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SEXUAL AND INTIMATE PARTNER VIOLENCE AMONG THE LGBTQ+ COLLEGE POPULATION

By

COURTENEY LEWIS

A thesis submitted in partial fulfillment of the requirements for the Honors in the Major Program in Criminal Justice in the College of Community Innovation and Education and in the Burnett Honors College at the University of Central Florida Orlando, Florida

Summer Term, 2022

Thesis Chair: Bethany Backes, Ph.D.

ABSTRACT

College-aged students have the highest sexual assault and intimate partner violence victimization rates. Previous studies have linked victimization with poor mental health scores, especially in the LGBTQ+ college population. They also showed a higher rate of victimization for LGBTQ+ students. This study aimed to investigate the relationship between victimization and mental health in the LGBTQ+ college population. I used the Spring 2021 and 2022 American College Health Association (ACHA) - National College Health Assessment (NCHA) data to conduct this study. The study's results established statistical significance in the rates of sexual violence in LGBTQ+ and cisgender heteronormative students. There was also statistical significance in mental health scores between the two groups. Recognizing how the rates of victimization and mental health scores differ between LGBTQ+ and cisgender heteronormative students can help in understanding and assisting these minority groups.

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CHAPTER 1: INTRODUCTION

The Centers for Disease Control and Prevention (CDC) defines sexual victimization as sexual activity without consent. Sexual victimization is particularly present among college students, with college-aged students having the highest reported victimization rates for sexual assault and intimate partner violence (IPV). More than 80 percent of victims were raped before age 25, and approximately 50 percent were raped before age 18 (Centers for Disease Control and Prevention, 2022). It is estimated that between 20 and 50 percent of college students will report experiencing at least one or more forms of sexual victimization (Rodriguez et al., 2021).

The American Association of Universities conducted a study of 27 college campuses, where 9.8 percent of students reported experiencing current or previous IPV since beginning college (Cantor et al., 2015). Another campus climate survey distributed to nine higher learning institutions found that 20.1 percent of female undergraduate students (n = 28,839) reported sexual assault, rape, or sexual battery, in the past year (Krebs et al., 2016). A study distributed to female students attending a college in the southwest found that 31 percent of students reported experiencing at least one incidence of IPV victimization since beginning college (Wood et al., 2018).

The rate of sexual victimization is significantly higher for students identifying as lesbian, gay, bisexual, transgender, and queer (LGBTQ+). Gender sex minority students (GSM) experience sexual assault, harassment, and abuse at rates 1.5 to 4 times higher than cisgender heteronormative students (Rodriguez et al., 2021).

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¹ Participant and student are used interchangeably

The ARC3 Administrator-Researcher Campus Climate Survey was distributed to seven community colleges in the northeast, with 63.6 percent of LGBTQ+ students reporting victimization, compared to 43.2 percent of cisgender heteronormative students (Potter et al., 2020). The Sexual Experiences Survey (SES) was distributed to eight campuses in the southwest, with results indicating that gender sex minority (GSM) students were up to three times as likely to experience sexual violence (Kammer-Kerwick et al., 2019). A study conducted at a northeastern university found that GSM students were four times more likely to experience sexual assault and two times more likely to experience sexual harassment (Beaulieu et al., 2017).

It is known that sexual victimization can negatively impact mental health. In a study to identify correlations between sexual victimization and mental health in university students, 66.5 percent of victimized students reported severe depression, 51.6 percent reported loneliness, and 99 percent reported PTSD (Pengpid & Peltzer, 2020). Another study found that college students reporting sexual victimization were approximately 2.5 times more likely to have meaningful depression symptoms than students who did not experience victimization (Carey et al., 2018). While those studies cannot determine that sexual victimization caused lower mental health scores, there is a significant correlation that should be further explored.

Recent literature suggests that the mental health impacts associated with sexual victimization affect the LGBTQ+ community to a greater extent. One study found that LGBTQ+ victims have nearly 15 percent lower mental health scores than cisgender heteronormative victims (Moschella et al., 2020). Data from the 2017–2018 Healthy Minds Study indicated that victimized LGBTQ+ students were twice as likely to report moderate-to-severe depression and 24 percent more likely to report moderate-to-severe anxiety than victimized cisgender

heteronormative students (Parr, 2020). They also had three times higher institutional betrayal scores (Smith et al., 2016). However, limited research focuses on sexual victimization and mental health in the LGBTQ+ college population.

This study aimed to determine if there was statistical significance in the rates of sexual victimization and mental health scores between eisgender heteronormative and LGBTQ+ college students. As well as compare the mental health scores of victimized and non-victimized LGBTQ+ students. Data was collected from the Spring 2021 and 2022 American College Health Association (ACHA) - National College Health Assessment (NCHA).

