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Sexual Orientation and the Disclosure of Unwanted Sexual Experiences

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SEXUAL ORIENTATION AND THE DISCLOSURE OF UNWANTED SEXUAL
EXPERIENCES

by

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ABSTRACT

Individuals who identify as lesbian, gay, bisexual, questioning, and other non-heterosexual orientations (LGBQ+) are significantly more likely to experience a sexual assault. To date, research on barriers to sexual assault disclosure (i.e., telling someone about a sexual assault) has been conducted almost exclusively on heterosexual women. Participants ages 18 to 30 participated in a cross-sectional, online study that assessed unwanted sexual experiences, disclosure of those experiences, perceptions of the police and perceptions of belonging to the LGBQ+ community. Findings demonstrated that survivors who identified as LGBQ+ took longer to initially disclose their sexual assault and had greater negative perceptions of police than survivors who identified as heterosexual. Also, among survivors who identified as LGBQ+, the degree of "outness" of sexual orientation was positively associated with sexual assault disclosure. However, perceptions of the police were not associated with disclosure of sexual assault to the police among people who identified as LGBQ+. Perceptions of belonging to the LGBQ+ community were also not associated with disclosure likelihood. The results of this study help to better understand how the sexual assault disclosure process differs by sexual orientation and suggest that providers who work with survivors who identify as LGBQ+ need to keep in mind the unique concerns faced by survivors who identify as LGBQ+ who may be considering disclosing their trauma. These findings also call attention to the negative perceptions of police that continue to be held by people who identify as LGBQ+. Due to limited research on the topic of sexual assault and the LGBQ+ community, this study may encourage future researchers to examine additional barriers to sexual assault disclosure that may be unique for survivors who identify as LGBQ+ and how disclosure is received by both formal and informal support.

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TABLE OF CONTENTS

LIST OF TABLES

viii

CHAPTER 1: INTRODUCTION

Survivors of sexual assault must disclose the experience to others in order to receive support and services following a sexual assault. Despite higher rates of sexual assault among individuals who identify as lesbian, gay, bisexual, and questioning (LGBQ+; Coulter et al., 2017; Martin et al., 2011), little research has examined sexual assault disclosure in this population and whether there are unique factors that affect disclosure likelihood for those who identify as LGBQ+. As a result, the current study examined if sexual orientation affected whether survivors disclosed and how long they waited before disclosing. Additionally, factors that may reduce disclosure likelihood (e.g., distrust of police) or enhance disclosure likelihood (e.g., sense of LGBQ+ community) among individuals who identify as LGBQ+ were examined. Gaining a better understanding of what influences survivors' decisions to disclose can help identify ways to facilitate sexual assault disclosure and, as a result, help survivors access needed resources. A wide range of terms have been used to describe people who identify as LGBQ+ (e.g., sexual minority, LGB, LGBQ+, LGBTQ+). Therefore, in the introduction, acronyms or language to reflect the specific sample for the study will be used.

Sexual assault is unwanted sexual contact that may range from kissing and touching to penetrative intercourse; in sexual assault, an individual is unwilling or unable to consent to the sexual contact (Cook et al., 2011). Tactics used by the perpetrator to achieve the sexual contact can include verbal coercion, taking advantage of an individual who is too intoxicated to consent, threats of physical force, and/or use of physical force (Cook et al., 2011).

Sexual assault occurs at alarmingly high rates. In a sample of adults in the United States, approximately 6.5% endorsed experiencing forced sex at least once during their lifetime,

resulting in an estimated 11.7 million women and 2.1 million men experiencing forced sex at some point over the course of their life (Basile et al., 2007). When considering sexual assault more broadly, 43.9% of women and 23.4% of men will experience victimization in their lifetime (Breiding et al., 2014). It is especially prevalent among college students, with 20 to 24% of female undergraduates reporting that they experienced a sexual assault since starting college (Conley et al., 2017; Jordan et al., 2014; Krebs et al., 2007) and 11.6% of college-aged men experiencing a sexual assault since starting college (Conley et al., 2017). A review of studies published between 2000 and 2015 that examined college sexual assault found that 1.8 to 34.0% of college women and 4.8 to 31.0% of college men experienced unwanted sexual contact (excluding completed rape; Fedina et al., 2018). Approximately 0.5-8.4% of college women and 0.6-0.7% of college men experienced a completed rape, defined as vaginal, anal, or oral intercourse by means of threat of physical force or physical force during their time in college (Fedina et al., 2018). Furthermore, 1.9% of college men and 1.8 to 14.0% of college women who experienced a rape in which they were incapacitated (Fedina et al., 2018).

The prevalence of sexual victimization is even higher among people who identify as non-heterosexual (i.e., gay or bisexual; Coulter et al., 2017; Martin et al., 2011). In a study of undergraduate students at eight universities in the United States, the prevalence of sexual assault was substantially higher in women who identified as lesbian or bisexual compared to women who identified as heterosexual (Krebs et al., 2016). According to a recent systematic review, prevalence of lifetime sexual assault is estimated at 15.6-85% among women who identify as lesbian or bisexual and 11.8-54% for men who identify as gay or bisexual (Rothman et al., 2011). In one study, college students who identified as LGB were two times more likely to experience a sexual assault than college students who identified as heterosexual (i.e., 21% vs.

11%; Duncan, 1990). In a more recent study, college students who identified as LGBQ+ were four times more likely to experience rape and five times more likely to experience sexual abuse than individuals who identified as heterosexual (Porter & Williams, 2011).

Negative Impact of Sexual Assault

The prevalence of sexual assault is further concerning when we consider the grave mental and physical health consequences. Survivors of sexual assault are at an increased risk of developing a variety of mental health conditions, including posttraumatic stress disorder (PTSD), depressive disorders, anxiety disorders, suicidality, and substance use disorders (Dworkin et al., 2017). The strong association between sexual assault and PTSD is well established (see Chen et al., 2010, for a review; Kessler et al., 1995). A study examining survey data from the World Health Organization found that 20% of women who reported a history of sexual assault met DSM-IV criteria for PTSD (Scott et al., 2018). A prospective study assessing the development of PTSD symptoms among female rape survivors found that 47% of participants met criteria for a diagnosis of PTSD approximately 3 months after the assault (Rothbaum et al., 1992). In a cross-sectional study, survivors of sexual assault were more likely to meet criteria for depressive episodes, substance use disorders, and anxiety disorders at some point in their lifetime than individuals who had not experienced a sexual assault (Burnam et al., 1988). Approximately 43% of sexual assault survivors assessed four weeks post-assault met diagnostic criteria for a depressive disorder, with sleep problems and dysphoria being the most commonly endorsed symptoms (Frank & Duffy Stewart, 1984). In a national survey of collegiate and community women, past-year substance misuse was reported by 10% of community women that experienced

a sexual assault compared to 6% of community non-victims; similarly, 40% of collegiate sexual

assault survivors reported substance misuse compared to 17% of collegiate non-victims

(Kilpatrick et al., 2007).

The consequences of sexual assault are far more pervasive for people who identify as

LGBQ+. For example, research has found that following a sexual assault, women who identify

as bisexual or lesbian experience greater negative mental health outcomes than women who

identify as heterosexual (Sigurvinsdottir & Ullman, 2015, 2016b). Specifically, women who

identify as bisexual report higher levels of PTSD and depression symptoms following an assault

compared to women who identify as heterosexual (Long et al., 2007). In a sample of survivors,

57.4% of women who identified as bisexual reported experiencing at least one negative impact

of the assault (e.g., PTSD symptoms, feeling afraid) compared to 33.5% of women who

identified as lesbian and 28.2% of women who identified as heterosexual (Walters et al., 2013).

Additionally, female survivors who identify as lesbian or bisexual are significantly more likely to

use substances to cope with their unwanted sexual experience than female survivors who identify

as heterosexual (Lopez & Yeater, 2018).

Sexual Assault Disclosure

Following a sexual assault, individuals may seek support from various sources; in doing

so, they will disclose the incident to others. While two-thirds of adult sexual assault survivors

eventually disclose their assault (Golding et al., 1989), up to one-third of survivors wait as long

as a year to disclose (Neville & Pugh, 1997; Ullman & Filipas, 2001b). Even when a person

chooses to disclose their experience, they may not receive the support or guidance that they were

seeking; for example, they may receive reactions involving victim blaming (i.e., the survivor is blamed for the sexual assault) and/or disbelief (Ullman, 2010). The receipt of these negative social reactions in response to disclosure can discourage the survivor from disclosing again (Ahrens, 2006).

Survivors of sexual assault are more likely to disclose to informal support sources, such as friends and family, than formal support sources, such as law enforcement, healthcare providers, and clergy (Filipas & Ullman, 2001; Golding et al., 1989; Starzynski et al., 2005). Specifically, one study found that 86% of female sexual assault survivors disclosed to a female friend, but only 8% disclosed to formal support providers (Orchowski & Gidycz, 2012). Regarding mental health professionals in particular, among a community sample of men and women, only 16% of sexual assault survivors disclosed to a mental health provider (Golding et al., 1989). This trend is also observed among college students; a study of both male and female college students found that 68% had disclosed their sexual assault to a friend or family member while only 4.3% reported their assault to officials (i.e., law enforcement or health care professional; Krebs et al., 2016). In another study of female college students, only 2% of sexual assault survivors reported their assault to police compared to 88% who disclosed to friends (Fisher et al., 2003).

If a survivor does not disclose, they may not receive needed social support, which is concerning because research has shown that perceived positive social support (i.e., a survivor believing that they have someone they can depend upon) may be particularly helpful in the aftermath of trauma. Perceived social support has been associated with better recovery, reduced risk of PTSD, and lower depressive symptomology (Coker et al., 2002; Hyman, et al., 2003; Runtz & Schallow, 1997; Ullman, 1999; Ullman, et al., 2007). Among women who have

experienced a sexual assault, perceived social support and frequency of social contact were both associated with fewer symptoms of PTSD and depression (Sigurvinsdottir & Ullman, 2016a). In a study examining disclosure, sexual assault survivors who did not disclose reported greater depression, posttraumatic stress, and physical health symptoms than survivors who did disclose (Ahrens et al., 2010).

<center>Sexual Assault Disclosure Among Individuals Who Identify as LGBQ+</center>

To date, limited research has examined sexual assault disclosure among individuals who identify as LGBQ+, which is likely due to the overall limited research on sexual assault, in general, among individuals who identify as LGBQ+. One study found that among college men, sexual orientation did not predict likelihood of disclosure of sexual assault (Geier, 2017). However, both age and sexual orientation predicted time to first disclosure among individuals who did disclose, such that older men waited longer to disclose and men who did not identify as heterosexual waited an average of 6.3 years to disclose compared to an average of 2.5 years to disclose among men who identified as heterosexual (Geier, 2017). It is important to note that the effect of sexual orientation on length of time to disclosure and disclosure likelihood in this study could have been impacted by the inclusion of both childhood sexual abuse and adult sexual assault in the definition of sexual assault used in this study. Furthermore, this study was limited to only men, and only 16% of the sample identified as non-heterosexual (Geier, 2017). In the second study that examined sexual orientation and disclosure, women who had experienced a male-perpetrated assault were recruited, and there were no significant differences between women who identified as heterosexual and those who identified as lesbian or bisexual in

<center>6</center>

likelihood of sexual assault disclosure (outside of study participation; Long et al., 2007). However, likelihood of disclosure to formal support did vary by sexual orientation, with 71.4% of women who identify as bisexual, 63.3% of women who identify as lesbian, and 58.2% of women who identify as heterosexual disclosing to a formal source (e.g., law enforcement, healthcare professional, religious personnel; Long et al., 2007). Female survivors who identified as bisexual reported receiving fewer positive social reactions from both formal and informal support sources when they disclosed compared to survivors who identified as either lesbian or heterosexual (Long et al., 2007). However, this study was limited by the restricted sample (i.e., only female survivors of male-perpetrated assault were recruited) and just 23% of their total sample identified as lesbian or bisexual. Therefore, although these two studies have looked at whether sexual assault disclosure likelihood varies depending on sexual orientation, further investigation is needed, as no study to our knowledge has explored factors that may influence the decision to disclose among individuals who identify as LGBQ+ inclusively (i.e., in both women and men of varying sexual orientations).

