PATHWAYS TO VICTIMIZATION DISCLOSURE: WHO LGBTQ+ VICTIMS TELL AND WHY

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Abstract: National and state-level research points to higher rates of crime victimization, such as bullying, harassment, intimate partner violence, among individuals who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+). Following victimization, victims may share their experiences with informal supports (i.e., social networks) and/or formal supports (i.e., physician, social service case manager) for help. In this qualitative study, researchers examined the experiences of 13 LGBTQ+ victims in Illinois who had disclosed their victimization. Findings suggest LGBTQ+ victims share about their experiences for various reasons, such as an acute need for help or being asked if something was wrong, but that the reason for disclosure varies by support source. Implications point to the importance of improving support source responses to victimization disclosure and LGBTQ+ victims; avenues for future research related to disclosure processes are also identified.

Introduction

Individuals who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) are more likely to be victims of interpersonal crimes than those who identify as heterosexual[1] and/or cisgender.[2] LGBTQ+ individuals experience higher rates of interpersonal violence, including bullying, harassment, intimate partner violence, and physical and sexual assault.[3] They also experience a disproportionate amount of hate-motivated violence[4] and such violence against LGBTQ+ persons often involves bodily harm or threat of bodily harm.[5] ICJIA researchers broadly explored [LGBTQ+ individuals' experiences of victimization and help-seeking](#) in a survey of 1,569 individuals. The present study examines disclosure experiences more in depth through qualitative interviews. The disproportionate amount of violence experienced by members of the LGBTQ+ community is alarming[6] and research on the impacts of this violence and needs of LGBTQ+ victims is sparse.

Following victimization, individuals may disclose their experiences for a variety of reasons, such as to seek help or gain emotional support.[7] Categories of support include: [8]

- **Formal support.** Sources include medical and mental health professionals, law enforcement, legal aid providers, and victim service providers.
- **Informal support.** Sources are comprised of family members, significant others, friends, or colleagues.

Victims' decisions to share about their experiences or seek help from particular sources can be influenced by their needs and previous experiences with these supports.[9]

Individuals may share their experiences to address and/or reduce the negative impacts of victimization. Extensive research is available on the effects of victimization on individuals, including the impact on one's physical, psychological, and overall well-being.[10] Victims may experience severe bodily harm as a result of a criminal act, as well as debilitating health problems resulting from the psychological stress brought on by the victimization.[11] Victimization also can result in psychological symptoms and related mental health needs, including anxiety, depression, and PTSD.[12] Symptoms often emerge following the victimization and persist for years, impacting victims' overall quality of life.[13] Taken together the impacts of violence can diminish a victim's ability to engage in day-to-day activities, such as work and school, creating financial burdens and emotional distress that affect long-term stability.

Victim Help-Seeking

Victim help-seeking processes involve three key steps navigated at individual, interpersonal, and sociocultural levels. They include:[14]

1) *Defining the problem:* Interpreting violence and recognizing there is a problem to address.
2) *Making a decision to seek help:* Determining that the problem will not go away without intervention and weighing risks and benefits of seeking help.

3) *Deciding the support source:* Evaluating who may be able to help for various needs arising from the problem identified.

Help-seeking is not a static event, it is recurrent; new needs may arise over time as the impacts of violence may be both immediate and long-term.

Research suggests that victims are more likely to seek help from informal support sources (e.g., friends and family) than from formal support sources (e.g., social service and healthcare providers).[15] The circumstances of the crime, the extent of injuries, and the type of crime, may shape help-seeking behaviors as physical injuries, social stigma, and various demographic factors have been shown to impact where individuals seek help.[16] Less than half of all violent crimes (e.g., robbery, assault, domestic violence) were reported to police in 2017 (45%), with sexual assault victims reporting to police least often (40%).[17] Studies indicate between 20 to 26% of sexual assault victims seek medical help for their victimization.[18] In comparison, 15% of adult male community violence victims and 11% of victimized adolescents use mental health services following their victimization experiences.[19] And in a study of female and male domestic violence and sexual assault victims, rates of help sought from victim service providers ranged from 0 to 11%, varying by gender and victimization type.[20]

Victims who identify as LGBTQ+ also are more likely to seek informal sources of support, with friends being the most likely source.[21] Few LGBTQ+ victims seek support from formal providers,[22] most often from medical professionals, victim service providers, and mental health professionals than other formal support sources.[23] LGBTQ+ victims in Illinois are less likely to report to police than non-LGBTQ+ victims.[24]