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¹ Participant and student are used interchangeably

CHAPTER 2: LITERATURE REVIEW

Intimate Partner and Sexual Violence in College Students

Cantor et al., Krebs et al., and Woods et al. utilized campus climate surveys to analyze the rates of sexual victimization in college students. Cantor et al. administered the Campus Climate Survey on Sexual Assault & Sexual Misconduct (CCSSASM) to 20,743 students at the University of West Virginia and received responses from 3,347 females and 2,135 males. Krebs et al. analyzed data from the Campus Climate Survey Validation Study (CCSVS) given to 23,000 students at nine higher learning institutions (HLE). Woods et al. analyzed data from a campus climate survey distributed to 27 HLE by the Association of American Universities (AAU). Results indicated that 41.5 percent of female undergraduate students and 8 percent of male undergraduate students reported victimization since beginning college, 20.1 percent of female undergraduate students reported sexual assault, rape, or sexual battery, in the past year, and 23.2 percent of female undergraduate students experienced sexual victimization, and 9.8 percent were victims of intimate partner violence (Cantor et al., 2015; Krebs et al., 2016; Wood et al., 2018).

Moylan et al. and Oswalt et al. used American College Health Association (ACHA) National College Health Assessment (NCHA) data to examine the prevalence, demographics,
and impact of sexual and relationship violence in college students. Moylan et al. utilized ACHANCHA data from fall 2011 to spring 2015, and Oswalt et al. examined only the spring 2015 data
set. From 2011 to 2015, 7.93 percent of participants reported experiencing sexual assault, and
10.55 percent reported experiencing intimate partner violence (Moylan et al., 2015). In 2015,
relationship and sexual violence were reported by less than ten percent of students, with bisexual

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¹ Participant and student are used interchangeably

individuals being 1.3–2.7 times more likely to experience sexual and relationship violence (Oswalt et al., 2017).

Intimate Partner and Sexual Violence in LGBTQ+ Students

In the past, heterosexual relationships were the focus of studies involving sexual violence, but new research examines the prevalence of sexual victimization in the LGBTQ+ community. Kammer-Kerwick et al. used the Sexual Experiences Survey (SES) to analyze the risk and extent of sexual violence victimization among gender and sexual minority (GSM) college students, and Whitfield et al. examined past-year experiences of emotional, physical, and sexual intimate partner violence using data from the 2011 to 2013 ACHA-NCHA. Kerwick et al. found that GSM students were three times as likely to experience sexual violence, and GSM students who had experienced sexual violence in the past were 74 percent more likely to experience a greater number of incidents involving sexual violence in their college career compared with victimized CHM students (2019). Whitfield et al. had similar findings, with 81.55 percent of LGBTQ+ students reporting any form of IPV compared to 24 percent of cisgender heteronormative students (2018).

Studies conducted by Beaulieu et al. and Potter et al. compared the rates of sexual violence among LGBTQ+ college students and their cisgender heteronormative peers. Results came from a survey given to 1,941 students at Rochester Institute of Technology (RIT) and the ARC3 Administrator-Researcher Campus Climate Collaborative Climate Survey given to 806 students from seven community colleges in the northeast (Beaulieu et al., 2017; Potter at al., 2020). A total of 46.6 percent of participants reported having experienced sexual victimization.

The findings of both studies indicate that GSM students are twice as likely to experience sexual victimization compared with cisgender heteronormative students (Beaulieu et al., 2017; Potter et al., 2020).

Mental Health Impacts of Intimate Partner and Sexual Violence in College Students

Parr and Pengpid, and Peltzer conducted a study to identify correlations between sexual and intimate partner violence victimization and mental health in university students. Parr used data from the 2017–2018 Healthy Minds Study, consisting of 50,438 participants and Pengpid and Peltzer used a self-reported survey administered to 18,335 university students. Parr found that LGBTQ+ participants reported sexual assault almost five percent more than cisgender females, were twice as likely to report moderate-to-severe depression, and 24 percent more likely to report moderate-to-severe anxiety (2020). 13.2 percent of cisgender females, 3.7 percent of cisgender males, and 18 percent of gender minority participants reported a sexual assault. Moderate-to-severe depression was reported by 34 percent of cisgender female participants, 27 percent of cisgender male participants, and 68 percent of gender minority participants. Approximately 31 percent of cisgender females, 20 percent of cisgender males, and 55 percent of gender minority participants reported moderate-to-severe anxiety. Approximately 21 percent of cisgender females, 17 percent of cisgender males, and 62 percent of gender minority persons reported past-year non-suicidal self-injury. Past-year suicidal ideation was reported by 12 percent of cisgender females, ten percent of cisgender males, and 39 percent of gender minority participants (Parr, 2020). In the study conducted by Penpid and Peltzer, sexual violence and/or IPV were reported by eight percent of participants (2020). Of the participants that reported

sexual victimization, 66.5 percent reported severe depression, 51.6 percent reported loneliness, and 99 percent reported PTSD (Pengpid & Peltzer, 2020). Mental health was measured using the Centers for Epidemiologic Studies Depression Scale (CES-D-10), feeling lonely 5-7 days, and Breslau's 7-item screener measuring PTSD.