<u>Barriers to Disclosure</u>

Prior research on survivors of sexual assault has identified a variety of factors that affect the likelihood of disclosing or reporting sexual assault. These barriers include characteristics of the assault (Orchowski & Gidycz, 2012; Starzynski et al., 2005), acknowledgement (Kahn et al., 2003; Littleton et al., 2006), post-assault cognitions (Thompson et al., 2007), and secondary victimization (Ahrens, 2006).

Stereotypical Assault Characteristics

Extensive research has found that characteristics of the assault (such as the survivor's relationship to the perpetrator, substance use, and whether physical forced was used) are related to both whether a survivor disclosed and to whom (Campbell et al., 2001; Du Mont et al., 2003; Fisher et al., 2003). However, the relationship between sexual assault characteristics and disclosure likelihood appears to depend on whether those characteristics are congruent with what the rape myth literature refers to as the "stereotypical" sexual assault. Rape myths are defined as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217). The "stereotype rape" myth suggests that a legitimate rape involves a male stranger with a weapon who attacks a woman at night despite her resistance (Burt, 1998). This rape myth reinforces what a "legitimate" assault and a "real victim" look like (Weis & Borges, 1973). It suggests that stereotypical assaults that match this scenario are valid and, consequently, all other types of sexual assault (e.g., in which the victim is incapacitated, the perpetrator does not use violence, the victim is a man) are not valid. Because these types of rape myths are heavily ingrained in our society, they prevent other "non-traditional" victims (e.g., ethnically diverse people, men, individuals who were intoxicated at the time of the sexual assault) from being considered "real victims" by many individuals (Stewart et al., 1996).

Recent research has investigated the influence of sexual assault characteristics and stereotypical assaults on disclosure. These studies have found that individuals are more likely to disclose stereotypical sexual assaults (characterized by the presence of weapons, physical injury, and unknown perpetrators; Ahrens et al., 2010; Campbell et al., 2001), particularly to formal support sources (Ullman & Filipas, 2001a), than non-stereotypical assaults. In one study, women

who experienced a stereotypical sexual assault were more likely to disclose to both informal and formal sources compared to survivors of a non-stereotypical assault (Starzynski et al., 2005). These results are consistent with an earlier study that found that survivors of stereotypical rape experiences are more likely to report the assault to police and consider themselves to be victims of a crime (Williams, 1984). In contrast, survivors who were raped by people they were acquainted with questioned their responsibility for the rape and were in turn less likely to report the rape to the police (Williams, 1984). One study found that even for survivors who do disclose their experience, when the sexual assault is not stereotypical (i.e., in the context of an intimate relationship), the survivor may delay disclosure for months or even years after the assault occurred (Ullman, 1996).

Characteristics of the assault operate similarly to facilitate or prevent disclosure in college-age survivors. College women were more likely to report sexual victimization involving weapons or injury to police than assaults that did not involve weapons or injury (Fisher et al., 2003). Additionally, college women were more likely to report an assault perpetrated by a stranger to the police than an assault perpetrated by a friend (Fisher et al., 2003). In another study, the level of familiarity between the survivor and the perpetrator was negatively associated with disclosure likelihood (i.e., the better acquainted a survivor was with the perpetrator, the less likely they were to disclose; Orchowski & Gidycz, 2012). Survivors who were injured were more likely to disclose to their informal support network than survivors who were not injured (Fisher et al., 2003). These results further illustrate how characteristics of a sexual assault can influence the decision to disclose.

Acknowledgement

Survivors may use a variety of terms to label their sexual assault experience. When a sexual assault survivor uses the terms sexual assault or rape to label their experience, they are considered acknowledged (Littleton et al., 2006). In contrast, survivors who do not identify the experience as a rape or sexual assault are considered unacknowledged survivors (Littleton et al., 2006); unacknowledged survivors may use terms like "bad sex" and "miscommunication" to describe their experience (Littleton et al., 2006; Littleton et al., 2008). A qualitative study found that one of the most frequently endorsed barriers to reporting to law enforcement was related to acknowledgement status. Specifically, participants reported that they "did not acknowledge the event as a crime" as a reason for why they did not report the sexual assault to the police (Zinzow & Thompson, 2011). In general, acknowledged sexual assault survivors are more likely to have disclosed than survivors who are unacknowledged (Littleton et al., 2006). In another study, survivors who disclosed their experience were four times more likely to label their experience as a sexual assault compared to women who did not disclose (Orchowski et al., 2013).

Rape acknowledgement, rape myth acceptance, and sexual assault characteristics are interconnected. In a study of female survivors of rape, those who were acknowledged tended to have lower levels of acquaintance with the perpetrator and were more likely to have been assaulted forcefully (Kahn et al., 2003). In comparison, unacknowledged rape survivors were more likely to have been assaulted by a boyfriend and more likely to have been incapacitated during the assault (Kahn et al., 2003). Heavy alcohol consumption during or preceding sexual assault has also been associated with not acknowledging the assault (Littleton et al., 2006). In other words, survivors who experienced a "stereotypical" rape (as determined by acquaintance

with the perpetrator, degree of force, and alcohol consumption) were more likely to acknowledge the event as a rape. Thus, the influence of rape myths and assault characteristics may impact acknowledgement status, thereby suggesting that acknowledgement serves as a barrier or facilitator to disclosure.

Post-Traumatic Cognitions

Post-traumatic cognitions are thoughts that a survivor might have following a traumatic event. These thoughts can involve self-blame and negative beliefs about oneself, other people, and the world (Foa et al., 1999). Thoughts such as "this is not serious enough" and feelings of shame have been associated with lower likelihood of disclosure (Thompson et al., 2007). In a sample of college students, shame, guilt, and embarrassment were rated as the most relevant barriers to sexual assault disclosure (Sable et al., 2006). Self-blame can be particularly influential in determining to whom survivors disclose. For example, women who did not report their assault to formal sources (only disclosed to informal sources) endorsed greater self-blame than women who disclosed to both informal and formal sources (Starzynski et al., 2005). The literature thus suggests that experiencing negative post-traumatic cognitions which involve self-blame, guilt, or embarrassment may prevent survivors from deciding to disclose their assault.

Secondary Victimization and Stigma-Threat

Concerns about secondary victimization can also prevent individuals from disclosing their assault. Secondary victimization has been defined as "victim-blaming attitudes, behaviors, and practices engaged in by community service providers, which further the rape event, resulting

11

in additional stress and trauma for victims" (Campbell & Raja, 1999, p. 262). Stigma-threat is the concern that one will be blamed or otherwise negatively viewed as a result of surviving sexual assault (Ahrens, 2006; Miller et al., 2011). Nondisclosure as a result of stigma-threat has been evidenced in the literature (Ahrens, 2006; Miller et al., 2011). For example, in a qualitative study, female survivors of sexual assault indicated that fear of being blamed for the assault was a barrier to disclosure, as women who experienced this stigma-threat said it played a role in their decision to not disclose to anyone else (Ahrens, 2006).

Victim-blaming and negative reactions may also be received from informal support providers such as friends and family (Ahrens, 2006). The receipt of negative reactions can be harmful and discourage victims from speaking about their assault again (Ahrens, 2006). The effect of negative reactions on the likelihood of future disclosure may be due to the impact of negative social reactions on posttraumatic cognitions. In a longitudinal study, the receipt of negative responses to sexual assault disclosure predicted blame and negative self-cognitions (e.g., "there is something about me that made the event happen;" Littleton, 2010). Furthermore, feelings of guilt and shame were higher in survivors who stopped disclosing following negative reactions from informal support providers (Ahrens, 2002). Thus, concerns about secondary victimization may serve as a barrier to disclosure for survivors and negative reactions following a disclosure may serve as a barrier to future disclosure of sexual assault.

Barriers to Disclosure Among Individuals Who Identify as LGBQ+

While individuals who identify as LGBQ+ experience the same barriers that survivors who identify as heterosexual face (fear of negative reaction to disclosure, feelings of guilt and

blame), additional barriers to disclosure that are unique to members of the LGBQ+ community

and their minority status may exist. Unfortunately, the barriers or facilitators to sexual assault

disclosure in LGBQ+ populations have been scarcely investigated, and there is clearly a need for

this type of research (Calton et al., 2016; Donne et al., 2018; Harvey et al., 2014). Sexual assault

survivors who identify as LGBQ+ may have less access to sexual assault services that are

sensitive to their needs as a member of the LGBQ+ community and, in turn, may be more likely

to experience negative or inadequate responses to disclosure from formal support providers than

survivors who identify as heterosexual (Todahl et al., 2009). Increased likelihood of receiving

negative or inadequate responses from formal support providers suggests that secondary

victimization could occur more frequently for a survivor who identifies as a sexual minority than

a survivor who identifies as heterosexual. Other barriers to disclosure that may be specific to

people who identify as LGBQ+ could include negative perceptions of law enforcement

(Bernstein & Kostelac, 2002) and minority stress (Sylaska & Edwards, 2015). Stressors that

members of the LGBQ+ community may face as a result of minority status include

discrimination, concealment of sexual orientation, and internalized homophobia (Meyer, 2003).

For example, in a small study ($n = 34$) that looked at both male and female participants who

identified as LGBQ+, concerns that their sexual orientation would be outed were among the

reported barriers to accessing sexual violence services in the aftermath of an assault (Harvey et

al., 2014). Among survivors of intimate partner violence (IPV), those who identify as LGBTQ+

face three crucial barriers unique to seeking help for victimization—limited understanding of

IPV in the LGBTQ+ community, stigmatization, and systemic inequities (Calton et al., 2016).

These unique factors can interfere with disclosure of IPV in the LGBQ+ community, and they

may also interfere with disclosure of sexual assault in the LGBQ+ community.

Minority Stress

Minority stress refers to the stress that individuals face as a result of their membership in a stigmatized minority group (Brooks, 1981). In the LGB community specifically, minority stress may result from the impact of heterosexism on people who identify as a sexual minority (Diplacido, 1998). Heterosexism refers to the systemic denial, stigmatization, and denigration of any form of non-heterosexual behavior (Herek, 1990). Minority stress is important because it is directly associated with mental health distress among members of sexual minority groups (Brewster, et al., 2013; Meyer, 1995). In one study of men who identified as gay, demoralization, guilt, and suicidality were strongly and positively associated with minority stress (Meyer, 1995). Among individuals who identified as bisexual, minority stress has been found to be positively related to psychological distress (Brewster et al., 2013). A review by Binion & Gray (2020) suggests that barriers to sexual assault disclosure experienced by people who identify as LGB (e.g., concerns about victim-blaming reactions to disclosure) can be explained by minority stress.