Some victims do not want or need help from formal support sources. Some feel equipped to cope with victimization themselves or have a strong informal support network upon which they can rely.[25] Family members and friends can provide emotional support to victims, including verbal encouragement, advice, and affirmation.[26] It is estimated that at least 75% of victims share their victimization experience with an informal support source.[27] Victims who are from marginalized groups, such as racial/ethnic and sexual minorities, often seek help exclusively from their support networks or people they know as their networks are seen as trusted or safer.[28]

Disclosure

A "disclosure recipient" is an individual who is told about another's crime victimization and levels of helpfulness may vary. Supportive responses include providing comfort and information. Unhelpful or even harmful responses to disclosure include blaming and infantilizing reactions.[29] While individual reactions to disclosure are an important and robust area of research,[30] research on the decision-making processes to disclose is sparse. To meet their needs or address different aspects of the victimization, victims may disclose their experiences to various recipients. However, it may also be that the impacts, such as triggered memories or difficulties engaging in day to day activities, may reveal their victimization experiences to others or prompt disclosures.

After a crime, many victims choose not to disclose due to fear of losing family support, isolation, and responses that deny their experiences.[31] Societal factors also may impact a victim's

disclosure, especially when violence has been normalized in their family and community.[32] For individuals who identify as LGBTQ+, stigma, discrimination, and systemic inequalities also shape their decision to disclose and to whom.[33]

Research on why people disclose victimization experiences is largely centered on childhood victimization. These studies have explored how children share their victimization experiences through both verbal and non-verbal cues or involuntarily disclose through written journals or drawings. Researchers who explored the disclosure experiences of survivors of child sexual abuse, confirmed disclosure patterns identified by past research and identified new emergent categories. They include:[34]

- **Accidental disclosure**: Unintentional discovery by a third party (e.g., a result of medical examinations or witnessing the victimization).
- **Purposeful disclosure**: Intentionally describing or sharing what happened.
- **Prompted/elicited disclosure**: Disclosures through investigative interviewing, forms of counseling and therapy (e.g., play, talk, art), or other supportive environments.
- **Behavioral disclosure**: Intentional use of non-verbal behavioral cues to alert others that something was not okay (emergent category).
- **Disclosures withheld**: Intentional decision to not share what happened (emergent category).
- **Triggers**: Memories of childhood victimization that are recovered or remembered (emergent category).

These disclosure categories offer pathways through which individuals may share their experiences, but less is known about the circumstances that shaped where, when, how, and to whom they shared their experiences of victimization.

Current Study

As part of a larger effort to design a survey of the victimization experiences of LGBTQ+ individuals in Illinois, interviews with LGBTQ+ victims of crime were conducted. Participants were asked who they discussed their most impactful victimization experiences with and whether it was their decision to talk about the experience. Follow up questions about the circumstances around how they disclosed were asked to better understand their decision-making processes and experiences.

Method

Procedure

Following ICJIA Institutional Review Board approval, researchers emailed a promotional flyer on the study to LGBTQ+ and allied service agencies and related email listservs and requested assistance in sharing the study opportunity with clients and networks. Study participants also were invited to share information about the study with others. Interested participants were screened for eligibility. Participant criteria included:[35]

- Must be 18 years or older.
- Must be an Illinois resident.
- Must identify as LGBTQ+.
- Must have experienced at least one victimization in their lifetime.

Eligible participants were mailed or emailed an informed consent sheet, a list of community resources, and the interview protocol. Researchers conducted phone interviews with participants in May 2018, recorded with the participant's permission. Interviews averaged 38 minutes. Twenty-seven requests for study participation were received via phone, email, or text. Study staff conducted 23 phone screenings with participants; one individual was ineligible and two others were excluded because they had previously participated. Of the 20 individuals who were sent an interview packet and invitation, 13 participated. Following the interview, participants received a $30 gift card by email or mail.

Sample

A total of 13 individuals participated in the study and all lived in Cook County. More than two-thirds of participants were Black or African American (69%). Other participants were White (15%), Asian American (8%), or Multiracial (8%). The average age of participants was 27 years with participant ages ranging from 23 to 53 years ($SD = 8.32$).

Participants represented different gender identities and sexual orientations. They identified as female (46%), male (39%), gender queer/gender non-conforming (15%), and non-binary (8%).[36] Participants described their sexual orientation as bisexual (39%), lesbian (23%), queer (21%), or gay (15%).

Participants reported experiencing an average of seven victimization types, ranging from two to 11, in their lifetimes ($SD = 2.71$). Most participants reported experiencing physical assault (85%), sexual abuse (77%), stalking (77%), sexual assault (69%), and child physical abuse (69%) during their lifetimes. Many also indicated they had been robbed or mugged (69%), threatened with a weapon (69%), or knew someone who had been killed (69%). Over a third indicated their experiences with sexual abuse or sexual assault impacted them more than other forms of victimization they had experienced (38%). Other victimization types participants indicated had impacted them most included child abuse, physical abuse, being kidnapping, being robbed/threatened with a weapon, intimate partner violence and emotional/verbal abuse.

