanic, White students, though results were not significantly different (Kreb et al., 2016). In a survey of nearly 7,000 undergraduate and graduate students (women, *n* = 4,498; men, *n* = 2,495) from the University of Virginia, 13% of all college (undergraduate and graduate) students experienced some form of SA during their time as students (Cantor et al., 2019). By contrast, approximately one quarter (23.1%) of TGQN (transgender, genderqueer, and gender-nonconforming) college students experienced SA during their time in college. Thirteen percent of TGQN students, 12% of undergraduate women, 5% of graduate student women, about 3% of undergraduate men, and 1% of graduate student men reported penetration by force or inability to consent during their time in college (Cantor et al., 2019). Thus, TGQN and female college students experience rates of SA much more frequently than male college students.

Broadly, individuals with minoritized sexual orientations experience higher rates of interpersonal violence, including SA, than people who are heterosexual (Centers for Disease Control and Prevention, 2010). Sixty-one percent of bisexual women, 44% of lesbian women, and 35% of heterosexual women shared they have experienced interpersonal violence from an intimate partner. Forty-six percent of bisexual women compared to 17% of heterosexual women report being raped, while 13% of lesbian women report being raped. When the perpetrator was an intimate partner, 22% of bisexual women report being raped compared to 9% of heterosexual women (Centers for Disease Control and Prevention, 2010).

Several studies have found students with minoritized sexual orientations experience higher rates of SA than their heterosexual peers (Eisenburg et al., 2021; Edwards, Sylaska, Barry, et al., 2015; Kreb et al., 2016; Smith et al., 2016) such that between two (Greathouse et al., 2018) and three times (Coulter et al., 2017) the amount of queer college students experience SA compared to cisgender, heterosexual peers. In a study of approximately 6,000 college students across a six-month period, approximately 10% of heterosexual students experienced SA whereas nearly 25% of LGBTQ+ students experienced SA (Edwards, Sylaska, Barry, et al., 2015). Likewise, a study across nine college campuses found female students who were not heterosexual experienced SA at higher rates than their heterosexual peers (Kreb et al., 2016). Female students who identified as lesbian, bisexual, pansexual, and queer at two- and four-year colleges in Minnesota reported 2.5-5 times the rates of SA reported by heterosexual women (Eisenburg et al., 2021). Another study of approximately 1,400 college students found 64% of queer female college students experienced SA while 51% of female college students broadly experienced SA. Sexual minority women experienced significantly higher rates of sexual coercion than their heterosexual peers (Ray et al., 2021). Coulter and colleagues (2017) found slightly higher rates of SA among lesbian women than heterosexual women but found bisexual women to experience SA at twice the rate of heterosexual women. Eisenburg and colleagues (2021) emphasized the importance of further understanding how to support sexual minority students who have experienced SA due to such high rates of SA among this community.

Risks and Consequences of SA

In addition to gender and sexual orientation demographic characteristics that increase risk of SA, factors such as HIV positive status (Andrasik et al., 2013; Nieves-Rosa et al., 2000), dependence on substances (Andrasik et al., 2013), internalized homophobia (Balsam & Szymanski, 2005), young age, bisexuality, less access to education, mental and physical health problems (Barrett & St. Pierre, 2013), having attachment anxiety (Bartholomew et al., 2008), family of origin violence (Craft & Serovich, 2005), and power imbalances in sexual decision-making (Eaton et al., 2008) have all been identified as risk factors for future exposure to interpersonal violence. Such risk factors hold constant for interpersonal violence of a sexual nature (Bimbi et al., 2008).

One factor associated with future SA is maltreatment within childhood (Wright et al., 2010; Orcutt et al., 2005). Forty percent of female college students experienced SA in their teen years (Jordan et al., 2014). Women who were sexually abused as children are two to three times more likely to experience SA again (Black et al., 2011; Van Bruggen et al., 2006) and exposure to multiple traumatic events can increase psychological sensitivity to trauma (Green et al., 2000; McBride & Ireland, 2016; Ozer et al., 2003; Walsh et al., 2012), especially interpersonal trauma including SA (Breslau et al., 1998; Green et al., 2000; McCauley et al., 1997; Kessler et al., 2005; Resnick et al., 1993). Thus, many women with SA experienced childhood sexual abuse and, in turn, may be more susceptible to posttraumatic symptoms in adulthood.

Kimble and colleagues (2008) documented support of a phenomenon called “The Red Zone” in which first-year female college students are at higher risk of SA than

female college students in subsequent years of college, particularly in the fall semester. They surveyed 50 female first-year students and 52 randomly selected second-year students at the same university. Results suggested that first-year female college students experienced higher rates of SA, especially in the fall semester, than second year female college students (Kimble et al., 2008). Cantor and colleagues (2019) also found that rates of SA among female undergraduate students declined per year in college. Significant differences in rates of SA were found between first-year female students (19%) and fourth-year female students (10%) (Cantor et al., 2019). Kreb and colleagues (2016) reported approximately 14% of undergraduate women reported SA their first year of college, while about 11% reported SA in their second, third, and fourth year combined; the greatest frequency of SA among college women occurred in the months of September and October of their first year in college. Researchers posit this may be because of large numbers of parties and sporting events at the beginning of the academic year. The lowest frequency of SA among students of years one through four of college occurred in December as well as April and May (Kreb et al., 2016). This may be due to students decreasing social engagement due to finals and leaving campus for the semester. The proportion of rape and other types of SA remained relatively stable across months of the school year (Kreb et al., 2016). Therefore, it appears women are most likely to experience SA in the first few months of their college experience and least likely to experience SA during each subsequent year in college and the end of each semester.

Impacts of SA

SA impacts several areas of functioning, such as physical health, mental health, and academic outcomes among college-attending SA survivors (Demers et al., 2018; Lindquist et al., 2016; Mengo & Black, 2016; Messman-Moore et al., 2009; Orchowski & Gidycz, 2012; Turchik & Hassija, 2014). Possible mental health effects of SA include anxiety, depression, PTSD, substance use, disordered eating, and suicidal thoughts (Dworken et al., 2017). One study of predominately White (86.7%) women ($N = 970$) found higher likelihood of physical health complaints among those with SA as compared to women without a history of SA, possibly due to survivors of SA engaging in self-destructive behavior more often than those without SA (Tansill et al., 2012). SA in childhood has implications for physical and mental health, as well as finances, in adulthood, as women who were sexually abused as children report having 16% to 36% higher healthcare costs than those without sexual abuse as children (National Coalition to Prevent Child Sexual Abuse and Exploitation, 2012).

One way sexual trauma differs from nonsexual trauma is the lack of societal support due to the erroneous idea the victim had some control over their SA (Koss et al., 1994), often referred to as victim-blaming (Cook, 2010; Ryan, 1976). Therefore, blame may lead women to avoid seeking help (Wright et al., 2010), losing critical social support that protects against posttraumatic stress symptoms (Ozer et al., 2003). A greater percentage of men than women blame SA survivors for their victimization (Koss et al., 1994; Ståhl & Kazemi 2010), and SA survivors commonly engage in self-blame for trusting other people too easily (Jensen & Gutek, 1982). Feeling isolated and betrayed is

commonly reported by women who experience SA (Koss et al., 1994). In a national study of nine universities, approximately 45% of reported incidents of rape led to problems with peers, friends, and roommates, while about 20% of rapes led to problems with family (Kreb et al., 2016). A little over 10% of reported rapes in the study led to vocational problems (Kreb et al., 2016). Rates of negative mental health, physical health, and academic outcomes after experiencing SA were higher for students who were LGBTQ+ than of students who were not LGBTQ+ (Edwards, Sylaska, & Neal, 2015). In a national study of 16,507 adults, approximately 28% of heterosexual women reported at least one negative effect from SA whereas nearly 34% of lesbian women and nearly 58% of bisexual women reported at least one effect of SA (Walters et al., 2013).

Post-Traumatic Stress Disorder and Trauma-Related Symptoms. A possible outcome of SA is post-traumatic stress disorder (PTSD) (APA, 2013; Kessler et al, 1995), developing in one-third to more than one-half of rape survivors (APA, 2013). PTSD is a psychiatric disorder in which people experience adverse effects after experiencing a traumatic event which could include symptoms such as involuntary memories, flashbacks, avoidance of reminders of trauma, negative views of oneself and others, angry outbursts, and hypervigilance (APA, 2013). Black and colleagues (2011) found 63% of women in a national survey who had previous experiences of rape, stalking, and interpersonal violence experienced at least one posttraumatic stress disorder (PTSD) symptom. Related symptoms including dissociation and avoidance are prevalent in rape survivors (Shapiro & Schwarz, 1997), as is trouble with intimacy and fears of attachment and abandonment (Thelen et al., 2013). Keshet and Gilboa-Schechtman (2019) found

greater severity of symptoms in women who reported sexual trauma in comparison to women who reported non-sexual trauma. Specifically, women who reported multiple types of trauma with a sexual trauma being the most predominant reported greater severity of trauma symptoms than women with multiple traumas for whom the most predominant type was non-sexual (Keshet & Gilboa-Schechtman, 2019). Domino and colleagues (2020) found no relation between relationship to the perpetrator and likelihood of developing PTSD, suggesting SA can lead to trauma-related symptoms irrespective of the perpetrator. Tripp and colleagues (2015) surveyed 240 predominantly White (60%) and female (70%) undergraduate students who experienced a traumatic event meeting DSM-IV criteria and who were using alcohol. Impulsivity and alcohol-related consequences (such as poor self-care) were connected to trauma exposure and women with PTSD symptoms also reportedly faced more trouble with short-term goals and concentration (Tripp et al., 2015). An individual's self-efficacy related to coping was negatively associated with the possibility of developing PTSD such that individuals with high self-efficacy in their coping abilities were less likely to develop PTSD following SA (DeCou et al., 2019; Mahoney et al., 2021). Higher amounts of shame among SA survivors also increased the likelihood of developing PTSD (DeCou et al., 2019). Queer individuals who experience SA are more likely to develop trauma-related symptoms than their non-queer peers who experience SA (Smith et al., 2016).

Notably, trauma experiences can also facilitate posttraumatic growth, or positive impacts through the healing process following traumatic events (Tedeschi & Calhoun, 1995). Ulloa and colleagues (2016) conducted a literature review on posttraumatic

growth and SA in which they observed much less literature about posttraumatic growth and sexual trauma than other types of trauma. Reported posttraumatic growth outcomes following SA could include appreciation of life (Frazier et al., 1994) increased growth in close relationships (Draucker et al., 2009; Frazier et al., 1994; Guerette & Caron, 2007), spiritual growth (Frazier et al., 2006), increased empathy for others, and a stronger sense of identity (Guerette & Caron, 2007).

Depression. Depression is a predictor as well as an outcome of SA (Krahé & Berger, 2016). Women who have a history of SA are more likely to struggle with depression, anxiety, and sleep than women without histories of SA (Thurston et al., 2019). Depression may result from the experience of SA (Krahé & Berger, 2016) and indirectly impact physical well-being. For example, depressive symptoms predicted higher self-reported health problems among treatment-seeking women with SA (Clum et al., 2001; Thurston et al., 2019). Krahé and Berger (2016) proposed a relationship between depression and SA such that the use of sex to cope with depression increased SA, perhaps due to an increased number of sexual partners (Cooper et al., 1998; Orcutt et al., 2005). Similarly, women with a history of SA may utilize sex as a way to cope with difficult emotions, thus increasing their risk of future SA (Littleton et al., 2013).

Among college students who experienced SA, those with no SA history prior to entering college were already at high risk for developing depressive symptoms (Rothman et al., 2021), perhaps making the risk of developing depression after SA high among college students. Indeed, first-year college students reported high rates of mental health symptoms after experiencing SA their first semester of college (Carey et al., 2018),

including depression (Parr, 2020). Anger was found to be a moderator of the relationship between experiencing SA in college and suicidal thoughts, although anger did not moderate self-harm and suicide attempts. SA survivors who experienced high levels of anger were more likely to experience thoughts about suicide, but not attempt suicide, than SA survivors who did not experience high levels of anger (Keefe et al., 2018).

Sexual Self-Esteem. There is an inverse relationship between sexual self-esteem (SSE) and SA (Turner et al., 2010; Van Bruggen et al., 2006), such that higher levels of SA are associated with lower levels of sexual pleasure, feelings of attractiveness, and feelings of control. Damaged SSE, resulting from SA and sexual harassment, may result in self-destructive and impulsive behavior (Mayers et al., 2003). Survivors of SA may experience emotional damage and lower SSE when acknowledging they were forced into a sexual encounter. SSE can also be affected by individuals' thoughts of disgust and regret, for example, about situations like obtaining a sexually transmitted infection (STI) or engaging in risky sexual encounters. Repression, denial, and defensiveness regarding sex can also negatively impact SSE (Mayers et al, 2003) and impaired SSE may be comorbid with anxiety, depression, health problems, isolation, and trouble with functioning in occupational, relationships, and social settings. Those with severely lowered SSE may lose their sense of independence, avoid leaving their home, or increasingly depend on family (Mayers et al., 2003). Women who experienced sexual trauma may have trouble with sexual intimacy (Baggett et al., 2017).

Academic Consequences. College students with high PTSD symptomatology are more likely to drop out and have lower GPAs than peers without PTSD symptomology

(Boyraz et al., 2016; Boyraz et al., 2013; Jordan et al., 2014). In a study of trauma and student retention, first-year undergraduate students who met criteria for PTSD had higher dropout rates, as measured by enrollment the following year, than did students with exposure to trauma without PTSD; however, high first-year GPA was a strong mediator predicting enrollment the following year. In the same study, participants with PTSD symptomology reported difficulty in their ability to concentrate and remain motivated as compared to trauma-exposed participants without PTSD (Boyraz et al., 2016).

In a study of 750 female college students, women with SA prior to entering college had lower GPAs their first year compared to women without SA. During their first semester of college, 24% of women in the study experienced SA, and an additional 20% experienced SA in their second semester. Thus, nearly half of participants experienced some form of SA during their first year in college. There was a negative relationship between severity of SA and academic performance, such that the lowest reported GPAs were among those who had been raped compared to others who had experienced unwanted touching or coerced/forced attempted intercourse without the presence of rape (Jordan et al., 2014).

In a sample of nearly 6,500 undergraduate students, experiences of SA, stalking, and partner abuse were associated with negative academic outcomes such as lower academic efficacy, higher stress related to college, less commitment to college, and an increase in tardiness compared to students without experiences of victimization (Banyard et al., 2020). These results held constant while controlling for sex and year in school. Students with multiple types of victimization reported even more negative academic

outcomes compared to students with one type of victimization (Banyard et al., 2020). Similarly, Baker and colleagues (2016) found lower academic performance among college women with SA experiences. Specifically, in an undergraduate class of 338 female participants, students with histories of SA reported lower end-of-semester grade point average (GPA) as compared to students without history of SA. Even when controlling for traditional predictive measures of college academic performance, such as high school GPA and American College Testing (ACT) scores, SA remained a strong predictor of college dropout rates. Female students who reported experiencing both childhood victimization as well as SA in adulthood were at the greatest risk of leaving college with a 56% graduation rate, opposed to an 85% graduation rate for those without any SA (Baker et al., 2016).

A campus climate survey of nine universities found several ways in which rape impacted survivors academically or through their collegiate lifestyle. Participants reported 30% of incidents of rape and approximately 10% of other forms of SA led to problems with school and grades (Kreb et al., 2016). Approximately 10% of incidents of rape led to participants moving residences and dropping out of classes. Around 20-25% of incidents of rape led to participants thinking about moving residences, thinking about dropping out of classes, and thinking about dropping out of college. In comparison, other forms of SA led to 10% or fewer instances leading to moving residences, changing classes, or considering these options (Kreb et al., 2016). In a study of nearly 4,000 women attending historically Black colleges or universities (HBCUs), changing majors,

moving residences, and transferring universities, all complicating college functioning, were reported consequences of SA by some women (Lindquist et al., 2013).

Consequences of SA for Queer Students. Queer students who experience SA in college are more likely to experience negative mental health consequences (Dank et al., 2014; Graham et al., 2019; Smith et al., 2016), negative impacts to sexual and physical health (Edwards, Sylaska, & Neal, 2015), and a decrease in academic performance than cisgender and/or heterosexual peers (Dank et al., 2014; Kammer-Kerwick et al., 2019). Lesbian and bisexual women are more likely to miss school, fear for personal safety, and experience posttraumatic symptoms compared to heterosexual women in a national survey (Walters et al., 2013). In a study of 299 undergraduate students, queer sexual assault survivors were at a higher risk of developing depressive, anxiety, trauma-related symptoms when compared to non-queer peers (Smith et al., 2016). Additionally, their self-esteem was more negatively impacted than their cis-gender, heterosexual peers. Since queer students experience higher rates of SA than their heterosexual peers (Edwards, Sylaska, & Neal, 2015; Smith et al., 2016), this additional exposure to trauma can lead to more severe mental health symptomatology. Also in comparison to their heterosexual peers, queer participants described more negatives experiences when reporting their SA to their university, which may cause negative mental health symptoms in addition to the negative mental health symptoms from SA (Smith et al., 2016). In another study of over 17,000 college students, with nearly 2,000 of the participants identifying as queer, Kammer-Kerwick and colleagues (2019) found queer students to experience higher rates of sexual violence, have increased risk of SA throughout college,

higher risk of developing PTSD, more severe depressive symptoms, and isolating themselves compared to non-queer college students.

There are additional risk factors of SA for LGB individuals than those who are not LGB, which contributes to the higher likelihood of LGB people experiencing SA (Edwards et al., 2015b). LGB people who are more open about their sexuality are at higher risk of experiencing SA than LGB people who do not readily disclose their identities (Bartholomew et al., 2011; Carvalho et al., 2011). Internalized homophobia has also been linked to increased likelihood of SA among bisexual and lesbian women (Balsam & Szymansky, 2005), and high awareness of LGB stigma was related to increased risk of SA among lesbian women and gay men (Carvalho et al., 2011). For LGB people, negative feelings about one's own identity are related to higher risk of various forms of interpersonal violence (Edwards, Sylaska, & Neal, 2015).

Informal Disclosure and Formal Reporting

Survivors of SA disclose their experiences of SA more frequently to informal sources (e.g. friends, family, peers) than they report to formal sources (e.g., police, healthcare workers, university officials) (Sabina & Ho, 2014; Mennicke et al., 2021). Informal disclosure is often associated with positive responses (Sabina & Ho, 2014; Sylaska & Edwards, 2013) or neutral outcomes (Dworken et al., 2019). Negative psychological effects are associated with negative responses (controlling, treating the survivor differently, or distracting) to informal disclosure (Dworken et al., 2019; Sabina & Ho, 2014). Because negative responses to disclosure of SA have a more devastating impact than the possible protective effects of positive reactions to SA disclosure,

Dworkin and colleagues (2019) suggested aiding survivors of SA with methods of reporting that maximize positive and supportive responses to their reporting.

Factors related to the survivor as well as the recipient of the SA report influence rates of disclosure for example, survivors of SA most frequently report their assaults to female friends (Sabina & Ho, 2014). Although more bisexual students experience SA compared to heterosexual students (Eisenburg et al., 2021; Kreb et al., 2016), Mennicke and colleagues (2021) found more bisexual SA survivors formally reported instances of SA than their heterosexual peers. Students of color were also less likely to report instances of dating violence compared to White peers and men were less likely to disclose SA formally and informally in comparison to female peers (Mennicke et a., 2021).

Ullman (2021) reviewed 30 studies that documented the reactions survivors of interpersonal violence received from others after their disclosure. People with less access to education, who were Black or Hispanic, men, or identified as bisexual experienced more negative reactions to their disclosures than other demographic groups. Participants who disclosed only to informal sources experienced more positive outcomes than participants who disclosed to both informal and formal sources. People who appeared to have difficulty coping with interpersonal violence, such as experiencing PTSD and coping through drinking, received more negative responses to their disclosure (Ullman, 2021).

However, queer women ($N = 40$) who were interviewed found family reactions to be overwhelmingly more unhelpful than helpful when disclosing their SA (Bedera et al.,

2023). Participants whose family was unsupportive of their queer identity were especially hesitant to disclose their SA to their family. Queer SA survivors may face forced disclosure to their family if they seek medical care using their parents' insurance, for example. Some participants reported family members becoming violent, threatening the participant, and invalidating their sexuality upon disclosure. Additional negative reactions from participants' family members included anger from family members finding participants' queer sexual experiences, even if nonconsensual, to be shameful; thus, family members tried to force participants to remain silent about their assault (Bedera et al., 2013). Since queer individuals already have limited resources which they can safely report their SA, negative reactions from family members can further isolate these individuals. Queer women who have family who attempt to force them to remain silent about their assault face additional barriers to formally reporting their SA (Bedera et al., 2023). Felix and colleagues (2021) found queer individuals were less likely to report SA to family and more likely than their peers to report SA to intimate partners and counselors.

