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RAISING AWARENESS AND EMPOWERING DIVERSE SURVIVORS:

Addressing Mental and Physical Health Needs Among LGBTQIA+ Community Members Post–Sexual Assault

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STUDENT AUTHOR BIO SKETCH

Daniel W. Oesterle (*he/him/his*) is a Frederick N. Andrews Research Fellow and first-year clinical psychology doctoral student within the Department of Psychological Sciences at Purdue University. His work focuses on intimate partner aggression (IPA), specifically sexual assault, where he is interested in examining alcohol and substance use as a primary risk factor for IPA. Daniel has published 13 peer-reviewed articles, 11 book chapters and invited articles, and 68 published abstracts, all focusing on the intersection between sexual aggression and substance use. Supported by a Service-Learning Grant from Purdue University’s Office of Engagement, and in collaboration with YWCA Greater Lafayette, this article describes his recent project, which seeks to improve access to sexual assault and domestic violence services to community members with marginalized sexual and gender identities. Moreover, this work also seeks to provide critical training to community-based responders to sexual assault to increase their competency and effectiveness in working with LGBTQIA+ survivors of sexual assault.

ABSTRACT

Experiences of sexual violence are commonplace among individuals within the LGBTQIA+ communities, with more than 63% of sexual and gender minority (SGM) individuals experiencing victimization. Despite high rates of victimization, few individuals experiencing sexual assault seek services post-assault, with even fewer individuals within the LGBTQIA+ community accessing post-assault care. This is further exacerbated when considering the unmet treatment needs of sexual assault survivors and victims, where individuals commonly experience high rates of internalizing (i.e., post-traumatic stress disorder, depression, anxiety) and externalizing (i.e., substance use/misuse) symptoms for years after experiencing an assault. Although these

experiences occur at alarming rates on college campuses, LGBTQIA+ college students may be more likely to seek services and treatment from off-campus providers for a variety of reasons, including privacy concerns and less rigid stereotypes in how services are delivered. Many college students and community members are unaware of their options for receiving post-assault care off campus and within their local communities. Therefore, in conjunction with the YWCA of Greater Lafayette, this service-learning project seeks to establish and build a relationship with a community-based provider responding to instances of sexual violence within the community. The first goal of this research is to support the YWCA in outreach efforts targeted to LGBTQIA+ victims of sexual assault, to increase awareness of the programs offered by the organization within these

communities. The second goal of this research is to provide didactic trainings to community providers responding to sexual violence and assault to be able to more effectively deal with SGM individuals experiencing assault, and reduce the heightened barriers faced by this group in receiving post-assault care. Considerations as to how researchers can employ community-based participatory research frameworks to more effectively serve their local community will be discussed.

INTRODUCTION AND BACKGROUND

LGBTQIA+ SEXUAL ASSAULT

Sexual assault, which refers to experiences of any unwanted sexual behavior, ranging from unwanted touching to forced penetration (i.e., rape), occurs at alarming rates on college campuses.¹ Historically, sexual assault, particularly campus-based sexual assault, has centered around heterosexual narratives, where most often men are perpetrators and women are victims.² Although that script may make up the majority of assaults on college campuses, this fails to recognize the exceedingly high rates of sexual violence that individuals within the LGBTQIA+ community experience. Interestingly, LGBTQIA+ individuals experience higher rates of sexual assault than any other group of individuals while in college, with more than 67% of LGBTQIA+ college students reporting a history of sexual assault; a number that is substantially higher than their straight and gender-conforming peers.³ In addition to the traumatic nature of sexual assault, victimization often results in numerous adverse physical and mental health outcomes, including increased rates of depression, anxiety, suicide, substance use, PTSD, pregnancy, sexually transmitted infections, and chronic pain.⁴⁻⁶ Most concerning, very few victims of sexual assault seek post-assault physical and mental health resources,⁷ and even fewer LGBTQIA+ victims report receiving the appropriate post-assault care.⁸ Despite experiencing the highest rates of sexual victimization, LGBTQIA+ individuals also report facing the greatest barriers to receiving the necessary post-assault care.⁹

Community-based Prevention and Response to Sexual Assault

Although the majority of research on sexual victimization has focused on college student samples, sexual assault within the community is also prevalent.¹⁰ This research has also focused primarily on heterosexual interactions leading to assault, with even greater uncertainty surrounding both the prevalence and health outcomes for