Measures

Disclosure. Researchers asked the participants whether they had talked about their most impactful victimization experiences with disclosure recipients—individuals who could offer support or services. Disclosure recipients included both formal and informal support sources. Informal disclosure recipients referred to friends, romantic partners, parents or step-parents, other family members or relatives, and religious officials. Formal disclosure recipients referred to mental health professionals, medical professionals, LGBTQ+ service providers, victim service providers, employers, teachers, police, university administrators, and media.

Disclosure decision. For each disclosure recipient, participants indicated whether they made the decision to tell that person or whether other circumstances influenced their disclosure decision. Researchers encouraged participants who reported disclosing their experience due to other circumstances to describe the circumstances, or factors that influenced their decision to disclose, such as accessing medical care, missing work, the police came to talk to them, or someone witnessed the event and asked them about it.

Analytic Strategy

Researchers analyzed the interview transcripts. Frequencies were calculated for descriptive data, including participants' relationships to individuals they disclosed to and their decisions to disclose. NVivo, a qualitative coding software, was used to analyze data collected on participant decision-making. Specifically, researchers used elemental coding methods, a combination of initial and structural coding approaches.[37] Consistent with initial coding, participants' descriptions of their disclosure as either their decision or influenced by other circumstances were examined for similarities and differences and then categorized into distinct codes. A structural coding approach was employed to better understand the prevalence of codes, or reasons for or pathways to disclosure, and whether certain codes were more likely to be applied to disclosures to specific formal or informal support sources.

Limitations

This study was conducted with a small sample of LGBTQ+ victims living in an urban area; therefore, findings from this study are not generalizable. In addition, data on disclosure recipient types and disclosure pathways were only collected on participants' most impactful victimization experience; pathways to disclosure and disclosure recipients may be different for experiences perceived by participants to be less impactful. Another limitation is that while this study examined different disclosure recipient types and pathways to disclosure, it did not connect those disclosure recipient types and pathways to post-victimization outcomes, such as mental health or coping.

Results

Disclosure

All but one participant had shared their most impactful experiences with at least one person (92%). Participants were most likely to have disclosed to a friend, followed by a mental health professional, a romantic partner, a parent or step-parent, and a LGBTQ+ service provider (*Figure 1*). Overall, participants were more likely to report sharing their experiences with informal disclosure recipients than formal disclosure recipients. Friends were the informal disclosure recipients participants were most likely to have talked to about their experiences and they were least likely to disclose to a family member or relative who was not a parent. Mental health professionals were the most common formal disclosure participants; university administrators the least common.

Figure 1
Victimization Disclosure by Support Source (N = 13)
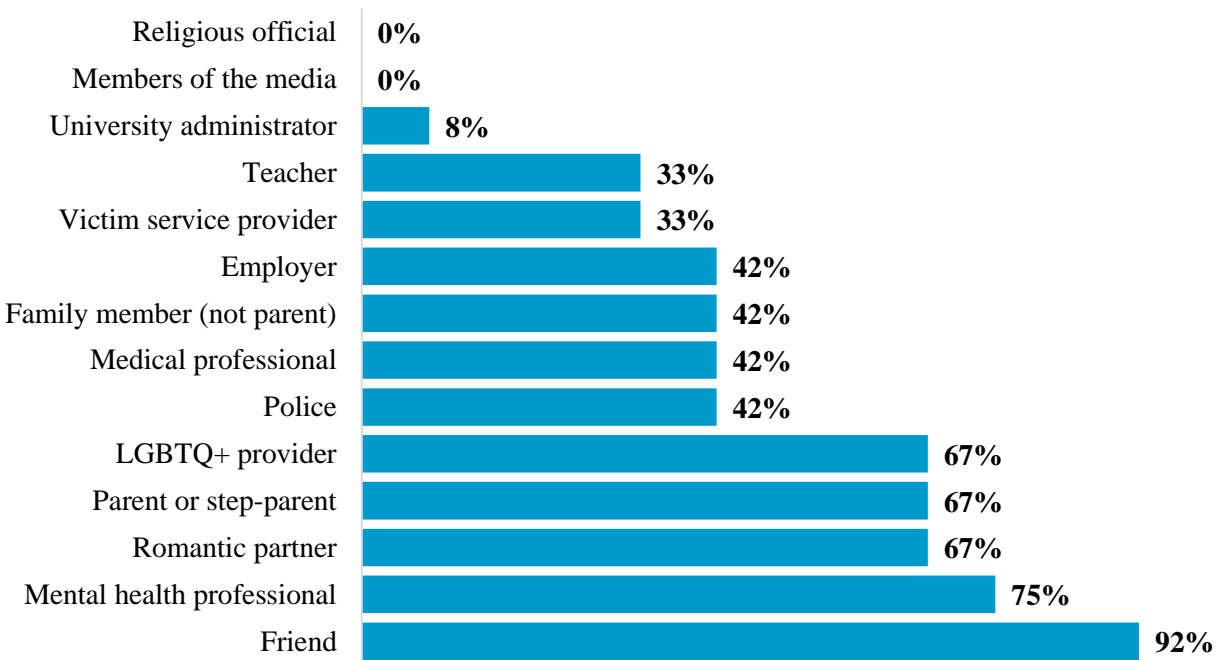
Disclosure Decision