Holland and colleagues (2021a) found a major barrier to SA survivors formally reporting their experiences of SA is societal minimization of which types of SA are serious enough to report. LGB survivors are more likely to report instances of SA and other forms of interpersonal violence to informal supports than formal resources according to some studies (Donovan & Hester, 2008) and more likely to report to formal sources according to other studies (Felix et al., 2021). Thus, queer individuals reporting behavior after SA might be related to additional factors than the source with which they

share their SA. LGB individuals report several reasons specific to their LGB identities which influence decisions not to report to formal sources such as police, including services not being sensitive to LGB issues, not feeling comfortable disclosing one's LGB identity, and distrust of formal resources (Walters, 2011). Due to LGBTQ+ individuals facing additional barriers to reporting SA to police than the general population, they are even less likely have their perpetrators face consequences. It is critical for police to further understand the unique experiences of queer individuals who report SA as well as develop more validating responses to helping queer individuals through reporting their SA (Murphy-Oikonen & Egan, 2021).

Reporting SA in College

In 2016, among college students from nine universities, nearly 13% of rapes and approximately 4% of other forms of SA were reported to formal sources on campus. Most (approximately 65%) of reported rape were reported to informal sources while fewer than 13% of rapes were reported to any school official and fewer than 10% of rapes were reported to law enforcement (Kreb et al., 2016). As an estimated 63% of SA is not reported to police, SA represents the most frequently under-reported crime to law enforcement (Rennison, 2002). Similarly, Sabina and Ho (2014) reviewed 45 empirical studies and found informal disclosure was much more frequent than rates of formal reporting among college students. One-third of college women and one-fifth of college men reported having at least one friend disclose an experience of SA, and most often, the SA survivor was a woman (Banyard et al., 2010). The most common reason for not

reporting was participants did not feel what happened to them was serious enough to report (Sabina & Ho, 2014).

Half of college students have received disclosure from peers who have experienced SA or domestic violence (Edwards & Dardis, 2016). In an effort to create a more accepting and informed college atmosphere, Edwards and colleagues (2022) evaluated an intervention called Supporting Survivors and Self which was designed to increase supportive responses towards SA survivors among college students. This intervention included training informal supports how to respond to the disclosure of SA in ways that were positive to SA survivors. Although this study found mixed results in impact among participants, positive social reactions increased among some students dependent on the details of the SA disclosure after implementation of the intervention. Edwards and colleagues (2022) suggested further research into strategies that increase positive social reactions to SA survivor disclosure.

Stress and social support theories suggest those who are integrated into a community and have positive interpersonal relationships have a buffered reaction to stress (Cohen & Willis, 1985). Enhancing social support for survivors of SA could help lessen the copious amounts and forms of distress (National Coalition to Prevent Child Sexual Abuse and Exploitation, 2012) that SA survivors experience. Further understanding ways in which campus climate helps or harm student's feelings of safety around SA can increase social support, thus help survivors of SA on campus. In a qualitative study of 20 LGBTQ students from a midsize public campus, most participants expressed distrust with formal campus resources, such as campus police and felt

pessimistic about reporting SA to formal campus resources (Hackman et al., 2022). Several participants recalled instances in which queer and heterosexual peers did not receive adequate care when reporting SA, which contributed to feelings of doubt that formal campus resources would help LGBTQ students specifically. Hackman and colleagues (2022) proposed that LGBTQ participants were not likely to report SA due to fear of not being believed as well as feelings of not being supported by their university in general. Several participants expressed their university did not make adequate effort to be inclusive to LGBTQ students and were heteronormative, prioritizing cisgender, heterosexual students. Other studies have also found LGBTQ students find campus resources are heteronormative (Worthen & Wallace, 2017). Additionally, many participants expressed concern that formal resources would not have knowledge around LGBTQ identities, contributing to fear of invalidation and lack of support when reporting SA (Hackman et al., 2022). Hackman and colleagues (2022) suggested further research aiding in the understanding of more specific LGBTQ groups' (such as lesbian, bisexual, and queer women) needs after experiencing SA on college campuses.

In a qualitative study of 40 women, participants were more likely to seek care from a college counseling center than a women's center after experiencing SA (Holland et al., 2021b). However, queer and heterosexual cisgender women (as well as gender diverse participants) were most likely in the sample to both anticipate and experience negative treatment, such as victim-blaming, from college counseling centers when disclosing SA. No female participants reported experiencing negative reactions when reporting their experiences of SA to a campus women's center. Some queer female

participants did however express concerns that women's centers as well as counselors at college counseling centers would only be tailored to help heterosexual women with SA, which existed as a barrier to use of these resources (Holland et al., 2021b). Membership in an LGBTQ ally group was positively associated with awareness of prevalence of rape and lack of reporting on college campuses (Worthen & Wallace, 2017) which may suggest belonging to a community on campus may not ease queer women's reporting fears.

Campus Sexual Misconduct Policies and Procedures

Not all campuses have clear policies against SA. Some universities have policies related to what constitutes SA and how to report SA, and judicial processes for instances of SA on campus vary across campuses (Sabina & Ho, 2014). Universities may also handle reports of SA that occur on-campus and off-campus differently (Holland & Cortina, 2017). However, if an assault occurred off-campus, the perpetrator is employed by or attends the campus, and campus has the potential of being a hostile environment, Title IX offices generally investigate the assault (Ali, 2011).

Title IX is a part of the 1972 Education Amendments which states, "[n]o person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance" (Title IX of the Education Amendments Act of 1972, 2018, Sec. 1681. Sex, (a) Prohibition against discrimination; exceptions). Title IX applies to both public and private universities and colleges which receive federal funding. Originally, Title IX did not provide specific objectives for handling misconduct for

universities; these objectives were created later to address continued high rates of sex-based discrimination (Veidlinger, 2016).

The United States Department of Education's (DOE) Office for Civil Rights' (OCR) Dear Colleagues Letter (DCL) (U.S. DOE, OCR, 2011) in response to Title IX was presented by then Vice President Biden on behalf of the Obama administration to provide guidelines and obligations for universities to address SA on college campuses. The DCL greatly influenced how institutions interpreted and implemented Title IX across campuses (Brubaker, 2019; Veidlinger, 2016). After the implementation of the 2011 DCL, Title IX required reasonable employees of colleges and universities receiving federal funding to report instances of sexual misconduct to the Title IX coordinator (Title IX of the Education Amendments Act of 1972, 2018). Although the specific titles of such employees may vary across campuses, "teaching assistants, resident assistants and housing staff, faculty with any advisory or student oversight role, academic advisors, coaches, and campus safety personnel" are typically included (Veidlinger, 2016, p. 114).

In a qualitative study of 15 advocates who worked to support SA survivors on college campuses, participants described their respective campuses' responses to the DCL (Brubaker, 2019). Participants reported the DCL increased awareness of SA throughout campus, punishment for acts of SA, and resources for SA survivors on campus. One positive perspective from a participant was that Title IX created alternative paths and support options than the criminal justice system for all people involved. Most participants also stated college students' reports of SA increased, though only for students with privileged identities, such as students who were White, middle-class, and heterosexual.

Students with marginalized identities, such as LGBTQ+, students of color, and international students, reported SA at much lower rates due to mistrust of authority and fear of retaliation towards their identified group (Brubaker, 2019). Conversely, Eisenburg and colleagues (2021) found LGBQ (lesbian, gay, bisexual, queer) students formally reported experiences of SA to campus officials at similar rates as their heterosexual, cisgender peers, though sexual minority students reported higher rates of SA. Negative effects of the DCL such as survivors losing autonomy of the reporting process of SA through mandatory reporting and formalized procedures were stressed by most participants (Brubaker, 2019). Many of the advocates within the study reported feminist values in their advocacy and reported the strict structure of Title IX reduced students' empowerment and choice around reporting SA by treating all cases of SA as identical regardless of context or survivor identities. Respondents stated survivors often felt disempowered through the presence of lawyers in sexual misconduct hearings as well as having to choose between a trusted person for emotional support or an attorney since Title IX only allows for one additional person to attend hearings. Participants further explained feelings that universities treat Title IX as an obligation rather than a responsibility to provide support to SA survivors. One participant noted faculty ignorance of the mandatory reporting process created confusion around the process. Overall, respondents described positive and negative institutional effects of the DCL (Brubaker, 2019).

Edwards and colleagues (2019) conducted a study surveying Title IX coordinators as well as university police about their beliefs in regard to rape myths as well as their

knowledge of Title IX. Only a little over a quarter (27.5%) of calls from researchers were answered by intended participants. Overall findings included that most Title IX coordinators and campus police were knowledgeable about Title IX policies and were able to identify rape myths. However, some campus police were not able to identify their campus Title IX coordinator and were not always aware of who on their campus were confidential reporters. Notably, participants from small religious universities were most likely to believe rape myths and have incorrect knowledge related to Title IX (Edwards et al., 2019).

Through reviewing the existing literature, Holland and colleagues (2018) found most university officials and employees were required to report any known instances of SA to the university. Holland and colleagues (2018) argued there was little support in the literature for the efficacy of university employees reporting SA. Some research even suggests negative outcomes of university employees reporting all known instances of SA, not only for survivors, but also for employees and universities at large (Holland et al., 2018). Holland and colleagues (2018) advocated for campus responses to SA that support the well-being of survivors who share their experiences.

A qualitative study of 40 college students who were survivors of SA found survivors had little awareness of mandated reporting policies of SA across campus (Holland et al., 2021a). Participants preferred mandated reporting policies which would only apply to a few personnel on campus and give survivors a choice in the mandated reporting process. Currently, campus mandated reporting policies do not reflect the desires of survivors of SA (Holland et al., 2021a). Participants anticipated several

negatives outcomes of current campus mandated reporting policies including forcing survivors to disclose personal details, negative impacts on mood and anxiety, and avoidance of seeking help due to distrust in the reporting system. Holland and colleagues (2021a) asserted the creation and implementation of mandated reporting policies on college campuses should not only include the interests of the universities and mandated reporters, but policies should also reflect the needs and interests of SA survivors.

Between 2016 and 2020, the Trump administration enacted legislation that reduced the responsibility of universities to properly investigate SA reports such as using more vague language around SA, enabling survivors to be cross-examined by defendants, and disregarding instances of SA off-campus (Butler et al., 2019; Green, 2018). This legislation drastically changed the interpretation of and implementation of Title IX across universities (Dekeseredy, 2021). During the Trump administration, the U.S. Department of Justice Office on Violence Against Women's definition of domestic violence reduced violence against women to physical abuse only, and eliminated language about other forms of abuse, including sexual, emotional, and economic abuse (U.S. Department of Justice's Office on Violence Against Women, 2019, para. 1) compared to the 2017 definition of domestic violence (U.S. Department of Justice's Office on Violence Against Women, 2017, para. 1).

In 2022 Congress passed the Violence Against Women Act Reauthorization Act of 2022 with bipartisan support under the Biden-Harris administration (The White House, 2022). This update on the Violence Against Women Act provides increased autonomy for Tribal courts, support for marginalized groups (including LGBTQ people and

racial/ethnic minorities), improving trauma-informed response methods used by law enforcement and healthcare systems, and increasing nation-wide prevention efforts. Additionally, the Biden-Harris administration has also allocated additional funding for gender-based violence services, made efforts to improve the military justice system around gender-based violence, proposed updates towards Title IX for equity among college students who report SA, and increased response for violence against indigenous women and girls (The White House, 2022).

University SA Prevention Efforts

Webb and colleagues (2020) stated prevention work on college campuses should provide students with information about healthy relationship dynamics. Historically, prevention methods have been hetero- and cis-normative and, instead, college campuses should ensure inclusive prevention strategies. Webb and colleagues (2020) also suggested that prevention efforts should be prioritized at the same level as response efforts, occur across campus, meet audiences where they are regarding knowledge and readiness to change, provide definitions of important language, and be multi-dose, comprehensive, and ongoing. Additionally, training bystander strategies to campus training faculty, staff, and students was recommended (Webb et al., 2020).

Mujal and colleagues (2021) used 44 studies from the U.S. and Canada to further understand the use of bystander intervention programs against sexual violence on college campuses. Of the 44 studies, approximately one-third studied bystander behaviors after interventions with most of those studies finding bystander intervention programs effective. Programs that used presentations and discussions, as well as activities were the

most commonly used. Programs such as The Men's Program and Bringing in the Bystander had the most empirical support for the effectiveness of interventions (Mujal et al., 2021).

Another meta-analysis of the effectiveness of bystander intervention programs from 24 studies found students who participated in bystander intervention programs were more likely to have strong beliefs against SA and were more likely to intervene in bystander situations than participants who did not attend bystander intervention programs (Jouriles et al., 2018). The meta-analysis found effectiveness for bystander intervention programs for at least 3 months after interventions, although effectiveness reduced over time. Finally, Jouriles and colleagues (2018) found programs with longer duration had greater effectiveness of bystander intervention behavior compared to shorter programs.

Orchowski and colleagues (2020) provided an overview of common strategies college campuses use to help prevent SA. The authors found that most campuses use various strategies individually without combining multiple effective strategies to maximize SA prevention. Orchowski and colleagues (2020) suggested college campuses implement the use of several different prevention strategies with women's groups, men's groups, and general student groups in an integrated manner to increase the benefits of such programs. Programs for women typically include informational workshops about SA as well as self-defense training. Programs for men typically include ways to target rape myths, challenge traditional gender roles, and increase bystander intervention (Orchowski et al., 2020).

Protective factors that decrease risk of SA have also been identified, such as sex education. Santelli and colleagues (2017) proposed sex education be provided to adolescents before college, especially around consent and declining unwanted sexual contact (Santelli et al., 2017). Gidycz and Dardis (2014) suggested providing self-defense training to women would provide them with confidence and skills to use in instances of attempted SA. However, Holland and Cortina (2017) warned to not use self-defense training to reinforce rape myths such as survivors being responsible for preventing assaults which then perpetuate rape myths that only rape by force is legitimate SA.

Common resources provided to survivors of SA during college are mental health counseling, student health services, access to survivor advocates, and peer counseling (Holland & Cortina, 2017; Sabina & Ho, 2014). The most commonly used campus resources for SA are mental health services and student health services (Graham et al., 2021). In a sample of college women (n = 98), survivors of SA reported the most helpful resources on campus were counseling, peer support groups, and survivor advocates (Graham et al., 2021). Campuses with more resources for survivors of SA found lower rates of PTSD, panic attacks, and anxiety among their students (Eisenberg et al., 2016).

Resources on campus available to students who have survived SA varied across campuses (Sabina & Ho, 2014). Despite tehir utility, centers for women and SA support centers were not common resources across campuses (Sabina & Ho, 2014). Common ways of advertising services are though trainings, classes, posters, and websites (Sabina & Ho, 2014). A common resource for SA survivors on college campuses is campus counseling centers, which usually have access to campus-affiliated advocates who help

survivors of all types of interpersonal violence, including sexual violence (Webb et al., 2020). Advocates often help survivors navigate law enforcement, Title IX, healthcare, judicial, and academic systems. Webb and colleagues (2020) stated campus response teams should include victim advocates, law enforcement, a medical examiner, the Title IX coordinator, counselors, and crisis center staff at a minimum.

Reporting to Campus SA Resources

Despite the prevalence and documented negative consequences of SA among women in college, few utilize resources provided by their educational institutions (Sabina & Ho, 2014). Services are least likely to be used among survivors who experienced assault within the past year (Sabina & Ho, 2014). Seeking no resources after a SA often leads to more negative mental health outcomes as compared to those who seek help (Ahrens et al., 2010). Major factors limiting resource utilization were feelings of shame and embarrassment (Sabina & Ho, 2014). Female students who experienced SA reported not seeking support on campus due to fear of judgment (Harper & Hurtado, 2007) and lack of knowledge of resources (Harper & Hurtado, 2007; Sabina & Ho, 2014). Other reported barriers to seeking support following SA on college campuses were limitations in appointment availability time, needing to schedule appointments, limitations with emergency services, and past negative experiences with healthcare workers (Halstead et al., 2018). Peers also infrequently shared campus resources for SA with one another (Orchowski & Gidycz, 2012), reducing awareness of available supports.

Holland and Cortina (2017) found multiple reasons for college SA survivors not using formal campus resources (e.g., housing staff, Title IX offices, and SA centers) in a

sample of 840 college women from a Midwest university. The sample was predominantly White (72%), heterosexual (78%), and first-year students (69%). Reasons for not using campus resources included feelings of self-blame, fear of retaliation, contextual factors around the assault, and minimization of effects and perpetrator responsibility. Some participants worried that campus resources would not uphold confidentiality and wanted to only disclose their assault to someone with whom they felt comfortable and close. Some participants disclosed engaging in more passive ways of coping with assault such as denial or turning to informal resources for support (Holland & Cortina, 2017). Some participants felt reporting to campus resources, especially police and Title IX offices, was unnecessary if they felt they were able to prevent a completed rape. Campus SA centers are also underutilized on college campuses. Common reasons for participants not using SA centers on campus were believing the centers were only for recent instances of SA, not believing their instance of SA was severe enough, and believing they were not traumatized enough to use SA center services. Participants disclosed hesitation to report instances of SA to resident assistants and other housing staff due to house staff being mandatory reporters (Holland & Cortina, 2017).

Trauma-exposed (combat, interpersonal violence, or both) participants from 40 universities across the US reported using lower rates of treatment services at campus counseling centers than off-campus services, demonstrating a lack of utilization of university-affiliated counseling centers by trauma-exposed students (Artime et al., 2018). Artime and colleagues (2018) suggested the underutilization of campus counseling centers could be due to long waitlists, limited sessions, lack of knowledge about services,

and referrals to off-campus providers. The authors suggested campus services for survivors of interpersonal violence should make special efforts to reach these groups of students when advertising resources. Another study found 0 of 30 advanced-level undergraduate student participants who experienced SA reported their incident to any on-campus services, including the counseling center (Tamborra & Narchet, 2011).

Title IX offices across college campuses follow federal guidelines for reprimanding gender-based discrimination and violence (Veidlinger, 2016), though there is variance across campuses for specific procedures (Holland & Cortina, 2017) and knowledge held by Title IX staff (Edwards et al., 2019). For the Title IX office specifically, participants described not using this resource due to fear of repercussions in their personal life such as being excluded from campus communities for speaking out against abuse. Participants reported hesitation of reporting SA to the Title IX offices whether they knew their perpetrators well or not at all. Additionally, participants shared hesitation to report SA to Title IX if the SA happened off campus due to unclear procedures of off-campus SA (Holland & Cortina, 2017). Holland and Cortina (2017) suggested universities provide education to students about how various forms of SA, not just completed rape, are worth reporting and obtaining other campus resources. Holland and Cortina (2017) also emphasized that universities needed to take all instances and forms of SA seriously.

Cantor and colleagues (2019) found about 9% of female college students who experienced non-penetrative SA reported their incident to a resource on campus. Alternatively, over a quarter (26.5%) of female college students who experienced rape

reported their assault to a campus resource (Cantor et al., 2019). Among the students who chose not to report their rape, the most common rationales included wanting to handle the assault on their own (57%), not believing the assault was serious enough to report (52.8%), feeling too embarrassed or ashamed to report (35%), and not wanting the perpetrator to get in trouble (25.3%) (students could choose more than one reason). Less common reasons for students choosing not to report their rape or other forms of SA were not having knowledge about resources, worry that no one would believe them, wanting to avoid academic or professional consequences, fear of report becoming public, fear of retaliation, not believing resources would be helpful, the assault happening while school was not in session, and other (Cantor et al., 2019; Kreb et al., 2016).

In a study of 840 undergraduate women, participants who believed in many rape myths and female college SA survivors were not likely to use campus resources for SA (Holland, 2020). Participants who had high levels of rape myths beliefs while having no experiences of SA were more likely to trust, and therefore, use Title IX offices. Participants who did experience SA but had low levels of rape myth beliefs also had higher likelihood of utilizing Title IX resources. Having trust in universities and campus resources was related to higher rates of campus resource utilization (Holland, 2020). Of note, participants who were women of color and sexual minority women did not report trust to increase likelihood of campus resource usage as did their White and heterosexual peers. Holland (2020) suggested future research on college campuses to understand perceptions around utilizing SA resources on campus.