LGBTQIA+ community members experiencing this form of violence.¹¹ Unlike college campuses, which are required to provide gender-based discrimination programs that target preventing and responding to sexual assault if receiving federal funds,¹² there are no mandated requirements for communities, in general, to provide specific resources or prevention programming. This discrepancy may result in a variety of negative outcomes, including uncertainty around where to access care, lack of continuity between providers, and greater inconsistency among community-based sexual assault first responders in how care is delivered.¹³ In addition to community members seeking resources from community-based sexual assault response agencies, college students with marginalized identities, such as BIPOC and LGBTQIA+ students, may be more likely to access community-based resources than those provided on campus, where there may be less rigid stereotypes surrounding sexual assault.¹⁴ Considering this, it is crucial that community-based sexual assault first responders are trained to interact effectively with diverse populations. Specifically, these trainings should focus on understanding the heterogeneity in sexual assault risk factors based on personal identities, differing narratives surrounding what an assault might look like, and other factors that may be unique to those with marginalized sexual and gender identities.

INNOVATIVE PRACTICES WITHIN YWCA GREATER LAFAYETTE

YWCA Greater Lafayette serves as the primary sexual and gender-based violence resource within the greater Lafayette community. YWCA Greater Lafayette provides a range of services available to victims and survivors of sexual assault, such as case advocacy, support groups, legal advocacy, and emergency shelter. One of the most critical components related to the prior successes that YWCA Greater Lafayette has had in being able to meet the needs of diverse populations is the continuity of care between various sexual assault first responders. This may be particularly appealing to LGBTQIA+ victims, who often have to repeat traumatic narratives to each individual service provider, increasing the chances for discrimination as a result. Although YWCA Greater Lafayette promotes diversity, inclusion, and equity in all of its programming, efforts are still needed to improve how sexual assault services are delivered to LGBTQIA+ community members.

Goals of the Current Project

Due to the high rates of sexual assault victimization among SGM individuals, both on campus¹ and within

the community,¹⁰ it is imperative to provide adequate post-assault mental and physical health resources for these high-risk populations. Therefore, the goals of this project are to address barriers to accessing care among LGBTQIA+ survivors and victims of sexual assault, as well as to develop and provide didactic training to responders to acute sexual assault (e.g., academic advisors, sexual assault medical forensic nurse examiners, victim advocates, police, and other first responders to sexual assault). During Phase 1 of the current project, a targeted social media marketing campaign will be employed to engage LGTBQIA+ victims of intimate partner violence and sexual assault to increase awareness of YWCA Greater Lafayette’s existing services geared toward this community. Phase 2 of this collaborative project is to increase access to trauma-informed, personalized post–sexual assault care among LGBTQIA+ individuals within the Greater Lafayette community, specifically by providing focused trainings to sexual assault first responders within the community.

Reducing Barriers and Increasing Visibility of Services

The current project also extends ongoing efforts on Purdue’s West Lafayette campus to decrease barriers for LGBTQIA+ college students in receiving appropriate post-assault mental and physical health care.¹⁵ In collaboration with YWCA Greater Lafayette, Phase 1 of the current project seeks to improve the visibility of ongoing prevention and response efforts available through YWCA Greater Lafayette that are targeted toward victims with marginalized identities. One of the mechanisms that is thought to contribute to LGBTQIA+ individuals accessing care at lower rates than their cisgender and heterosexual counterparts is that there may be more ambiguity of what services are available, and of

those, which may meet their unique needs. To combat this, our partnership first focused on delivering targeted marketing campaigns for SGM-specific communities, highlighting services specifically designed to meet the needs of this vulnerable group.

METHODOLOGY

Improving Outcomes for LGBTQIA+ Victims

To improve community-based first responder effectiveness in dealing with LGTBQIA+ victims of sexual assault, the project team developed and delivered a didactic training during Phase 2 of this study. As a hybrid intervention, this training is designed to create awareness, provide information, and teach specific skills that can be used among community-based first responders to sexual assault survivors.

As part of a series of programs and initiatives hosted by YWCA Greater Lafayette during April 2021’s Sexual Assault Awareness Month campaign, this training was one of the first in-person activities to be hosted since the beginning of the pandemic. With outreach efforts facilitated by staff at YWCA Greater Lafayette, key community stakeholders working with victims of sexual assault and with LGBTQIA+ communities were invited to attend a one-hour workshop discussing the intersection between LGBTQIA+ identity and sexual assault within the Greater Lafayette community. Figure 1 displays the training flyer that community-based stakeholders received inviting them to attend the training.