Whether participants made the decision to tell others or were influenced to disclose by other factors varied based on the disclosure recipient type.[38] While participants were more likely to report making the decision to tell both informal and formal disclosure recipients than being influenced by other factors, more made the decision to tell informal disclosure recipients (78%) than formal disclosure recipients (58%). Over a third of participants told their experience to formal disclosure recipients (38%) due to other factors, whereas less than a quarter of

participants told informal disclosure recipients (22%) due to other factors. Two participants felt that neither response option (i.e., making the decision to disclose or other factors influencing their decision to disclose), captured their decision to disclose to police and a mental health professional, both formal disclosure recipients.

All participants who had disclosed to a romantic partner indicated they made the decision to tell them rather than disclosing due to other factors. Most participants who told a LGBTQ+ service provider, a friend, a family member or relative other than a parent or step-parent, police, or a mental health professional also made the decision to tell these disclosure recipients[39] and not as result of other factors. Participants telling their parents or step-parents were evenly split, with half reporting they made the decision to tell them and the other half being influenced to share by other factors. Conversely, most participants disclosing their experiences to a medical professional or an employer indicated other factors influenced their decision to share the victimization (60% for both).

Making the decision to disclose. Most participants who indicated they made the decision to disclose their most impactful victimization experience described the acute need for help and the presence of trusted support sources as factors facilitating disclosure. Participants who decided to disclose because of an urgent need most often sought a formal disclosure recipient. Some sought help from a mental health professional for symptoms they were experiencing following their victimization. One participant said, "I was experiencing a lot of anxiety and I didn't know it at the time but…I was experiencing a lot of flashbacks. ...so, I thought there was something wrong with me and... I told them about what happened to me." Others shared they had a victim service provider, because "...the situation had gotten to the…point where [they] needed to tell someone," and to police, because they wanted action taken against the person who harmed them. Being in shock and negative victimization-related health impacts were reasons participants gave for making the decision to disclose to informal support sources.

The availability of a trusted support source, regardless if the support source was formal or informal, also was described as a facilitating factor among participants who made the decision to disclose their most impactful victimization experience. Participants who talked about making the decision to tell an LGBTQ+ service provider felt comfortable sharing because past interactions with them had been positive; they said these providers had given good advice and could help. They said they "...[felt] way more comfortable talking to [their] LGBT team than just anybody about the situation."

Participants also described making the decision to disclose to friends and family members due to shared trust. They also described a desire to be open and not keep secrets from these informal support sources. A participant describes telling a friend, "...because I would never keep something secret from him and that he would keep nothing secret from me." A few participants said it came up in conversations with family members.

Disclosing due to other factors. Participants whose disclosures were influenced by other factors reported telling someone because they were experiencing emotional distress, were asked if something was wrong, or needed a specific service or accommodation.

Participants who disclosed due to emotional distress were most often describing disclosures to a formal support source. Two participants indicated they had a "breakdown" while at work and, as a result, had to disclose to their employer. Another participant told a mental health professional because they felt triggered. Only one participant told an informal support source, a parent, following an emotional reaction they had to being physically touched.

Participants reported that both formal and informal support sources took initiative in asking if something was wrong, influencing their disclosure. These formal disclosure recipients had learned about the victimization and then followed up with the participant. Some described "actin' so strange" and crying as behaviors that prompted informal disclosure recipients to ask. One participant reported her teacher asked, "You look really sad, is everything okay?" The participant had also written about their victimization in a classroom journal. As a result, a different teacher and a school counselor followed up with her about what she had written.

Several participants reported disclosing their most impactful victimization experiences to formal support sources in search of specific services or resources or for work or school-related accommodation. One participant told a LGBTQ+ service provider hoping they would be able to help her relocate to a safer space. Another participant shared that "...the only reason I told [a medical professional] cuz I wanted them to give me the best medication. To make sure I didn't catch nothin'...anything like that HIV." Others needed educators or employers to accommodate them with an extension for late assignments or missed work. One participant said, "I had to disclose obviously what happened with that incident and that I was in [an] abusive relationship" to a university administrator for approval to withdraw from a class.