Campus Climate

There is little consensus in the literature about how to best define or measure the construct of campus climate (Hart & Fellabaum, 2008). Campus climate research generally includes elements such as feelings of belongingness, feelings of safety, and a sense of representation on college campuses (Harper & Hurtado, 2007; Hart & Fellabaum, 2008). Students who have marginalized identities are more likely than students without marginalized identities to view campus climate negatively (Harper & Hurtado, 2007). Most research conducted and literature on campus climate, to date, has centered LGBTQ+ students (Rankin, 2005; Tetreault et al., 2013) as well as students of color (Harper & Hurtado, 2007; Hurtado & Ponjuan, 2005; Rankin & Reason; 2005) on college campuses.

Campus climate is often perceived more negatively by students with marginalized identities (Harper & Hurtado, 2007; Rankin, 2005). People belonging to marginalized groups who are impacted by a campus climate that does not support their needs can suffer as a result due to discrimination and prejudice. For example, Kreb and colleagues (2016) found students who were LGB or had another minoritized sexuality rated poor campus climate in higher proportions than peers who were heterosexual. Due to being in an unsupportive and potentially harmful campus environment, students and faculty of marginalized identities can suffer in academic and career functioning (Rankin, 2005).

SA survivors on college campuses were more likely to negatively assess their campus climate than students who had not experienced SA (Kreb et al., 2016). Krause and colleagues (2019) attempted to combine findings from 101 universities that collected

data from their students between 2014 and 2016 on campus climate in relation to SA. They sought to see how closely universities followed the White House Task Force's guidelines for completing campus climate surveys. Universities defined and measured different types of SA in various ways, which contributed to unclear rates of SA across universities. Only one-third of schools covered all six content areas suggested by the Task Force (experiences of SA, details around SA, experiences reporting SA, awareness of resources, campus climate perceptions of SA, and history of intimate partner violence), and only one-quarter of schools used the definition of SA provided by the Task Force. Krause and colleagues (2019) suggested a national standardized survey to achieve clear, easily interpretable data about SA through campus climate surveys.

Approximately one-fourth of sexual minority students reported experiences of harassment and discrimination (Rankin et al., 2010). Levels of support for LGBTQ+ people on campuses are related to LGBTQ+ student well-being such that LGBTQ+ students at universities with low levels of support for LGBTQ+ students have worse mental, physical, and academic outcomes than those at universities with more support (Woodford & Kulick, 2015; Zimmerman et al., 2015). Private universities which were not affiliated with religion in New England were found to have the highest rated campus climate among LGBTQ+ students (Edwards et al., 2016).

Community readiness is a measurement of how open a community is to making changes to help alleviate effects of a relevant issue which can range from not being aware of an issue to actively taking multiple steps to address the issue (Prochaska & DiClemente, 1983). Such efforts which measure community readiness could include

leadership acknowledgement, community acknowledgement, resources, policies (Plested et al., 2006). Edwards and colleagues (2016) found LGBTQ+ students who felt community and support from their college campuses were more likely to also report their campuses having high community readiness to address interpersonal violence compared to LGBTQ+ students who rated their campus climate poorly. LBGTQ+ students who experienced positive campus climate were less likely to report instances of SA and other forms of interpersonal violence as compared to LGBTQ+ students who reported more negative campus climates. Among a sample of 202 LGBTQ+ college students across 119 colleges and universities, most colleges and universities did not properly address interpersonal violence among LGBTQ+ students, resulting in low levels of community readiness and poor campus climate for LGBTQ+ students (Edwards et al., 2016).

Queer SA survivors are significantly less likely to feel a sense of justice and support by universities when they report SA compared to non-queer peers (Smith et al., 2016). Due to facing additional barriers and discrimination when sharing their experience of SA with others, queer SA survivors may feel they have limited people with whom they can comfortably confide such as family and friends (Calton et al., 2015; Guadalupe-Diaz & Yglesias, 2013; Logie et al., 2012). If queer individuals already have a strained relationship with family members (which can be a result of family who is unsupportive of their sexual identity), disclosing SA can possibly create additional strain in these relationships (Bedera et al., 2023). Queer SA survivors have an additional burden of navigating stigmas around their sexuality when confiding in others about their SA (Logie

et al., 2012; Smith et al., 2016). Thus, having campus resources and communities which support queer students is critical in the instance they lack family or peer support.

Institutional Betrayal

Institutional betrayal is the mishandling or lack of response by an institution of abuse, which often leads to feelings of hurt and betrayal from individuals within the institution who experienced such abuse (Smith & Freyd, 2014). Smith and Freyd (2014) provided several examples of instances where several trusted institutions such as schools, churches, and the government did not protect survivors of abuse, which often led these survivors to feel even greater levels of distress. Smith and Freyd (2014) explained how harmful institutional action or inaction could lead to several negative outcomes for survivors of SA such as impaired memory, impaired physical health, lack of service utilization, as well as isolation from the institution (Smith & Freyd, 2014). Groups with marginalized identities, such as students identifying as LGB, report higher rates of institutional betrayal in comparison to their majority-identity peers (Smith et al., 2016).

A glaring example of institutional betrayal is the continuous under-reporting of SA by universities such that 89% of college campuses reported zero instances of SA and 89% of college campuses reported zero instances of rape in the 2015 federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, which requires universities receiving federal funds to report safety statistics (AAUW, 2017). With inconsistent findings, as most universities report no SA on campus (AAUW, 2017) whereas national surveys find high rates of SA occurring during college (Kreb et al., 2016), Linder and Myers (2018) conducted a qualitative study with ten advocates against

SA of different races, genders, and sexualities. All participants described instances of institutional betrayal in reporting personal experiences of SA to their universities including difficulty in reporting assaults and silencing or minimization of assaults. All participants in this study found instances of institutional betrayal as motivation in their advocacy against SA on college campuses (Linder & Myers, 2018).

Concealable Stigmatized Identity

Concealable stigmatized identities (CSIs) are identities people hold which often result in actual or feared bias against the holder of the identity once others become aware of these identities (Quinn & Earnshaw, 2013). Differing from visible stigmatized identities (e.g., minoritized race/ethnicity status, some disabilities), CSIs are not immediately known by simply looking at people. Common examples of CSIs could include minoritized sexual orientation, history of mental illness, and history of SA. Those with CSIs constantly have to use discretion about if, when, and to whom to disclose their identities (Goffman, 1963).

CSIs are related to negative health outcomes, such as depression and anxiety, such that the higher number of CSIs held by an individual, the higher likelihood of negative health outcomes as compared to people with no or fewer CSIs (Reinka et al., 2020). Many facets of stigma around a personally held CSI are associated with greater psychological distress, including how salient a CSI is to an individual *(magnitude),* high amounts of anticipated stigma from others, and known culturally-related stigma of the CSI (*valanced conten*t; Quinn & Chaudoir, 2009). Internalized stigma, experiences of discrimination, previous reactions to disclosure, fear of discrimination, and stereotyped

beliefs are all CSI-related negative mental health outcomes (Quinn & Earnshaw, 2011; Quinn et al., 2014). Notably, mental health is least impacted when the salience of a CSI is low (Quinn & Earnshaw, 2013).

Sexual Minority Status as a CSI

Sexualities may develop over time, and sexual orientation is different from other CSIs in that one may disclose their CSI often since sexual orientation is often relational in nature. The development of one's LGB identity may influence levels of disclosure such that those newly identifying as LGB may be less likely to disclose their identity (Ragins, 2004). Contrarily, Orne (2011) proposed a process termed strategic outness, or choosing to whom to disclose a CSI, is more related to identity management than to identity development. Strategic outness describes when one considers several variables related to whom they will disclose their identity and take efforts to control who knows about their CSI.

In a study of mostly White (76%) LGB individuals *(N* = 161)*,* people were more likely to disclose their LGB identity in environments where personal autonomy was valued and less likely to disclose their LGB identity in environments that encouraged conformity, which held constant across age, gender, and sexual orientation (Legate et al., 2012). Perceiving an environment as controlling acts as a barrier to disclosure for LGB individuals. Higher rates of disclosure were positively correlated with decreased depression, increased self-esteem, and less anger compared to lower rates of disclosure. Thus, individuals who are in environments that support autonomy are more likely to disclose their LGB identity and in turn experience mental health benefits (Legate et al.,

2012). Other studies have found LGB people experience mental health benefits from being able to disclose their LGB identity (Ragins, 2004). Disclosure of an LGB identity in a controlling environment was not associated with benefits to mental wellness (Legate et al., 2012).

Sexual Assault Survivorship as a CSI

Stigma against people who have experienced SA is often held on a societal level (Edwards et al., 2011) as well as by many survivors about themselves (Deitz et al., 2015; Edwards et al., 2011). Several societal myths about rape exist, including, but not limited to, SA survivors often lie about SA, women cannot be sexually assaulted by husbands, and women bring SA upon themselves (Edwards et al., 2011). Potential repercussions of societal stigma towards SA include feelings of shame (Holland & Cortina, 2017; Sabina & Ho, 2014), belief in rape myths, fear of judgment, fear of retaliation (Holland & Cortina, 2017), negative mental health symptoms (APA, 2013, Dworken et al., 2017; Tripp et a., 2015), negative physical health symptoms (National Coalition to Prevent Child Sexual Abuse and Exploitation, 2012), negative impact on relationships (Kreb et al., 2016), and negative impact on academic standing (Baker et al., 2016; Boyraz et al.., 2013; Boyraz et al., 2016; Jordan et al., 2014). Better health outcomes were found for those who had social support and were out about their SA (Weisz et al., 2016); another study found SA survivors who were more out about their SA had decreased mental health (Quinn et al., 2014). Thus, additional factors relating to disclosure of SA and health outcomes need to be considered. Survivors who experienced the most severe forms of SA (e.g., rape) were most likely to hold self-stigma, which in turn related to more severe

expressions of trauma symptoms (Deitz et al., 2015). Quinn and colleagues (2014) found SA survivors with internalized negative stigma about SA, such as believing rape myths, felt their SA was very salient to their identitywhich predicted worse mental health outcomes. Holding multiple CSIs, such as being a queer woman and SA survivor, increases chances of negative health outcomes as compared to those with fewer or no CSIs (Reinka et al., 2020).

Disclosing a CSI

Disclosing CSIs has both positive and negative outcomes for those holding CSIs (Camacho et al., 2020). Disclosing CSIs have the potential to increase social support (Camacho et al., 2020) and well-being (Abbott & Mollen, 2018), although there is also the potential for harmful social impacts if one discloses their CSI to someone who is not supportive of that identity (Camacho et al., 2020). Disclosing CSIs to people with whom the person is close, such as family and friends, is more impactful than disclosing to those with much less intimate relationships, such as coworkers (Boss et al., 2009; Lam et a., 2007). Among college students with a variety of CSIs, those who had a positive first experience of disclosing a CSI had higher self-esteem than those who experienced negative first-time disclosures of their CSIs (Chaudoir & Quinn, 2010). Positive first time disclosures to others are associated with decreased fear of future disclosures and increased sense of trust in others (Chaudoir & Quinn, 2010). When people considered disclosure of their CSIs, having goals of connectedness was associated with better outcomes than having goals related to avoidance of rejection (Chaudoir & Fisher, 2010). Factors in the decision-making process to disclose or not disclose a CSI include being

able to fully express ones ' self, potential connection with others, and how their CSI will impact others' perceptions about them (Chaudoir & Fisher, 2010).

Just as disclosing CSIs having positive and negative outcomes, masking CSIs is also associated with both positive and negative outcomes (Camacho et al., 2020). People holding CSIs often hide or avoid disclosure of these identities for self-protection and avoidance of discrimination, prejudice, and stereotyping (Goffman, 1963). By not disclosing CSIs, people may be able to pass as someone with a majority identity that does not have a risk of discrimination. Various forms of identity discrimination are related to negative impacts on individuals' well-being and relationships (Crocker et al., 1998). People with CSIs are more likely to experience depression and anxiety than people with visible stigmatized identities and those without stigmatized identities (Frable et al., 1998; Reinka et al., 2020). Depression in people with CSIs was linked to fear related to stigma around CSIs (Chaudoir & Quinn, 2016). Longitudinal studies have found better health outcomes for individuals who sought counseling for health conditions such as HIV and multiple sclerosis than individuals who did not disclose their health statuses (Cole et al., 1997; Cook et al., 2017; Quinn et al., 2017). Thus, many people with CSIs often prefer to conceal such identities (Camacho et al., 2020; Goffman, 1963).

When individuals choose to hide specific CSIs, there is often an intention to increase a sense of belongingness within groups (Jones et al., 1984). However, Newheiser and Barretto (2014) found across four studies that people with CSIs preferred to hide their identity, and this concealment led to feelings of isolation. The relationship between hiding CSIs and decreased sense of belongingness was found to be mediated by

inauthenticity and limited disclosure of one's overall self. The impacts of isolation related to concealing one's identity were found to be experienced by individuals who concealed their identities as well as others who interacted with them. Newheiser and Barretto (2014) emphasized these findings were not found in the context that individuals' life or extreme threats to safety were present. While individuals may choose to hide specific identities in hopes of connection and cohesion, inverse impacts are found instead. However, although negative effects of hiding CSIs have been found, such as feelings of isolation (Newheiser & Barretto, 2014), positive effects such as protection from discrimination (Quinn et al., 2004) have also been found. People with CSIs constantly consider costs and benefits of whether to disclose their identities such that risking the loss of belongingness may be subjectively worth potential discrimination and harm to one's safety (Newheiser & Barretto, 2014).

The way CSIs are disclosed impacts perceptions of people with CSIs. Those in leadership positions were regarded more highly when they intentionally disclosed their CSIs compared to leaders whose CSIs were not intentionally and personally disclosed (Adams & Webster, 2017). In a study seeking to understand CSIs in the workplace, a sample of full-time employees, (N = 196) reported several types of CSIs: sexual orientation, mental health difficulties, religious and political beliefs, low access to finances, taboo hobbies, medical conditions, and ethnicity (Lynch & Rodell, 2018). Workers who showed positive qualities or stereotypes related to CSIs were less likely to experience judgement from others compared to workers who displayed negatively associated qualities to a CSI (Lynch & Rodell, 2018). When negatively associated

qualities of a CSI were shown in the workplace, others without the CSI were more likely to believe stereotypes about the CSI (Lynch & Rodell, 2018).

Ragins (2008) developed a model incorporating factors people think about when considering disclosure of an invisible identity that holds stigma. Before disclosure of CSI, individual psychological qualities, possible outcomes of disclosure, and levels of environmental support all influence decisions about disclosure. The decision-making process for disclosure of a CSI is multifaceted and requires thought around several variables (Ragins, 2008).

Disclosure is best looked at as a spectrum rather than a binary of full disclosure or no disclosure (Ragins, 2008). Varying levels of disclosure for individuals in different environments may lead to psychological distress and role-confusion. Disclosure is also affected by the degree of outness of one's identity. Those who conceal their CSI at work and in their personal life experience identity denial, and those who disclose their identity in either work or personal life though hide it in the other domain experience identity disconnection. Individuals who hide their identity may experience distress due to fear of unvoluntary disclosure of their identity. Conversely, those who are out with their identity in work and in personal settings experience identity integration. Individuals who have identity integration are likely to have psychological benefits associated with identity openness, although they may experience distress due to others being aware of their identity which holds stigma (Ragins, 2008).

For those with sexual orientation minority identities specifically, concealing one's identity was associated with minority stress across various sexual orientations

(Meidlinger & Hope, 2014). Levels of minority stress associated with disclosure of sexual orientation varied across sexual orientations. Meidlinger and Hope (2014) theorized bisexual people have different experiences around disclosure of their identities compared to gay, lesbian, and heterosexual people since bisexual people may have to be more intentional about disclosure. Gay, lesbian, and heterosexual people's sexual orientation may more commonly be assumed than people who are bisexual (Meidlinger & Hope, 2014). Gay men and lesbian women report higher levels of social support once disclosing their sexual minority CSI (Beals et al., 2009). Disclosure of CSIs is associated with better health outcomes for lesbian women, such that those who disclose CSIs were more likely to obtain healthcare than those who hid their CSIs (Steele at al., 2006; Tracy et al., 2013)

Therefore, queer women college students who have experienced SA possess two CSIs, one or both of which require disclosure in the process of reporting SA. Given the stigmatization of these social locations and potential consequences of disclosure, these women likely make complex decisions about whether, how, and to whom to disclose their identities following an SA experience. In the interest of supporting queer women SA survivors on college campuses, research highlighting the narratives of such women's decisions to report to formal sources at universities, or not, is imperative. This study seeks to address the nuanced experiences of specifically queer female college students which is currently a gap in the literature.

CHAPTER 3 METHOD

Philosophical Assumptions Underpinning the Research

Qualitative research fosters an understanding of a phenomenon through people's expertise of their own lived experience (Bogdan & Biklen, 2007). People's interpretations of their experiences can provide guidance to further understanding bodies of literature (Merriam & Tisdale, 2016). Qualitative approaches are useful for the present study to elicit detailed information to explain the ways in which the intersection and concealable, stigmatized nature of women's queer identity and SA history in conjunction with perception of campus climate relates to experiences with and decisions about utilization of campus resources for SA survivors, which is an area lacking in research (Artime et al., 2018).

Social constructivism (Denzin & Lincoln, 2011) undergirded this study; accordingly, participants were asked about their subjective experiences and interpretations of their experiences. Social constructivism asserts that there are multiple ways of experiencing a phenomenon, honoring that survivors of SA can choose for themselves if, how, and to whom reporting their SA is beneficial. Additionally, social constructivism is appropriate given this study seeks to capture the unique experiences of queer women. Social constructivism will take into account culture and societal context, considering how experiences of oppression among queer women is related to the research questions.

Research Design

The study employed a transcendental phenomenology approach, exploring what is experienced by people who share a phenomenon and how people collectively make sense of this phenomenon (Creswell & Poth, 2018). Capturing the "essence of a phenomenon" is the goal of transcendental phenomenology through first identifying significant quotes from the participants then creating broader themes shared by the participants as a whole (Creswell & Poth, 2018, p. 291). In this study, the consideration of disclosing dual CSIs (queer and SA survivor) to formal campus resources is the phenomenon or shared experience that I sought to understand. Experiences around actual and anticipated disclosure, choosing to formally report or not report, and elements of campus climate were addressed. Phenomenology is appropriate for this study as the main research question seeks to understand how a community understands an experience (Creswell & Poth, 2018).

Researcher-as-Instrument Statement

I made conscious efforts to remove biased interpretations informed by my own personal experiences from my interpretation of the data, as doing so could convolute and misrepresent participants' stories (Lichtman, 2013). Lichtman (2013) discussed the concepts of bracketing and epoche'. Bracketing involves the researcher deliberately attempting to completely remove their personal experiences from the interpretation process whereas epoche' requires the researcher to understand and suspend personal interpretations (Lichtman, 2013). Epoche' was the approach I used throughout this study, as I took time before the study to journal and reflect on my own related experiences to become aware of any potential bias I may hold. During data interpretation, I took steps

such as journaling and talking with my advisor to reflect on my personal reactions to the participants' reported experiences.

I am a White, Latina, cisgender woman who experienced SA as an undergraduate student. I am also a therapist-in-training who has worked with clients who are SA survivors and uses feminist and sex-positive frameworks in my professional work, where I value dismantling gendered power differences and honoring sexual autonomy in a non-judgmental manner. Additionally, I have collaborated on qualitative research projects, conducted a previous research project on SA, and completed a course work on qualitative methods. I spent time before the study understanding how these identities may influence the research process, most specifically my interpretation of the data, through journaling as well as discussion with my research advisor. Throughout the process of this research study, I used journaling and conversations with my research advisor to bring awareness to personal biases. More specifically, I felt I could relate to pieces of participants' stories or had strong emotional reactions to some hurtful responses to disclosure and reporting that participants experienced. I made conscious efforts to let participants' stories, not my experience, guide the process of coding and creating themes. However, I did use block quotes from participants' stories within my results which felt emotionally impactful. Merriam and Tisdale (2016) discussed in detail the importance of the use of triangulation, or the use of multiple sources of data throughout the research process. In this study, I used multiple sources of data in the form of interviews from multiple participants. Also, in accordance with triangulation (Merriam, & Tisdale 2016), a peer debriefer was used to assist in reviewing interview questions to ensure accuracy and clarity (Lincoln & Guba,

1985) and reduce bias. The peer debriefer was selected based on meeting partial criteria for the study and gave feedback on how they thought participants may experience interview questions.