Research related to how minority stress may impact disclosure among LGBQ+ individuals is limited to intimate partner violence disclosure. Among survivors of IPV who identified as LGBQ+, those who did not disclose endorsed higher levels of minority stress than those who did disclose their victimization (Sylaska & Edwards, 2015). While the focus of the present study is sexual assault and not IPV, both are experiences of personal victimization and IPV can involve unwanted sexual contact. Therefore, this finding suggests that experiencing minority stress could be a unique barrier to sexual assault disclosure for survivors who identify as LGBQ+.

Perceptions of Law Enforcement

Another possible barrier to reporting sexual assault among survivors who identify as
LGBQ+ are negative perceptions of law enforcement. Negative perceptions about law
enforcement have been identified as a barrier to disclosure among Black sexual assault survivors
(Neville & Pugh, 1997; Washington, 2001), which has been partially attributed to the historical
discrimination of law enforcement against Black individuals. Although individuals who identify
as LGBTQ+ have also experienced discrimination from law enforcement (Comstock, 1992;
Dwyer, 2014), this barrier has not been investigated in regard to sexual assault disclosure in the
LGBQ+ community. Discrimination against people who identify as LGBTQ+ is still common
among law enforcement officers today (Amnesty International U.S.A, 2005; Dwyer, 2011). In
one study, nearly half (42.6%) of people who identified as LGBTQ+ endorsed harassment by law
enforcement (Hodge & Sexton, 2020). In the criminal justice system as a whole, individuals who
identify as LGBQ+ have endured prejudice through both inadequate protection and excessive
prosecution (D'Emilio, 1998). In fact, in one study, 30-40% of law enforcement officers
indicated they believe that crime victims who identify as LGBT would not be taken seriously or
treated equally in the justice system (Bernstein & Kostelac, 2002). Among people who identified
as LGBQ+ and had served as a juror, litigant, or attorney in the court system in California, nearly
half did not believe that individuals from sexual minority groups were treated fairly (Sexual
Orientation Fairness Subcommittee, 2001). Over half (56%) of the respondents in this survey had
experienced outward negativity based on sexual orientation during their interactions with the
court system (Sexual Orientation Fairness Subcommittee, 2001). This finding is troubling as

negative experiences can fuel distrust and may prevent individuals who identify as LGBT from reporting crimes such as sexual assault to the authorities (Nadal, et al., 2015).

Perceptions among LGBTQ+ community members regarding how law enforcement agencies and law enforcement officers treat them are poor (Hodge & Sexton, 2020; Serpe & Nadal, 2017). In one study, individuals who identified as LGBT reported substantially fewer positive perceptions of police and substantially less comfort interacting with police than men and women who did not identify as LGBT (Serpe & Nadal, 2017). In another study, the majority of people who identified as a sexual minority reported that they perceived that their sexual identity would negatively impact how they were treated by law enforcement and how law enforcement would respond to them if they were the victim of a crime (Hodge & Sexton, 2020). These perceptions may lead to less reporting of victimization, as a study found that individuals who identify as LGBT may not report their victimization to the police because they are afraid of being treated poorly (Bernstein & Kostelac, 2002). A qualitative study examining barriers to disclosure among men who identified as a sexual minority demonstrated that several participants had concerns about the "reliability" of law enforcement which contributed to their hesitancy to file a formal report (Jackson et al., 2017). Therefore, it is suggested that perceptions of law enforcement may be a barrier to reporting that is particularly relevant for people who identify as a member of a minority group.

Stereotypical Sexual Assault Characteristics

As noted above, characteristics of a sexual assault that do not match stereotypical rape scripts can serve as a barrier to disclosure for women, regardless of sexual orientation. Given that

sexual assault in the LGBQ+ community may conflict with rape stereotypes perpetuated by rape myths (e.g., the survivor may be male; the perpetrator and survivor may be the same gender), survivors who identify as LGBQ+ may experience the minimization or invalidation of their unwanted sexual experience by others (Mortimer et al., 2019). Belief in the "stereotypical" sexual assault rape myth could result in low rates of sexual assault disclosure among individuals who identify as a sexual minority, as they could believe that their assault will not be taken seriously or that their assault was not a "real" rape due to the mismatch between their experience and the "stereotypical" rape (Schulze & Konn-Magnin, 2017). Research on the level of responsibility participants assign to survivors in vignette studies provides some support for these ideas, as these studies suggest that survivors whose sexual preference is consistent with the gender of the perpetrator are assigned more blame for the sexual assault (Smith, et al., 1988; Wakelin & Long, 2003). For example, in a vignette with a male perpetrator, when the hypothetical survivor was a man who identified as gay or a woman who identified as heterosexual, the survivor was assigned more blame than when the hypothetical survivor identified as a heterosexual man or as a woman who identified as lesbian (Wakelin & Long, 2003). Men who identified as gay were perceived more negatively than all other hypothetical survivors in that their character was identified as a contributing factor to their assault, and perpetrators of rape against gay men were viewed as less responsible than perpetrators of rape involving survivors of any other sexual orientation or gender (Wakelin & Long, 2003). In another study, negative attitudes towards men who identified as homosexual and women were positively associated with blame attributed to sexual assault survivors who identified as a sexual minority (White & Kurpius, 2002). Currently, no studies have been conducted to assess the impact that rape myth acceptance may have on disclosure of sexual assault among survivors who

identify as LGBQ+. However, the literature suggests that survivors who experience a non-stereotypical assault and subscribe to beliefs about the "stereotypical" assault may be less likely to disclose or report their experience for fear of negative social reactions (e.g., blame). Therefore, it is possible that belief in the "stereotypical" assault and experiencing a "non-stereotypical" assault may influence the decision to disclose, particularly for survivors who identify as LGBQ+.

Sexual Orientation Disclosure

The process of sexual orientation disclosure is a dynamic process. In other words, "coming out" or disclosure of sexual orientation is not typically a one-time occurrence. Because of heteronormative assumptions, individuals who identify as LGBQ+ and who choose to be "out" about their sexual orientation likely have to disclose continually over the course of their life, such as when they make new acquaintances or change employment. Furthermore, many individuals who identify as LGBQ+ selectively choose who they disclose their orientation to, which is referred to as "strategic outness" (Orne, 2011). Of people who identify as LGB, 21% reported that they were "out" to less than 25% of other people. Women disclosed their sexual orientation to significantly more acquaintances than men; 34% of men were out to 75% or more of their acquaintances in comparison to 47% of women (D'Augelli & Grossman, 2001). With regard to workplace disclosure, 26% of people who identified as LGB reported that they were not out to coworkers and even more individuals (49%) were not out to their employers (D'Augelli & Grossman, 2001). The heterogeneity demonstrated above illustrates the continuous nature of sexual orientation disclosure.

Research has yet to investigate the influence that "outness" may have on sexual assault disclosure. The connection between these two different disclosures was hypothesized in the current study because some survivors who identify as LGBQ+ may experience concerns about "double disclosure." This construct refers to the unplanned disclosure of one's sexual orientation or same-sex relationship as a direct result of disclosing victimization (Pentaraki, 2017). "Double disclosure" has been identified as an issue that needs special attention when treating assault survivors in the sexual minority community (Garnets, et al., 1990). Despite the awareness drawn to "double disclosure," research has not examined how concern about "double disclosure" has influenced the decision to disclose a sexual assault among individuals who identify as LGBQ+. In the IPV literature, fear of "double disclosure" was a reported barrier to disclosing IPV (Pentaraki, 2017). Therefore, it is possible that the degree to which a person is "out" may have an influence on a survivor's decision to disclose a sexual assault and to whom they decide to disclose.

Perceptions of Belonging to the LGBQ+ Community

Psychological sense of community is a well-established construct which refers to perceived belonging to a larger community (Obst & White, 2004). Psychological sense of community has been discussed with regard to the LGBQ+ community, and in the development of a measure of psychological sense of LGBQ+ community, research found that a stronger sense of community was associated with greater satisfaction in the social support received from the LGBQ+ community (Lin & Israel, 2012). As suggested above, possessing adequate social support can provide survivors with an outlet to disclose their sexual assault. Therefore, while no

research to our knowledge has investigated the influence of perceived belonging to the LGBQ+ community on the decision to disclose sexual assault, research has investigated the influence of social support on sexual orientation disclosure (Beals et al., 2009) as well as the influence of belonging to the LGBQ+ community and sexual assault risk (Murchison et al., 2017). One study found that perceived belonging to the LGBQ+ community reduced risk of sexual assault among college students who identified as LGBQ+ (this relationship was partially explained by internalized homophobia; Murchison et al., 2017). A study of sexual orientation disclosure and social support found that social support mediates the relationship between disclosure of sexual orientation and increased well-being (Beals et al., 2009). People who perceive a greater sense of belonging to the LGBQ+ community, may also receive a greater amount of social support from others who identify as LGBQ+. Thus, it is possible that survivors who possess a greater sense of belonging to the LGBQ+ community may be more likely to disclose their sexual assault than survivors who do not perceive this degree of belonging to the LGBQ+ community.

Current Study

To date, barriers to disclosure of sexual assault among individuals who identify as LGBQ+ have been scarcely investigated, and there is a need for this type of research (Calton et al., 2016; Donne et al., 2018; Harvey et al., 2014). If barriers and facilitators of sexual assault disclosure differ by sexual orientation, identifying these factors would be helpful in better understanding how to provide support for survivors who identify as LGBQ+ and how to facilitate help-seeking in this population. Therefore, in the present study the barriers and facilitators that may influence the decision to disclose a sexual assault were examined. In

particular, constructs that could potentially have a unique influence on disclosure of sexual assault for people who identified as LGBQ+ were investigated. It is important to note that given the potentially unique experiences of individuals who do not identify as cisgender, the current study focused solely on sexual orientation and did not examine the role of gender identity. Specifically, the following hypotheses were proposed.

Hypothesis 1: Among survivors who have disclosed their sexual assault, those who identify as LGBQ+ were expected to have waited longer to disclose for the first time than survivors who identify as heterosexual.

Hypothesis 2: Survivors who identify as LGBQ+ were hypothesized to report more negative perceptions of the police than survivors who identify as heterosexual.

Hypothesis 3: Among survivors who identify as LGBQ+, those who have disclosed their sexual assault were expected to be more "out" regarding their sexual orientation than those who have not disclosed.

Hypothesis 4: Negative perceptions of police by survivors who identify as LGBQ+ were expected to be negatively associated with likelihood of disclosing to police.

Hypothesis 5: Among sexual assault survivors who identify as LGBQ+, those who had disclosed their sexual assault were expected to report greater perceptions of LGBQ+ community belongingness compared to those who have not disclosed.

Hypothesis 6: The relationship between sexual orientation and disclosing to police was expected to be partially accounted for by negative perceptions of police.

CHAPTER 2: METHODOLOGY

<u>Participants and Procedures</u>

This study was approved by the University of Central Florida Institutional Review Board. Both college students and community members were recruited for this study. Participants ages 18-30 were recruited through the Psychology Department Study Recruitment System at the University of Central Florida, emails and flyers sent to LGBQ+-related organizations in the community, flyers posted in spaces across campus (e.g., the university's PRIDE Center) and other college campuses in Central Florida (Rollins College, Valencia College, and Full Sail University). Additionally, a community sample of individuals ages 18-30 years old was recruited through MTurk. Participants recruited via Mturk completed a pre-screener to ensure that only individuals who had experienced unwanted sexual contact and who were between the ages of 18 and 30 were able to participate in the study (See Appendix A). Informed consent for the study was implied by participants' continuation in the study. The secure online survey was hosted on Qualtrics. Participants recruited via the Psychology Department Study Recruitment System at UCF were compensated with course credit/extra credit in psychology courses. Participants recruited via flyers and emails in the community were not compensated. Participants recruited via MTurk received 50 cents for their participation in the study.