Representing one of the first in-person events since the start of COVID-19, while simultaneously recognizing that personal risk for acquiring and transmitting the virus



Figure 1. Flyer inviting community-based first responders to attend workshop.

may still be high among some individuals, turnout was excellent, with 21 participants attending the workshop. Participants came from a variety of professional backgrounds, including those working within medical and mental health care settings, the judicial system, family services, local government, employment specialists, and job coaches, as well as those working with other local nonprofit organizations. Interestingly, 95% of attendees ($n = 20$) reported currently working with victims of sexual assault in some capacity. In total, the workshop/training component of this program lasted 30 minutes, which left 30 minutes for discussion and questions. To address the unique and varied needs of LGBTQIA+ victims of sexual assault, as well as the various needs of stakeholders to provide care to those seeking their services, programmatic content focused on numerous domains, which are summarized below.

Terms and Definitions

The first component of the program focused on discussing and defining key terms that were central to this workshop. This included defining and operationalizing sexual assault and sexual violence, discussion on using the term victim versus survivor to refer to an individual who has been harmed by violence, understanding who is included within the LGBTQIA+ community, defining the term cisgender, and finally defining, understanding, and applying intersectionality.

Rates of LGBTQIA+ Sexual Assault

Central to creating awareness and perceiving sexual assault within the LGBTQIA+ community as a problem, rates specific to this community were discussed. Given the heterogeneity of identities and experiences of those within the LGBTQIA+ community, differential rates were provided, highlighting how each identity one holds may contribute to differing levels of inherent risk for victimization.

Forms of LGBTQIA+ Discrimination

Often, we tend to focus on the most overt forms of discrimination and harassment when trying to conceptualize these issues. This discussion focused on the unique stressors and forms of discrimination and harassment that directly impact LGBTQIA+ people, including overt discrimination/harassment, exclusion or isolation based on one's gender or sexual identity, parenting concerns for LGBTQIA+ parents, having one's gender expression respected by society, concerns and acceptance among family of origin, as well as other systemic oppressors disproportionately impacting LGBTQIA+ people.

Minority Stress Theory, Alcohol, and Substance Use

It is important to note that all components of the workshop were firmly grounded and conceptualized using a Minority Stress Theory¹⁶ framework, while focusing on the issues of systemic oppression through an intersectional lens. As such, this component focused on how the cumulative impact of daily heterosexist stressors may lead to increased rates of substance and alcohol use as a way to cope, potentially increasing one's risk for experiencing sexual assault. It is also important to note that the sole responsibility for sexual assault always lies with the perpetrator or person initiating the unwanted activity; however, this discussion was framed from a risk-reduction lens, wherein alcohol or substance use may make it more difficult for one to detect potential red flags or risk for sexual assault, or even be less able to physically resist an assault.

False Accusations of Sexual Assault

One of the most common myths surrounding sexual assault, particularly those that are reported, is that false accusations are commonplace. In fact, much research has been done on rates of false accusations, where 95% or more of the assaults that are reported in fact did actually happen, making true false reports very rare.¹⁷ This is especially important as it relates to LGBTQIA+ sexual assault, which may not align with the stereotypical narrative we associate with rape, potentially leading one to question the believability of whether or not an assault actually happened. This is also exacerbated when victims may have been using alcohol or drugs, which may be the result of systemic marginalization, but call into question the credibility of the individual reporting the assault.

LGBTQIA+ College Study

Preliminary results from an ongoing study of LGBTQIA+ college student sexual assaults were discussed.¹⁵ This discussion focused on the most common barriers reported by participants to accessing post-assault care.

Challenges of Disclosing Sexual Assault

A variety of factors, including specific concerns related to those within the LGBTQIA+ community, were discussed as they relates to disclosing sexual assault. These key points served to highlight just how difficult it can be to seek help for a problem that very few wish to disclose.

Adapting Existing Interventions and Take-Home Skills

The workshop component of the training wrapped up with a discussion of how to adapt existing interventions

for LGBTQIA+ individuals. Further, key skills that can be easily implemented to increase effectiveness in working with LGBTQIA+ community members were highlighted.