Carey et al. studied the mental health consequences of sexual assault among 483 females in their first semester of college. The participants answered the questionnaire before and after their first semester. The baseline survey revealed that experiencing "unwanted attempted vaginal intercourse, vaginal intercourse, oral sex, or anal penetration due to threats, physical force, or physical incapacitation since age 14" was reported by 28 percent of participants, 13 percent of students reported clinically significant depressive symptoms in the baseline survey, and 17 percent reported clinically significant anxiety symptoms (Carey et al., 2018). At the end of the first semester, 12 percent of women reported experiencing "attempted or completed sexual assault due to threats, force, or incapacitation," The results for clinically significant depression and anxiety symptoms were 14 percent (Carey et al., 2018). The study found a correlation between pre-college sexual assault and first-semester sexual assault, with previously assaulted students being two times as likely to experience sexual assault in their first semester (20%) compared to those without a pre-college history (8%). They were also 2.5 times more likely to have meaningful depression symptoms and more than twice as likely to experience clinically significant anxiety than women who did not experience victimization (Carey et al., 2018). Mental health was measured using a modified version of the Institutional Betrayal Questionnaire (IBQ), the PTSD Checklist-Civilian Version (PCL-C), and the Center for Epidemiologic Studies Depression scale (CES-D).

Mental Health Impacts of Intimate Partner Sexual Violence in LGBTQ+ College Students

There have been limited studies focusing on the consequences and mental health impacts of sexual violence in the LGBTO+ college population, with none explicitly studying IPV. Moschella et al. and Smith et al. conducted studies on the psychological outcomes of sexual violence on LGBTQ+ college students. Moschella et al. surveyed 1,507 participants at seven northeastern colleges, all involved in a project to facilitate institutional response to campus sexual violence, funded by the United States Department of Health and Human Services Office on Women's Health (2020). There were 677 students, 45 percent of the total sample, who reported sexual violence victimization. Victimization was reported by approximately 63.8 percent of bisexual students (n = 111), 56.9 percent of lesbian/gay students (n = 33), and 40.8 percent of heterosexual students (n = 493). The mental health and life satisfaction scores of bisexual victims were 14.59 percent and 12.97 percent lower, respectively than those of heterosexual victims. However, there were no significant differences in mental health and life satisfaction scores between lesbian/gay and heterosexual victims (Moschella et al., 2020). Of the 299 undergraduate students participating in the survey conducted by Smith et al., 10.53 percent of LGBT students and 6.93 percent of heterosexual students reported sexual assault or harassment. Results indicated that gender minority participants had higher rates of PTSD and depression than their heterosexual peers, with LGBTQ+ participants reporting 3.6 percent more sexual harassment and assault and had three times higher institutional betrayal scores (Smith et al., 2016).

Given the literature reviewed for this thesis, results strongly indicate that the rate of sexual victimization is significantly higher for LGBTQ+ college students compared with

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¹ Participant and student are used interchangeably

cisgender heterosexual students. There is also a relationship between lower mental health scores and sexual victimization, with LGBTQ+ students being affected to a greater degree. Though this relationship has been established, it cannot be concluded that sexual victimization is the cause of lower mental scores. Other factors can impact mental health other than sexual victimization. This demonstrates the need for this study and additional research.

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¹ Participant and student are used interchangeably

CHAPTER THREE: CURRENT STUDY AND DATA

This study aims to determine if there is significance in rates of sexual victimization between cisgender heteronormative and LGBTQ+ college students. It also compares the overall mental health scores of cisgender heteronormative and LGBTQ+ students and the scores of victimized and non-victimized LGBTQ+ students.

Method of Research

This study uses the Spring 2021 and 2022 American College Health Association (ACHA) - National College Health Assessment (NCHA), a national research survey designed to collect data on the overall health of college students. Topics include alcohol and drug use, sexual health, nutrition and exercise, mental health, violence, and personal safety. The survey is conducted anonymously and is distributed during the spring and fall semesters. The NCHA is taken by an average of 96,489 students at 291 higher learning institutions. The specific data set used in this study comes from a large university in the southeast. A complete list of questions/measures used in this study can be found in Appendix: Survey Questions.

Population/sample/units of analysis

The study sample is 1,336 participants at a large university in the southeast. Participants can identify as asexual, bisexual, gay, lesbian, pansexual, queer, questioning, straight, and not listed. Gender identity is broken into two categories, cisgender heteronormative and LGBTQ+.

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¹ Participant and student are used interchangeably

Participants identifying as LGBTQ+ (n = 379) made up 27.8 percent of the sample, and participants identifying as cisgender heteronormative (n = 943) made up the other 71.3 percent.

Measures-Independent Variables

An independent variable in this study is the participants' gender identity and sexual orientation. Participants could identify as a woman, man, transwoman, transman, genderqueer, agender, gender fluid, non-binary, intersex, or other and asexual, bisexual, gay, lesbian, pansexual, queer, questioning, straight, or not listed. Due to the small sample size of students identifying as transgender or gender nonconforming (n=75), an LGBTQ+ category was formed, consisting of all participants that did not identify as cisgender or heterosexual. Creating a gender sex minority (GSM) category is consistent with the works of Kammer-Kerwick et al., Parr, and Smith et al (2019, 2020, 2020).

Intimate partner violence is measured using a series of five items that ask about things that occurred in the past 12 months in an "intimate (coupled/partnered) relationship." Individual items covered physical, verbal, sexual, and psychological abuse. Specific behaviors measured included whether a partner: 1) called me names, insulted me or put me down to make me feel bad; 2) often insisted on knowing who I was with and where I was or tried to limit my contact with family or friends; 3) pushed, grabbed, shoved, slapped, kicked, bit, choked, or hit me without my consent; 4) forced me into unwanted sexual contact by holding me down or hurting me in some way; and/or 5) pressured me into unwanted sexual contact by threatening me, coercing me, or using alcohol or other drugs" (N3Q19).

