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# Disclosure of Sexual Assault Among Sexual and Gender Minorities: A Systematic Literature Review

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## Abstract

Sexual assault is common in sexual and gender minority (SGM) individuals, but few studies have examined SGM victims' disclosure experiences. This systematic review identified 13 studies through searches of research databases on SGM populations with sexual victimization. These studies showed wide variation in disclosure rates, various barriers to disclosure, and psychological impacts of social reactions to disclosure on SGM individuals. Bisexual women were more likely to disclose to formal (e.g., police, healthcare providers) and informal (e.g., friends, family members) sources than other women, and SGM victims disclose to mental health professionals at particularly high rates. Sexual and gender minority victims also reported numerous barriers to disclosure, including those unique to SGM individuals (e.g., fear of being outed). Impacts of negative social reactions appear to be more negative on psychological symptoms of SGM victims, whereas positive reactions are helpful to recovery. Future research is needed taking an intersectional perspective to studying disclosure and social reactions to SGM individuals from both college and community samples, by examining both sexual minority and racial/ethnic identities in the context of intersectional minority stress theory. Studies are needed of both correlates and consequences of disclosures to both informal and formal support sources to better understand SGM individuals' reasons for telling and not telling various support sources and the impacts of their disclosure experiences on their recovery. Such data is also needed to inform interventions seeking to identify and intervene with support network members and professionals to reduce negative social reactions and their psychosocial impacts and to increase positive social reactions and general social support from informal support sources.

## Keywords

sexual assault, disclosure, LGBTQ+, sexual minority, gender minority

Sexual assault, which includes unwanted sexual contact, sexual coercion, incapacitated assault, and attempted and completed rape, is a public health crisis that disproportionately impacts sexual and gender minorities (SGMs). Indeed, research shows that, in their lifetime, 75% of bisexual women will experience a sexual assault compared to 46% of lesbian women and 43% of heterosexual women (Walters et al., 2013). Further, 47% of bisexual men and 30% of gay men will experience a sexual assault in their lifetime compared to 21% of heterosexual men (Walters et al., 2013). Specific to rape, 46% of bisexual women will experience a rape in their lifetime compared to 17% of heterosexual women and 13% of lesbian women (Walters et al., 2013). While less studied, there is an increasing body of literature documenting that trans and other gender diverse (TGD) individuals have especially high rates of sexual assault victimization. For example, research suggests that 43–50% of TGD individuals report experiencing a sexual assault (Clements-Nolle et al., 2006; Risser et al., 2005;

Stotzer, 2009). Finally, research suggests that SGM individuals experience higher rates of childhood sexual abuse compared to heterosexual, cisgender individuals (Friedman et al., 2011; Roberts et al., 2012). This may be because SGM individuals are perceived as different from and, therefore, more vulnerable than other youth to potential perpetrators due to behaviors that do not adhere to heterosexist and cisgendered

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norms and because of disproportionate involvement in potentially dangerous contexts and situations (e.g., homelessness, juvenile legal system, foster care) (Roberts et al., 2012; Saewyc et al., 2006).

In addition to documenting the alarmingly high rates of sexual assault among SGMs, research demonstrates the myriad short- and long-term outcomes (e.g., mental and physical health outcomes) of sexual assault victimization (Campbell et al., 2009; Walters et al., 2013). Indeed, rape is estimated to cost US\$122,461 per victim in the US, attributed to impaired health, lost productivity, and criminal legal costs (Peterson et al., 2017). Some research also suggests that outcomes associated with sexual assault victimization are worse for SGM victims than heterosexual, cisgender victims (Mitchell et al., 2014; Sigurvinsdottir & Ullman, 2016; Smith et al., 2016), which could be due to concerns about health care providers' ability to provide affirming, culturally grounded services as well as concerns about reifying negative stereotypes about the LGBTQA+ community (Coston, 2019; Donne et al., 2018; Ollen et al., 2017).

Research with mostly heterosexual, cisgender victims suggests that negative outcomes associated with sexual assault victimization are not inevitable (Dworkin et al., 2019). Indeed, a robust predictor of better recovery outcomes for victims of sexual assault is social reactions to disclosure (Dworkin et al., 2019). This research suggests that most sexual assault victims disclose their experience. A recent review of studies showed sexual assault disclosure rates of 0–16% to formal sources (e.g., police, healthcare providers) and 41–100% to informal sources (e.g., friends, family) (Sabina & Ho, 2014). Sexual assault victims are more likely to disclose to informal supports than formal supports (Sylaska & Edwards, 2014; Ullman, 2010). When victims of sexual assault disclose their experiences, they can receive negative (e.g., treating the victim differently, controlling and/or distracting the victim) and/or positive (e.g., providing tangible and/or emotional support) social reactions (Ullman, 2010). A recent meta-analysis found that negative social reactions were related to deleterious mental health outcomes, but positive social reactions were unrelated to mental health outcomes (Dworkin et al., 2019). Although an important contribution to the field, the Dworkin et al. (2019) article did not specifically examine SGM victims' experiences with sexual assault disclosure and social reactions to these disclosures. Another recent review of correlates of social reactions to sexual assault disclosure identified no studies specifically focused on correlates of social reactions to disclosures in SGM samples (Ullman, 2021). Thus, Ullman (2021) suggested that such research is needed from an intersectional, social-ecological perspective to understand social reactions to individuals and their impacts according to gender, race/ethnicity, and sexual orientation identities.