Participants & Recruitment

This study invited participants who were the age of majority in their state, identified as queer (non-heterosexual; GLAAD, 2022) cisgender women college students attending a university, and experienced at least one SA during their time as a college student (see Appendix A). SA was defined as an attempted or completed non-consensual sexual encounter through force, incapacitation, or coercion. A traditionally college-aged sample was collected to understand the experiences of queer women who experienced SA in college and reduce variability of experiences based on the time period of the SA and/or reporting experience. Participants with access to different levels and types of resources (i.e., formal and informal resources) to support them following SA, including queer women who chose to report their SA to formal SA resources on campus as well as queer women who chose not to report their SA, were invited to participate. Participants who did not formally report their SA were included to help capture what prevents college student SA survivors from using formal resources. Potential participants were excluded if they did not provide a university email, were not the age of majority, did not disclose an SA during college, did not identify a non-heterosexual sexuality, and were not cisgender women.

Participants were recruited through campus email listservs, national email listservs for health service psychologists, and social media (e.g., Reddit) and interviewed

until an appropriate number of participants were interviewed (Creswell & Poth, 2018) such that information richness was found through variability of relevant experiences and the development of new knowledge (Malterud et al., 2016). Most participants were recruited through national email listservs for health service psychologists. Participants were directed to a university-sponsored online survey platform, Qualtrics, to consent to participation, complete qualifying questions, and answer demographic questions. Participants were able to indicate their interest in participating in a semi-structured interview by providing their university email address at the end of the survey. University email addresses were also collected to ensure participants were active university students and not fraudulent responders. Participants who met inclusion criteria were contacted through email to schedule a one-hour time period for a semi-structured interview through Zoom, a videoconferencing platform. Of the 87 total participants who responded to the Qualtrics survey, 17 provided a university email and were contacted to schedule interviews. Ten potential participants scheduled interviews; four participants did not attend their scheduled interview or respond to emails offering rescheduling. Six participants completed an interview and were each compensated with a $25 electronic gift card, which was sent to them through their provided university email address immediately following the completion of their interview. Funding for compensation was provided by university-affiliated research funds.

As shown in Table 1, participants ranged in age from 21 to 28 (M = 24.83, SD = 2.64). Two participants each were attending universities in the Midwest, Southwest, and Northeast US. One participant attended a private university, and five participants attended

a public university. One of the six participants disclosed having a disability, specifically a mental health disorder. Four participants identified as spiritual but not religious, one identified as agnostic, and one identified as atheist. Lifetime instances of SA ranged from one to five (M = 2.83, SD = 1.47), and instances of SA in college ranged from one to three (M = 1.83, SD = 0.75). The age of first college SA ranged from 18 to 22 years (M = 19.6, SD = 1.36). All other demographic information can be found in Tables 1 and 2.

Table 1

Participant Demographics

Pseudonym	Age	Race/Ethnicity	Social Class	U.S. Region
Sydney	28	White	Upper Middle Class	Southwest
Marissa	24	Black	Lower Middle Class	Midwest
Angela	23	Latina	Middle Class	Southeast
Izzy	26	White	Working Class	Northeast
Bella	27	Latina	Middle Class	Southwest
Mel	21	White	Middle Class	Midwest

Note. The full response chosen for Race/Ethnicity was “Black; African American; African; Afro-Caribbean" for the participant who identified as Black and “Hispanic/Latino/a/e” for the participants who identified as Latina.

Table 2

Participant Sexuality and SA Demographics

Pseudonym	Classification	Sexualities	Gender of Perpetrator(s)	Lifetime SA	College SA	Age of first College SA
Sydney	Graduate Student	Bisexual	Woman	2	1	19
Marissa	Graduate Student	Bisexual	Man	3	2	20
Ang	Graduate Student	Lesbian	Woman	2	2	19

ela						
Izzy	Graduate Student	Pansexual	Man	1	1	22
Bella	Graduate Student	Pansexual	Man	4	2	18
Mel	Junior	Bisexual	Woman; Man	5	3	19

Note. All perpetrators were reported as cisgender.

Ethical Issues and IRB Approval

Prior to conducting this research study, I took appropriate steps to obtain approval from the Institutional Review Board (IRB) from the University of Nebraska- Lincoln. Included in the IRB approval form were the purpose of the study, description of prospective participants, research procedures, measures taken to maintain confidentiality and reduce harm, relevant risks, descriptions of benefits/compensation, and examples of interview questions and informed consent. It was not expected that participants would experience significant distress due to responding to the interview questions. However, sometimes recalling a traumatic event can elicit distress. Although the predicted distress was minimal, contact information for a mental healthcare provider locator and crisis hotline were available in the informed consent and made available by the interviewer. During the course of interviews, no participants reported distress or requested available mental healthcare resources. Participation in this study was voluntary and subjects were informed that they could discontinue participation at any time. Participants were asked to provide pseudonyms to help protect confidentiality, especially given the sensitive nature of this research project.

Sources of Data

Data collection occurred through use of a semi-structured interview (see Appendix B) (Henriksen et al., 2021) to understand different elements around the experience of deciding whether and how to report SA to formal campus resources. The semi-structured interviews between approximately 39 and 70 minutes in duration per participant and were conducted via a university-affiliated Zoom videoconferencing account accessed by participants via a unique link. A licensed psychologist was on call during all interviews in case of an acute traumatic response in need of triage. Before interviews were audio-video-recorded, the participants received an additional brief verbal reminder of informed consent, ability to connect to SA resources (i.e., American Psychological Association (APA) Psychologist locator, 988 crisis hotline) if needed, and the purpose of the study. Interviews were audio and video recorded via the Zoom videoconferencing platform. During interviews, I took notes of observations of any participant behavior that was notable (such as similarities to other participants, participants' strong emotion, and participant variable reactions from other participants) as well as my personal reactions and biases. Transcription of interviews occurred via the use of automatic audio transcription generated by the Zoom platform. I then edited transcripts to ensure accuracy, redact identifying information (e.g., names, places), and immerse myself in the interviews.

Data Analysis Procedure

Once the data from the semi-structured interviews was obtained, it was stored in a secure university-affiliated online cloud storage file. Pseudonyms were used in place of

participants' actual names to ensure confidentiality (Kaiser, 2009). I reviewed any notes from observation of participants and took additional notes while reviewing transcripts. At this point, a data collection matrix was made to organize data, including similarities and differences of experiences across participants (Onwuegbuzie et al., 2010), after which coding began. Creswell and Poth (2018) suggested coding for phenomenological research should include codes for "epoche or bracketing (if this is used), significant statements, meaning units, and textural and structural descriptions" (p. 473). The overarching or main code for phenomenological research is the "essence of the phenomenon" (Creswell & Poth, 2018, p .291), which in this study is the decision-making process about seeking formal resources after SA at college campuses among queer women. Through the use of qualitative research, major themes and patterns in the data were found in the pursuit of the identified research questions (Creswell & Poth, 2018; Merriam & Tisdale, 2016) to help describe the essence and overall experience (Hycner, 1985).

Several steps, as outlined below, were taken in regard to data organization and interpretation to help ensure quality qualitative data (Morrow, 2005) and adhere to Hycner's (1985) guidelines for phenomenological analysis. NVivo V. 14, a qualitative analysis software, was used to analyze the data, including creation and organization of codes throughout the coding process. In order to increase credibility and trustworthiness of results (Morrow, 2005), a peer with specialized knowledge and training related to my study and I separately identified codes which were irrelevant to the research questions and subsequently collaborated on a final list of codes relevant to the research questions for further organization. Smaller codes, or units of meaning and were organized into

larger categories and, ultimately, clusters based on similarity of meaning within and across participants. Research questions helped guide the coding process such that coding prioritized relevant constructs such as campus climate, CSI, outness, and SA while simultaneously capturing the participant's narrative. Once clusters were formed, the peer collaborator and I individually created preliminary final themes from the identified clusters. My research advisor then reviewed both sets of preliminary final themes and provided feedback. A final codebook was comprised of all relevant data organized into major themes created from groupings of initial codings based on meaning.

CHAPTER 4 RESULTS

Five broad themes related to the experiences of queer women who have experienced SA during college emerged from the data and are presented below in the following order: a) Questioning Belonging and Safety on Campus, b) Use of Formal Resources is Dependent on Trust, Reliability, and Past Experiences, c) Stigma and Hurtful Disclosure Reactions Negatively Impact SA Survivors, d) Heteronormativity Complicates Healing from SA for Queer SA Survivors, and e) Supportive Reactions and Community After SA Disclosure Lead to Connection and Healing. Themes depicted ways in which SA survivors made decisions about reporting and disclosure of their SA as well as impacts from disclosure reactions which included homophobia and heteronormativity (See Figure 1). Participants shared experiences of feeling unsafe on campus in regard to various forms of prejudice and discrimination of marginalized identities, independent of their SA. Additionally, participants also described ways in which they were aware of societal stigma against queer people as well as people who experience SA. When deciding to formally report SA, participants considered how much trust they had in formal resources. Informal disclosure of SA was a very common response to SA, regardless of formal reporting experiences. Participants who experienced responses from others after SA disclosure which discounted their queer identity as well as participants who were understanding their own queer identity experienced additional challenges in their healing from SA, whereas, participants who received supportive reactions to SA disclosure and their queer identities experienced healing from their SA.

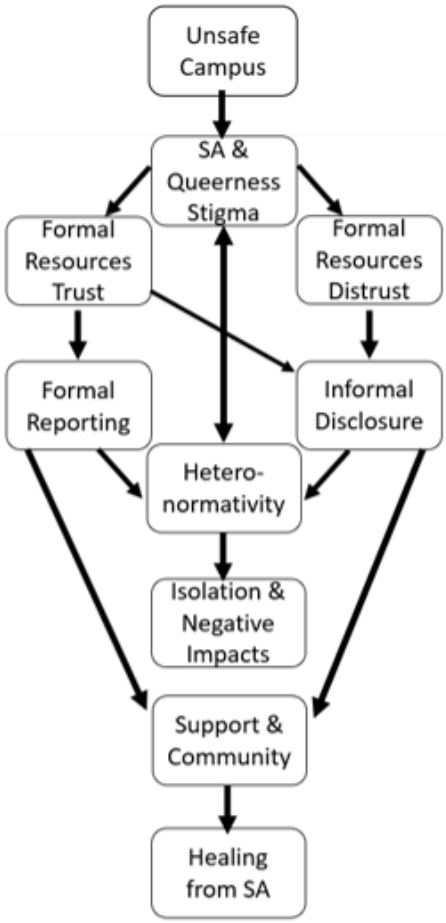

Figure 1: Flow chart depicting formal reporting and informal disclosure experiences for queer female college students who have experienced SA

Questioning Belonging and Safety on Campus

All six participants identified ways in which they questioned their belonging on campus due to discriminatory experiences and SA. General feelings of being unsafe on campus were expressed by half (n = 3) of participants, all of which stated that they felt less safe after their SA and other instances of sexual harassment. Both Hispanic/Latina

participants stated they faced homophobia from peers and professors on campus as queer women of color. Angela described several instances of feeling "objectified" and sexually harassed on campus by queer White women:

> ... I think it was experiencing the sexual assault and the sexual harassment coming from White women... I think the sexual assault was sort of part of it, but I think the sexual harassment is kind of what really left me feeling objectified and used and feeling hurt. Because it very much so was under this like, 'I'm never gonna date a woman. But I want to use you; I want you to make me happy. I want you to give me attention. I want to make me feel good. But I am never gonna bring you home to my conservative parents. I'm still gonna date my boyfriend, but I want you to give me attention.' And I think those things and like the environment have changed how I feel about like the area that I am [in] in a very negative way, and just like the campus environment…the student body.

Therefore, Angela identified the influence of peer interactions on her perception of her campus and peers.

Bella shared several examples of peers and professors making ableist, sexist, and homophobic remarks as well as engaging in discriminatory acts. She described living in a predominately politically conservative state which impacted views and policies on her campus. She shared she did not feel there was a campus community for people with marginalized identities and often questioned "if I [she] belong[ed]" to campus and her academic program. Mel also discussed being from a predominantly politically conservative area which influenced her to not disclose her sexuality openly. Conversely,

Angela shared being from the New England area and others finding her sexuality "not a big deal." Therefore, U.S. geography, and related dominant political orientations, appeared to influence participants' perceptions of their campuses. Nearly all (n = 5) participants related this sense of campus climate to their experiences as SA survivors and provided recommendations to help campus feel more "inclusive" and "safe" for queer SA survivors, in particular. Four participants felt campus SA training could be improved. Recommendations included that training should include ways to help SA survivors (n = 2) and communication via education that perpetrators of SA can be of any gender, not just men (n = 2). Izzy shared that they felt campuses should advertise SA resources more widely and recommended hiring practices should include efforts to hire people of color and healthcare workers who are LGBTQ affirming. Sydney shared it would be helpful to have the option to report to female staff when reporting SA on campus. Two participants expressed a need for more community-building efforts on universities for marginalized communities. Izzy suggested a "system set up through a sexual gender center" or a "specific hotline" to facilitate "disclosing that you're a survivor" and "help alleviate barriers." Similarly, Bella emphasized the significance of having community on campus:

> I feel like there is an opportunity to make changes or create spaces that are actually safe and inclusive for students. I would really just like to see spaces where people can actually go and interact with people who share the same identities as they do, because I think there is so much good that comes out of community and having strong support systems and not having that is something that I think is really detrimental.

Overall, participant recommendations for improvement of campus belongingness and safety had themes of community building, multicultural training for students and staff, and practices to help empower survivors.

Use of Formal Resources is Dependent on Trust, Reliability, and Past Experiences

Most (n = 5) participants described having distrust of formal reporting resources on and off campus. Five participants reported being aware of campus resources for sexual assault survivors, like a campus network for SA survivors at Izzy's institution, and half of participants stated they completed mandatory sexual assault training on their campus. Two participants described being aware of Title IX offices, but hesitant to use them due to campus culture and low confidence they would be helped. Two participants described prior negative personal experiences or knowledge of other's negative experiences with Title IX as dissuading them from reporting their SA to Title IX. Bella elaborated on her negative experience reporting to Title IX:

> I had tried originally to report it to Title IX, but they told me that they felt like there was nothing that they could do…Honestly, I kind of like blacked out after that, because I think it was so stressful for me at the time to just hear somebody tell me that there was nothing that they could do. They specifically said that they couldn't do anything…I was crying and I was really upset. And they're like, 'Well, there's nothing we can do if you're this upset,' and they're like, 'You know, maybe you can come back in like a week or two when you're not upset…At the time I was like I don't think I can talk about it without getting upset. So how am I just supposed to compartmentalize that?...So it wasn't a good experience at all. I

> was very defensive, because my first thought was also like, 'Well, if I wasn't crying and hysterical, would you think that I was lying?'

Negative experiences when reporting SA, such as Bella's above example, prevented SA survivors from seeking additional support from formal resources. Angela shared that they thought Title IX would only help students if their SA was on campus. Participants described campus SA resources as "performative", and Bella discussed how Title IX policy was written in the syllabus for all classes but not actually used by students due to negative perceptions. Campus counseling centers were described as "having more students than they can handle," not having the "best reputation," and "not as good" as a private practice by two Latina participants. These same two participants, Bella and Angela, described an overall distrust and lack of confidence in any campus resources. Two additional participants shared they did not think their campus had many, or sufficient, resources to help SA survivors. Izzy's SA occurred in summer and the reduced number of people on campus and made her uncertain if resources were available; combined with a general lack of knowledge about campus SA resources, she identified these barriers to reporting.

Four participants shared similar feelings of distrust with using community resources off campus to report their SA as they did for on-campus resources. Two shared they did not feel reporting their SA would help them or did not "feel ready" in their healing process. Half (n = 3) of participants shared specifically not wanting to report their SA to police. Sydney described waiting to seek healthcare for bodily injuries from SA:

> ...when I went to the hospital to get the rape kit. ... I was worried about the fact that they [injuries] were still bleeding, and it was 24 hours later....the nurse came into the room, and she was like, 'I just want you to know I'm a mandated reporter so I already called the police,' and I would be thinking like, 'why?' Because, like this is the whole reason why I waited 24 hours to come was because when I talked to people through RAINN [Rape, Abuse, and Incest National Network] and through our local sexual assault [center], they weren't supposed to do that unless I'm currently in danger. There's no reason for her to because I'm not under age...The social worker came in...and when she found out the cops have been called, she was like, 'You are not mandated. You need to tell them they don't need to come.' But at that point it was too late... So when the cops came, they all had body cameras... and they're just like, 'well. You know. Do you want to report?' And I was like, 'No.' ... And later the nurse came in and just kind of made a comment trying to insinuate that I didn't seem like I was safe, even though she had asked, and I said point blank, like, 'I'm safe. I don't have any reason to think that he's going to come bother me. I'm okay.''

Fear of lack of autonomy and distrust of formal reporting resources, like the story Sydney described, after reporting SA was shared among participants.

Despite these feelings of hesitation, most (n = 5) participants reported their SA to formal sources on and/or off campus. Notably, Mel, the one participant who did not formally report, expressed "regret." Therapy was a formal resource used by half (n = 3) of the participants gain support for their SA. Two participants who were White shared

they that reported their SA to police, and two women of color shared that they disclosed their SA to professors when they felt their SA was impacting their academic work. One participant, Marissa, who is a Black bisexual woman, described connecting with her professor who was also a Black woman who she described as "motherly" after disclosing her SA, and how this professor would make effort to check on Marissa throughout the COVID-19 quarantine period. Other examples participants shared of formal campus sources to whom they reported their SA were a campus job, an athletic coach, and physicians. Use of formal resources depended greatly on how trustworthy they were perceived as well as predicted level of support by participants.

Stigma and Hurtful Disclosure Reactions Negatively Impact SA Survivors

Disclosure Discernment

All (n = 6) participants described negative or hurtful reactions from others after they shared their SA formally and informally which led to negative mental health impacts, isolation, and denial of SA. Use of discernment before sharing their SA with others was reported among all (n = 6) participants, and most (n = 4) described trying to predict reactions from others before disclosure. Angela stated that she did not feel comfortable sharing her SA with most friends because SA felt too intimate. Sydney stated she was not legally able to discuss her SA with others, including friends, while she was going to trial for her SA and this "conditioned" her to not talk about her SA even after the trial. Mel reported that she did not discuss her SA because she was afraid of retaliation from the violent perpetrator. Most (n = 4) participants shared it took them time to feel

safe enough to disclose their SA for reasons such as not wanting the story "out" as well as working through "fear" and shame."

Several conditions were described in which participants felt SA disclosure would feel comfortable. Two participants discussed how it was beneficial to disclose SA in situations where their daily functioning was impacted and they needed related support. Participants described factors such as people who had similar traits to their perpetrator or men (n = 2) and people who spoke over or disrespected women (n = 1) as indicators that disclosure was unsafe. Other examples participants gave of people with whom they would feel safe disclosing their SA were people who were "close in age," "LGBTQ+ informed," would not question them, and "open to feedback." Environments with a sense of control like home or work felt the safest for Sydney with their SA disclosure. Two participants discussed knowledge of SA-related stigma from experiences of being told they did not look like an SA survivor and hearing rape myths from others. Bella stated that SA felt "stigmatized" on their campus they were not sure if disclosing their SA would continue to increase SA stigma.

Hurtful Reporting Experiences

Nearly all (n = 5) participants describe hurtful reactions from others following reporting of their SA. Half (n = 3) of participants stated they rarely received empathic reactions from trusted people after SA disclosure; by contrast, half (n = 3) of people also shared police, a social worker, and a therapist questioned their experience of SA. Two participants stated they were blamed for their SA including Marissa, a Black bisexual woman, who felt she was blamed because of stigma bisexual people are hypersexual.

Additionally, Marissa reported her first therapist after her SA did not understand why Marissa as a Black woman did not want to report her SA to police and felt questioned about her decision making after SA:

> ... I didn't realize it was as bad as it was until I had a therapist after that was way better, and I was like, well, it's not how that should have gone at all. So it was my first time in therapy ever but it very much felt like she felt bad for me, and like what I was sharing with her was too much for her to handle and also like she didn't trust my decision making... she made me question my own ability to take care of myself and keep myself safe and it just also felt kind of like she didn't trust me, either. She also had a bunch of like textbooks and her little pocket version of the DSM in her office. And sometimes she would literally read from her textbooks and be like, '[name] is a person with PTSD, and she experiences this', and it's like, I don't want you to just sit across from me and tell me I'm this person who, you see, is crazy from your textbook.