Implications for Policy and Practice

LGBTQ+ victims reported distinct reasons for disclosing their experiences to informal and formal support sources, presenting important implications for improving the ability of support sources to respond to victimization disclosure and encouraging future research into disclosure decision-making.

Educate Informal Support Sources on Responding to Victimization Disclosure

In the present study, LGBTQ+ victims were more likely to talk with informal support sources than formal support sources about their victimization experiences. Informal support sources may be less prepared to respond to victimization disclosures than formal support sources, such as mental health professionals and victim service providers, who have professional training and/or experience working with victims. Education for informal support sources could include information on positive responses, such as providing comfort and information, and responses to victimization disclosure perceived as unhelpful or even harmful, such as blaming and infantilizing reactions.[40] Additionally, it may be helpful for informal support sources to be knowledgeable of available services for victims.

Education on responding to victimization disclosure that is integrated as part of school curriculum or workplace training could ensure this information reaches a large number of potential informal support sources. Community-based settings, such as local recreation centers,

churches, or public benefits offices also present opportunities for reaching a large audience. Resource materials can be made available to increase awareness of appropriate disclosure responses, as well as signs or symptoms of victimization and/or support services.

Train Mental Health Professionals on Trauma-Informed Care and Practices

LGBTQ+ victims were most likely to have disclosed victimization to a mental health professional when reaching out to formal support sources. Research points to the importance of taking a trauma-informed care approach in responding to victims, in which providers attend to victims' safety, allow them to direct their own treatment, and acknowledge and mitigate biases.[41] Therefore, LGBTQ+ allied mental health professionals should, at a minimum, receive training on fostering a trauma-informed care environment for their clients while attending to the additional biases LGBTQ+ victims may experience because of their gender identity, sexual orientation, appearance, and/or mannerisms. Providers already using a trauma-informed care approach should consider increasing their knowledge of various treatment modalities, such as Trauma Affect Regulation: Guide for Education and Treatment and Prolonged Exposure Therapy, shown to reduce certain trauma-related mental health symptoms.[42] In particular, mental health professionals who regularly work with clients that experience mental health symptoms often associated with victimization or trauma may benefit from training on how to administer these evidence-based treatments.

Foster Safe Environments for LGBTQ+ Victims to Disclose

Participants described LGBTQ+ service providers as playing an important role in creating a safe environment for them to talk about their victimization. These formal support sources fostered an environment in which LGBTQ+ victims reported feeling comfortable and supported, facilitating help-seeking. While fewer than half of participants disclosed to medical professionals, police, and victim service providers, victims may need to disclose their experiences to formal support sources to receive appropriate care and services. Often, disclosing victimization can cause additional stress or trauma as many fear receiving a negative response. Formal support sources should take steps to create and maintain safe environments for LGBTQ+ victims.

In addition to taking a trauma-informed care approach, a safe environment for LGBTQ+ victims may include demonstrating a commitment to being LGBTQ+ affirming. To foster an LGBTQ+-friendly environment, providers can use inclusive language, such as using the term intimate or romantic partner rather than boyfriend or girlfriend or adding an open-ended gender identity field on forms; display posters representative of different relationship types and family compositions, indicating the space is LGBTQ+ friendly; respond appropriately to harassment and discrimination; hire LGBTQ+-identified staff; and use LGBTQ+ affirming language in the agency's mission statement.[43]

Examine Organizational Policies and Practices for Responding to Victimization Disclosure in Formal Settings

While participants reported disclosing to educators and employers, the two are not what past research has traditionally characterized as formal support sources.[44] Educators and employers are

unique disclosure recipients because their job duties do not include providing supportive services typically offered to victims, such as advocacy, legal services, and housing. Nonetheless, victims may need to disclose information about their victimization to these "non-traditional" support sources. The development and implementation of trauma-informed policies and practices for responding to disclosure in these settings can help minimize the potential for secondary victimization or additional stress/distress experienced following negative interactions with providers.[45]

Some formal support sources may have policies in place for responding to victimization disclosure. For instance, as outlined in the Clery Act, colleges and universities receiving federal funding are required to have policies for reporting and responding to certain types of victimization (e.g., stalking, sexual assault, hate crimes) that take place on campus or in its vicinity.[46] These institutions of higher learning, as well as employers and other educators (e.g., high schools, vocational training) are encouraged to examine their organizations' policies and practices for responding to victimization and its disclosure or to develop a policy if none currently exists. Trauma-informed policies and practices for responding to victimization should outline the information needed to meet a victim's needs and how information will be documented and kept confidential. Care should be taken to only ask for the information necessary to meet the victim's need and information about the victimization, including any written or electronic records, should only be only be shared with staff working to address this need.