Sexual violence is measured with an experience of victimization, not including intimate relationships, in the past 12 months. Experiences include: 1) being sexually touched without consent; 2) sexual penetration (vaginal, anal, oral) being attempted or completed without consent; 3) being made to sexually penetrate (vaginal, anal, oral) someone without consent; and/or 4) have had problems or challenges with sexual harassment (unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature) (N3Q20 and N3Q47A17).

Students answering yes to one or more of the intimate partner or sexual violence statements were considered victims of sexual or intimate partner violence. A new, dichotomous variable was created to indicate victimization status (Yes/No) and was used as a main independent variable for this study.

Measures-Dependent Variables

The dependent variable is the participant's mental health status. Mental health is measured using the *Kessler 6 (K6) screening*, the *UCLA Three-Item Loneliness Scale*, the *Suicide Behaviors Questionnaire-Revised (SBQ-R)*, the *Diener Flourishing Scale*, and the *Connor – Davidson Resilience Scale 2 (CD-RISC2)*.

The Kessler 6 (K6) screening for serious mental illness measures distress using depressive and anxiety-related symptoms (Measurement Instrument Database for the Social Sciences, 2022). Results are measured on a 24-point scale and have been recoded into three categories: 1) no or low psychological distress, 2) moderate psychological distress, and 3) serious psychological distress in the NCHA-ACHA.

The *UCLA Three-Item Loneliness Scale* measures the three dimensions of loneliness: relational connectedness, social connectedness, and self-perceived isolation (Illinois Mental Health Counselors, n.d.). Results are measured on a 9-point scale and have been recoded into two categories: *negative for loneliness* and *positive for loneliness*.

The Suicide Behaviors Questionnaire-Revised (SBQ-R) is a questionnaire designed to identify risk factors for suicide (The California Evidence-Based Clearinghouse for Child Welfare, 2020). Results are measured on a 17-point scale and recoded into two categories: negative for suicidal screening and positive for suicidal screening.

The *Diener Flourishing Scale* provides an overall psychological well-being score based on self-perceived success (Diener et al., 2009). Results are measured on a 53-point scale.

The *Connor – Davidson Resilience Scale 2 (CD-RISC2)* measures resilience and adaptability (Vaishnavi et al., 2007). Results are measured on an 8-point scale.

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¹ Participant and student are used interchangeably

CHAPTER FOUR: RESULTS

The average participant was 22 years old and a third-year undergraduate. Most participants selected white (57%) or Spanish, Hispanic, and Latinx (41.7%) as their race/ethnicity. Out of the 1,336 participants, 943 identified as cisgender heteronormative, 379 as LGBTQ+, and 14 chose not to identify. The *Overall Health* scores for cisgender heteronormative participants (n = 902) were Very Good – Excellent (63.5%), Good (30.8%), and Fair – Poor (5.6%). The *Overall Health* scores for LGBTQ+ participants (n = 356) were Very Good – Excellent (43.8%), Good (44.1%), and Fair – Poor (12.1%).

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¹ Participant and student are used interchangeably

Table 1: Demographic Characteristics of Participants (n = 1,336).

			Mean	Count	Percent
Age in years			22		
Year in school	1 st -year undergraduate			233	17.5
(n = 1,329)	2 nd -year undergraduate			205	15.4
	3 rd -year undergraduate			334	25.1
	4 th -year undergraduate			247	18.6
	Master's/Doctorate			197	14.8
	Other			113	8.5
Race/Ethnicity*	White			763	57
	Spanish, Hispanic, Latinx			557	41.7
	Black/African American			138	10.3
	Asian/Asian American, Native Hawaiian, Pacific Islander			137	10.25
	Native American, Arab/Middle Eastern, Other			75	5.6
	Biracial/Multiracial			75	5.6
Sexual Orientation	Cisgender heteronormative			943	71.3
(n = 1,322)	LGBTQ+			379	28.7
Overall Health $(n = 1,258)$	Cisgender Heteronormative	Very Good – Excellent		573	63.5
		Good		278	30.8
		Fair – Poor		51	5.6
	LGBTQ+	Very Good – Excellent		156	43.8
		Good		157	44.1
		Fair – Poor		43	12.1

st Participants could choose more than one race/ethnicity, making the total more than 100 percent.

The mean *Kessler 6 (K6) Non-Specific Psychological Distress* score for cisgender heteronormative participants (n = 931) was eight, with 43.1 percent scoring no or low psychological distress, 36.7 percent scoring moderate psychological distress, and 20.2 percent scoring serious psychological distress. The mean score for LGBTQ+ participants (n = 376) was 12, with 21.5 percent scoring no or low psychological distress, 35.4 percent scoring moderate psychological distress, and 43.1 percent scoring serious psychological distress. Results from both groups ranged from 0-24, with a higher score indicating more psychological distress.

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¹ Participant and student are used interchangeably

Table 2: Mental Health Scores (n = 1,336).