A total of 879 unique individuals started the survey. A total of 439 participants were excluded because they did not endorse any unwanted sexual experiences on the Sexual Experiences Survey – Short Form Victimization (Koss et al., 2007). Next, participants who did not report their sexual orientation or those who provided conflicting answers regarding their sexual orientation (i.e., Mturk participants who selected heterosexual on the pre-screener and a

non-heterosexual orientation on the actual survey) were excluded ($n = 4$). Participants who were missing responses to more than one item on any of the measures used in the analyses were excluded ($n = 8$). Participants who responded incorrectly to more than one reading check placed in the measures were excluded ($n = 10$). Thus, 418 participants remained in the dataset and their data were utilized in the statistical analyses conducted in this study. Of those 418 participants, 233 participated through the Psychology Department Study Recruitment System, 11 participated via the survey link provided on flyers posted on campus, in the community, and on social media posts, and 174 participated through MTurk. The majority of the sample identified as heterosexual ($n = 250$; 59.8%). Among participants who identified as LGBQ+ ($n = 168$), the majority identified as bisexual ($n = 87$; 51.8%) and the second most frequent sexual orientation selected was gay/lesbian ($n = 38$; 22.6%). Participants who identified as LGBQ+ were significantly older than participants who identified as heterosexual; there were no differences in sex, gender, or race by sexual orientation (See Table 1 for demographic information and statistical tests of differences between groups).

Table 1: Demographic Information and Descriptive Statistics

Variable	Total Sample (N = 418)		Participants Who Identified as LGBQ+ (n = 168)		Participants Who Identified as Heterosexual (n = 250)		Statistical test	p
	M	SD	M	SD	M	SD		
Age[a]	22.75	3.93	23.23	3.85	22.43	3.95	$U = 17278.50$	.022
	n	%	n	%	n	%	Statistical test	p
Sex							$\chi^2(1) = .010$	.921
Male	96	23.0	39	23.2	57	22.8		
Female	322	77.0	129	76.8	193	77.2		
Gender							$\chi^2(1) =$	.387

	Total Sample (N = 418)		Participants Who Identified as LGBQ+ (n = 168)		Participants Who Identified as Heterosexual (n = 250)			
							.749[b]	
Male	100	23.9	43	25.6	57	22.8		
Female	312	74.6	119	70.8	193	77.2		
Other	6	1.4	6	3.6	0	0		
Race/Ethnicity							$\chi^2(4) =$ 7.010	.135
White	247	59.1	99	58.9	148	59.2		
Black	31	7.4	16	9.5	15	6.0		
Multi-Racial	29	6.9	16	9.5	13	5.2		
Other	41	9.8	12	7.2	29	11.6		
Hispanic/Latinx	70	16.7	25	14.9	45	18.0		

	Total Sample (N = 418)		Participants Who Identified as LGBQ+ (n = 168)		Participants Who Identified as Heterosexual (n = 250)			
Sexual Orientation							N/A	
Gay/Lesbian	38	9.1	38	22.6	0	0.0		
Bisexual	87	20.8	87	51.8	0	0.0		
Asexual	7	1.7	7	4.1	0	0.0		
Pansexual	16	3.8	16	9.5	0	0.0		
Demisexual	5	1.2	5	3.0	0	0.0		
Questioning	8	1.9	8	4.8	0	0.0		
Queer	7	1.7	7	4.2	0	0.0		
Heterosexual	250	59.8	0	0.0	250	100.0		
Disclosed Sexual Assault	297	71.1	129	76.8	168	67.2	$\chi^2(1) = 4.489$	.034

	Total Sample (N = 418)		Participants Who Identified as LGBQ+ (n = 168)		Participants Who Identified as Heterosexual (n = 250)			
Disclosed to Police	35	8.4	15	8.9	20	8.0	$\chi^2(1) =$ .113	.737

[a] 11 participants did not report their age. [b] Due to small number of participants who identified their gender as "Other" (n = 6), these individuals were excluded from the χ^2 test.

Power Analyses

Hypothesis 1 and 2: A power analysis was conducted with G Power (Faul, et al., 2007). Based on the results of the power analysis, a total of 106 participants (53 participants who identified as heterosexual and 53 participants who identified as LGBQ+) was needed to provide 80% power to detect a medium effect size in a one-tailed Mann-Whitney test with alpha of .05.

Hypotheses 3 and 4: A power analysis was conducted with G Power (Faul et al., 2007) to determine the necessary sample size to have 80% power to detect a medium effect in a one-tailed Mann Whitney test with alpha of .05. Unequal groups were assumed, as it was estimated that approximately 80% of sexual assault survivors will have disclosed (Orchowski & Gidycz, 2012). Based on the results of the power analyses, a total of 182 participants who identified as LGBQ+ (36 who have not disclosed and 146 who have disclosed) were needed for these analyses.

Hypothesis 5: A power analysis was conducted with G Power (Faul et al., 2007) to determine the necessary sample size to have 80% power to detect a medium effect in a one-tailed t-test with alpha of .05. Unequal groups were assumed, as it was estimated that approximately 80% of sexual assault survivors will have disclosed (Orchowski & Gidycz, 2012). Based on the results of the power analyses, a total of 182 participants who identify as LGBQ+ (36 who have not disclosed and 146 who have disclosed) were needed for these analyses.

Hypothesis 6: A power analysis was conducted using a Monte Carlo simulation in MPlus (Muthen & Muthen, 1998-2017). Average correlations (rs) were determined based on previous research in order to estimate the effect sizes of each path. The estimated effect size (i.e., r^2) for the relationship between sexual orientation and perception of police was set at 0.39. This is a

moderate effect size based on research examining the relationship between sexual orientation and police reporting (Owen et al., 2018). The effect size for the relationship between perception of police and disclosure to police was set at 0.3. This effect size is based on research that examined the relationship between perceptions of police and reporting to police (Bennett & Weigand, 1994). The power analysis determined that with 10,000 repetitions, a sample size of 100 total participants will provide 94-97% power to detect a significant indirect effect.

In summary, the results of the power analyses revealed that a total of 235 sexual assault survivors (53 who identify as heterosexual and 182 who identify as LGBQ+) were needed to have at least 80% power to test the proposed hypotheses. In order to determine a recruitment goal for the overall sample, it was estimated that approximately 18.7% of college students who identify as heterosexual would report experiencing a sexual assault (Conley et al., 2017) and approximately 39% of college students who identify as LGBQ+ would report experiencing a sexual assault (Rothman et al., 2011). As a result, it was estimated that 284 heterosexual participants and 467 LGBQ+ participants would be needed to obtain a sufficient number of sexual assault survivors. Furthermore, it was estimated that approximately 20% of participants would be excluded due to random responding and missing data. As a result, a total sample size of 939 participants was estimated to be needed (355 who identify as heterosexual and 584 who identify as LGBQ+).

<center>Measures</center>

<center>Primary Measures</center>

Demographic Characteristics (Appendix B)

Participants completed demographic items that assessed age, gender, sex, race/ethnicity, and year in school. Sexual orientation was also assessed; response options included asexual, bisexual, heterosexual, gay/lesbian, questioning, pansexual, demisexual, and queer.

Sexual Victimization (Appendix C)

Attempted and completed sexual assault since the age of 14 and in the past 12 months was assessed using a modified version of the Sexual Experiences Survey – Short Form Victimization (SES-SFV; Koss et al., 2007). The SES-SFV asks participants about seven types of unwanted sexual contact (i.e., sexual touching, oral sex, anal sex, and vaginal sex) that may have occurred via five perpetration tactics (i.e., two methods of verbal coercion, intoxication, threat of physical force, and physical force) during two timeframes – the past 12 months and from the participant's 14th birthday until 12 months prior to the study. While the original SES-SFV asks participants to indicate the number of times they experienced each item (from 0 to 3+), dichotomous responses (yes/no) were used for this study. The reliability and validity of data obtained from the SES-SFV have been demonstrated for women. Results from this measure significantly correlated with the original SES measure ($r = .52$; Johnson et al., 2017). Among college-aged men, modest convergent validity has been demonstrated between the SES-SFV and measures of intimate partner victimization and rape survivor empathy (rs = .12 to .22; Anderson et al., 2018).

Disclosure (Appendix D)

Participants were asked to indicate to whom they have disclosed their unwanted sexual experience. Response options included a variety of different people (e.g., police, mother, psychologist, office of student conduct). Participants were also asked how much time passed between the unwanted sexual experience and when they first disclosed. Response options for this item on the measure were 1 (*0-6 days*); 2 (*1-2 weeks*); 3 (*1-6 months*); 4 (*7-11 months*); 5 (*1 or more years*). Participants who did not disclose or report their experience were asked to indicate why they have not disclosed their experience to anyone.

Perceptions of Police (Appendix E)

Perceptions of police were assessed with the Perception of Police Scale (POPS; Nadal & Davidoff, 2015). The POPS is a 12-item measure that includes positively valanced statements such as "Police officers are unbiased" and "I like the police." Participants rate their agreement with the statements on a five-point scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). Higher scores on this measure are indicative of more negative perceptions of police. A total score for the POPS measure was calculated by summing the 12 items. Internal consistency was excellent in a sample of college students and community members (Cronbach's α = .94; Nadal & Davidoff, 2015). In the present sample, internal consistency was excellent (Cronbach's α = .96).

LGBT Belongingness

The Psychological Sense of LGBT Community Scale (PSOC-LGBT; Lin & Israel, 2012) was used to assess perceived belongingness to the LGBT community among participants who

31

identified as LGBQ+. The PSOC-LGBT is a 22-item scale that includes questions designed to assess sense of LGBT community and belonging within that community. Examples of questions include: "In general, how well do LGBT people get along?" and "How much do you feel that you can get help from the LGBT community if you need it?" Participants rated each question on a five-point scale ranging from 1 (*none*) to 5 (*a great deal*). Higher scores on the PSOC-LGBT are indicative of a stronger sense of belonging to the LGBT community. A total score on the PSOC-LGBT was calculated by summing the 22 items. Excellent internal consistency has been demonstrated in a sample of sexual minority individuals from the community (Cronbach's alpha = .91; Lin & Israel, 2012). Furthermore, scores on this measure are highly correlated with participants' satisfaction with the social support that they receive from the LGBT community (*r* = .59) and with variables related to community involvement and support (partial *r*s = .18 to .64). In the present study, internal consistency was excellent (Cronbach's α = .92).