Sydney recalls people telling her she only took her perpetrator to court “for money” when her case was a criminal case and she was not monetarily compensated through the court system. She disclosed she eventually sought compensation for extensive medical care for SA-related wounds. Bella shared how she was told by a professor she could not work on an academic research project about SA despite her interest in the project because the professor was aware she experienced SA. Several negative responses such as this one after disclosing her previous SA prevented Bella from seeking help after her second SA.

Half (n = 3) of participants described harmful experiences of autonomy being taken away when forced to report to police, Title IX, SA hotlines, and professors. Sydney shared feeling "hounded" by an SA hotline that called her several days in a row even after she did not answer the phone. Feelings of "anger" were expressed by two participants when nothing happened to their perpetrators after they formally reported their SA. Marissa, a Black bisexual woman, recalled feeling "retraumatized" when disclosing her SA to a professor who was also a Black woman:

> I ended up kind of having to tell a few of my professors at the time, just because it was impacting my attendance and performance in class and turning [in] assignments... And there was one professor who, like pulled me aside…And she basically forced me to give her a narrative of exactly what happened, which I think is definitely retraumatizing to have to do, and it was just a very uncomfortable and triggering situation, and I know that deep down she meant well, and that she was trying to be supportive. But she just kept going on about these things that I have to do, and how I should feel, and how it shouldn't have happened... I just very much out of control and not supported in that situation... She's another professor who was a Black woman...when you think about those relationships in the Black community it didn't feel within my power to say no... like not answering questions wasn't even something that crossed my mind, because when someone you respect like that asks you a question, you answer the question.

Negative Impacts

Efforts to manage the reactions of others were described by nearly all (*n* = 5) participants. Most (*n* = 4) participants described being unsure if others had the emotional ability to hear them describe their SA, and thus, feeling like a "burden." Participants described receiving reactions of "surprise", crying, and changes in body language that signaled discomfort. Bella shared she wanted to discuss her SA but holding space for others' reactions during disclosure was too difficult and it was "heart wrenching" to see others cry about her SA. Sydney explained it felt difficult to know how much of her SA to share in order to avoid overwhelming others. Angela stated none of her friends discussed SA, which made her unsure how to share her SA with them. Two participants shared they felt people treated them differently after disclosing SA, and two women of color participants shared how they did not want to be treated differently in a professional setting if others knew of their SA. Bella shared experiences of having professors "single [her] out" by telling her and not other students to "watch [her] surroundings" which she described as "inappropriate."

All participants outlined ways in which SA negatively impacted areas of their lives, and most (*n* = 4) described currently or previously making efforts to not think about their SA. Most (*n* = 4) participants described ways in which their mental health was significantly impacted by SA. Different mental health impacts reported included drinking to avoid thinking about SA, dropping out of school, developing PTSD, having strong emotional reactions when discussing their SA, and feeling continually impacted by the traumatic experience. Half (*n* = 3) of participants described experiencing SA as a lonely

experience, impacting their entire life, and making them distrustful in relationships. Izzy compared her "debilitating back pain" and the emotional pain of SA as the most difficult things she has ever experienced, and she shared she no longer enjoys physical touch after SA an inability to engage in SA-related advocacy as she had done before her SA. Sydney described being significantly financially impacted after her SA due to medical expenses and could not afford to continue her education. In fact, her financial need influenced her to report her SA so she would be able to receive financial assistance.

Heteronormativity Complicates Healing from SA for Queer SA Survivors

Assumptions of heteronormativity, or centering experiences of cis-gender, heterosexual people, were expressed by all participants in relation to making sense of their SA. Most (n = 5) participants described specific instances in which they experienced heteronormativity. Marissa recalled another woman in her SA therapy group stating being assaulted by a man made dating women easier. Marissa described feeling hurt by this statement because she expressed her attraction to women was not centered on men and dating women had its own difficulties. After this interaction in her therapy group, Marissa shared she no longer felt as safe sharing her experiences with others in the group. She explained:

> ...we were like talking in group about how it can be really hard to like start dating and trust men again after being assaulted by a man, and someone, they made a comment. They're like, 'Oh, I just wish I was into women. This would be so much easier,' and it felt like very invalidating in part, because that was a group that I trusted, and that was like one of the only places where I felt understood. And it

> felt like just being so misunderstood and like she was speaking on experience that wasn't hers at all. And it's not any easier with women, but like that's not something she would know because it didn't apply to her. So that was I think very invalidating, and I definitely felt judged there and then felt like I couldn't share what I wanted to share in the conversation after that comment was made.

Izzy described needing medical attention after a sexual encounter with a woman that resulted in an injury and her healthcare provider asked her sexual health related questions with the assumption Izzy's injury was because of sex with a man. Izzy described how this healthcare encounter impacted her comfort when disclosing future sexual health information with healthcare providers, such as her SA. Sydney shared her experience of hearing women in college describe being attracted to women yet still identifying as heterosexual; as a result, Sydney thought being attracted to women was "part of being heterosexual" rather than being queer. Angela stated that women and girls were only taught to protect themselves from men due to a difference in "muscle mass" and a "power imbalance" which may give a false sense of safety that other women are always safe and therefore not also perpetrators of SA.

Similarly, Angela, a Hispanic/Latina lesbian woman, disclosed being sexually assaulted by a woman but was unable to identify the incident as SA until a year afterwards because her friends had only been sexually assaultedby men. Angela felt unsure if what happened to her was SA. Mel, a White Bisexual woman, described being "closeted," or not disclosing her sexuality to conservative family and friends as well as growing up in Christian purity culture. She shared that, within religious purity culture,

sex education was not provided at all other than messages to remain abstinent from presumed heterosexual sex until marriage. She disclosed being sexually assaulted by a woman and felt confused by the incident since she was not taught about sexual violence or sex outside of a heteronormative perspective. Half (n = 3) of participants described a period of denial about the fact that they experienced SA. Mel also stated that they did not know SA could happen within a romantic relationship since they had never been in a relationship before. She elaborated:

> I definitely think with the relationship I was in, I was very clueless when it came to like sex and a lot of things. And with my family, it was very big on like the whole purity culture aspect, and, staying pure before you were married, and I was very big on I'm gonna rebel. And I ran face first into a relationship that I was not prepared for, and I kind of got very blindsided by it. And I was definitely one like, 'This couldn't happen to me. This couldn't be something happening to me.' And like I didn't know the signs to be able to recognize the relationship that I was in and then, later, when I did realize these things were happening. I was a hundred percent in denial.

Izzy described that they did not know what they had experienced was SA until she taught sex education. Other reactions included thinking SA only happened to others, not having a concept of SA until it happened, and asking others to validate that her experience was in fact SA. A commonality of delayed understanding of SA among some participants appeared to be a lack of sex education or sexual knowledge.

Nearly all (*n* = 5) participants described being aware of stigma related to both SA and queerness with both SA survivorship and queerness being important but did not consider SA a part of their identity. However, only one participant, Marissa, felt SA was a part of her identity and "important to who [she was]." Mel described SA deeply impacting her daily life. Relatedly, Izzy noted a similarity between coming into her sexuality as a pansexual woman and being a sexual assault survivor such that she felt she had to "come to terms with" these identities and both were hard to process and challenged social expectations.

Sexuality and SA survivorship felt separate to several (*n* = 4) participants. Several (*n* = 4) participants clarified that SA was something they experienced but was "separate" from their identity. Izzy specified that she identified specifically with the "resilience" that came from her SA. Izzy described her SA and sexuality feeling separate because the trauma associated with her SA feels different than traumatic pieces related to her sexuality. Two participants shared that others asked them if they were queer because they were assaulted by men. Sydney elaborated that she was queer before her assault by a man, she just did not identify as bisexual before her SA. Her SA and coming out as bisexual happened close in time, and she shared that many people with whom she was close conflated her SA and sexuality. She described being aware of stigma that bisexual women were attracted to women because they hated men and even recalled reading outdated research stating such. Sydney elaborated:

> ...with my stepdad, he's pretty conservative, so for him the idea of my sexuality being anything besides heterosexual is pretty absurd. I was already really nervous

> to tell him but I had also relied on him a lot throughout the trial process, and so I trusted him with that information…When I shared with them for the first time about my sexuality, like I just said, 'I'm dating a girl, I want you to know.' And he went kind of silent. And he was just like, 'Okay, was that all you wanted to tell me?' And then the next time we spoke about it he asked, 'Do you think that this is forever for you? You know, do you think this is a reaction basically to your trial experience?' And I think on top of that, the person being found not guilty, I think, in my stepdad's mind triggered that. And so I think he's like, 'Well, if he was found guilty, do you think you would still feel the same way?' Yes, they're completely separate to me. But it was hard for him to grasp that, because he still doesn't understand bisexuality. Like not that he doesn't get what it means, but he doesn't accept it. I think he wanted that to be the reason why, because then it, you know, that would be temporary. And then I would go back to like a heteronormative relationship. Basically like, 'Well, because of your past experiences like, have you even tried to give men a chance like you think that you even trust them, or that, like you're doing something when you're out on a date with a guy that would be presenting yourself as like standoffish which would make them less interested in you?'

Participants described various ways in which they were given messages rooted in heteronormativity which contributed to confusion and delayed healing of their SA.

Supportive Reactions and Community After SA Disclosure Lead to Connection and Healing

Most (*n* = 5) participants shared they only or primarily disclosed their SA to the people closest to them such as best friends and romantic partners. Only two participants shared they felt open to sharing their SA to people more broadly. Most (*n* = 4) participants stated they had not shared their SA with family including all participants of color. Both Hispanic participants shared they did not disclose their SA to family due to cultural norms of not discussing the topic. Izzy shared she mutually disclosed her SA to help other survivors feel supported since she had experienced negative mental health impacts from her SA. All (*n* = 6) participants described receiving some positive support from others after SA disclosure. Friends were reported as great support for most (*n* = 4) participants after sharing their SA. Most (*n* = 4) participants also described being encouraged by those close to them to seek out additional support and connection following SA disclosure, and two participants stated friends helped them navigate formal reporting for SA.

Most (*n* = 4) described having supportive therapists when working through their SA. Marissa shared her best friend joined the same SA therapy group and she felt supported when her therapist disclosed they were also a survivor of SA. Marissa also expressed overall gratitude towards her experience with campus healthcare and SA resources after her assault. Izzy expressed gratitude and respect for therapists and even stated her graduate SA group therapy and individual therapy "saved [her] life" and helped her through graduate school. She further described her therapist was also queer and

helped Izzy feel “empowered” to advocate for herself. Izzy described therapy as “one of the best choices” she made for herself after SA which helped her “intrapersonally and interpersonally.” A common factor in Marissa and Izzy’s therapeutic experiences was the significance of therapists’ cultural humility and understanding experiences of marginalization such as being a woman of color and queer.

Other positive formal reporting experiences were reported by half (n = 3) of participants. Sydney shared a community nonprofit organization connected her to other resources for SA survivors and described overall feeling helped by a SA center where she completed therapy and a rape kit despite a “jarring” incident:

> I had a better experience the second time around...the nurse who ended up like being involved the second time around, when she came to trial she had a big impact on how I feel about it, how everything went, and she was really helpful. But there's just some things I think people don't think about unless they've experienced a sexual assault, and I think, a perfect example was like doing the rape kit pictures....There was at one point where she had to set the camera down to get something to measure different injuries. And when she set the camera down the last picture was like facing me so I could see it off of the camera, and it was just really jarring, because I had chosen not to look because I didn't want to deal with it. And so, as I could say so many great things about that woman; she did so much. But it's still sad that, at the end of the day, that sticks out a lot and had a really big impact. But otherwise I would say, generally, like good things about that process.

Sydney also shared she felt supported by campus police when she reported her SA because she did not have to share more than she was comfortable to share and Marissa stated the Title IX office on her campus was of support academically since the office communicated with her professors.

Half (n = 3) of participants expressed they found a larger meaning and wanted to help other SA survivors after their own SA. Marissa discussed how she felt having personal experience of SA would make her a more effective therapist in the future to others who have also experienced SA. Izzy stated she was currently working on research to make healthcare spaces feel more inclusive for queer SA survivors. Similarly, Bella shared that she was working on a project to make her campus feel safer and more inclusive for diverse SA survivors. These efforts to build community and connection after SA were a part of participants' healing.

CHAPTER 5 DISCUSSION

The purpose of this study was to understand: 1) For queer, woman/female university students, what experiences influence decisions about disclosure to formal reporting sources? and 2) For the same group, how do anticipated or experienced disclosure reactions from formal reporting sources, if any, influence belongingness or a sense of social support on campus? Overall, participants described negative perceptions of campus based on ongoing discrimination (e.g., racism, sexism, homophobia) and sexual harassment, not based solely on their SA and SA reporting experiences. However, the feeling of a lack of community among students with marginalized identities on campus as well as a perception that SA awareness efforts on campus were performative influenced their SA reporting decisions.

Largely, the queer female university students who have experienced SA who participated in this study expressed how decisions to use different formal reporting resources were influenced by the level of confidence they had in these resources based on previous negative experiences as well as fear of loss of autonomy in the reporting process. In general, participants tended to question if formal reporting resources would meet their needs or desired outcome and often felt resources like police, Title IX, and hospitals may force standardized procedures upon them. Participants appreciated support from professors, campus jobs, and athletic coaches; in particular, they noted support from therapists who had knowledge of how different forms of marginalization may impact SA survivors. For some, seeking informal supports, such as friends and romantic partners, felt sufficient for their needs. In their disclosures, participants described others blaming

the participant's queerness on their SA (i.e., distrust in men after SA; dating women must be easier than dating men), feelings of denial or delayed understanding that they experienced SA when the perpetrator was a woman. Within this sample, participants generally did not describe significant changes in their sense of belonging on campus following formal reporting of their SA, though negative reporting experiences did change their perception of particular campus resources such as Title IX, professors, and campus counseling. Instead, participants tended to describe instances of prejudice and discrimination such as racism, sexism, and ableism as well as sexual harassment occurring on campus before and after their SA disclosure as contributing to an overall sense of being unsafe on campus. Participants recommended making campus SA training more LGBTQ+ inclusive, promoting SA resources more frequently, creating options to report SA to female staff, and hiring staff who are people of color and LGBTQ+ affirming. Likewise, participants believed cultivating communities on campus for people with marginalized identities would help support SA survivors.

Integration With Previous Research

CSI Literature

Many findings in the present study are supported by previous research. Similar to prior findings on CSIs, participants in this study used concealment of CSIs (Quinn & Earnshaw, 2013) which is the element of outness most related to poor mental health outcomes (Ragins, 2008) and feelings of isolation (Newheiser & Barretto, 2014). Like other CSI groups, they also described discernment around disclosure of being queer as well as SA survivors to prevent instances of discrimination (Goffman, 1963; Ragins,

2008), sometimes termed strategic outness (Orne, 2011). Consistent with prior literature (Demers et al., 2018; Lindquist et al., 2016; Mengo & Black, 2016; Turchik & Hassija, 2014), negative mental health impacts and declines in academic standing (dropping out of college, delaying graduate school, performance in classes being impacted) were reported to be results of SA. Trauma-related symptoms and diagnoses were found within the current sample, as seen in Tripp and colleagues's (2015) study with trauma-exposed college students, as well as increased difficulty with intimacy and touch as seen in Baggett and colleagues (2017) study of women who described increased difficulty with sexual intimacy after SA. Descriptions of CSI disclosure in the current study likely align so closely with previous CSI research since much of the previous literature included LGBTQ identities in CSI samples (Newheiser & Barretto, 2014; Ragins, 2008; Quinn & Earnshaw, 2013).

When participants were able to disclose or report their SA and received supportive responses, they shared they experienced more social connection. Likewise, other studies have shown people with various stigmatized identities found better health outcomes (Camacho et al., 2020), increased well-being among atheists (Abbott & Mollen, 2018), and feelings of connectedness similar to others with CSIs (Chaudoir & Fisher, 2010) as a result of positive disclosures. Consistent with studies of individuals with various CSIs (Newheiser & Barretto, 2014) and LGB individuals (Ragins, 2008) participants described feelings of isolation and psychological distress when they were not able to share their identities of being queer and a SA survivor. Conversely, participants also experienced hurtful or negative responses from others after disclosure of their sexuality and SA

(Camacho et al., 2020). Adding to known literature about hurtful disclosure responses of queer SA survivors including victim-blaming (Koss et al., 1994; Richardson et al., 2015), several participants also reported people asking if they were queer because of their SA, being told they were queer because they hated men, and being told dating women was easier than dating men. Few previous studies focused on exclusively queer samples, thus the current sample presented additional ways in which stigma of SA and queerness intersect.

Formal Reporting Literature and Campus Climate

Some participants from the current study reported not using formal campus resources shortly after their SA due to temporary inability to recognize their experience as SA, a phenomenon previously described by DeLoveh and Cattaneo (2017). However, one reason participants identified for feelings of denial not captured by a majority of previous research (DeLoveh & Cattaneo, 2017) was being unaware that women could also be perpetrators of SA which may be novel based on known literature given few studies within the SA literature have focused solely on queer samples. Another way current findings support previous research (Graham et al., 2021) is that the most commonly utilized formal campus resource in this study was counseling and peer support groups compared to other forms of formal reporting. Notably, participants from the current study were mainly recruited through APA-related listservs which may have increased their trust in counseling. The current participants may have also used counseling more than other formal reporting resources since they perceived it would provide more autonomy than resources such as Title IX, hospitals, and police.

Several reasons participants gave for not using formal reporting resources aligned with previous research including a lack of awareness of resources (Artime et al., 2018; Sabina & Ho, 2017), lack of appointment availability at college counseling centers (Artime et al., 2018; Halstead et al., 2018), and fear of retaliation of perpetrator (Holland & Cortina, 2017). One finding that differs from previous research (Holland et al., 2021a; Hackman et al., 2022; Walters, 2011) is participants in this study did not describe fear of homophobia as a reason not using formal resources when reporting their SA. Participants in this study may have not reported fear of homophobia as a deterrent of formal reporting due to several of the participants not considering formal reporting for other reasons that felt more salient such as fear of lack of autonomy, not feeling ready to discuss SA, being unaware of campus resources, and SA happening when classes are out of session. Previous research suggested students who have marginalized identities have poor experiences reporting SA to Title IX (Brubaker, 2019) which was shared by at least one participant in the current study. Similar to Donovan and Hester (2008) and dissimilar to Felix and colleagues (2021), participants in the current study were more likely to disclose their SA to informal sources than to report to formal sources. Participants described not wanting to report their SA on campus due to the potential for loss of autonomy through the Title IX standardized process (Brubaker, 2019) and lack of transparency in the reporting process (Nightingale, 2021). Findings from this study displayed similarities with Edwards and colleagues (2016) and Smith and Freyd (2014) such that individuals with marginalized identities did not perceive their campuses as ready to challenge discrimination, thus leading to decreased feelings of belongingness on campus. Some

participants described being from politically conservative states and/or attending politically conservative universities which may have negatively influenced inclusivity on campus for marginalized groups, such as the present study's queer women participants.

Implications for Training and Practice

Participants generally expressed varied reasons for distrusting formal reporting resources such as fearing they would not have control over outcomes if they chose to report to formal resources such as police, campus staff, Title IX, and hospitals. Typically, formal reporting in these contexts have structured procedures aligned with relevant laws intended to help SA survivors. Instead, many SA survivors feel disempowered by these systems, and advocacy work may be done to help update laws around mandated reporting, the Violence Against Women Act, and Title IX to better attend to the reported needs of SA survivors. SA is an experience in which many survivors report feeling disempowered and standardized formal reporting procedures often contribute to exacerbated feelings of disempowerment for survivors. Also suggested by Brubaker (2019) and Nightingale (2021) more flexibility with the formal reporting process would likely be of great help to SA survivors. Specific to this study, participants provided recommendations that formal reporting staff are hired based on multicultural awareness and humility as well as receive training on how SA may vary for queer individuals since most SA training assumes heteronormativity. Participants also shared how they may feel more empowered with formal reporting by having a choice of to whom they report (e.g., woman, person of color) as well as not being turned away for having emotional reactions such as crying. Title IX and other formal reporting resources may benefit from having

staff complete helping skills training that includes empathic ways of responding to SA reporting.