		Cisgend	Cisgender Heteronormative			LGBTQ+	+
		Mean (Range)	Count	Percent	Mean (Range)	Count	Percent
Kessler 6 (K6) Non- Specific Psychological Distress score (n = 1,307)		8 (0-24)			12 (0-24)		
Recoded K6 score	No or low psychological distress		401	43.1		81	21.5
	Moderate psychological distress		342	36.7		133	35.4
	Serious psychological distress		188	20.2		162	43.1
UCLA Loneliness Scale score (n = 1,315)		5 (0-9)			6 (0-9)		
Recoded UCLA score	Negative for loneliness		477	50.9		134	35.5
	Positive for loneliness		461	49.1		243	64.5
Suicide Behavior Questionnaire-Revised (SBQR) Screening score (n = 1,314)		5 (0-17)			7 (0-16)		
Recoded SBQR score	Negative for suicidal screening		779	83		192	51.2
	Positive for suicidal screening		160	17		183	48.8
Diener Flourishing Scale score (n = 1,313)		45 (8-56)			41 (8-56)		
Connor – Davidson Resilience Scale 2 (CD- RISC2) score (n = 1,313)		6 (0-8)			6 (0-8)		

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¹ Participant and student are used interchangeably

Cisgender heteronormative participants (n = 938) scored a mean of five on the *UCLA Loneliness Scale*, with 50.9 percent scoring negative for loneliness and 49.1 percent scoring positive for loneliness. LGBTQ+ participants (n = 377) scored a mean of 12, with 35.5 percent scoring negative for loneliness and 64.5 percent scoring positive for loneliness. Results from both groups raged from 0-9, with higher scores on the *UCLA Loneliness Scale* indicating a higher degree of loneliness.

The mean *Suicide Behavior Questionnaire-Revised (SBQR) Screening* score for cisgender heteronormative participants (n = 939) was five, with 83 percent having a negative suicidal screening and 17 percent having a positive suicidal screening. Scores ranged from 0-17. The mean score for LGBTQ+ participants (n = 375) was seven, with 51.2 percent having a negative suicidal screening and 48.8 percent having a positive suicidal screening. Scores ranged from 0-16. A higher score indicates a higher risk of suicidal behavior.

Cisgender heteronormative participants (n = 936) scored a mean of 45 on the *Diener Flourishing Scale*, and LGBTQ+ participants (n = 377) scored a mean of 41. Higher scores on the *Diener Flourishing Scale* indicate a higher degree of life satisfaction, with scores from both groups ranging from 8-56.

The mean Connor - Davidson Resilience Scale 2 (CD-RISC2) score for cisgender heteronormative participants (n = 938) and LGBTQ+ participants (n = 375) was six. A higher score indicates a higher degree of resilience, with scores from both groups ranging from 0-8.

Participants were asked if they had been a victim of intimate partner violence, sexual assault, or stalking in the past 12 months. Responses were collected from 1,322 participants. Victimization was reported by 13.6 percent of cisgender heteronormative participants (n = 943)

and 23.5 percent of LGBTQ+ participants (n = 379). A chi-square test was used to test for significance in victimization between cisgender heteronormative and LGBTQ+ participants. Results indicate that the victimization rate significantly differs (p < .001) between the two groups, with LGBTQ+ students having higher levels of victimization in the past 12 months than cisgender heteronormative students.

Table 3: Sexual Orientation and Victimization Rates (n = 1,322).

	Cisgender heteronormative		LGl		
_	n	%	n	%	Chi-square
Reported Victimization	128	13.6	89	23.5	
Did Not Report Victimization	815	86.4	290	76.5	19.348*

^{*}Significant at p < .001

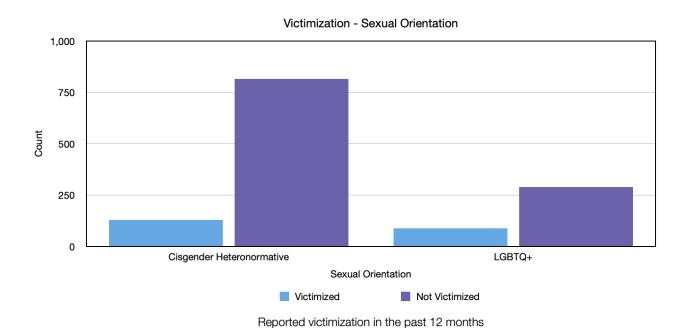


Figure 1: Victimization Rates and Sexual Orientation

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¹ Participant and student are used interchangeably

LGBTQ+ participants (n = 379) who did not report victimization (n = 289) had a mean *Kessler 6 (K6) Non-Specific Psychological Distress* score of 11.27, while those who reported victimization (n = 87) had mean score of 12.41. The mean *UCLA Loneliness Scale* score for LGBTQ+ participants who did not report victimization (n = 288) was 6.17 and 6.46 for LGBTQ+ participants reporting victimization (n = 89). LGBTQ+ participants who did not report victimization (n = 286) had a mean *Suicide Behavior Questionnaire-Revised (SBQR) Screening* score of 6.46, while those who reported victimization (n = 89) had a mean score of 7.58. The mean *Diener Flourishing Scale* score for LGBTQ+ participants who did not report victimization (n = 288) was 40.6 and 40.31 for LGBTQ+ participants reporting victimization (n = 89). LGBTQ+ participants who did not report victimization (n = 286) and those who reported victimization (n = 89) both had a mean *Connor – Davidson Resilience Scale 2 (CD-RISC2)* score of 5.65. A t-test was used to evaluate the significance of mental health scores between victimized and non-victimized LGBTQ+ participants. Statistical significance (p < .01) was found in the scores of the *Suicide Behavior Questionnaire-Revised (SBQR) Screening*.