Sexual Orientation Disclosure (Appendix F)

Participants who identified as LGBQ+ received the Outness Inventory (Mohr & Fassinger, 2000). This scale measures the degree to which participants have disclosed their sexual orientation. Participants were asked to respond to 12 items that listed different types of people that they could be "out" to (e.g., friends who identify as LGBQ+, work peers, and strangers/new acquaintances). Response options for each item range from 0 (*not applicable to your situation; there is no such person or group of people in your life*) to 7 (*person definitely knows about sexual orientation status, and it is openly talked about*), with higher scores indicative of a higher degree of "outness." The Outness Inventory consists of three sub-scales: out to the world; out to

family; and out to religion. An overall score on the Outness Inventory is calculated by obtaining an average of the three sub-scales. Original reliability testing of scores by the three sub-scales revealed excellent internal consistency for the "out to religion" sub-scale (Cronbach's alpha = .97) and adequate internal consistency for "out to the world" (Cronbach's alpha = .79) and "out to family" (Cronbach's alpha = .74) sub-scales (Mohr & Fassinger, 2000). Participating in religious organizations that are not supportive of gay people was associated with below average levels of "outness" to the religious community, suggesting convergent validity. Additionally, high levels of "outness" was associated with high scores on the internalization/synthesis stage of non-heterosexual identity formation (Mohr & Fassinger, 2000). The internalization/synthesis stage is characterized by self-acceptance of non-heterosexual identity and the integration of this identity into their life (Mohr & Fassinger, 2000). In another study of community members, excellent internal consistency was found for the overall measure (Cronbach's alpha = .94) and the three subscales (Out to family: Cronbach's alpha = .91; Out to the world: Cronbach's alpha = .91; Out to religion: Cronbach's alpha = .96; Wilkerson et al., 2016). In the present study, internal consistency was good for the overall measure (Cronbach's alpha = .83).

Secondary Measures

Sexual Assault Characteristics (Appendix G)

Participants who endorsed experiencing at least one attempted or completed sexual assault since the age of 14 on the SES-SFV were asked to complete a series of questions about the event that bothers them the most. Questions included whether the participant and/or perpetrator used

substances prior to the assault, the relationship between the participant and the perpetrator, and how the participant labels the experience (e.g., rape, miscommunication, or sexual assault).

Stigma (Appendix H)

Participants who endorsed experiencing at least one attempted or completed sexual assault since the age of 14 on the SES-SFV received the Stigma Scale, a measure of perceived stigma as a result of sexual assault (Gibson & Leitenberg, 2001). This measure consists of 9 questions (e.g., "How embarrassed are you telling people what happened?") that are designed to assess perceptions of stigma in survivors of sexual assault. Participants indicated the frequency that they experience these feelings on a five-point scale ranging from 1 (*not at all*) to 5 (*very much*). Potential scores range from 9-45 with higher scores indicative of greater perceived stigma (Gibson & Leitenberg, 2001). This brief scale had excellent internal consistency in a sample of female college students (Cronbach's alpha = .93; Gibson & Leitenberg, 2001). In the present study, internal consistency was good for the overall measure (Cronbach's alpha = .93).

Data Analyses

As noted above, participants who did not respond to more than one item on any of the measures included in the analyses were excluded. When participants were missing one response on a measure, the mean of the other items was imputed for the missing values. It should be noted that all participants with missing data for more than one item on the measures used in analyses did not complete any of the items on that measure.

To test the first and second hypotheses, Mann-Whitney U tests were used to examine whether time to disclosure differed by sexual orientation and whether perceptions of police differed by sexual orientation (heterosexual vs. LGBQ+). To test the third hypothesis, Mann-Whitney U test was used to examine whether survivors who identify as LGBQ+ and have disclosed their sexual assault to at least one individual differ in degree of "outness" from survivors who identify as LGBQ+ and have not disclosed to at least one individual. To test the fourth hypothesis, a Mann-Whitney U test was used to examine if sexual assault survivors who identify as LGBQ+ who disclosed to the police and those who did not disclose to police differed in their perceptions of police. For the fifth hypothesis, a *t*-test was used to examine whether sexual assault survivors who identified as LGBQ+ who disclosed to at least one individual and those who did not disclose differed on measures of LGBQ+ community belongingness. Bivariate correlations were used to examine the relationships among variables prior to conducting an analysis of indirect effect using Model 4 in the PROCESS macro Version 3 (Hayes, 2017) to examine Hypothesis 6.

CHAPTER 3: RESULTS

In the total sample of 418, the majority of survivors chose to disclose their sexual assault ($n = 297$; 71.1%), and this pattern was found for both survivors who identified as heterosexual ($n = 168$; 67.2%) and survivors who identified as LGBQ+ ($n = 129$; 76.8%). Among those who disclosed, almost all ($n = 280$; 94.3%) told at least one informal support provider (50.5% disclosed to female friends, 34.4% disclosed to male friends, 17% disclosed to their mother, 12.7% disclosed to their sibling(s), and 8.7% disclosed to their father) while only 32.7% ($n = 97$) disclosed their sexual assault to formal support (16.5% disclosed to a mental health professional, 9% disclosed to law enforcement, 5.4% disclosed to medical professionals, 3.3% disclosed to an academic professional/University employee, 3.3% disclosed to the Office of Student Conduct, and 1.9% disclosed to the Title IX Coordinator). Among those who disclosed and identified as LGBQ+, almost all ($n = 124$; 96.1%) told at least one informal support provider while only 38.8% ($n = 50$) disclosed their sexual assault to formal support. Similarly, almost all of survivors who both disclosed and identified as heterosexual ($n = 156$; 92.9%) told at least one informal support provider while only 27.9% ($n = 47$) disclosed their sexual assault to formal support.

As noted above, the present study included participants recruited via MTurk and participants recruited through the Psychology Department Study Recruitment System at the University of Central Florida, emails and flyers sent to LGBQ+-related organizations in the community, and flyers posted in spaces across campus (e.g., the university's PRIDE Center) and other college campuses in Central Florida (Rollins College, Valencia College, and Full Sail University). Therefore, the participants recruited via Mturk were compared to those recruited via other methods to examine whether there were differences between participants based on

recruitment method (see Table 2). Participants recruited via MTurk were significantly older and were more likely to have reported their sexual assault to the police. Additionally, more participants in the MTurk group identified as LGBQ+ than in the group recruited via other methods; this difference between groups is not surprising, as up to 100 participants who identified as heterosexual and up to 100 participants who identified as LGBQ+ were recruited via MTurk. Additionally, there were more men in the sample recruited via MTurk than in the sample recruited via other methods. Finally, the racial distribution differed between the sample recruited via MTurk and the sample recruited via other methods.

Table 2: Demographic Information and Descriptive Statistics

Variable	Total Sample (N = 418)		Participants Recruited from MTurk (n = 174)		Participants Recruited Outside of MTurk (n = 244)		Statistical test	p
	M	SD	M	SD	M	SD		
Age[a]	22.75	3.93	26.08	2.86	20.42	2.52	$U = 3218.00$	< .001
	n	%	n	%	n	%	Statistical test	p
Sex							$\chi^2(1) =$ 4.666	.031
Male	96	23.0	51	29.3	45	18.4		
Female	322	77.0	123	70.7	199	81.6		
Gender[b]							$\chi^2(1) =$	.011

	Total Sample (N = 418)		Participants Recruited from MTurk (n = 174)		Participants Recruited Outside of MTurk (n = 244)			
							6.469	
Male	100	23.9	51	29.3	49	20.0		
Female	312	77.0	118	67.8	194	79.5		
Other	6	1.4	5	2.9	1	0.5		
Race/Ethnicity							$\chi^2(4) =$	.032
							7.010	
White	247	59.1	115	66.1	132	54.1		
Black	31	7.4	17	9.8	14	5.7		
Multi-Racial	29	6.9	9	5.2	20	8.2		
Other	41	9.8	16	9.2	25	10.2		
Hispanic/Latinx	70	16.7	17	9.8	53	21.7		

	Total Sample (N = 418)		Participants Recruited from MTurk (n = 174)		Participants Recruited Outside of MTurk (n = 244)			
Sexual Orientation[c]							$\chi^2(1) =$ 9.096	.003
Heterosexual	250	59.8	90	51.7	160	66.1		
Gay/Lesbian	38	9.1	21	12.1	17	6.9		
Bisexual	87	20.8	46	26.4	41	16.8		
Pansexual	16	3.8	7	4.0	9	2.5		
Demisexual	5	1.2	1	0.6	4	2.0		
Queer	7	1.7	5	2.9	2	1.2		
Asexual	7	1.7	3	1.7	4	2.0		
Questioning	8	1.9	1	0.6	7	2.5		
Disclosed Sexual Assault	297	71.1	128	73.6	169	69.3	$\chi^2(1) =$ 2.631	.105

	Total Sample (N = 418)		Participants Recruited from MTurk (n = 174)		Participants Recruited Outside of MTurk (n = 244)			
Disclosed to Police	38	9.0	27	15.5	11	4.5	$\chi^2(1) =$ 10.903	.001

[a] 11 participants did not report their age. [b] Due to small number of participants who identified their gender as "Other" (n = 6), these individuals were excluded from the χ^2 test. [c] Due to small number of participants who identified as each non-heterosexual sexual orientation, sexual orientation was dichotomized (heterosexual vs. LGBQ+) for the χ^2 test.

<center>Primary Analyses</center>

Of survivors who identified as LGBQ+ and reported disclosing to at least one person, 29.5% ($n = 38$) disclosed within one week of the sexual assault while 38.0% ($n = 49$) waited at least one year to disclose their sexual assault for the first time. In comparison, 45.2% ($n = 76$) of survivors who identified as heterosexual and disclosed at least once disclosed within the first week and 20.8% ($n = 35$) waited at least one year to disclose their sexual assault for the first time. Accordingly, participants who identified as LGBQ+ ($n = 129$; $Mdn = 3.00$, $IQR = 4.00$) waited significantly longer to disclose their sexual assault for the first time than survivors who identified as heterosexual ($n = 168$; $Mdn = 2.00$, $IQR = 3.00$, $U = 8532.00$, $p < .001$, $\eta^2 = .04$). As a result, hypothesis one was supported.

Additionally, a Mann-Whitney U test showed that survivors who identified as LGBQ+ ($n = 168$; $Mdn = 41.00$, $IQR = 16.00$) reported significantly more negative perceptions of police than survivors who identified as heterosexual ($n = 250$; $Mdn = 39.00$, $IQR = 16.00$, $U = 15742.00$, $p < .001$, $\eta^2 = .05$). As a result, hypothesis two was supported.

Next, analyses were conducted to examine the hypotheses looking specifically at disclosure among survivors of sexual assault who identified as LGBQ+. First, hypothesis 3 was supported because survivors who had disclosed their unwanted sexual experience scored significantly higher on the Outness Inventory ($n = 129$; $Mdn = 2.50$, $IQR = 1.92$) than those who had not disclosed their unwanted sexual experience ($n = 39$; $Mdn = 1.83$, $IQR = 1.75$, $U = 1900.50$, $p = .021$, $\eta2 = .03$). In contrast, there was no difference in perceptions of police between those who did not disclose their sexual assault to the police ($n = 153$; $Mdn = 39.00$, IQR

= 17.00) and those who did disclose their sexual assault to the police (n = 15; Mdn = 41.00, IQR

= 16.00, U = 814.50, p = .064, η2 = .02). As a result, hypothesis four was not supported.

Additionally, there was no difference in perceptions of LGBQ+ belongingness between those

who disclosed their sexual assault (n = 129; M = 72.00, SD = 16.39) and those who had not (n =

39; M = 67.08, SD = 16.90, t(163) = -1.634, p = .104, d = 1.21). As a result, hypothesis five was

not supported.