Additionally, similar to Walters (2011), participants expressed the importance of healthcare staff and other formal reporting staff having knowledge of how oppression affects various marginalized groups, such as people of color and LGBTQ individuals when reporting their SA. Campus formal reporting staff, including therapists, would likely benefit from continued multicultural training as it relates to SA reporting. Current participants specifically described being hurt by assumptions of heteronormativity (e.g. assumptions that participants have sex with men; assumptions that they are queer due to SA by men; lack of understanding of same sex perpetrators of SA; dating women is easier than men) and lack of understanding of people of color's experiences (e.g., why a woman of color would not feel comfortable reporting her SA to police; Latina participants not wanting to disclose SA to family; therapists who quickly diagnose women of color).

Many campuses have mandated SA training for students, faculty, and staff, and previous literature suggested improving this training by including bystander intervention (Jouriles et al., 2018; Mujal et al., 2021; Webb et al., 2020), self-defense (Gidycz & Dardis, 2014; Orchowski et al., 2020), and how to respond to SA disclosure (Edwards et al., 2020; Edwards et al., 2022). Campus mandated SA training would also likely benefit from increased inclusivity, specifically education that people of any gender or identity can be survivors and perpetrators of SA. More inclusive campus SA training could help dispel myths about SA which may lead to survivors recognizing different forms of SA more quickly outside of the most common form of a male perpetrator and a woman

victim. Survivors of SA may be more likely to seek support quickly with reduction of feelings of denial which may happen with a female perpetrator of SA. These strategies could help counter participants' perceptions that campus SA prevention efforts were performative and lacked actionable outcomes which truly helped SA survivors.

Additionally, current participants explained people with marginalized identities would benefit from strengthened campus communities of people with shared identities. Participants who described being from predominantly politically conservative states especially described feelings of not belonging or having to hide parts of their identity. Continued efforts of creating and maintaining community for various multicultural groups is essential to feelings of belonging for all students (Cohen & Willis, 1985; Edwards and colleagues, 2016).Taken together, the combination of empowering changes to formal reporting procedures, staff with increased multicultural awareness, inclusive SA training practices, actionable changes for SA survivors on campus, and increased community building efforts for marginalized communities would increase a sense of belongingness on campus for queer SA survivors. These improvements would likely be especially true for queer SA survivors with other marginalized identities. As is, campuses at large and campus formal reporting resources are not often described as inclusive or emotionally safe for queer SA survivors. Efforts for inclusivity across campus as well as prevention of perpetration would likely increase feelings of safety and overall campus climate for queer SA survivors.

Implications for Research and Limitations

College SA research has largely been completed on samples including participants with majority group identities (i.e., White, cis-gender, heterosexual), and the body of literature would benefit from continued studies centering individuals from different marginalized or minoritized backgrounds. For example, additional studies with people of color, disabled people, international students, working class students, and LGBTQ+ individuals would significantly contribute to the current body of literature. Additional research centering diverse identities would likely contribute to specific barriers people with marginalized identities face that individuals with privileged identities do not encounter when reporting SA on campus. Thus, all SA survivors, not just predominately White, cis-gender, heterosexual SA survivors can be supported while navigating college campus resources for SA survivors.

The current study sought a queer cis-gender female sample, however, considering limitations of this study, additional studies with the current population could provide more descriptive understandings of this population, as also suggested in Eisenburg and colleagues (2021). Even within the current sample, participants' identities varied such that White, Hispanic/Latina, and Black participants described different experiences around their SA reporting experience based on race. Additionally, further research looking at specific sexualities may be of use since the current participants who identified as bisexual described stigmas about being bisexual that did not necessarily apply to the lesbian and pansexual participants. The current study's sample was majority graduate students likely due to the use of APA listservs in the recruitment process, thus the current

study may include participants who are more likely to entrust therapists and have had more time to process undergraduate SAs. Future studies would benefit from a more diverse sample of participants from various programs/majors in college and additional understanding of undergraduate experiences.

Conclusion

The current study sought to understand formal reporting decision-making of queer, cis-gender college women who have experienced SA including experiences that influenced formal reporting decisions and how this impacted the participants' sense of belonging on campus. Participants described feelings of distrust for several formal reporting resources, however, many still sought support through formal resources. Hurtful responses to SA disclosure, including those consisting of LGBTQ+ stigma, from formal and informal resources contributed to participants' difficulties after SA. Participants described others' assumptions of heteronormativity and various forms of discrimination on campus to complicate healing from SA from furthered feelings of isolation. Participants described supportive responses and community from formal and informal resources to support their overall well-being. Future research is needed to further understand nuanced experiences of college students with marginalized identities who have experienced SA.

References

Abbey, A., Wegner, R., Pierce, J., & Jacques-Tiura, A. J. (2012). Patterns of sexual aggression in a community sample of young men: Risk factors associated with persistence, desistance, and initiation over a 1-year interval. *Psychology of Violence, 2*(1), 1-15. https://doi.org/10.1037%2Fa0026346

Abbott, D. M., & Mollen, D. (2018). Atheism as a concealable stigmatized identity: Outness, anticipated stigma, and well-being. *The Counseling Psychologist, 46*(6), 685-707. https://doi.org/10.1177/0011000018792669

Adams, G. A., & Webster, J. R. (2017). When leaders are not who they appear: The effects of leader disclosure of a concealable stigma on follower reactions. *Journal of Applied Social Psychology, 47*(12), 649-664. https://doi.org/10.1080/09515070.2018.1476837

Ali, R. (2011). Dear colleague letter. U.S. Department of Education, Office for Civil Rights. https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201104.html

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Author. https://doi.org/10.1176/appi.books.9780890425596

Andrasik, M. P., Valentine, S. E., & Pantalone, D. W. (2013). Sometimes you just have to have a lot of bitter to make it sweet: Substance abuse and partner abuse in the lives of HIV men who have sex with men. *Journal of Gay & Lesbian Social Services, 25*, 287–305. http://dx.doi .org/10.1080/10538720.2013.807215

Artime, T. M., Buchholz, K. R., & Jakupcak, M. (2019). Mental health symptoms and treatment utilization among trauma-exposed college students. *Psychological*

Trauma: Theory, Research, Practice, and Policy, *11*(3), 274. http://doi.org/10.1037/tra0000376

Babchuk, W. A., & Bodice, M. (2010). Realizing the potential of qualitative designs: A conceptual guide for research and practice. In J. Dirks (Ed.), *Proceedings of the 29th Annual Midwest Research Research-to-Practice Conference in Adult, Continuing, and Community Education*, Michigan State University, East Lansing, Michigan, September 26-28.

Backhaus, I., Lipson, S. K., Fisher, L. B., Kawachi, I., & Pedrelli, P. (2021). Sexual assault, sense of belonging, depression and suicidality among LGBQ and heterosexual college students. J*ournal of American College Health, 69*(4), 404-412. https://doi.org/10.1080/07448481.2019.1679155

Baggett, L. R., Eisen, E., Gonzalez-Rivas, S., Olson, L. A., Cameron, R. P., & Mona, L. R. (2017). Sex-positive assessment and treatment among female trauma survivors. *Journal of Clinical Psychology*, *73*(8), 965-974. https://doi.org/10.1002/jclp.22510

Baker, M. R., Frazier, P. A., Greer, C., Paulsen, J. A., Howard, K., Meredith, L. N., Anders, S. L., & Shallcross, S. L. (2016). Sexual victimization history predicts academic performance in college women. *Journal of Counseling Psychology, 63*, 685-692. https://doi.org/10.1037/cou0000146

Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of*

Women Quarterly, 29, 258–269. http://dx.doi.org/10.1111/j.1471-6402.2005.00220.x

Basile, K.C., Smith, S.G., Kresnow, M., Khatiwada S., & Leemis, R.W. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsreportonipv_2022.pdf

Banyard, V. L., Moynihan, M. M., Walsh, W. A., Cohn, E. S., & Ward, S. (2010). Friends of survivors: The community impact of unwanted sexual experiences. *Journal of Interpersonal Violence, 25*, 242–256. https://doi.org/10.1177/0886260509334407

Banyard, V. L., Demers, J. M., Cohn, E. S., Edwards, K. M., Moynihan, M. M., Walsh, W. A., & Ward, S. K. (2020). Academic correlates of unwanted sexual contact, intercourse, stalking, and intimate partner violence: An understudied but important consequence for college students. *Journal of Interpersonal Violence*, *35*(21-22), 4375-4392. https://doi.org/10.1177/0886260517715022

Barrett, B., & St. Pierre, M. (2013). Intimate partner violence reported by lesbian-, gay-, and bisexual-identified individuals living in Canada: An exploration of within-group variations. *Journal of Gay & Lesbian Social Services: The Quarterly Journal of Community & Clinical Practice, 25*, 1–23. http://dx.doi.org/10.1080/10538720.2013.751887

Bartholomew, K., Regan, K. V., Oram, D., & White, M. A. (2008). Correlates of partner abuse in male same-sex relationships. *Violence and Victims, 23*, 344–360. http://dx.doi.org/10.1891/0886-6708.23.3.344

Bartholomew, K., Regan, K. V., White, M. A., & Oram, D. (2008). Patterns of abuse in male same-sex relationships. *Violence and Victims, 23*, 617–636. http://dx.doi.org/10.1891/0886-6708.23.5.617

Bedera, N., Nordmeyer, K., & Holland, K. J. (2023). "I Could Never Tell My Parents": Barriers to queer women's college sexual assault disclosure to family members. *Violence Against Women, 29*(5), 800-816. https://doi.org/10.1177/10778012221101920

Bimbi, D. S., Palmadessa, N. A., & Parsons, J. T. (2008). Substance use and domestic violence among urban gays, lesbians and bisexuals. *Journal of LGBT Health Research, 3*, 1–7. https://dx.doi.org/10.1300/ J463v03n02_01

Black, M. C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine 5*, 428–39. https://doi.org/10.1177/1559827611410265

Black M. C., Basile K. C., Breiding M. J, Smith S. G, Walters M. L, Merrick M. T., Chen J., Stevens, M. R. (2011). The national intimate partner and sexual violence survey: 2010 summary report. Centers for Disease Control and Prevention.

Bogdan, R. C., & Biklen, S. K. (2007). Foundation of qualitative research for education. *Qualitative research for education: An introduction to theories and methods* (5th ed.). Pearson Education, Inc.

Bos, A. E., Kanner, D., Muris, P., Janssen, B., & Mayer, B. (2009). Mental illness stigma and disclosure: Consequences of coming out of the closet. *Issues in Mental Health Nursing, 30*(8), 509-513. https://doi.org/10.1080/01612840802601382

Boyraz, G., Granda, R., Baker, C. N., Tidwell, L. L., & Waits, J. B. (2016). Posttraumatic stress, effort regulation, and academic outcomes among college students: A longitudinal study. *Journal of Counseling Psychology, 63*, 475-486. https://doi.org/10.1037/cou0000102

Boyraz, G., Horne, S. G., Owens, A. C., & Armstrong, A. P. (2013). Academic achievement and college persistence of African American students with trauma exposure. *Journal of Counseling Psychology, 60,* 582–592. https://doi.org/10.1037/a0033672

Boyraz, G., Horne, S. G., Owens, A. C., & Armstrong, A. P. (2013). Academic achievement and college persistence of African American students with trauma exposure. *Journal of Counseling Psychology*, *60*(4). https://doi.org/10.1037/a0033672

Breslau, N., Kessler, R. C., Chilcoat, H. D., Schultz, L. R., Davis, G. C., & Andreski, P. (1998). Trauma and Posttraumatic Stress Disorder in the Community. *Archives of General Psychiatry, 55*, 626. https://doi.org/10.1001/archpsyc.55.7.626

Brubaker, S. J. (2019). Campus-based sexual assault victim advocacy and Title IX: Revisiting tensions between grassroots activism and the criminal justice system. *Feminist Criminology, 14(*3), 307-329. https://doi.org/10.1177/1557085118772087

Burton, C. W., & Guidry, J. D. (2021). Reporting intimate partner violence and sexual assault: A mixed methods study of concerns and considerations among college women of color. Journal of transcultural nursing, 32(4), 370-381. https://doi.org/10.1177/1043659620941583

Butler, L. C., Lee, H., & Fisher, B. S. (2019). Less safe in the ivory tower: Campus sexual assault policy in the Trump administration. Victims & Offenders, 14(8), 979–996. https://doi.org/10.4324/9781003023302-6

Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2015). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence & Abuse, 17*(5), 585–600. https://doi.org/10.1177/1524838015585318

Camacho, G., Reinka, M. A., & Quinn, D. M. (2020). Disclosure and concealment of stigmatized identities. *Current Opinion in Psychology, 31*, 28-32. https://doi.org/10.4324/9781003023302-6

Candela, A. G. (2019). Exploring the function of member checking. *The Qualitative Report*, *24*(3), 619-628. https://doi.org/10.46743/2160-3715/2019.3726

Cantor, D., Fisher, B., Chibnall, S., Harps, S., Townsend, R., Thomas, G., Lee, H., Kranz, V., Herbison, R., & Madden, K. (2019). Report on the AAU campus climate survey on sexual assault and misconduct. *The Association of American Universities, Westat, Rockville, Maryland*.

Carey, K. B., Norris, A. L., Durney, S. E., Shepardson, R. L., & Carey, M. P. (2018). Mental health consequences of sexual assault among first-year college women.

Journal of American College Health, 66(6), 480-486. https://doi.org/10.1080/07448481.2018.1431915

Carvalho, A. F., Lewis, R. J., Derlega, V. J., Winstead, B. A., & Viggiano, C. (2011). Internalized sexual minority stressors and same-sex intimate partner violence. *Journal of Family Violence, 26*, 501–509. http://dx.doi .org/10.1007/s10896-011-9384-2

Centers for Disease Control and Prevention. (2010). NISVS: An overview of 2010 findings on victimization by sexual orientation. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf

Centers for Disease Control and Prevention. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization - national intimate partner and Sexual Violence Survey, United States, 2011. Centers for Disease Control and Prevention. https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm

Centers for Disease Control and Prevention (2022, June 22). Fast facts: preventing sexual violence. https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html#:~:text=One%20in%204%20women%20and,harassment%20in%20a%20public%20place.

Chaudoir, S. R., & Fisher, J. D. (2010). The disclosure processes model: understanding disclosure decision making and postdisclosure outcomes among people living

with a concealable stigmatized identity. *Psychological Bulletin, 136*(2), 236. https://doi.org/10.1037/a0018193

Chaudoir, S. R., & Quinn, D. M. (2010). Revealing concealable stigmatized identities: The impact of disclosure motivations and positive first-disclosure experiences on fear of disclosure and well-being. *Journal of Social Issues, 66*(3), 570-584. https://doi.org/10.1111/j.1540-4560.2010.01663.x

Chaudoir, S. R., & Quinn, D. M. (2016). Evidence that anticipated stigma predicts poorer depressive symptom trajectories among emerging adults living with concealable stigmatized identities. *Self and Identity, 15*(2), 139-151. https://doi.org/10.1080/15298868.2015.1091378

Clum, G. A., Nishith, P., & Resick, P. A. (2001). Trauma- related sleep disturbance and self-reported physical health symptoms in treatment-seeking female rape victims. *The Journal of Nervous and Mental Disease, 189,* 618–622. https://doi.org/10.1097/00005053-200109000-00008

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357. https://doi.org/10.1037/00332909.98.2.310

Cooper, M. L., Shapiro, C. M., & Powers, A. M. (1998). Motivations for sex and risky sexual behavior among adolescents and young adults: A functional perspective. *Journal of Personality and Social Psychology, 75*, 1525-1558. https://doi.org/10.1037//0022-3514.75.6.1528

Cook, C. L. (2010) Encyclopedia of victimology and crime prevention. SAGE Publications, Inc. https://doi.org/10.4135/9781412979993

Craft, S. M., & Serovich, J. M. (2005). Family-of-origin factors and partner violence in the intimate relationships of gay men who are HIV positive. *Journal of Interpersonal Violence, 20*, 777–791. http://dx.doi.org/10.1177/0886260505277101

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *Handbook of Social Psychology* (pp. 504–553) (4th ed.). McGraw-Hill.

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). Sage.

Cole, S. W., Kemeny, M. E., & Taylor, S. E. (1997). Social identity and physical health: accelerated HIV progression in rejection-sensitive gay men. *Journal of Personality and Social Psychology, 72*(2), 320. https://doi.org/10.1037/0022-3514.72.2.320

Cook, J. E., Salter, A., & Stadler, G. (2017). Identity concealment and chronic illness: a strategic choice. *Journal of Social Issues, 73*(2), 359-378. https://doi.org/10.1111/josi.12221

Coulter, R. W. S., Mair, C., Miller, E., Blosnich, J. R., Matthews, D. D., & McCauley, H. L. (2017). Prevalence of past-year sexual assault victimization among undergraduate students: Exploring differences by and intersections of gender

identity, sexual identity, and race/ethnicity. *Prevention Science, 18*, 726-736. https://doi.org/10.1007/s11121-017-0762-8

Cullen, F., Fisher, B., & Turner, M., The sexual victimization of college women (NCJ 182369). (2000). National Institute of Justice: https://www.ncjrs.gov/pdffiles1/nij/182369.pdf

Dank, M., Lachman, P. Zweig J. M.& Yahner J. (2014). Dating violence experiences of lesbian, gay, bisexual, and transgender youth. *Journal of Youth and Adolescence, 43*, 846–857. http://dx.doi.org/10.1007/s10964013-9975-8

DeCou, C. R., Mahoney, C. T., Kaplan, S. P., & Lynch, S. M. (2019). Coping self-efficacy and trauma-related shame mediate the association between negative social reactions to sexual assault and PTSD symptoms. *Psychological Trauma: Theory, Research, Practice, and Policy, 11*(1), 51–54. https://doi.org/10.1037/tra0000379

Deitz, M. F., Williams, S. L., Rife, S. C., & Cantrell, P. (2015). Examining cultural, social, and self-related aspects of stigma in relation to sexual assault and trauma symptoms. *Violence Against Women*, *21*(5), 598-615. https://doi.org/10.1177/1077801215573330

DeLoveh, H. L., & Cattaneo, L. B. (2017). Deciding where to turn: A qualitative investigation of college students' helpseeking decisions after sexual assault. *American Journal of Community Psychology*, *59*(1-2), 65-79. https://doi.org/10.1002/ajcp.12125

DeKeseredy, W. S. (2018). Sexual assault on the college campus. In P. Lussier & E. Beauregard (Eds.), *Sexual offending: A criminological perspective* (pp. 204–219). Routledge.

DeKeseredy, W. S. (2021). Bringing feminist sociological analyses of patriarchy back to the forefront of the study of woman abuse. Violence Against Women, 27(5), 621-638. https://doi.org/10.1177/1077801220958485

DeKeseredy, W. S., & Schwartz, M. D. (1998). Measuring the extent of woman abuse in intimate heterosexual relationships: A critique of the Conflict Tactics Scales. US Department of Justice Violence Against Women Grants Office Electronic Resources.

Demers, J. M., Ward, S. K., Walsh, W. A., Banyard, V. L., Cohn, E. S., Edwards, K. M., & Moynihan, M. M. (2018). Disclosure on campus: Students' decisions to tell others about unwanted sexual experiences, intimate partner violence, and stalking. *Journal of Aggression, Maltreatment & Trauma, 27(*1), 54–75. https://doi.org/10.1080/10926771.2017.1382631

Denzin, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practice of qualitative

research. In N.K. Denzin & Y.S. Lincoln (Eds), *The Sage handbook of qualitative research* (4th ed.). Sage.

Dobash, & Dobash, R. (1979). Violence against wives: A case against the patriarchy. Free Press.