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¹ Participant and student are used interchangeably

Table 4: Significance of LGBTQ+ Mental Health Scores (n = 1,336).

	he	Cisgender LGBTQ+		-		LGBTQ+		. t	df	р
	N	M	SD	N	M	SD			г	
Kessler 6 (K6) Non- Specific Psychological Distress score (n = 1,307)	931	8.15	5.344	376	11.53	5.429	-10.307	1305	<.001*	
UCLA Loneliness Scale score (n = 1,315)	938	5.48	1.861	377	6.24	1.888	-6.618	1313	<.001*	
Suicide Behavior Questionnaire- Revised (SBQR) Screening score (n = 1,314)	939	4.60	2.511	375	6.73	3.318	-11.177	553.143	<.001*	
Diener Flourishing Scale score (n = 1,313)	936	45.31	8.659	377	40.53	9.597	8.384	635.512	<.001*	
Connor – Davidson Resilience Scale 2 (CD-RISC2) score (n = 1,313)	938	6.14	1.503	375	5.65	1.600	5.154	1311	<.001*	

^{*} Significant at p < .001

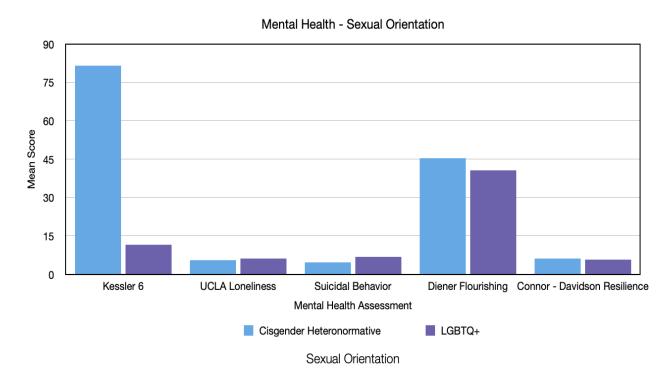


Figure 2: Mental Health and Sexual Orientation

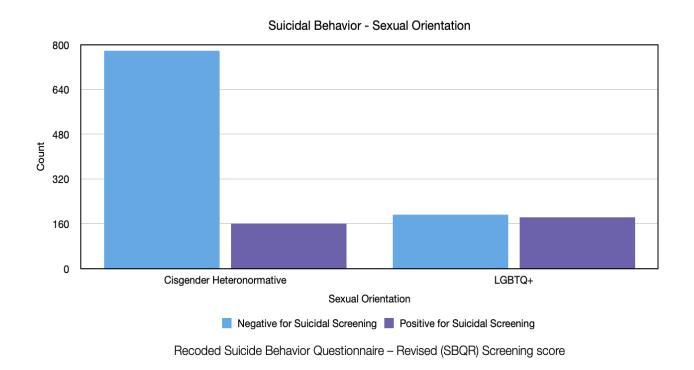


Figure 3: Suicidal Behavior and Sexual Orientation

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¹ Participant and student are used interchangeably

Cisgender heteronormative participants (n = 931) had a mean *Kessler 6 (K6) Non-Specific Psychological Distress* score of 8.15, while LGBTQ+ participants (n = 377) had mean score of 11.53. The mean *UCLA Loneliness Scale* score for cisgender heteronormative participants (n = 938) was 5.48 and 6.24 for LGBTQ+ participants (n = 377). Cisgender heteronormative participants (n = 939) had a mean *Suicide Behavior Questionnaire-Revised (SBQR) Screening* score of 4.6, while LGBTQ+ participants (n = 375) had a mean score of 6.73. The mean *Diener Flourishing Scale* score for cisgender heteronormative participants (n = 936) was 45.31 and 40.53 for LGBTQ+ participants (n = 377). Cisgender heteronormative participants (n = 938) had a mean *Connor – Davidson Resilience Scale 2 (CD-RISC2)* score of 6.14, and LGBTQ+ participants (n = 375) had a mean score of 5.67. A t-test was used to evaluate the significance of mental health scores between cisgender heteronormative and LGBTQ+ participants. Statistical significance (< .001) was found in every mental health assessment score.

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¹ Participant and student are used interchangeably

Table 5: Mental Health and LGBTQ+ Victimization Rates (n = 379).

	Not Victimized		Victimized			t	10		
	N	M	SD	N	M	SD	t	df	p
Kessler 6 (K6) Non-Specific Psychological Distress score (n = 376)	289	11.27	5.401	87	12.41	5.459	-1.728	374	.085
UCLA Loneliness Scale score (n = 377)	288	6.17	1.902	89	6.46	1.834	-1.285	375	.199
Suicide Behavior Questionnaire-Revised (SBQR) Screening score (n = 375)	286	6.46	3.254	89	7.58	3.397	-2.813	373	.005*
Diener Flourishing Scale score (n = 377)	288	40.60	9.565	89	40.31	9.750	.243	375	.809
Connor – Davidson Resilience Scale 2 (CD-RISC2) score (n = 375)	286	5.65	1.557	89	5.65	1.739	.011	373	.991