Although the vast majority of research on disclosure of sexual assault and social reactions to these disclosures has been conducted with samples of predominantly heterosexual, cisgender victims of sexual assault, researchers have recently

turned their attention to SGM victims. To date, however, there is no systematic review on disclosure and social reactions to these disclosures of sexual assault among SGM victims. As such, the purpose of this systematic literature review is to summarize the extant literature on sexual assault disclosure among SGM individuals. First, we discuss the rigorous methodology by which studies were identified. Second, we summarize and critically evaluate existing studies on sexual assault disclosures by SGM individuals. Third, we outline an agenda for future research and provide practice- and policy-based implications of the extant literature.

## Methodology

The protocol for this review was registered with the PROSPERO systematic review protocol registry.

## Study Inclusion Criteria

To be included in the systematic review, the study must have (1) been written in English, (2) presented empirical data, (3) been published in a peer-reviewed journal article (4) been exclusively focused on SGM or include SGM-specific analyses, (5) focused on sexual assault in childhood, adolescence, and/or adulthood (or have these analyses presented separately from other forms of victimization), and (6) met reporting standards for qualitative research (Levitt et al., 2018). Finally, to be included, a study must have also included a search term for (1) sexual assault (or related term), (2) disclosure (or related term), and (3) SGM (or related term; see Table 1).

## Search Strategy

Research studies were found by searching international electronic databases, including Academic Search Premier, Anthropological Literature, APA PsycArticles, APA PsycInfo, Business Source Complete, Communication & Mass Media Complete, Educational Administration Abstracts, Family & Society Studies Worldwide, Gender Studies Database, Historical Abstracts, Humanities International Index, International Political Science Abstracts, Legal Information Reference Center, LGBTQ+ Source, OpenDissertations, Primary Search, and Psychology and Behavioral Sciences Collection. The search was conducted in November 2020 and all relevant studies ever published to date were included.

## Search Outcome

An initial search resulted in 122 peer-reviewed articles. Abstracts and titles of all studies identified by the search strategy were reviewed by the first four authors and were either included or excluded based on the inclusion criteria. Of the 122 articles, 112 studies were excluded because they did not meet inclusion criteria. Next, the authors reviewed the reference list of the 10 studies that met criteria. This produced two

**Table 1.** Boolean Search Terms.

## Sexual Assault Terms (in alphabetical order)

Alcohol facilitated rape OR anal rape OR child sexual abuse OR child sexual assault OR childhood sexual abuse OR childhood sexual assault OR forced sex OR grooming OR molestation OR rape OR sex trafficking OR sexual abuse OR sexual assault OR sexual battery OR sexual coercion OR sexual exploitation OR sexual revictimization OR sexual trauma OR sexual victimization OR sexual violence OR sexual violence victimization OR sodomy OR unwanted sexual contact

AND

## Disclosure terms (in alphabetical order)

Disclose OR disclosing OR disclosure OR disclosure recipient OR formal reporting OR help-seeking OR informal reporting OR institutional betrayal OR police reporting OR reporting OR secondary victimization OR self-disclose OR self-disclosure OR self-reporting OR social reactions OR social support OR support seeking

AND

## SGM terms (in alphabetical order)

Agender OR aromantic OR asexual OR bigender OR bisexual OR demiboy OR demienby OR demigender OR demigirl OR demisexual OR female-to-male OR FtM OR FTM OR gay OR gender diverse OR gender expansive OR gender identity OR gender minority OR gender non-conforming OR gender questioning OR gender variant OR gender-diverse OR genderfluid OR genderqueer OR GLB OR GLBT OR gray romantic OR homosexual OR intersex OR lesbian OR LGB OR LGBT OR LGBTQ OR LGBTQ+ OR LGBTQIA OR LGBTQIA+ OR male-to-female OR MSM OR MtF OR MTF OR multi-gender OR non-binary OR panromantic OR pansexual OR queer OR questioning OR sexual identity OR sexual minority OR sexual minority youth OR sexual orientation OR SGM OR TGD OR TGN OR TGNC OR third gender OR trans masculine OR trans OR transfeminine OR transgender and gender non-conforming OR transgender and gender-diverse OR transgender female OR transgender male OR transgender OR trigender OR two-spirit

additional articles. During the peer review process, a reviewer indicated that we were missing a relevant article (Starzynski et al., 2007). Of note, the Starzynski et al. (2017) article did not emerge in our search given that their article did not include any SGM-specific keywords. Thus, 13 studies were included in the current review.