A bootstrap analysis to compute the indirect effect of sexual orientation on disclosure of

sexual assault to the police via perceptions of the police was planned. While perceptions of

police did vary by sexual orientation (see results regarding Hypothesis 2 above), suggesting a

significant *a* path, a Mann-Whitney U test revealed scores on the Perceptions of Police Scale

were not significantly related to likelihood of disclosure to police (U = 6618.00, p = .902),

indicating the *b* path was not statistically significant (Perceptions of police score for participants

who reported sexual assault: Mdn = 39.00, IQR = 14.82; perceptions of police among

participants who did not report sexual assault: Mdn = 39.00, IQR = 17.00). Therefore, the

bootstrap analysis to compute the indirect effect was not conducted. As a result, hypothesis six

was not supported.

<center>Exploratory Analyses</center>

Given that hypothesis five was not supported, exploratory analyses were conducted to

examine whether the participants who identified as LGBQ+ in the current sample differed from

previous samples in research studies on the measures related to outness and LGBT

belongingness. First, the mean score for the participants who identified as LGBQ+ in the current

<center>43</center>

study on the Outness Inventory (Mohr & Fassinger, 2000) was compared to the mean score from the sample used in the development of the measure (a sample of people who were aged 18-69 and identified as lesbian or gay). Scores in the current sample were significantly lower (M = 2.60, SD = 1.40) than scores in the development sample (M = 5.15, SD = 1.69, $t(163)$ = -23.25, p < .001; Mohr & Fassinger, 2000), which suggests that, on average, participants in the current study were significantly less "out" regarding their sexual orientation than the sample used in the development of this scale. Next, the mean score for participants who identified as LGBQ+ in the current study on the PSOC-LGBT (Lin & Israel, 2012) was compared to the mean score from the sample used in the development of the measure (a sample of people who were aged 15-77 years and identified as LGBTQ+). Scores in the current sample were not significantly different (M = 18.81, SD = 4.65) from scores in sample used in the development of the PSOC-LGBT (M = 18.42, SD = 3.70, $t(164)$ = 1.081, p = .281; Lin & Israel, 2012), which suggests that, on average, participants in the current study did not differ from the previous sample (Lin & Israel, 2012) on sense of belonging to the LGBT community. The total score utilized in this comparison was calculated as described in the scale development paper (a sum of the mean subscale scores; Lin & Israel, 2012) in order to generate a total score that could be compared, which differed from the way the total score was computed for the other analyses.

CHAPTER 4: DISCUSSION

Despite previous research that has found increased risk of sexual victimization for people who identify as a sexual minority (i.e., who identify as LGBQ+; Coulter et al., 2017; Martin et al., 2011), limited research has examined disclosure of these experiences in this population. While at least one study looked at time till first disclosure (Geier, 2017) and another study examined rates of reporting sexual assault among survivors who identify as LGBQ+ (Long et al., 2007), these studies were limited by the relatively small number of participants who identified as LGBQ+ and by only including participants of a single gender. Most importantly, previous research has not examined factors that may differentially influence the disclosure process for individuals who do not identify as heterosexual. Thus, the current study sought to examine differences in disclosure between sexual assault survivors who identify as heterosexual and survivors who identify as LGBQ+ as well as examine factors that may be particularly important in influencing the likelihood that individuals who identify as LGBQ+ will disclose their sexual assault (perceptions of the police, degree of outness regarding sexual orientation, and perceptions of LGBQ+ community belonging).

Sexual Assault Disclosure: Differences by Sexual Orientation

In support of hypothesis one, the current study found that participants who identified as LGBQ+ waited longer to disclose their sexual assault for the first time than participants who identified as heterosexual. This finding is in line with the idea that people who identify as LGBQ+ may face additional barriers to sexual assault disclosure (e.g., fear of "double disclosure," concerns that they will not be taken seriously due to heteronormative assumptions

about sexual assault; Pentaraki, 2017; Schulze & Konn-Magnin, 2017), resulting in delayed disclosure. Furthermore, prior research has shown that survivors of non-stereotypical sexual assaults wait longer before disclosing (Ullman, 1996). It is possible that delayed disclosure among survivors who identified as LGBQ+ in the current study was influenced by the experience of a non-stereotypical sexual assault (e.g., sexual assault perpetrated by a member of the same-sex, sexual assault perpetrated by a friend or romantic partner). In addition, this finding is also consistent with prior research which found that men who identified as non-heterosexual waited longer to disclose than men who identified as heterosexual (Geir, 2017). The current research extended Geir's findings by including women in the study; therefore, the current study suggests that waiting longer to disclose is a trend observed among both men and women who identify as LGBQ+.

Hypothesis two proposed that sexual assault survivors who identified as LGBQ+ would report greater negative perceptions of the police when compared to survivors who identified as heterosexual, and this hypothesis was supported. This finding is consistent with prior research that also found that perceptions of police differ by sexual orientation (i.e., greater negative perceptions of police among people who identified as LGBQ+; Serpe & Nadal, 2017). Additionally, previous qualitative studies have found that individuals who identify as LGBQ+ report concerns about how they will be treated by law enforcement officers (e.g., fear of hostility, concern that they will not be respected; Bernstein & Kostelac, 2002; Hodge & Sexton, 2020).

<u>LGBQ+ Survivors and Barriers to Disclosure</u>

Hypothesis three proposed that among survivors who identified as LGBQ+, those who disclosed their sexual assault would also be more "out" regarding their sexual orientation than those who had not disclosed their sexual assault. The current study found that among survivors who identified as LGBQ+, being "out" was significantly associated with sexual assault disclosure (such that individuals who had disclosed their sexual assault reported higher levels of "outness" regarding their sexual orientation than survivors who had not disclosed their sexual assault). This finding provided evidence to support the connection between sexual orientation disclosure and sexual assault disclosure. The current finding extends prior research on "double disclosure" as a barrier to IPV disclosure (Pentaraki, 2017) by suggesting that "double disclosure" could be a barrier to sexual assault disclosure as well. Although a significant effect was found for degree of "outness" and sexual assault disclosure, it should be noted that the present sample scored significantly lower on the Outness Inventory than the sample on which the measure was developed. This difference may in part be due to the age difference between the two samples; the present study did not include any individual over the age of 30 whereas the developmental sample included individuals up to 69 years old.

Among survivors who identified as LGBQ+, negative perceptions of police were expected to be negatively associated with likelihood of disclosing to police. However, among survivors who identified as LGBQ+, perceptions of police did not differ between survivors who had disclosed to police and those who had not. It is possible that no differences were found among survivors who identified as LGBQ+ because of the small number of participants who disclosed to police ($n = 15$) compared with the number of participants who did not disclose their

assault to the police ($n = 153$). The low rate of disclosure to the police found in the present study is consistent with previous research (Fisher et al., 2003; Krebs et al., 2016). It is also possible that the decision to refrain from reporting could be attributed to variables that have been demonstrated in prior research to reduce likelihood of reporting to law enforcement (e.g., experience of a non-stereotyped sexual assault, acknowledgment status; Ullman & Filipas, 2001a; Zinzow & Thompson, 2011) rather than perceptions of police.

Additionally, hypothesis five proposed that among survivors who identified as LGBQ+, those who had disclosed their sexual assault would feel a greater sense of belonging to the LGBQ+ community than survivors who identified as LGBQ+ and had not disclosed. This hypothesis was not supported because there was no difference in perceptions of LGBQ+ community belongingness between those who had disclosed their sexual assault and those who had not. This finding suggests that sense of belonging to the LGBQ+ community was not a facilitator of disclosure in this sample. The current study did not distinguish between disclosure to individuals who identify as heterosexual vs. individuals who identify as LGBQ+, which may explain the lack of influence of LGBQ+ community belongingness on disclosure. It is possible that sense of LGBQ+ community belongingness could be relevant to the decision to disclose specifically with regard to disclosure to other members of the LGBQ+ community but not to disclosure more broadly. Despite this insignificant effect, the present sample did not have a significantly different score on the Psychological Sense of LGBT Community Scale than the sample in whichfrom the study in which this measure was developed.

Indirect Effect of Sexual Orientation on Reporting to Police Through Perceptions of Police

Finally, it was expected that survivors who identified as LGBQ+ would hold more negative perceptions of police than survivors who identified as heterosexual, which would lead to decreased likelihood of reporting to the police. The current study found that survivors who identified as LGBQ+ held greater negative perceptions of police than survivors who identified as heterosexual. However, the relationship between perceptions of police and reporting to the police was not significant, which indicated an indirect effect via perception of police was not possible. Furthermore, there were no differences in likelihood of reporting to the police by sexual orientation. Although perceptions of police did not influence likelihood of survivors disclosing sexual assault to the police, it is possible that other variables have contributed to the decision to report. For example, prior research has demonstrated that survivors of sexual assault are more likely to report to law enforcement when the assault is more consistent with stereotypes about rape (e.g., greater physical force is utilized, a weapon is involved, the survivor sustains injury, perpetrator is a stranger; Ullman & Filipas, 2001a; Fisher et al., 2003) or when the survivor labels their experience as a rape (Zinzow & Thompson, 2011).

Ethics

Ethical principles that underly the practice of research with human subjects include "respect for persons, beneficence, and justice" (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). In order to ensure respect for participants, the informed consent process provided descriptions of what people could expect from participation in the study. Knowing that consent is an ongoing process, participants could

49

choose to skip any questions they did not wish to answer and skipping items did not prevent continued participation in the study. Regarding the principle of beneficence, it was of utmost importance to consider the research on potential psychological distress or harm caused by participation in sexual trauma research. Numerous studies point to minimal risk of harm to people who participate in sexual trauma research. Furthermore, some studies have found that participants report the experience to be "positive" (Edwards et al., 2009; Griffin et al., 2003; Yeater et al., 2012). Regardless, participants were provided with local and national resources for survivors of sexual assault and for assistance coping with emotional distress (e.g., National Sexual Assault Hotline; National Suicide Prevention Hotline). With regard to justice, it was important that recruitment strategies were developed specifically with outreach to the LGBQ+ community in mind. For example, outreach to local LGBQ+ organizations took place during the recruitment phase and a nationwide sample was gathered through MTurk in order to improve the representativeness of the sample. Given the current study's focus on people who identified as a sexual minority, it was also necessary that a sufficient number of people who identified as LGBQ+ were able to participate. Without the participation of people who identify as LGBQ+ we would not be able to give attention to the experiences of sexual assault disclosure among survivors who do not identify as heterosexual.

<div align="center">Diversity</div>

The present study sought to better understand the experience of sexual assault disclosure within a sample of diverse sexual orientations. However, there were a few limits to the application of this present study's results. For example, the present study was age-restricted

(participants were aged 18-30); therefore, the results are not able to be generalized to older

survivors. Additionally, the present sample was composed of primarily White participants, and

as a result, the findings may not adequately represent the experience of sexual assault survivors

who are not White. This limitation is particularly important as research has demonstrated unique

barriers to sexual assault disclosure faced by people who belong to different racial groups, such

as Black, Indigenous, and people of color (Washington, 2001). As a result, it is possible that a

Black survivor who identifies as bisexual may experience additional barriers to disclosure

compared to a White survivor who identifies as bisexual. Future research that recruits a more

racially diverse sample would be beneficial to better understand sexual assault disclosure across

different marginalized groups. In particular, it is important to explore how intersectionality may

impact disclosure among survivors who identify with multiple marginalized groups (e.g., based

on sexual orientation and racial identity).