Policies also should indicate how victims can report this information, whether in-person, by phone or email, or web-based. Organizations should consider providing victims more than one option for reporting this information so victims can choose the best option for them. They also should ask victims how they would like to receive information, ensuring that victims can determine the communication methods they are most comfortable with or are safest for them. If necessary, providers should adapt current policies and practices or draft new trauma-informed policies and practices. Organizations also should consider assessing their staff knowledge and implementation of trauma-informed policies and practices for responding to victimization disclosure and provide opportunities for training on them.

Conduct Additional Research to Explore Pathways to Disclosure

Research findings suggest a variety of pathways to disclosure among LGBTQ+ victims. These include making the decision to disclose in hopes of meeting an acute need or due to being in the presence of a trusted source as well as sharing while being in emotional distress, being directly asked, or attempting to obtain a service or accommodation. Further research is needed to better understand whether these pathways represent distinct categories and/or how these categories may overlap. A more in-depth exploration of disclosure-related characteristics, such as time since disclosure and disclosure recipient's response, could provide insight around victims' perception of choice.

Given this study was conducted with a small sample of LGBTQ+ victims from an urban area, additional research is needed to learn if these research findings, and the pathways to disclose identified here, are representative of other populations, such as non-LGBTQ+ or rural residing

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victims. Research should explore other pathways to disclosure, including indirect or passive forms of disclosure in which support sources may learn about the victimization through a third party, such as a sibling telling a parent, disclosure in a group setting, and disclosure experiences in which the response may be delayed (e.g., texts, emails, social media). Furthermore, research that connects disclosure pathways to positive indicators of healing, such as improved mental health symptoms and utilization of adaptive rather than maladaptive coping strategies, could provide insight on whether to prompt victimization disclosure, timing, and/or the best strategies for initiating conversations about victimization.

Conclusion

Individuals who identify as LGBTQ+ are more likely to experience victimization and less likely to seek formal support or assistance than non-LGBTQ+ individuals. The present study explored the reasons why LGBTQ+ victims share about their experiences, discovering distinct reasons for disclosing that vary by support source. These results emphasize the importance of educating possible informal disclosure recipients on positive and appropriate responses and fostering environments that are welcoming and safe for LGBTQ+ victims. Given the complexity of disclosure decision-making, future research on the pathways to disclosure across various victim and demographic groups is warranted.

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[1] An individual sexually attracted to the opposite sex.
[2] An individual whose gender identity corresponds to the sex they were assigned at birth.
[3] Aeffect, Inc. (2017). *2016 Victim needs assessment.* Chicago, IL: Illinois Criminal Justice Information Authority. Retrieved from https://bit.ly/2LgLm5R; Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey.* Washington, D.C.: National Institute of Justice and the Centers for Disease Control and Prevention. Retrieved from https://bit.ly/37ZdDHV
[4] Marzullo, M.A., & Libman, A., J. (2009). *Research overview: Hate crimes and violence against lesbian, gay, bisexual, and transgender people*. Washington, D.C.: Human Rights Campaign Foundation. Retrieved from http://bit.ly/2S2IFJJ
[5] Federal Bureau of Investigation. (2016). *Hate crime*. Retrieved from http://bit.ly/2Uer5QG

[6] For prevalence of LGBTQ+ victimization see Vasquez, A. L. (2019). *Victimization and help-seeking experiences of LGBTQ+ individuals.* Chicago, IL: Illinois Criminal Justice Information Authority. Retrieved from https://bit.ly/33DpSGV

[7] Bystanders are not included as support sources as they are people who may or may not respond or intervene upon witnessing a crime. They are distinct from support sources from whom victims of crime may seek tangible or intangible support following a crime.

[8] McCart, M. R., Smith, D. W., & Sawyer, G. K. (2010). Help seeking among victims of crime: A review of the empirical literature. *Journal of Traumatic Stress, 23*(2), 198-206. Retrieved from https://bit.ly/2Re5QQK

[9] McClennen, J. C., Summers, A. B., & Vaughan, C. (2002). Gay men's domestic violence: Dynamics, help-seeking behaviors, and correlates. *Journal of Gay & Lesbian Social Services, 14,* 23-49; Turell, S. C. (1999). Seeking help for same-sex relationship abuses. *Journal of Gay & Lesbian Social Services, 10,* 35-49.

[10] Extensive research exists on the impact of victimization on individuals. Not every person who experiences a crime will need or want help; some victims are able to adjust and cope without formal support services. For other victims, however, the experience is quite different as victimization may impact their daily life and overall well-being. As a result of these impacts, individuals may seek support from both formal and informal sources.