^{*} Significant at p < .005

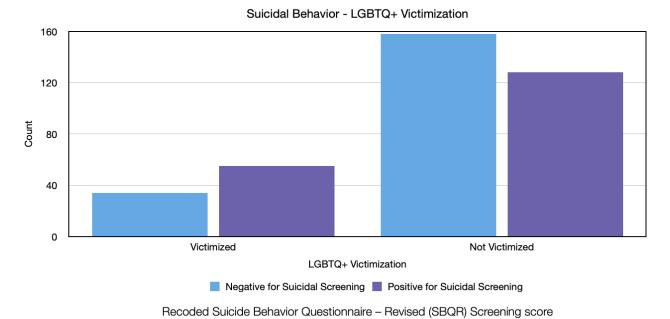


Figure 4: LGBTQ+ Victimization and Suicidal Behavior

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¹ Participant and student are used interchangeably

CHAPTER FIVE: DISCUSSION

The purpose of this study was to gain a better understanding of the relationship between sexual victimization and mental health in LGBTQ+ college students. Three statistical analyses conducted in this study yielded statistical significance. There was a significant difference (p<.001) in victimization rates of LGBTQ+ and cisgender heteronormative students. This is consistent with the findings of Whitfield et al., Kammer-Kerwick et al., and Potter et al. (2018, 2019, 2020).

When comparing the mental health scores of victimized and non-victimized LGBTQ+ participants, there was statistical significance (p < .01) in the *Suicide Behavior Questionnaire-Revised (SBQR) Screening*. However, this current study cannot conclude that victimization is the cause of the increased *SBQR* score. Lastly, there was a significant difference (p < .001) in the results of all five mental health assessments when comparing LGBTQ+ and cisgender heteronormative participants. The results strongly imply that LGBTQ+ college students have a lower mental health status than cisgender heteronormative students, regardless of victimization.

An explanation for poorer mental health in the LGBTQ+ sample is the stress associated with belonging to a minority group. The Trever Project's 2022 National Survey on LGBTQ+ Youth Mental Health had over 34,000 LGBTQ+ youth participants, ages 13 to 24. Results indicated that 14 percent of LGBTQ+ youth attempted suicide in the past year, and 45 percent seriously considered it. Of the LGBTQ+ youth that attempted suicide, 17 percent did not find their school to be LGBTQ+-affirming, and 39 percent found their community to be somewhat to very unaccepting of LGBTQ+ people (Trever Project, 2022).

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¹ Participant and student are used interchangeably

A limitation of this study is the relatively small sample size. Out of the 1,336 participants, only 379 identified as LGBTQ+. The mental health scores from the 379 LGBTQ+ participants are not indicative of the mental health of the LGBTQ+ college population at large. Victimization was reported by 217 participants, with 128 identifying as cisgender heteronormative and 89 identifying as LGBTQ+. Due to the small sample of LGBTQ+ participants, I could not create categories for identities within the LGBTQ+ community. This limited the depth of my analysis, as I only looked at the LGBTQ+ community as a whole.

Another limitation is that responses were collected during COVID when most students were isolated and not attending school in person. This could have affected both the mental health scores and the victimization rate. The Trever Project found that 59 percent of LGBTQ+ youth reported that COVID impacted their mental health (2022).

For future research, it would be helpful to conduct the same study using results from multiple universities to have a larger sample. It would also be helpful to repeat this study when COVID is less likely to be a factor in participants' responses. Another recommendation would be to conduct a study solely focusing on the mental health of LGBTQ+ college students. This is a study of interest, as almost half of the LGBTQ+ sample had a positive suicide screening.

This study demonstrates the need for further research on the mental health of the LGBTQ+ community. A particular area of concern is the access to mental care for the LGBTQ+ community. In the survey conducted by the Trevor Project, 82 percent of LGBTQ+ youth indicated a desire for mental health care, but 60 percent did not receive it. When asked why they were not able to get mental care, a majority (48%) responded that they were afraid of discussing

¹ Participant and student are used interchangeably

their mental health concerns, 43 percent had a fear of not being taken seriously, and 41 percent were unable to afford it (Trevor Project, 2022). Understanding the challenges faced by the LGBTQ+ community is essential in providing support services for suicide and other mental health concerns.

Despite these limitations, this study has explored the relationship between victimization and mental health in the LGBTQ+ college population at a large southeastern university. It draws importance to the need for further research regarding the LGBTQ+ college population, their mental health, and victimization.

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¹ Participant and student are used interchangeably

APPENDIX: SURVEY QUESTIONS

N3Q19 Within the <u>last 12 months</u>, did you experience any of the following in an <u>intimate</u> (<u>coupled/partnered</u>) relationship? (Please mark the appropriate column for each row)

No (1)	Yes (2)
0	0
0	0
0	0
0	0
0	0

N3Q20 Within the <u>last 12 months</u>, did you experience any of the following? <u>Do not include</u> intimate relationships. (Please mark the appropriate column for each row)

	No (1)	Yes (2)
I was in a physical fight. (N3Q20A)	0	0
I was physically assaulted (do not include sexual assault). (N3Q20B)	0	0
I was verbally threatened. (N3Q20C)	0	0
I was sexually touched without my consent. (N3Q20D)	0	0
Sexual penetration (vaginal, anal, oral) was attempted on me without my consent. (N3Q20E)	0	0
I was sexually penetrated (vaginal, anal, oral), or made to penetrate someone without my consent. (N3Q20F)	0	0
I was a victim of stalking (for example: waiting for me outside my classroom, residence, or office; or repeated emails/phone calls). (N3Q20G)	0	0

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¹ Participant and student are used interchangeably

N3Q44 The next 6 questions ask about how you have been feeling during the past 30 days. For each question, please select the response that best describes how often you had this feeling.