Limitations & Future Directions

Although the present study was unique in its exploration of barriers and facilitators of

sexual assault disclosure that may be particularly relevant among both men and women who

identify as LGBQ+, there are a few limitations that merit discussion. First, the study is limited by

the use of a cross-sectional design, as it is not possible to establish the direction of the

relationships between variables. Additionally, some research has suggested that disclosure is not

a simple dichotomous variable. Specifically, disclosure is a longitudinal process, with four

patterns of disclosure being identified (Ahrens, et al., 2010). Survivors can be classified as non-

disclosers, "crisis disclosers" (those who disclose initially but then cease disclosing), "ongoing

disclosers" (those who continuously disclose), or "slow starters" (those who waited to disclose; Ahrens, et al., 2010). Therefore, the present study is limited by its measurement of disclosure as a dichotomous variable at a single point in time (i.e., a survivor is either disclosed or not disclosed to multiple different types of people). Therefore, future studies should seek to examine disclosure of sexual assault over time using longitudinal designs.

A second limitation was that all participants who identified as LGBQ+ (gay/lesbian, pansexual, bisexual, queer, questioning, demisexual, asexual) were combined into a single group for data analysis purposes. It was not possible to examine all subgroups separately because the individual groups were too small to provide sufficient statistical power for these analyses, as 87 participants identified as bisexual, 38 identified as gay/lesbian, 16 identified as pansexual, 8 identified as questioning, 7 identified as asexual, 7 identified as queer, and 5 identified as demisexual. Therefore, future research should seek to recruit a sufficient number of participants of various sexual orientations to allow for more nuanced examinations of how sexual orientation impacts disclosure of sexual assault.

Additionally, the current study only assessed disclosure of the unwanted sexual experience that participants indicated bothered them the most at the time of survey completion. Given that 61% of participants indicated experiencing more than one sexual assault, it is possible that disclosure of different incidents was impacted by different factors, which could not be examined. Future research should examine the influence of differential disclosure of sexual assaults among individuals who have experienced multiple sexual victimizations.

Furthermore, the measure of perceptions of police assessed broad perceptions, rather than perceptions of how police treat survivors of sexual assault or individuals who identify as

LGBQ+, which may have limited our ability to detect an impact on likelihood of sexual assault disclosure. Future studies may wish to assess more specific perceptions about police.

Implications

The findings of the current study have implications for both medical and mental health practitioners who provide services to survivors of sexual assault, particularly those survivors who identify as LGBQ+. First, it is important for practitioners to be aware that survivors who identify as LGBQ+ may delay seeking help for their trauma due to hesitancy to disclose. Thus, clinicians should assess the level of social support that survivors received following the assault and how that support, or lack thereof, may have influenced the survivor's outcomes. Social support for survivors of sexual assault can be helpful for recovery and protective against negative psychological consequences of trauma (Coker et al., 2002; Hyman et al., 2003; Runtz & Schallow, 1997; Ullman, 1999; Ullman, Townsend, Filipas, & Starzynski, 2007; Sigurvinsdottir & Ullman, 2016a). This consideration is particularly important when conceptualizing the post-assault experiences of survivors who identify as LGBQ+, as they may have received less social support due to delayed disclosure.

Additionally, medical and mental health practitioners who provide services to survivors of sexual assault who identify as LGBQ+ should be aware of the reported fear of "double disclosure" and how it can serve as a barrier to sexual assault disclosure. In particular, medical and mental health practitioners should consider this issue if they encourage patients who identify as LGBQ+ to disclose unwanted sexual events they may have experienced to others in their lives.

The present study also has implications for law enforcement, suggesting that further outreach and training may be helpful to reduce the negative perceptions that were endorsed by survivors who identified as LGBQ+ in our study. It should be noted that despite significantly greater negative perceptions of police reported by survivors who identified as LGBQ+, negative perceptions did not influence reporting likelihood. While disclosure likelihood may not be impacted by perceptions of police, the significantly greater negative perceptions of police held by people who identify as LGBQ+ needs to be addressed in order to improve the relationship between police and the LGBQ+ community.

Conclusion

In conclusion, the present study investigated sexual assault disclosure, with an emphasis on comparing disclosure rates by sexual orientation and identifying unique barriers and facilitators to sexual assault disclosure among survivors who identified as LGBQ+. Of note, this study found that survivors who identified as LGBQ+ waited longer to disclose and held significantly more negative perceptions of police than survivors who identify as heterosexual. Among survivors who identified as LGBQ+, degree of outness (in regard to sexual orientation) was positively associated with likelihood of sexual assault disclosure. The present study has multiple implications for medical and mental health providers who provide services to survivors of sexual assault who may identify as LGBQ+. Additionally, the study has implications for law enforcement, suggesting that increased positive outreach is needed into the LGBQ+ community to improve negative perceptions held by survivors who identify as LGBQ+. Because much of the research on sexual assault disclosure focuses on the experiences of survivors who identify as

54

heterosexual, future research is needed to better elucidate the unique barriers and facilitators to

sexual assault disclosure among people who identify as LGBQ+.

APPENDIX A: PRE-SCREENER FOR MTURK PARTICIPANTS

1. Understanding that sexual orientation can be complex, which one category best describes your identity currently?

   □ Heterosexual

   □ Gay/Lesbian

   □ Bisexual

   □ Asexual

   □ Questioning

   □ Other: _____

2. Since your 14th birthday, has anyone ever touched you sexually without your consent?

   □ Yes

   □ No

3. Since your 14th birthday, has anyone ever made you have oral, vaginal, or anal sex without your consent by verbally pressuring you (e.g., threatening to end the relationship, threatening to spread rumors about you, continuing to pressure you after you said no)?

   □ Yes

   □ No

4. Since your 14th birthday, has anyone ever made you have oral, vaginal, or anal sex without your consent by using physical force (e.g., holding you down, physically hurting you, using a weapon), by threatening physical force, or when you were too intoxicated to consent?

   □ Yes

   □ No

5. Since your 14th birthday, has anyone ever <u>tried</u> to make you have oral, vaginal, or anal sex without your consent by verbally pressuring you (e.g., threatening to end the

relationship, threatening to spread rumors about you, continuing to pressure you after you said no)?

□ Yes

□ No

6. Since your 14th birthday, has anyone ever <u>tried</u> to make you have oral, vaginal, or anal sex without your consent by using physical force (e.g., holding you down, physically hurting you, using a weapon), by threatening physical force, or when you were too intoxicated to consent?

□ Yes

□ No

APPENDIX B: DEMOGRAPHICS CHARACTERISTICS MEASURE

1. How old are you (in years)? _____

2. What was your biological sex at birth?

   □ Male

   □ Female

3. What is your gender?

   □ Male

   □ Female

   □ Other: _____

4. What is your race/ethnicity?

   □ African American/Black/African Origin

   □ Asian American/Asian Origin/Pacific Islander

   □ Latinx /Hispanic

   □ American Indian/Alaskan Native

   □ European Origin/White/Caucasian

   □ Bi-racial/Multi-racial

   □ Other: _____

5. Are you a member of a social (not academic) Greek Organization/Fraternity/Sorority?

   □ Yes

   □ No

6. What is your affiliation with the United States Military? (Select all that apply)

   □ I am not affiliated with the United States Military

   □ Active duty

   □ National Guard

□ Reserves

□ Veteran

□ Other: _____

7. Where do you live?

□ Campus dorm

□ Greek housing

□ Off-campus, non-university housing

□ Parent or guardian's house

□ Other: _____

8. Understanding that sexual orientation can be complex, which one category best describes your

identity currently?

□ Heterosexual

□ Gay/Lesbian

□ Bisexual

□ Asexual

□ Questioning

□ Other: _____

9. Which college do you attend?

□ University of Central Florida

□ Valencia College

□ Rollins College
□ Full-Sail University

□ Do not currently attend college

10. What year are you in school?

   □ First year

   □ Second year

   □ Third year

   □ Fourth year

   □ Fifth+ year

11. At which UCF campus do you take most of your classes?

   □ UCF Main Campus

   □ UCF Altamonte Springs

   □ UCF Cocoa

   □ UCF Daytona Beach

   □ UCF Downtown

   □ UCF Leesburg

   □ UCF Ocala

   □ UCF Online

   □ UCF Palm Bay

   □ UCF Rosen College

   □ UCF Sanford/Lake Mary

   □ UCF South Lake

   □ UCF Valencia East

   □ UCF Valencia Osceola

   □ Other

12. At which Valencia campus do you take most of your classes?

□ Valencia East

□ Valencia West

□ Valencia Downtown

□ Valencia Winter Park

□ Valencia Online

13. What clubs do you participate in? (Select all that apply)

□ Intramural/Club sports

□ Intercollegiate Athletics

□ Academic Professional Organization

□ Honor Society (Academic or Professional)

□ Student Government

□ Volunteering Organization

□ Political Activism Organization

□ Religious Organization

□ Arts, Music, or Media Organization

□ Military Organization

□ Other (please specify): _____

□ No Clubs or activities

14. How many different partners have you had consensual sexual activity (i.e., oral, vaginal, or anal sex) with in your lifetime? _____

APPENDIX C: SEXUAL EXPERIENCES SURVEY – SHORT FORM VICTIMIZATION

The following questions concern sexual experiences. We know these are personal questions, so your information is completely confidential. We hope this helps you to feel comfortable answering each question honestly. Please indicate whether or not each experience has happened. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. **"The past 12 months" refers to the past year going back from today. "From age 14 until 1 year ago" refers to your life starting on your 14th birthday and stopping one year ago from today.**

		In the past 12 months?		From age 14 until 1 year ago?	
1.	**Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent (*but did not attempt sexual penetration*) by:**	Yes ☐	No ☐	Yes ☐	No ☐
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐	☐	☐	☐
		☐	☐	☐	☐

		Yes	No	Yes	No
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐	☐	☐	☐
		☐	☐	☐	☐
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.				
	d. Threatening to physically harm me or someone close to me.				
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.				
2.	**Someone had oral sex with me or made me have oral sex with them without my consent by:**	Yes	No	Yes	No
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

		Yes	No	Yes	No
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐	☐	☐	☐
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐	☐	☐	☐
	d. Threatening to physically harm me or someone close to me.				
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.				
3.	**A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:**	Yes	No	Yes	No
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐	☐	☐	☐
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐	☐	☐	☐

		Yes	No	Yes	No
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐	☐	☐	☐
	d. Threatening to physically harm me or someone close to me.	☐	☐	☐	☐
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.				
4.	**A man put his penis into my butt, or someone inserted fingers or objects without my consent by:**	Yes	No	Yes	No
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐	☐	☐	☐
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐	☐	☐	☐
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐	☐	☐	☐

		Yes	No	Yes	No
		☐	☐	☐	☐
	d. Threatening to physically harm me or someone close to me.				
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.				
5.	**Even though it did not happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:**	Yes	No	Yes	No
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐	☐	☐	☐
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐	☐	☐	☐
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐	☐	☐	☐
	d. Threatening to physically harm me or someone close to me.				

		Yes No	Yes No
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.		
6.	**Even though it did not happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:**	Yes No	Yes No
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐ ☐	☐ ☐
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐ ☐	☐ ☐
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐ ☐	☐ ☐
	d. Threatening to physically harm me or someone close to me.		

		Yes	No	Yes	No
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.				
7.	**Even though it did not happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:**	Yes	No	Yes	No
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐ ☐	☐ ☐	☐ ☐	☐ ☐
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐ ☐	☐ ☐	☐ ☐	☐ ☐
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐	☐	☐	☐
	d. Threatening to physically harm me or someone close to me.				
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.				