[11] Nemeroff, C. B. (2016). Paradise lost: the neurobiological and clinical consequences of child abuse and neglect. *Neuron, 85*, 892-909.

[12] Aldrich, H., & Kallivayalil, D. (2013). The impact of homicide on survivors and clinicians. *Journal of Loss and Trauma, 18,* 362-377; Black, M. C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine, 5*(5), 428-439; Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventative Medicine, 23*(4), 260-268; Kilpatrick, D. G., Resnick, H. S., Ruggiero, K. J., Conoscenti, M. A., & McCauley, J. (2007). *Drug-facilitated, incapacitated, forcible rape: A national study.* Retrieved from https://bit.ly/2r8yoAf; Nemeroff, 2016. Paradise lost: The neurobiological and clinical consequences of child abuse and neglect. *Neuron, 85*, 892-909.

[13] Yuan Yuan, N. P., Koss, M. P., & Stone, M. (2016). *The psychological consequences of sexual trauma.* National Online Resource Center on Violence Against Women. Retrieved from https://bit.ly/35ZTcZL

[14] Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, *36*(1-2), 71-84.

[15] Coker, A. L., Derrick, C., Lumpkin, J. L., Aldrich, T. E., & Oldendick, R. (2000). Help-seeking for intimate partner violence and forced sex in California. *American Journal of Preventative Medicine, 19*(4), 316-320.

[16] Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence, & Abuse*, *17*(5), 585-600; Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, *36*(1-2), 71-84.

[17] Morgan, R. E., & Truman, J. L. (2017). *Criminal victimization, 2017.* Washington, D.C.: Bureau of Justice Statistics. Retrieved from https://bit.ly/2DFZl0R

[18] Coker, A. L., Derrick, C., Lumpkin, J. L., Aldrich, T. E., & Oldendick, R. (2000). Help-seeking for intimate partner violence and forced sex in California. *American Journal of Preventative Medicine, 19*(4), 316-320; Resnick, H. S., Holmes, M. M., Kilpatrick, D. G., Clum, G., Acierno, R., Best, C. L., & Saunders, B. E. (2000). Predictors of post-rape medical care in a national sample of women. *American Journal of Preventative Medicine, 19*(4), 214-219.

[19] Guterman, N. B., Hahm, H. C., & Cameron, M. (2002). Adolescent victimization and subsequent use of mental health counseling services. *Journal of Adolescent Health*, *30*(5), 336-345; Jaycox, L. H., Marshall, G. N., & Schell, T. (2004). Use of mental health services by men injured through community violence. *Psychiatric Services, 55*(4), 415-420.

[20] Coker, A. L., Derrick, C., Lumpkin, J. L., Aldrich, T. E., & Oldendick, R. (2000). Help-seeking for intimate partner violence and forced sex in California. *American Journal of Preventative Medicine, 19*(4), 316-320

[21] McClennen, J. C., Summers, A. B., & Vaughan, C. (2002). Gay men's domestic violence: Dynamics, help-seeking behaviors, and correlates. *Journal of Gay & Lesbian Social Services, 14,* 23-49; Turell, S. C. (1999). Seeking help for same-sex relationship abuses. *Journal of Gay & Lesbian Social Services, 10,* 35-49.

[22] Merrill, G. S., & Wolfe, V. A. (2000). Battered gay men: An exploration of abuse, help seeking, and why they stay. *Journal of Homosexuality, 39,* 1-30; Turell, S. C. (1999). Seeking help for same-sex relationship abuses. *Journal of Gay & Lesbian Social Services, 10,* 35-49.

[23] McClennen, J. C., Summers, A. B., & Vaughan, C. (2002). Gay men's domestic violence: Dynamics, help-seeking behaviors, and correlates. *Journal of Gay & Lesbian Social Services, 14,* 23-49; Merrill, G. S., & Wolfe, V. A. (2000). Battered gay men: An exploration of abuse, help seeking, and why they stay. *Journal of Homosexuality, 39,* 1-30; Turell, S. C. (1999). Seeking help for same-sex relationship abuses. *Journal of Gay & Lesbian Social Services, 10,* 35-49.

[24] Vasquez, A. L. (2019). *Victimization and help-seeking experiences of LGBTQ+ individuals.* Chicago, IL: Illinois Criminal Justice Information Authority. Retrieved from https://bit.ly/37VidXT

[25] Sims, B., Yost, B., & Abbott, C. (2005). Use and nonuse of victim services programs: Implications from a statewide survey of crime victims. *Criminology & Public Policy*, *4*(2), 361-384.

[26] Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36*, 71-84.

[27] Sylaska, K. M. & Edwards, K. M. (2013). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence, & Abuse, 15*, 3-21.