	All of the time (4)	Most of the time (3)	Some of the time (2)	A little of the time (1)	None of the time (0)
nervous? (N3Q44A)	0	0	0	0	0
hopeless? (N3Q44B)	0	0	0	0	0
restless or fidgety? (N3Q44C)	0	0	0	0	0
so sad nothing could cheer you up? (N3Q44D)	0	0	0	0	0
that everything was an effort? (N3Q44E)	0	0	0	0	0
worthless? (N3Q44F)	0	0	0	0	0
N3Q45 Indicate ho	w often each of t		elow is descripti	ve of you.	
			•	•	
How often do you feel that you	Hardly ever (1)	Some of the time (2)	Often (3)		
you feel that you lack companionship? (N3Q45A)	Hardly ever (1)		Often (3)		
you feel that you lack companionship?	Hardly ever (1)		Often (3)		
you feel that you lack companionship? (N3Q45A) How often do you feel left out?	Hardly ever (1)		Often (3)		
you feel that you lack companionship? (N3Q45A) How often do you feel left out? (N3Q45B) How often do you feel isolated from others?	e <u>last 12 month</u> ured yourself?	time (2)	0		ed, bruised,

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¹ Participant and student are used interchangeably

 $\mbox{N3Q47A}$ Within the $\underline{\mbox{last 12 months}},$ have you had problems or challenges with any the following?

Tollowing:	No (1)	Yes (2)
Academics (N3Q47A1)	0	0
Career (N3Q47A2)	0	0
Finances (N3Q47A3)	0	0
Procrastination (N3Q47A4)	0	0
Faculty (N3Q47A5)	0	0
Family (N3Q47A6)	0	0
Intimate relationships (N3Q47A7)	0	0
Roommate/housemate (N3Q47A8)	0	0
Peers (N3Q47A9)	0	0
Personal appearance (N3Q47A10)	0	0
Health of someone close to me (N3Q47A11)	0	0
Death of a family member, friend, or someone close to me (N3Q47A12)	0	0
Bullying (for example: making threats, spreading rumors, physical or verbal attacks, or excluding someone from a group) (N3Q47A13)	0	0
Cyberbullying (use of technology to harass, threaten, embarrass, or target another person) (N3Q47A14)	0	0
Hazing (rituals, challenges, and other activities involving harassment, abuse, embarrassment, ridicule, or humiliation used as a way of initiating a person into a group) (N3Q47A15)	0	0
Microaggression (a subtle but offensive comment or action directed at a minority or other non-dominant group, whether intentional or unintentional, that reinforces a stereotype) (N3Q47A16)	0	0

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¹ Participant and student are used interchangeably

Sexual Harassment (unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature) (N3Q47A17)	0	0
Discrimination (the unjust or prejudicial treatment of a person based on the group, class, or category to which the person is perceived to belong) (N3Q47A18)	0	0
distress? (rows endorsed in N3	nths, to what extent did the follo Q47A are displayed for this questi 1), Minimal Distress (2), Moderate	on)
affect your academic performa (rows endorsed in N3Q47A are d Response options: This issue did	nths, to what extent did the follounce? (Please select the most selisplayed for this question) I not affect my academic performations (2), This issue delayed progre	erious outcome below) nce (1), This issue negatively
N3Q48 Within the <u>last 30 days,</u> experienced?	how would you rate the overall	level of stress you have
O No stress (1)		
O Low (2)		
O Moderate (3)		
O High (4)		
N3Q49 Have you ever thought	about or attempted to kill yours	elf?
O Never (1)		
O It was just a brief passing	thought (2)	
O I have had a plan at least	once to kill myself but did not try	to do it (3)
O I have had a plan at least	once to kill myself and really wan	ted to die (4)
I have attempted to kill myself, but did not want to die (5)		
O I have attempted to kill m	yself and really hoped to die (6)	

N3Q50 How often have you thought about killing yourself in the past year?		
O Never (1)		
O Rarely (1 time) (2)		
O Sometimes (2 times) (3)		
Often (3-4 times) (4)		
O Very often (5 or more times) (5)		
N3Q51 Have you ever told someone that you were going to kill yourself, or that you might do it?		
O No (1)		
O Yes, at one time, but did not really want to die (2)		
O Yes, at one time, and really wanted to die (3)		
O Yes, more than once, but did not want to do it (4)		
O Yes, more than once, and really wanted to do it (5)		
N3Q52 How likely is it that you will attempt suicide someday?		
O Never (0)		
O No chance at all (1)		
Rather unlikely (2)		
O Unlikely (3)		
C Likely (4)		
Rather likely (5)		
O Very likely (6)		
N3Q53 Within the last 12 months, have you attempted suicide?		
O No (1)		
O Yes (2)		
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¹ Participant and student are used interchangeably