71

		Yes	No	Yes	No
8.	**Were you raped?**	☐	☐	☐	☐

APPENDIX D: DISCLOSURE MEASURE

1. Not including this survey, who have you told about the sexual experience? (Select all that apply)

       □ Police/Law enforcement

       □ Friends (How many did you tell?)

       □ Mother

       □ Father

       □ Sibling(s)

       □ Academic professional/University employee (not the Title IX Coordinator of Office of Student Conduct)

       □ Title IX Coordinator

       □ Office of Student Conduct

       □ Hospital or Medical Professional

       □ Psychologist/Therapist/Counselor/Social Worker

       □ Other: _____

       □ I have not told anyone about the experience

2. What influenced your decision not to tell anyone about this experience? (Select all that apply)

       □ I did not think I would be taken seriously by others

       □ I was concerned about how others might view me

       □ I did not have anyone to tell

       □ I did not believe that I needed to talk to anyone about this experience

       □ I did not believe that I was the victim of a crime

       □ I felt embarrassed and/or guilty about the experience

□ I did not think it was a big deal

□ Other: _____

3. How much time passed between the unwanted sexual experience and when you first told

someone about it?

      □ 0-6 Days

      □ 1-2 Weeks

      □ 1 Month-6 Months

      □ 7 Months-11 Months

      □ 1 or more Years

APPENDIX E: PERCEPTIONS OF POLICE SCALE

Please rate your level of agreement with each statement using the following scale:

1	2	3	4	5
Strongly Agree				Strongly Disagree

1. Police officers are friendly.

2. Police officers protect me.

3. Police officers treat all people fairly.

4. I like the police.

5. The police are good people.

6. The police do not discriminate.

7. The police provide safety.

8. The police are helpful.

9. The police are trustworthy.

10. The police are reliable.

11. Police officers are unbiased.

12. Police officers care about my community.

APPENDIX F: SEXUAL ASSAULT CHARACTERISTICS MEASURE

On the previous page, you answered "yes" to at least one of the sexual experiences listed. Please answer the following questions about those events.

1. On how many total separate occasions did these sexual experiences occur?

      □ One

      □ Two

      □ Three

      □ Four

      □ Five or more

If these experiences occurred on more than one occasion, then please think about the event that **bothers/upsets you the most AND that happened since your 14th birthday** when answering the following questions.

2. How old were you (in years) when the unwanted sexual experience occurred? _____

3. Where did you first encounter the other individual(s) on the day of the sexual experience?

      □ At school

      □ At work

      □ At the gym

      □ At a party

      □ At a social event for work/school

      □ Out with friends (e.g., at a bar)

      □ Other: _____

4. Where did the sexual experience occur? (Select all that apply)

      □ Home

      □ School

□ Work

□ Gym

□ At a party

□ At a social event for work/school

□ At a bar

□ In public

□ In private

□ Other: _____

5. Did the other individual(s) do any of these things during the sexual experience? (Select all that

apply)

□ Verbal threats, such as threatening to end the relationship.

□ Threaten physical force, such as saying "you will get hurt."

□ Use physical force, such as twist your arm or hold you down.

□ Use physical violence, such as hitting, slapping or choking you.

□ Use a weapon, such as a knife.

□ None of the above.

□ Other: _____

6. Did you do any of these things during the sexual experience? (Select all that apply)

□ Freeze or find yourself unable to move or speak

□ Act disinterested in the person

□ Reason, plead or ask them to stop

□ Cry or sob

□ Scream for help

□ Say "no"

□ Run away

□ Physically struggle

□ Physically fight back

□ None of the above.

□ Other: _____

7. Had the other person(s) who engaged in sexual activity with you consumed/used any substances (e.g., alcohol, marijuana, illicit prescription medications, illicit drugs) prior to the sexual experience (if multiple other persons were involved, had any of them consumed/used any substances)?

□ Alcohol

□ Drugs

□ Both

□ Neither

□ Unable to determine

8. Did you consume/use any substances (e.g., alcohol, marijuana, illicit prescription medications, illicit drugs) prior to the sexual experience?

□ Alcohol

□ Drugs

□ Both

□ Neither

□ Unsure (e.g., believe you may have consumed substances without your knowledge)

□ Don't remember

9. What was your relationship with the individual(s) who engaged in sexual activity with you during the sexual experience? (Select all that apply. If multiple other individuals were in the same category, please list the length of time you've known the person for the individual you've known the longest.)

    □ Family member (Length of time known [in months] _____)

    □ Romantic partner (Length of time known [in months] _____)

    □ Friend (Length of time known [in months] _____)

    □ Someone you knew, but you were not close to (Length of time known [in months]

    _____)

    □ Stranger

    □ Other: (Length of time known [in months] _____)

10. What is the gender of the individual who engaged in the unwanted sexual activity with you?

    □ Male

    □ Female

    □ Do not know

    □ Other: _____

    □ Multiple individuals with more than one gender identity (e.g., a male individual AND

    by a female individual engaged in unwanted sexual activity with you during the same

    occasion)

11. What is the sexual orientation of the individual who engaged in the unwanted sexual activity with you?

    □ Heterosexual

□ Gay/Lesbian

□ Bisexual

□ Do not know

□ Other: _____

□ Multiple individuals with more than one sexual orientation (e.g., gay individual AND a

bisexual individual engaged in unwanted sexual activity with you during the same

occasion)

12. How well did you know the individual(s) who engaged in sexual activity with you during the

sexual experience at the time of the sexual experience? (If multiple other individuals were

involved, please rate how well you knew the one you've known the longest).

□ Did not know at all

□ Slightly/moderately acquainted

□ Very well acquainted

□ Extremely well acquainted

13. Looking back on the experience, how do you characterize the unwanted sexual experience?

(Select the one that fits best)

□ I have not labelled the experience

□ It was a miscommunication

□ It was a sexual assault

□ It was a rape or date rape

□ It was a crime other than sexual assault or rape

□ Other _____

APPENDIX G: OUTNESS INVENTORY

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. If an item refers to a group of people (e.g., work peers), then indicate how out you generally are to that group.

1 = person <u>definitely</u> does NOT know about your sexual orientation status

2 = person <u>might</u> know about your sexual orientation status, but it is NEVER talked about

3 = person <u>probably</u> knows about your sexual orientation status, but it is NEVER talked about

4 = person <u>probably</u> knows about your sexual orientation status, but it is RARELY talked about

5 = person <u>definitely</u> knows about your sexual orientation status, but it is NEVER talked about

6 = person <u>definitely</u> knows about your sexual orientation status, and it is SOMETIMES talked about

7 = person <u>definitely</u> knows about your sexual orientation status, and it is OPENLY talked about

0 = not applicable to your situation; there is no such person or group of people in your life

1. Mother

2. Father

3. Siblings (sisters, brothers)

4. Extended family/relatives

5. My heterosexual friends that I've met since starting college

6. My work peers

7. My work supervisor

8. Members of my religious community (e.g., church, temple, mosque)

9. Leaders of my religious community (e.g., church, temple, mosque)

10. Strangers, new acquaintances

11. My heterosexual friends that I met before starting college

12. My LGBTQ+ friends

APPENDIX H: STIGMA SCALE

Please answer the following questions keeping in mind the unwanted sexual contact that **bothers/upsets you the most AND that happened since your 14th birthday.** Answer these questions using this scale below.

1	2	3	4	5
Not at all				Very Much

1. How ashamed do you feel about this experience?

2. How much do you think others would blame you for what happened?

3. How much do you think you are different from other people because of this experience?

4. How much do you feel tainted ("dirtied") by this experience?

5. How concerned are you that other people will think something negative about your sexuality if they found out?

6. How concerned are you about what other people would think of you if they found out what happened?

7. How embarrassed are you telling people what happened?

8. How concerned are you about people not respecting you as much if they were to find out what happened?

9. How concerned are you about how other people would react if they were to find out what happened?

APPENDIX I: IRB DOCUMENTATION

Institutional Review Board
FWA00000351
IRB00001138, IRB00012110
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

APPROVAL

February 11, 2021

Dear Amie Newins:

On 3/31/2019, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title:	Sexual Orientation and the Disclosure of Unwanted Sexual Experiences
Investigators:	Amie Newins and Rebekah Kanefsky
IRB ID:	STUDY00000191
Funding:	None
Grant ID:	None
IND, IDE, or HDE:	None
Documents Reviewed:	• Consent - Mturk Heterosexual, Category: Consent Form; • Consent - Mturk LGBQ+, Category: Consent Form; • Consent - Sona and Community, Category: Consent Form; • Email Recruitment_12.9.19.docx, Category: Recruitment Materials; • Flyer for community - non-LGBQ_2.12.20.docx, Category: Recruitment Materials; • Flyer for community - non-LGBQ_QR code_2.9.20.docx, Category: Recruitment Materials; • Flyer for community LGBQ specific_2.12.20.docx, Category: Recruitment Materials; • Flyer for community LGBQ specific_QR code_2.9.20.docx, Category: Recruitment Materials; • Flyer for other colleges LGBQ specific_QR code_2.9.20.docx, Category: Recruitment Materials; • Flyer for other colleges_2.12.20.docx, Category: Recruitment Materials; • Flyer for UCF LGBQ 2.12.20.docx, Category: Recruitment Materials; • Flyer for UCF LGBQ specific_QR code_2.9.20.docx, Category: Recruitment Materials; • Flyer for ucf- non-LGBQ 2.12.20.docx, Category: Recruitment Materials;

Page 1 of 2

91

	• Flyer for ucf- non-LGBQ specific_QR code_2.9.20.docx, Category: Recruitment Materials; • Post-Participation Information FULLSAIL ROLLINS.pdf, Category: Other; • Post-Participation Information Mturk, Community, and No College.pdf, Category: Other; • Post-Participation Information UCF.pdf, Category: Other; • Post-Participation Information VALENCIA.pdf, Category: Other; • Protocol, Category: IRB Protocol; • Qualtrics Survey Mturk LGBQ+ Annotated.pdf, Category: Survey / Questionnaire; • Qualtrics Survey Mturk NON LGBQ Annotated.pdf, Category: Survey / Questionnaire; • Qualtrics Survey Sona and Community Annotated.pdf, Category: Survey / Questionnaire; • Recruitment Information for MTurk_12.9.19.docx, Category: Recruitment Materials; • Recruitment Information for Sona Site.docx, Category: Recruitment Materials;

The IRB approved the protocol on 3/31/2019.

In conducting this protocol, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system. Guidance on submitting Modifications and a Continuing Review or Administrative Check-in are detailed in the manual. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Renea Carver
IRB Manager

Institutional Review Board
FWA00000351
IRB00001138
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

UNIVERSITY OF CENTRAL FLORIDA

<u>CLOSURE</u>

February 11, 2021

Dear Amie Newins:

On 2/10/2021, the IRB reviewed the following protocol:

Type of Review:	Continuing Review
Title:	Sexual Orientation and the Disclosure of Unwanted Sexual Experiences
Investigators:	Amie Newins and Rebekah Kanefsky
IRB ID:	CR00000939
Funding:	None
Grant ID:	None
IND, IDE, or HDE:	None

The IRB acknowledges your request for closure of the protocol effective as of 2/10/2021. As part of this action:

- The protocol is permanently closed to enrollment.
- All subjects have completed all protocol-related interventions.
- Collection of private identifiable information is completed.
- Analysis of private identifiable information is completed.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Renea Carver
Designated Reviewer

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