Donovan, C., & Hester, M. (2008). 'Because she was my first girlfriend, I didn't know any different': Making the case for mainstreaming same-sex sex/relationship education. *Sex Education, 8*, 277–287. http://dx.doi.org/10.1080/14681810802218155

Domino, J. L., Whiteman, S. E., Weathers, F. W., Blevins, C. T., & Davis, M. T. (2020). Predicting PTSD and depression following sexual assault: The role of perceived life threat, post-traumatic cognitions, victim-perpetrator relationship, and social support. *Journal of Aggression, Maltreatment & Trauma*, *29*(6), 680-698. https://doi.org/10.1080/10926771.2019.1710634

Draucker, C. B., Martsolf, D. S., Ross, R., Cook, C. B., Stidham, A. W., & Mweemba, P. (2009). The essence of healing from sexual violence: A qualitative metasynthesis. *Research in Nursing and Health, 32*, 366–378. https://doi.org/10.1002/nur.20333

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

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

Eaton, L., Kaufman, M., Fuhrel, A., Cain, D., Cherry, C., Pope, H., & Kalichman, S. C. (2008). Examining factors co-existing with interpersonal violence in lesbian

relationships. *Journal of Family Violence, 23,* 697–705. http://dx.doi.org/10.1007/s10896-008-9194-3

Edwards, K. M., Banyard, V. L., Waterman, E. A., Mitchell, K. J., Jones, L. M., Kollar, L. M. M., & Simon, B. (2022). Evaluating the impact of a youth-led sexual violence prevention program: Youth leadership retreat outcomes. *Prevention Science, 23*(8), 1379-1393. https://doi.org/10.1007/s11121-022-01343-x

Edwards, K. M., Sessarego, S. N., & Schmidt, M. H. (2019). The kids are alright (mostly): An empirical examination of Title IX knowledge in institutions of higher education. *Psychology of Violence, 9*(4), 431. https://doi.org/10.1037/e508672018-001

Edwards, K. M., Littleton, H. L., Sylaska, K. M., Crossman, A. L., & Craig, M. (2016). College campus community readiness to address intimate partner violence among LGBTQ+ young adults: A conceptual and empirical examination. *American Journal of Community Psychology, 58*(1-2), 16-26. https://doi.org/10.1037/e529382014-272

Edwards, K. M., Mauer, V. A., Huff, M., Farquhar-Leicester, A., Sutton, T. E., & Ullman, S. E. (2022). Disclosure of Sexual Assault Among Sexual and Gender Minorities: A Systematic Literature Review. *Trauma, Violence, & Abuse,* 24(3), 1608-1623. https://doi.org/10.1177/15248380211073842

Edwards, K. M., Sylaska, K. M., Barry, J. E., Moynihan, M. M., Banyard, V. L., Cohn, E. S & Ward, S. K. (2015). Physical dating violence, sexual violence, and unwanted pursuit victimization: A comparison of incidence rates among sexual-minority and

heterosexual college students. *Journal of Interpersonal Violence, 30*(4), 580-600. https://doi.org/10.1177/0886260514535260

Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015). Intimate partner violence among sexual minority populations: A critical review of the literature and agenda for future research. *Psychology of Violence, 5*, 112–121. https://doi.org/10.1037/a0038656.supp

Edwards, K. M., Turchik, J. A., Dardis, C. M., Reynolds, N., & Gidycz, C. A. (2011). Rape myths: History, individual and institutional-level presence, and implications for change. *Sex Roles*, *65*(11), 761-773. https://doi.org/10.1007/s11199-011-9943-2

Edwards, K. M., Waterman, E. A., Ullman, S. E., Rodriguez, L. M., Dardis, C. M., & Dworkin, E. R. (2022). A pilot evaluation of an intervention to improve social reactions to sexual and partner violence disclosures. *Journal of Interpersonal Violence, 37*(5-6), 2510-2534. https://doi.org/10.1177/0886260520934437

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

Eisenberg, M. E., Lust, K. A., Hannan, P. J., & Porta, C. (2016). Campus sexual violence resources and emotional health of college women who have experienced sexual assault. *Violence and Victims, 31*(2), 274-284. https://doi.org/10.1891/0886-6708.vv-d-14-00049

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1), 1-4. https://doi.org/10.11648/j.ajtas.20160501.11

Felix, S. N., Daigle, L. E., Hawk, S. R., & Policastro, C. (2021). Lesbian, gay, and bisexual victims' reporting behaviors to informal and formal sources. *Sexuality Research and Social Policy, 18*, 281-289. https://doi.org/10.1007/s13178-020-00456-8

Frable, D. E., Platt, L., & Hoey, S. (1998). Concealable stigmas and positive self-perceptions: feeling better around similar others. *Journal of Personality and Social Psychology, 74(*4), 909. https://doi.org/10.1037/0022-3514.74.4.909

Frazier, P. A., & Burnett, J. W. (1994). Immediate coping strategies among rape victims. *Journal of Counseling and Development, 72,* 633–639. https://doi.org/10.1002/j.1556-6676.1994.tb01694.x

Frazier, P., Conlon, A., Steger, M., Tashiro, T., & Glaser, T. (2006). Positive life changes following sexual assault: A replication and extension. In G. D. Kume (Ed.), *Post-traumatic Stress: New Research* (pp. 1-22). Nova Science Publishers.

Gidycz, C. A., & Dardis, C. M. (2014). Feminist self-defense and resistance training for college students: A critical review and recommendations for the future. *Trauma Violence Abuse, 15,* 322–333. https://doi.org/10.1177/1524838014521026

GLAAD. (2022). *Glossary of Terms: LGBTQ*. https://www.glaad.org/reference/terms?response_type=embed&gclid=Cj0KCQjw

1bqZBhDXARIsANTjCPIOR5hvmCGJUdWs3bkDwKjO24BJ1tYcDu2w6ucIbpCQV6Za5fiCuhgaApXdEALw_wcB

Graham, C., Mallinson, K., Krall, J., & Annan, S. (2019). Sexual assault, campus resource use, and psychological distress in undergraduate women. *Journal of Interpersonal Violence*, *36*(21-22), 10361-10382. https://doi.org/10.1177/0886260519884689

Graham, A. C., Mallinson, R. K., Krall, J. R., & Annan, S. L. (2021). Sexual assault survivors' perceived helpfulness of university-affiliated resources. *Violence Against Women, 27*(10), 1758-1773. https://doi.org/10.1177/1077801220952172

Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity.* Prentice-Hall.

Greathouse, M., BrckaLorenz, A., Hoban, M., Huesman, R., Rankin, S., & Stoizenberg, E. B. (2018). Queer-spectrum and trans-spectrum student experiences in American higher education: The analyses of national survey findings. Rutgers Tyler Clementi Center. https://clementicenter.rutgers.edu/sites/default/files/pdf/White-PaperFinal.pdf

Green, B. L., Goodman, L. A., Krupnick, J. L., Corcoran, C. B., Petty, R. M., Stockton, P., & Stern, N. M. (2000). Outcomes of single versus multiple trauma exposure in a screening sample. *Journal of Traumatic Stress, 13*, 271-286. https://doi.org/10.1023/a:1007758711939

Green, E. L. (2018, May 16). Sex assault rules under DeVos bolster defendants' rights and ease college liability. The New York Times. https://www.nytimes.com/2018/11/16/us/politics/ betsy-devos-title-ix.html

Griner, S., Vamos, C., Thompson, E., Logan, R., Vázquez-Otero, C., & Daley, E. (2017). The intersection of gender identity and violence: Victimization experienced by transgender college students. *Journal of Interpersonal Violence, 35*(23-24), 5704-5725. https://doi.org/10.1177/0886260517723743

Guadalupe-Diaz, X. L., & Yglesias, J. (2013). 'Who's protected?' Exploring perceptions of domestic violence law by lesbians, gays, and bisexuals. *Journal of Gay & Lesbian Social Services, 25(*4), 465–485. https://doi.org/10.1080/10538720.2013.806881

Guerette, S. M., & Caron, S. L. (2007). Assessing the impact of acquaintance rape: Interviews with women who are victims/survivors of sexual assault while in college. *Journal of College Student Psychotherapy, 22*(2), 31–50. https://doi.org/10.1300/j035v22n02_04

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

Halstead, V., Williams, J., & Gonzales-Guarda, R. (2018). College students' perspectives on campus health centers as a sexual assault resource: A qualitative analysis.

*Violence and Victims, 33(*1), 109–125. https://doi.org/10.1891/0886-6708.vv-d-16-00162

Harper, S. R., & Hurtado, S. (2007). Nine themes in campus racial climates and implications for institutional transformation. In S. R. Harper & L. D. Patton (Eds.), *Responding to the realities of race on campus* (New Directions for Student Services, 120, pp. 7-24). Jossey-Bass.

Harris, J. C. (2020). Women of color undergraduate students' experiences with campus sexual assault: An intersectional analysis. *The Review of Higher Education, 44*(1), 1-30. https://doi.org/10.1353/rhe.2020.0033

Hart, J., & Fellabaum, J. (2008). Analyzing campus climate studies: Seeking to define and understand. *Journal of Diversity in Higher Education*, *1*(4), 222. https://doi.org/10.1037/a0013627

Hatch, J. A. (2002). *Doing qualitative research in educational settings.* State University of New York Press.

Henriksen, M. G., Englander, M., & Nordgaard, J. (2022). Methods of data collection in psychopathology: The role of semi-structured, phenomenological interviews. *Phenomenology and the Cognitive Sciences*, *21*(1), 9-30. https://doi.org/10.1007/s11097-021-09730-5

Holland, K. J., Cipriano, A. E., & Huit, T. Z. (2021a). “A victim/survivor needs agency”: Sexual assault survivors’ perceptions of university mandatory reporting policies. *Analyses of Social Issues and Public Policy, 21*(1), 488-508. https://doi.org/10.1111/asap.12226

Holland, K. J., Cipriano, A. E., & Huit, T. Z. (2021b). LGBTQ and straight sexual assault survivors' interactions with counseling in a campus counseling center and women's center. *Women & Therapy*, *44*(3-4), 337-357. https://doi.org/10.1080/02703149.2021.1961439

Holland, K. J., Cipriano, A. E., Huit, T. Z., Volk, S. A., Meyer, C. L., Waitr, E., & Wiener, E. R. (2021). "Serious enough"? A mixed-method examination of the minimization of sexual assault as a service barrier for college sexual assault survivors. *Psychology of Violence, 11*(3), 276-285. https://doi.org/10.1037/vio0000377

Holland, K. J., & Cortina, L. M. (2017). "It happens to girls all the time": Examining sexual assault survivors' reasons for not using campus supports. *American Journal of Community Psychology*, *59*(1-2), 50-64. https://doi.org/10.1002/ajcp.12126

Holland, K. J., Cortina, L. M., & Freyd, J. J. (2018). Compelled disclosure of college sexual assault. *American Psychologist, 73*(3), 256. https://doi.org/10.1037/amp0000186

Hurtado, S., & Ponjuan, L. (2005). Latino educational outcomes and the campus climate. *Journal of Hispanic Higher Education*, *4*(3), 235-251. https://doi.org/10.1177/1538192705276548

Hycner, R. H. (1985). Some guidelines for the phenomenological analysis of interview data. *Human Studies, 8*, 279 –303. http://dx.doi.org/10.1007/BF00142995

Jensen, I., & Gutek, B. A., (1982). Attributions and assignment of responsibility for sexual harassment. *Journal of Social Issues, 38*, 121-136. https://doi.org/10.1111/j.15404560.1982.tb01914.x

Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social stigma: The psychology of marked relationships.* Freeman.

Jordan, C. E., Combs, J. L., & Smith, G. T. (2014). An exploration of sexual victimization and academic performance among college women. *Trauma, Violence, & Abuse, 15,* 191–200. https://doi/org/10.1177/1524838014520637

Jouriles, E. N., Krauss, A., Vu, N. L., Banyard, V. L., & McDonald, R. (2018). Bystander programs addressing sexual violence on college campuses: A systematic review and meta-analysis of program outcomes and delivery methods. *Journal of American College Health*, *66*(6), 457-466. https://doi.org/10.1080/07448481.2018.1431906

Kaiser, K. (2009). Protecting respondent confidentiality in qualitative research. *Qualitative Health Research*, *19*(11), 1632-1641. https://doi.org/10.1177/1049732309350879

Kammer-Kerwick, M., Wang, A., Hoefer, S., Backes, B., & Busch-Armendariz, N. (2019). Sexual violence among gender and sexual minority students: The risk and extent of victimization and related health and educational outcomes. *Journal of Interpersonal Violence, 36*(21-22), 10499-10526..https://doi.org/10.1177/0886260519883866

Keefe, K. M., Sizemore, S., Hammersley, J., & Sunami, N. (2018). Recent sexual assault and suicidal behaviors in college students: The moderating role of anger. *Journal of College Counseling*, *21*(2), 98-110. https://doi.org/10.1002/jocc.12090

Keshet, H., & Gilboa-Schechtman, E. (2019). The Focality of Sexual Trauma and Its Effects on Women's Symptoms and Self-Perceptions. *Psychology of Women Quarterly*, *43*(4), 472-484. https://doi.org/10.1177/0361684319861100

Kessler, R.C., Berglund, P. A., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 593–602. https://doi.org/10.1001/archpsyc.62.6.593

Kimble, M., Neacsiu, A. D., Flack, W. F., & Horner, J. (2008). Risk of unwanted sex for college women: Evidence for a red zone. *Journal of American College Health, 57(3)*, 331-338. https://doi.org/10.3200/jach.57.3.331-338

Koss, M. P., & Gidycz, C. A. (1985). Sexual Experiences Survey: Reliability and validity. *Journal of Consulting and Clinical Psychology, 53(3),* 422–423. https://doi.org/10.1037/0022-006x.53.3.422

Koss, M. P., Goodman, L. A., Browne, A., Fitzgerald, L. F., Keita, G. P., & Russo, N. F., (Eds.). (1994). *No safe haven: Male violence against women at home, at work, and in the community*. American Psychological Association.

Krahé, B., & Berger, A. (2016). Longitudinal pathways of sexual victimization, sexual-self-esteem, and depression in women and men. *Psychological Trauma: Theory, Research, Practice, and Policy, 9,* 147-155. https://doi.org/10.1037/tra0000198

Krause, K. H., Woofter, R., Haardörfer, R., Windle, M., Sales, J. M., & Yount, K. M. (2019). Measuring campus sexual assault and culture: A systematic review of campus climate surveys. *Psychology of Violence, 9*(6), 611. https://doi.org/10.1037/vio0000209.supp

Krebs, C., Lindquist, C., Berzofsky, M., Shook-Sa, B., Peterson, K., Planty, M., & Stroop, J. (2016). Campus climate survey validation study: Final technical report. Office of Justice Programs. https://bjs.ojp.gov/content/pub/pdf/ccsvsftr.pdf

Lam, P. K., Naar-King, S., & Wright, K. (2007). Social support and disclosure as predictors of mental health in HIV-positive youth. *AIDS Patient Care and STDs, 21*(1), 20-29. https://doi.org/10.1089/apc.2006.005

Legate, N., Ryan, R. M., & Weinstein, N. (2012). Is coming out always a "good thing"? Exploring the relations of autonomy support, outness, and wellness for lesbian, gay, and bisexual individuals. *Social Psychological and Personality Science*, *3*(2), 145-152. https://doi.org/10.1177/1948550611411929

Lichtman, M. (2013). *Qualitative research in education: A user's guide* (3rd ed.). Sage.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Lindquist, C. H., Barrick, K., Krebs, C., Crosby, C. M., Lockard, A. J., & Sanders-Phillips, K. (2013). The context and consequences of sexual assault among undergraduate women at Historically Black Colleges and Universities (HBCUs). *Journal of Interpersonal Violence, 28*, 2437-2461. http://doi.org/10.1177/0886260513479032.

Lindquist, C. H., Crosby, C. M., Barrick, K., Krebs, C. P., & Settles-Reaves, B. (2016). Disclosure of sexual assault experiences among undergraduate women at historically Black colleges and universities (HBCUs). *Journal of American College Health, 64*(6), 469–480. https://doi.org/10.1080/07448481.2016.1181635

Littleton, H. L., Grills-Taquechel, A. R., Buck, K. S., Rosman, L., & Dodd, J. C. (2013). Health risk behavior and sexual assault among ethnically diverse women. *Psychology of Women Quarterly, 37*, 7-21. https://doi.org/10.1177/0361684312451842

Logie, C. H., Allagia, R., & Rwigema, M. J. (2012). A social ecological approach to understanding correlates of lifetime sexual assault among sexual minority women in Toronto, Canada: Results from a cross-sectional internet-based survey. *Health Education Research, 29*(4), 671–682. https://doi.org/10.1093/her/cyt119

Lynch, J. W., & Rodell, J. B. (2018). Blend in or stand out? Interpersonal outcomes of managing concealable stigmas at work. *Journal of Applied Psychology, 103*(12), 1307. https://doi.org/10.1037/apl0000342

Mahoney, C. T., Lynch, S. M., & Benight, C. C. (2021). The indirect effect of coping self-efficacy on the relation between sexual violence and PTSD symptoms. Journal of interpersonal violence, 36(21-22), 9996-10012.https://doi.org/10.1177/0886260519881525

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative Health Research*, *26*(13), 1753-1760. https://doi.org/10.1177/1049732315617444

Mayers, K. S., Heller, D. K., & Heller, J. A. (2003). Damaged sexual self-esteem: A kind of disability. *Sexuality and Disability, 21*, 269-282. https://doi.org/10.1023/bsedi:0000010069.08844.04

McBride, H. & Ireland, C. A. (2016). The impact of coping style, self-efficacy, emotional reaction, and resilience on trauma related intrusive thoughts. *Journal of Forensic Practice, 8*, 229-239. http://doi.org/10.1108/jfp-06-2015-0036

McCauley, J., Kern, D. E., Kolodner, K., Dill, L., Schroeder, A. F., DeChant, H. K., Ryden, J., Derogatis, L. R., & Bass, E. B. (1997). Clinical characteristics of women with a history of childhood abuse. *Journal of the American Medical Association, 277*, 1362-1368. https://doi.org/10.1001/jama.1997.03540410040028

Meidlinger, P. C., & Hope, D. A. (2014). Differentiating disclosure and concealment in measurement of outness for sexual minorities: The Nebraska Outness Scale. *Psychology of Sexual Orientation and Gender Diversity, 1*(4), 489, , 489–497. https://doi.org/10.1037/sgd0000080

Mellins, C. A., Walsh, K., Sarvet, A. L., Wall, M., Gilbert, L., Santelli, J. S.., Thompson, M., Wilson, P.A., Khan., Benson, S., Bah., K., Kaufman, K. A., Reardon, L., & Hirsch, J. S. (2017). Sexual assault incidents among college undergraduates: Prevalence and factors associated with risk. *PLoS one, 12*(11). https://doi.org/10.1371/journal.pone.0192129

Mengo, C., & Black, B. M. (2016). Violence victimization on a college campus: Impact on GPA and school dropout. *Journal of College Student Retention: Research, Theory and Practice, 18*(2), 234–248. https://doi.org/10.1177/1521025115584750

Mennicke, A., Coates, C. A., Jules, B., & Langhinrichsen-Rohling, J. (2021). Who do they tell? College students' formal and informal disclosure of sexual violence, sexual harassment, stalking, and dating violence by gender, sexual identity, and race. *Journal of Interpersonal Violence*. *37*(21-22), NP20092-NP20119. https://doi.org/10.1177/08862605211050107

Merriam, S., & Tisdale, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). John Wiley and Sons.