RESULTS

Phase 2 Results and Outcomes

This project was designed to allow us to measure the immediate impacts of this intervention on its ability to provide community-based first responders with the critical skills necessary to improve sexual assault-related outcomes for SGM members of the community. To test the acceptability of the programmatic content, as well as perceived knowledge gained from the training, attendees completed a post-session feedback form directly after the conclusion of the training. Participants responded to eight questions assessing immediate post-workshop feedback. Response options ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). Table 1 presents the results from all items assessed.

Across all items, feedback on the intervention’s acceptability was overwhelmingly positive. Despite this group’s baseline knowledge and experience in working with victims of sexual assault, participants reported, on average, a 1.71-point increase in perceived knowledge of LGBTQIA+ issues related to sexual assault from pre- to post-session. On average, participants also reported that they moderately to strongly agreed with all items assessed, with higher scores representing more positive feedback. Qualitative feedback was also

garnered from participants on this survey, where an open response item allowed participants to provide written feedback. Several responses acknowledged the usefulness of the training. Another common theme that emerged from the written feedback was related to the lack of resources within the community to address this problem. More critical feedback suggested: *“This presentation would be more helpful for people with no knowledge of LGBTQIA+ populations, but for someone with average knowledge, it was nothing new.”* This is particularly important to understand, especially when working with groups that have varied professional training and experiences. To ensure that trainings are applicable to a wide variety of attendees, one way to address this would be to get input at the beginning of trainings or programs held as to learning objectives that would be helpful to address for everyone in attendance. Taking additional time at the end of trainings and workshops to build on concepts that might be more familiar to some attendees is another strategy to engage participants and ensure the relevancy of the content provided.

Finally, anonymous questions were also gathered through the survey and these were compiled and responded to as a whole. This was done to ensure that those who had questions, particularly related to issues of sexuality and gender that some participants might not have been comfortable raising in front of a group, were given the opportunity to have their questions answered. Surprisingly, none of the questions raised were related to LGBTQIA+ issues of sexual assault, nor were any questions pertaining to sexuality and gender raised.

TABLE 1. Results from Post-Session Feedback Survey (N = 21)

Item	Mean	SD
Prior to today’s session, I was knowledgeable of LGBTQIA+ issues relating to sexual assault	4.43	1.69
After today’s session, I am knowledgeable of LGBTQIA+ issues relating to sexual assault	6.14	0.91
LGBTQIA+ sexual assault is a problem within my community	6.24	0.99
I am confident I have the skills to interact effectively with LGTBQIA victims/survivors of sexual assault	6.10	1.18
This presentation was informative	6.43	0.98
This presentation discussed LGBTQIA+ issues and sexual assault in a sensitive and respectful way	6.90	0.44
I would recommend this presentation to others	6.71	0.72
I am satisfied with the content discussed in this presentation	6.81	0.68

Response Options: 1 = strongly disagree; 2 = moderately disagree; 3 = slightly disagree; 4 = neutral; 5 = slightly agree; 6 = moderately agree; 7 = strongly agree

Almost exclusively, these questions centered on where to access resources within the community. This question prompted further discussion, where we spent most of the allocated question and discussion time talking about local resources. As it pertains to responding to sexual assault within the community, generally, few resources exist in the Greater Lafayette region, outside of those delivered by YWCA Greater Lafayette. When considering the existence and availability of LGBTQIA+-specific resources within our community, it is our understanding that no resource specifically addressing community-member assault exists. One community-based stakeholder raised an important perspective during this discussion, highlighting how sexual assault within the community looks much different from sexual assault in college settings, with the latter representing how the majority of existing resources are organized. This perspective was further illuminated by discussing the extensive overlap between sex work and sexual assault, or unwanted sexual experiences as a result of obtaining drugs. These issues are particularly important to LGBTQIA+ community members who have been marginalized by society, and thus are more likely to be impacted by these issues. When considering accessing post-assault resources, particularly mental health-related care, the availability of these resources requires individuals to abstain from drugs or alcohol prior to accessing care; one community member noted having to turn away those unwilling to agree to or maintain sobriety. This represents another systematic barrier that disproportionately impacts those who are most vulnerable to experiences of sexual assault, further perpetuating the risk for revictimization.