[28] El-Khoury, M. Y., Dutton, M. A., Goodman, L. A., Engel, L., Belamaric, R. J., & Murphy, M. (2004). Ethnic differences in battered women's formal help-seeking strategies: A focus on health, mental health, and spirituality. *Cultural Diversity and Ethnic Minority Psychology, 10*, 383–393; McClennen, J. C., Summers, A. B., & Vaughan, C. (2002). Gay men's domestic violence: Dynamics, help-seeking behaviors, and correlates. *Journal of Gay & Lesbian Social Services, 14,* 23-49; Sullivan, C. M. (2011). Victim services for domestic violence. In M. P. Koss, J. W. White, & A. E. Kazdin (Eds.), *Violence Against Women and Children* (pp. 183–198). Washington, D.C.: American Psychological Association; Turell, S. C. (1999). Seeking help for same-sex relationship abuses. *Journal of Gay & Lesbian Social Services, 10,* 35-49.

[29] Ullman, S.E., Relyea, M., & Sigurvinsdottir, R., & Bennett, S. (2017). A short measure of social reactions to sexual assault: The Social Reactions Questionnaire-Shortened. *Violence and Victims, 32*(6), 1096-1115.

[30] See Sullivan, T. P., Schroeder, J. A., Dudley, D. N., & Dixon, J. M. (2010). Do differing types of victimization and coping strategies influence the type of social reactions experienced by current victims of intimate partner violence?. *Violence against Women*, *16*(6), 638-657; Ullman, S. E. (1996). Social reactions, coping strategies, and self-blame attributions in adjustment to sexual assault. *Psychology of Women Quarterly*, *20*(4), 505-526.

[31] Alaggia, R., Regehr, C., & Jenney, A. (2012). Risky business: An ecological analysis of intimate partner violence disclosure. *Research on Social Work Practice, 22,* 301-12; Trotter, J. L., & Allen, N. E. (2009). The good, the bad, and the ugly: Domestic violence survivors' experiences with their informal social networks. *American Journal of Community Psychology, 43*, 221-231.

[32] Sylaska, K. M., & Edwards, K. M. (2013). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence, & Abuse, 15*, 3-21; Trotter, J. L., & Allen, N. E. (2009). The good, the bad, and the ugly: Domestic violence survivors' experiences with their informal social networks. *American Journal of Community Psychology, 43*, 221-231.

[33] Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence, & Abuse*, *17*(5), 585-600; Waters, E. (2016). *Lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence in 2015.* New York, NY: National Coalition of Anti-Violence Programs. Retrieved from https://bit.ly/2LfuQmy

[34] Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect*, *28*(11), 1213-1227.

[35] Victimization was described as an experience in which an individual engaged in harmful or hurtful actions towards another individual that were against the law.

[36] Percentages total more than 100% because participants could select more than one gender identity.

[37] For a more comprehensive description of approaches to qualitative coding methods see Saldana, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage Publications.

[38] The number of participants who reported disclosing to victim service providers, teachers, and university administrators was less than five. Therefore, these data were excluded from the disclosure decision data analysis.

[39] 88%, 82%, 80%, 60%, and 56%, respectively.

[40] Ullman, S.E., Relyea, M., & Sigurvinsdottir, R., & Bennett, S. (2017). A short measure of social reactions to sexual assault: The Social Reactions Questionnaire-Shortened. *Violence and Victims, 32*(6), 1096-1115.

[41] Kolis, K., & Houston-Kolnik, J. (2018). *Trauma types and promising approaches to assist survivors.* Chicago, IL: Illinois Criminal Justice Information Authority. Retrieved from https://bit.ly/2LgMkPx

13

[42] Adams, S., Houston-Kolnik, J., & Reichert, J. (2017). *Trauma-informed and evidence-based practices and programs to address trauma in correctional settings*. Chicago, IL: Illinois Criminal Justice Information Authority. Retrieved from https://bit.ly/2PaLjts

[43] Girls's Best Friend Foundation & Advocates for Youth. (2005). *Creating safe spaces for GLBTQ youth: A toolkit.* Retrieved from https://bit.ly/2R8jbtM

[44] For a review of informal and formal help-seeking see McCart, M. R., Smith, D. W., & Sawyer, G. K. (2010). Help seeking among victims of crime: A review of the empirical literature. *Journal of Traumatic Stress, 23*(2), 198-206.

[45] Kolis, K., & Houston-Kolnik, J. (2018). *Trauma types and promising approaches to assist survivors.* Chicago, IL: Illinois Criminal Justice Information Authority. Retrieved from https://bit.ly/2LgMkPx

[46] Clery Center (2019). *Summary of the Jeanne Clery Act: A compliance and reporting overview.* Retrieved from https://bit.ly/2sw6crp