Moradi, B., Wiseman, M. C., DeBlaere, C., Goodman, M. B., Sarkees, A., Brewster, M. E., & Huang, Y. P. (2010). LGB of color and white individuals' perceptions of heterosexist stigma, internalized homophobia, and outness: Comparisons of levels and links. *The Counseling Psychologist*, *38*(3), 397-424. https://doi.org/10.1177/0011000009335263

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250. https://psycnet.apa.org/doi/10.1037/0022-0167.52.2.250

Mujal, G. N., Taylor, M. E., Fry, J. L., Gochez-Kerr, T. H., & Weaver, N. L. (2021). A systematic review of bystander interventions for the prevention of sexual violence. *Trauma, Violence, & Abuse*, *22*(2), 381-396. https://doi.org/10.1177/1524838019849587

Murphy-Oikonen, J., & Egan, R. (2022). Sexual and Gender Minorities: Reporting Sexual Assault to the Police. *Journal of Homosexuality, 69*(5), 773–795. https://doi.org/10.1080/00918369.2021.1892402

National Coalition to Prevent Child Sexual Abuse and Exploitation. (2012). National Plan to Prevent the Sexual Abuse and Exploitation of Children. http://www.preventtogether.org/Resources/Documents/NationalPlan2012FINAL.pdf

Newheiser, A. K., & Barreto, M. (2014). Hidden costs of hiding stigma: Ironic interpersonal consequences of concealing a stigmatized identity in social interactions. *Journal of Experimental Social Psychology*, *52*, 58-70. https://doi.org/10.1016/j.jesp.2014.01.002

Nieves-Rosa, L. E., Carballo-Dieguez, A., & Dolezal, C. (2000). Domestic abuse and HIV-risk behavior in Latin American men who have sex with men in New York City. *Journal of Gay & Lesbian Social Services, 11*, 77–90. http://dx.doi.org/10.1300/J041v11n01_04

Nightingale, S. D. (2022). An exploratory analysis of factors related to reporting sexual assault to college officials by LGBTQ student survivors. *Journal of American College Health,* 1-9. https://doi.org/10.1080/07448481.2022.2090843

Nightingale, S. (2021). "It probably hurt more than it helped": LGBTQ survivors of sexual assault and their experience with the college Title IX reporting process. *Advances in Social Work, 21*(4), 1280-1299. https://doi.org/10.18060/25211

Onwuegbuzie, A. J., Leech, N. L., & Collins, K. M. (2010). Innovative data collection strategies in qualitative research. *Qualitative Report*, *15*(3), 696-726. https://doi.org/10.46743/2160-3715/2010.1171

Orne, J. (2011). 'You will always have to "out" yourself': Reconsidering coming out through strategic outness. *Sexualities*, *14*(6), 681-703. https://doi.org/10.1177/1363460711420462

Orchowski, L. M., Edwards, K. M., Hollander, J. A., Banyard, V. L., Senn, C. Y., & Gidycz, C. A. (2020). Integrating sexual assault resistance, bystander, and men's social norms strategies to prevent sexual violence on college campuses: A call to action. *Trauma, Violence, & Abuse*, *21*(4), 811-827. https://doi.org/10.1177/1524838018789153

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

Orcutt, H. K., Cooper, M. L., & Garcia, M. (2005). Use of sexual intercourse to reduce negative affect as a prospective mediator of sexual revictimization. *Journal of Traumatic Stress, 18,* 729–739. https://doi.org/10.1002/jts.20081

Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. W. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin, 129*, 52–73. https://doi.org/10.1037/0033-2909.129.1.52

Palmer, J. E., Williams, E. & Mennicke, A. (2002). Interpersonal violence experiences and disclosure patterns for lesbian, gay, bisexual, queer+, and heterosexual university students. *Journal of Family Violence*, 37(3), 505–519. https://doi.org/10.1007/s10896-021-00268-3

Parr, N. J. (2020). Sexual assault and co-occurrence of mental health outcomes among cisgender female, cisgender male, and gender minority US college students. *Journal of Adolescent Health, 67*(5), 722-726. https://doi.org/10.1016/j.jadohealth.2020.03.040

Plested, B. A., Edwards, R. W., & Jumper-Thurman, P. (2006). Community readiness: A handbook for successful change. Tri-Ethnic Center for Prevention Research. https://paninbc.ca/wp-content/uploads/2013/06/Community-Readiness-Handbook-DS.pdf

Prochaska, J.O., & DiClemente, C.C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology, 51,* 390–395. https://doi.org/10.1037/0022-006x.51.3.390

Quinn, D. M., & Chaudoir, S. R. (2009). Living with a concealable stigmatized identity: the impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *Journal of Personality and Social Psychology, 97*(4), 634. https://doi.org/10.1037/2376-6972.1.s.35

Quinn, D. M., & Earnshaw, V. A. (2011). Understanding concealable stigmatized identities: The role of identity in psychological, physical, and behavioral outcomes. *Social Issues and Policy Review, 5(*1), 160-190. https://doi.org/10.1111/j.1751-2409.2011.01029.x

Quinn, D. M., & Earnshaw, V. A. (2013). Concealable stigmatized identities and psychological well-being. *Social and Personality Psychology Compass, 7*(1), 40-51. https://doi.org/10.1111/spc3.12005

Quinn, D. M., Kahng, S. K., & Crocker, J. (2004). Discreditable: Stigma effects of revealing a mental illness history on test performance. *Personality and Social Psychology Bulletin, 30*, 803–815. https://doi.org/10.1177/0146167204264088

Quinn, D. M., Weisz, B. M., & Lawner, E. K. (2017). Impact of active concealment of stigmatized identities on physical and psychological quality of life. *Social Science & Medicine, 192,* 14-17. https://doi.org/10.1016/j.socscimed.2017.09.024

Quinn, D. M., Williams, M. K., Quintana, F., Gaskins, J. L., Overstreet, N. M., Pishori, A., Earnshaw, V.A., Perez, G., & Chaudoir, S. R. (2014). Examining effects of anticipated stigma, centrality, salience, internalization, and outness on psychological distress for people with concealable stigmatized identities. *PloS one, 9*(5), e96977. https://doi.org/10.1371/journal.pone.0096977

Ragins, B. R., (2004). Sexual orientation in the workplace: The unique work and career experiences of gay, lesbian and bisexual workers. In J. J. Martocchio (Ed.), *Research in personnel and human resources management* (pp. 35-120). Emerald Group Publishing Limited. https://doi.org/10.1016/S0742-7301(04)23002-X

Ragins, B. R. (2008). Disclosure disconnects: Antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review, 33(*1), 194-215. https://doi.org/10.5465/amr.2008.27752724

Rankin, S. R. (2005). Campus climates for sexual minorities. *New Directions for Student Services*, *2005*(111), 17-23. https://doi.org/10.1002/ss.170

Rankin, S. R., & Reason, R. D. (2005). Differing perceptions: How students of color and white students perceive campus climate for underrepresented groups. *Journal of*

College Student Development, *46*(1), 43-61. https://doi.org/10.1353/csd.2005.0008

Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). 2010 state of higher education for lesbian, gay, bisexual, and transgender people. Campus Pride.

Ray, C. M., Tyler, K. A., & Gordon Simons, L. (2021). Risk factors for forced, incapacitated, and coercive sexual victimization among sexual minority and heterosexual male and female college students. *Journal of Interpersonal Violence, 36*(5-6), 2241-2261. https://doi.org/10.1177/0886260518758332

Reinka, M. A., Pan-Weisz, B., Lawner, E. K., & Quinn, D. M. (2020). Cumulative consequences of stigma: Possessing multiple concealable stigmatized identities is associated with worse quality of life. *Journal of Applied Social Psychology, 50*(4), 253-261. https://doi.org/10.1111/jasp.12656

Rennison, C. M. (2002). Rape and sexual assault: Reporting to police and medical attention, 1992-2000 [NCJ 194530]. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics: https://www.bjs.gov/content/pub/pdf/rsarp00.pdf

Renzetti, C. M., & Kennedy Bergen, R. (2005). Introduction: The emergence of violence against women as a social problem. In C. M. Renzetti & R. Kennedy Bergen (Eds.), *Violence against women* (pp. 1–12). Roman & Littlefield. https://doi.org/10.4135/9781452224916

Resnick, H.S., Kilpatrick, D. G., Dansky, B. S., Saunders, B. E., & Best, C. L. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative

national sample of women. *Journal of Consulting and Clinical Psychology. 61*, 984–991. https://doi:10.1037/0022-006x.61.6.984

Rothman, K., Georgia Salivar, E., Roddy, M. K., Hatch, S. G., & Doss, B. D. (2021). Sexual assault among women in college: Immediate and long-term associations with mental health, psychosocial functioning, and romantic relationships. *Journal of Interpersonal Violence*, *36*(19-20), 9600-9622. https://doi.org/10.1177/0886260519870158

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

Ryan, W. (1976). *Blaming the victim* (Vol. 226). Vintage.

Sabina, C., & Ho, L. Y. (2014). Campus and college victim responses to sexual assault and dating violence: Disclosure, service utilization, and service provision. *Trauma, Violence, & Abuse, 15*(3), 201-226. https://doi.org/10.1177/1524838014521322

Santelli, J. S., Grilo, S. A., Choo, T. H., Diaz, G., Walsh, K., Wall, M., Hirsch, J.S., Wilson, P.A., Gilbert, L., Khan, S., & Mellins, C. A. (2018). Does sex education before college protect students from sexual assault in college?. *PloS one, 13*(11): e0205951, https://doi.org/10.1371/journal.pone.0205951

Sigurvinsdottir, R., & Ullman, S. E. (2016). Sexual orientation, race, and trauma as predictors of sexual assault recovery. *Journal of Family Violence, 3*1(7), 913-921. https://doi.org/10.1007/ s10896-015-9793-8

Sinozich, S., & Langton, L. (2014). *Rape and sexual assault victimization among college-age females, 1995-2013*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/rsavcaf9513.pdf

Sylaska, K. M., & Edwards, K. M. (2013). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence, & Abuse, 15*, 3–21. https://doi.org/10.1177/1524838013496335

Ståhl, T., Eek, D., & Kazemi, A. (2010). Rape victim blaming as system justification: The role of gender and activation of complementary stereotypes. *Social Justice Research, 23*(4), 239–258. https://doi.org/10.1007/s11211-010-0117-0

Steele, L. S., Tinmouth, J. M., & Lu, A. (2006). Regular health care use by lesbians: a path analysis of predictive factors. *Family Practice, 23*(6), 631-636. https://doi.org/10.1093/fampra/cml030

Shapiro, B. L., & Schwarz, J. C. (1997). Date rape: Its relationship to trauma symptoms and sexual self-esteem. *Journal of Interpersonal Violence, 12*, 407-419. https://doi.org/10.1177/088626097012003006

Smith, C. P., Cunningham, S. A., & Freyd, J. J. (2016). Sexual violence, institutional betrayal, and psychological outcomes for LGB college students. *Translational Issues in Psychological Science, 2*(4), 351–360. https://doi.org/10.1037/tps0000094

Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist*, *69*(6), 575-587. https://doi.org/10.1037/a0037564

Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 data brief—Updated release. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Tansill, E. C., Edwards, K. M., Kearns, M. C. Gidycz, C. A., & Calhoun, K. S. (2012). The mediating role of trauma-related symptoms in the relationship between sexual victimization and physical health symptomology in undergraduate women. *Journal of Traumatic Stress, 25*, 79-85. https://doi.org/10.1002/jts.21666

Tamborra, T. L., & Narchet, F. M. (2011). A university sexual misconduct policy: Prioritizing student victims' voices. *Crime Prevention and Community Safety, 13,* 16–33. https://doi.org/10.1057/cpcs.2010.17

Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering.* Sage.

Tetreault, P. A., Fette, R., Meidlinger, P. C., & Hope, D. (2013). Perceptions of campus climate by sexual minorities. *Journal of Homosexuality*, *60*(7), 947-964. https://doi.org/10.1080/00918369.2013.774874

The White House. (2022). *Fact Sheet: Reauthorization of the Violence Against Women Act (VAWA)*. https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/16/fact-sheet-reauthorization-of-the-violence-against-women-act-vawa/

Thurston, R. C., Chang, Y., Matthews, K. A., Von Känel, R., & Koenen, K. (2019). Association of sexual harassment and sexual assault with midlife women's mental

and physical health. *JAMA Internal Medicine, 179*(1), 48-53. https://doi.org/10.1001/jamainternmed.2018.4886

Tracy, J. K., Schluterman, N. H., & Greenberg, D. R. (2013). Understanding cervical cancer screening among lesbians: a national survey. *BMC Public Health, 13*(1), 1-8. https://doi.org/10.1186/1471-2458-13-442

Tripp, J. C., McDevitt-Murphy, M. E., Avery, M. L., & Bracken, K. L. (2015). PTSD symptoms, emotion dysregulation, and alcohol-related consequences among college students with a trauma history. *Journal of Dual Diagnosis, 11*, 107-117. https://doi.10.1080/15504263.2015.1025013.

Turchik, J. A., & Hassija, C. M. (2014). Female sexual victimization among college students: Assault severity, health risk behaviors, and sexual functioning. *Journal of Interpersonal Violence, 29*(13), 2439–2457. https://doi.org/10.1177/0886260513520230

Turner, H. A., Finkelhor, D., & Ormrod, R. (2009). The effects of adolescent victimization on self-concept and depressive symptoms. *Child Maltreatment, 15,* 76–90. https://doi.org/10.1177/1077559509349444

Ulloa, E., Guzman, M. L., Salazar, M., & Cala, C. (2016). Posttraumatic growth and sexual violence: A literature review. *Journal of Aggression, Maltreatment & Trauma*, *25*(3), 286-304. https://doi.org/10.1080/10926771.2015.1079286

Ullman, S. E. (2021). Correlates of social reactions to victims' disclosures of sexual assault and intimate partner violence: A systematic review. *Trauma, Violence, & Abuse, 24*(1), 29-43. https://doi.org/10.1177/15248380211016013

U.S. Department of Justice Office on Violence Against Women. (2017, June 16). Domestic violence.https://web.archive.org/web/20180409111243/https:/www.justice.gov/ovw/domestic -violence

U.S. Department of Justice Office on Violence Against Women. (2019, January 3). Domestic violence. http://archive.fo/rHB78

Van Bruggen, L. K., Runtz, M. G., & Kadlec, H. (2006). Sexual revictimization: The role of sexual self-esteem and dysfunctional sexual behaviors. *Child Maltreatment*, *11*(2), 131-145. https://doi.org/10.1177/1077559505285780

Walsh, K. Danielson, C. K., McCauley, J. L., Sanders, B. E., Kilpatrick, D. G., & Resnick, H. S. (2012). National prevalence of posttraumatic stress disorder among sexually revictimized adolescents and adult household-residing women. *Archives of General Psychiatry, 69*, 935-942. https://doi.org/10.1001/archgenpsychiatry.2012.132

Walsh, W. A., Banyard, V. L., Moynihan, M. M., Ward, S., & Cohn, E. S. (2010). Disclosure and service use on a college campus after an unwanted sexual experience. Journal of Trauma & Dissociation, 11(2), 134–151. https://doi.org/10.1080/15299730903502912

Walsh, K., Choo, T. H., Wall, M., Hirsch, J. S., Ford, J., Santelli, J. S., & Mellins, C. A. (2020). Repeat sexual victimization during college: Prevalence and psychosocial correlates. *Psychology of Violence*, *10*(6), 676. https://doi.org/10.1037/vio0000339

Walters, M. L. (2011). Straighten up and act like a lady: A qualitative study of lesbian survivors of intimate partner violence. *Journal of Gay & Lesbian Social Services, 23*, 250–270. http://dx.doi.org/10.1080/ 10538720.2011.559148

Walters, M. L., Chen, J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation. National Center for Injury Prevention and Control. https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

Webb, K., Wyandt-Hiebert, M. A., Hanenberg, S., Beck, D., Claypool, T., Hoch, A., Jacobsen, J., Janssen-Robinson, A., Pasco, S., & Stewart, D. (2020). Addressing sexual and relationship violence: A trauma-informed approach. ACHA (American College Health Association).https://www.acha.org/documents/resources/Addressing_Sexual_Violence_Toolkit_2020-Update.pdf

Weisz, B. M., Quinn, D. M., & Williams, M. K. (2016). Out and healthy: Being more "out" about a concealable stigmatized identity may boost the health benefits of social support. *Journal of Health Psychology, 21*(12), 2934-2943. https://doi.org/10.1177/1359105315589392

Wright, C. V., Collinsworth, L. L., & Fitzgerald, L. F. (2010). Why did this happen to me? Cognitive schema disruption and posttraumatic stress disorder in victims of sexual trauma. *Journal of Interpersonal Violence, 25*, 1801-1814. https://doi.org/10.1177/0886260509354500

Wolitzky-Taylor, K. B., Resnick, H. S., Amstadter, A. B., McCauley, J. L., Ruggiero, K. J., & Kilpatrick, D. G. (2011). Reporting rape in a national sample of college women. *Journal of American College Health, 59*(7), 582–587. https://doi.org/10.1080/07448481.2010.515634

Worthen, M. G., & Wallace, S. A. (2017). Intersectionality and perceptions about sexual assault education and reporting on college campuses. *Family Relations*, *66*(1), 180-196. https://doi.org/10.1111/fare.12240

APPENDIX A

Demographic Questionnaire

1. Directions: Please answer the following questions as accurately and honestly as possible:

   Are you the age of majority (e.g., a legal adult) in your place of residence?
   a. Yes
   b. No

2. Are you currently enrolled in a university?
   a. Yes
   b. No

3. Have you experienced at least one nonconsensual sexual encounter (e.g., rape, penetration, groping, touching) during your time in college?
   a. Yes
   b. No

4. Do you identify your gender as cis-gender woman (assigned female at birth and currently identify as a woman)?
   a. Yes
   b. No

   c.

5. What is your age in years (enter only the number; e.g., 24, 31, 57)?
   _____

6. Please indicate your sexual orientation
   a. Gay
   b. Lesbian
   c. Bisexual
   d. Queer
   e. Pansexual
   f. Asexual
   g. Straight/Heterosexual
   h. I identify as something else_____

7. What was/were the gender(s) of the perpetrator(s) of your sexual assault(s)?
   a. Non-binary
   b. Gender queer

c. Gender fluid
d. Transgender Female
e. Cisgender Female
f. Transgender Male
g. Cisgender Male
h. Something else_____

8. In your lifetime, how many times have you experienced sexual assault (enter only the number)?

_____

9. In college, how many times have you experienced a sexual assault (enter only the number)?

_____

10. At what age was your first sexual assault in college (enter only the number)?

_____

11. Which of the following best describes your race/ethnicity?
    a. Black;African American; African; Afro-Carribean
    b. Hispanic/Latino/a/x
    c. Native American; First Nation; Indigenous; Native Alaskan
    d. Asian; Asian American
    e. Pacific Islander
    f. Arab; Persian; Middle Eastern
    g. White; European American
    h. I identify as something else _____

12. Indicate your academic classification:
    a. First-year
    b. Sophomore
    c. Junior
    d. Senior
    e. Graduate Student
    f. Other _____

13. Please select the description that best describes your family's social economic status.
    a. Low Income
    b. Working Class
    c. Lower Middle Class
    d. Middle Class
    e. Upper Middle Class
    f. Upper Class
    g. Choose not to answer

14. Have you ever been diagnosed with a disability or impairment?
    a. Yes
    b. No
    c. I prefer not to answer

15. If yes, with which of the following have you been diagnosed?
    a. Sensory impairment
    b. Mobility impairment
    c. Learning disorder
    d. Mental health disorder
    e. I have been diagnosed with something else

16. Please identify the religions or nonreligion do you currently identify with or practice? Choose all that apply.
    a. Islam
    b. Christianity (e.g., Protestant, Catholic, LDS)
    c. Hinduism
    d. Buddhism
    e. Judaism
    f. Agnosticism
    g. Atheism
    h. Spiritual but not religious
    i. Something else _____

APPENDIX B

Interview Protocol

Date/Time of Interview: _____ Pseudonym: _____

Introduction: I really appreciate you taking time to meet with me today and speak about your experience. I will be asking several questions about your experience of seeking or not seeking campus resources on campus for sexual assault and how you feel your campus has been helpful or unhelpful in seeking these resources. I understand some of these questions may evoke strong emotions, and you are free to decline to answer any question or discontinue the interview at any time. I can direct you to mental healthcare providers as well as a crisis hotline. The interview is predicted to last between 30 to 60 minutes, and you will be compensated with a $25 gift card for this interview. Sometimes participants may worry they are speaking too much, though the more detail, descriptions, and stories that are given in your response are helpful for the research. If you agreed in the short survey to participate in a follow-up interview to help with the interpretations of interviews, you will be contacted in a few months through the email you provided. Do you have any questions before we begin?

Interview Guide Questions:

1. How important, if at all, do you consider your sexual orientation to your overall sense of yourself?
2. How important, if at all, do you consider being a sexual assault survivor to your overall identity?
3. 3. How, if at all, do you determine how and to whom you disclose your sexuality?
    a. With whom, if anyone, do you feel safe to disclose? Unsafe?
4. How, if at all, do you determine how and to whom you disclose being a survivor of SA?
    a. With whom, if anyone, do you feel safe to disclose? Unsafe?
5. What, if any, types of discrimination have you experienced when you disclosed your identity as being a queer, female SA survivor?
6. What, if any, experiences have you had sharing your experiences of SA with friends, family, or other trusted people?
    a. Tell me a story about the reactions of friends, family, or other trusted people when you disclosed your SA survivorship or sexuality.

7. What, if any, resources for SA have you learned about on campus?
8. What, if any, experiences have you had reporting to campus resources like police, counseling center, health clinic, survivor advocates?
    a. Tell me a story about the reactions of campus officials when you disclosed your SA survivorship and/or sexuality.
    b. How did you make the decision to report or not report your assault to resources on campus?
        i. How, if at all, was that decision related to your sexuality?
9. What, if anything, changed in your relationship to the university or campus after experiencing SA?
10. What, if any, changes on campus, if any, might be made to help queer, female SA survivors comfortable when reporting?