PROJECT IMPACT

Community Impact

As can likely be inferred through the aforementioned results section, several prominent direct impacts to the community emerged as a result of this project. Overwhelmingly, participants that attended this workshop reported an increase in their knowledge related to LGBTQIA+ issues pertaining to sexual assault. Moreover, this was also underscored in looking at how strongly folks labeled LGTBQIA+ sexual assault to be a problem within our own community. This is of particular importance considering that unless someone can recognize a phenomenon (such as LGBTQIA+ sexual assault) to be a problem, no forward progress will be made. Although this research was not designed to garner how the community at large conceptualizes this problem, it is possible that trainings such as the one developed and

evaluated in this project may be able to increase awareness of this issue to the point where we collectively recognize how pervasive and problematic LGBTQIA+ sexual assault is. Several indirect benefits also emerged from this project. Although this was not the intent, many of the attendees were able to connect with one another and learn more about resources that they were unaware existed within the community. Having an environment where connections are able to be fostered among service providers is a critical component to ensuring that care is delivered continuously and consistently across providers.

While the overwhelmingly positive findings related to the acceptability of this training was promising, representing a positive impact for the community, this was overshadowed by the grim reality regarding the lack of post-assault resources within the Greater Lafayette community, outside of the services provided by YWCA Greater Lafayette. Therefore, the most robust finding of this project, to date, is the clear and consistent need for comprehensive, trauma-informed sexual assault resources for community members. Not only must these resources be in place, but they also must be accessible and usable by the most vulnerable members of our community and meet the unique needs of diverse populations, such as those within the LGBTQIA+ community. Although unlikely to fully replace in-person resources, there is also a clear need for technology-based interventions to address post-assault mental and physical health. Technology-based interventions represent a promising approach to delivering post-assault sexual assault care, since they are able to be widely disseminated and are a cost-effective way to bridge care between the initial assault and the time when in-person care can be established.

Student Impact

It is first important to note that this collaboration came to be as the result of a hopeful email I sent to the director of domestic violence programming at the YWCA. Given my interest in sexual assault, I knew that the YWCA was one of the only community-based providers that responded to sexual assault, which is why I reached out to them directly to hear how I might be able to provide my skills and expertise to them in a way that advanced their mission. Thankfully, I was met warmly and enthusiastically, and our collaboration grew quickly.

Not only was it possible for the community to benefit from this project, but the personal benefits I attained through this project were monumental. For a variety of reasons, issues pertaining to sexual assault have profoundly impacted me, both personally and

professionally. So much so, that I have committed my professional and academic career for the past eight years to directly addressing this issue. Although I have worked on numerous studies during this time, this was the first personal project that I was able to develop from the ground up. Working with the YWCA gave me insight into how impactful the relationship with a community-based organization can be. The trust that is established between these organizations and the local community is paramount, to the degree that no researcher would be able to do nearly as much impactful work on their own without the help of such organization. To that end, this project has helped me conceptualize what the relationship between researchers and community organizations can look like. Too often, researchers may have their own agenda for what they hope to achieve, which may not be in line with overall community needs, desires, or wants. As I approached this project, I thought that researchers can take a different stance. Given our skills and training as scientists, we can extend our help to those within the community to help critically evaluate, develop, refine, and deliver existing projects. It is possible that if more researchers hoping to work with the community approached organizations currently doing the important and impactful work in this manner, they might be met with open arms rather than with wariness and caution. As mentioned in the section above, given the lack of existing resources within the community, this project has drastically shifted my future academic and career aspirations. It is clear that some mobile or technological health intervention is needed for LGBTQIA+ victims of sexual assault within our community to provide some basic care until longer, more in-depth care can be established. Therefore, I am committing to addressing this problem during my time at Purdue, given the critical need for this work. In regard to ongoing work with the YWCA, it is my hope that we can continue to deliver similar trainings on an ongoing basis to community members. Additionally, I have been approached by several other community organizations (from having staff attend this training) to provide similar trainings at their organizations.

CONCLUSION

Overall, this project takes a community-based participatory approach to providing important training to community members, one that hopes to ultimately meet the needs of our community. Efforts to increase the visibility of existing services within the YWCA of Greater Lafayette are currently underway and will continue for the duration of the project. Ultimately, we believe that this collaborative project will enhance

the already progressive and innovative work being done by YWCA Greater Lafayette and we expect that through these efforts, local LGBTQIA+ victims of sexual assault will receive more competent care as a result.

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