## Results

The 13 articles presented data on SGM sexual assault victims including: (1) rates of disclosure; (2) barriers and facilitators of disclosure; (3) actual and anticipated social reactions to disclosures; and (4) outcomes associated with social reactions to sexual assault disclosures. These findings are presented below. See Table 2 for a summary table of articles and Table 3 for a review of key findings. Although limitations of the extant body of literature are delineated in the discussion section, it is important to note that only a handful of studies reviewed herein had large samples (only one of which included nationally representative data) and that a third of studies had 20 or fewer participants. Further, all studies relied on cross-sectional data, limiting our understanding of how disclosure processes may unfold over time. It should also be noted that three studies were designed to assess perceptions of barriers to disclosure within the LGBTQ+ community rather than personal experiences of disclosing a sexual assault. Also, except for two, all studies were conducted in the US. Existing studies have largely relied on measures of sexual assault, disclosure, and social reactions developed on female heterosexual victims of male perpetrators. Those measures likely did not fully capture sexual assault experiences and responses to disclosures experienced by SGM individuals (Schulze et al., 2019).

Finally, formal supports refer to individuals to whom victims disclosed to in professional capacities such as police and health care providers (e.g., doctors, therapists), and informal supports refer to individuals such as friends, family members, classmates, and other individuals to whom the victim told not within a professional capacity.

### Rates of Disclosure

Rates of disclosure varied widely across studies, from 1 to 100% (Jackson et al., 2017; Langerderfer-Magruder et al., 2016; Long et al., 2007; Moschella et al., 2020; Priebe & Svedin, 2012; Richardson et al., 2015). The study that found disclosure rates of 1% was drawn from a sample of Swedish high school seniors where they asked all students, not just those with sexual assault experiences, about disclosure (Priebe & Svedin, 2012). The study that found disclosure rates of 100% required that participants had disclosed to at least one individual to be eligible to participate and consisted of 18 participants (Jackson et al., 2017). Sexual and gender minority sexual assault victims were more likely to disclose to informal sources than formal sources. Across studies, 9 to 44% of SGM individuals had disclosed their assault to an informal source of support compared to 4 to 21% disclosing to a formal source. Among studies that provided information on both sources of support, results consistently demonstrated higher rates of disclosure to informal versus formal sources of support by SGM individuals (Jackson et al., 2017; Long et al., 2007; Moschella et al., 2020; Richardson et al., 2015). Moreover, Langerderfer-Magruder (2016) found that, among a sample of LGBTQ participants, reporting to the police did not

**Table 2. Summary of Studies on Disclosure among SGM (N = 13).**

Author(s)	Sample Characteristics and Recruitment Procedures	Disclosure Measurement	SGM Measurement	Findings
Domme et al. (2018)	<p>Thirty-two cisgender, heterosexual and gay and transgender men recruited through print and online media outlets, a single ad on a geospatial social networking site popular with gay men, and on a general marketplace Web site where researchers often recruit study participants</p>	<p>The focus group guide included participants' and peers' approaches to and perspectives on service seeking related to unwanted sexual experiences or sexual assault.</p>	<p>No specific measurement described; instead, questions pertaining to sexual orientation and gender were included in the online screener</p>	<ul style="list-style-type: none"> <li>Gender roles (e.g., internalized masculine norms: Only "weak" men are raped and/or seek help) impeded seeking help for sexual violence and promote men's avoidance of disclosure.</li> <li>The psychological impact of the experience needed to reach a certain level before men will seek support. For some, they were only able to seek help, label, and recognize what had happened to them when that level had been reached.</li> <li>Some did not seek help until a trigger made them realize that their daily functioning was affected.</li> <li>Cost of services, particularly ongoing services (e.g., ongoing counseling sessions), impeded seeking services.</li> <li>Concerns about "trust and fit" impeded seeking services, particularly in small towns where there were heightened concerns about confidentiality.</li> <li>Intersectional identities (e.g., being gay and racial/ethnic minority) impacted disclosure experiences. Being a gay man and utilizing support services constituted a double stigma in many cultures. The vast majority of the members of their racial/ethnic communities usually avoided seeking help.</li> </ul> <p>Note: Unclear if being a victim of a sexual assault was a requirement for participation.</p>
Felix et al. (2020)	<p>Respondents, ages 19 to 55, participated in an interview (n = 19) or two focus groups (n = 13). All 13 focus group participants identified as gay men with an average age of 32 (range 21 to 47 years old). Four (31%) identified as white/Caucasian, five (38%) as black/African American, three (23%) as Latino/Hispanic, and one (8%) as Asian. Eight participants (62%) possessed a bachelor's degree, two (15%) reported having a master's degree, two (15%) were in college, and one (8%) had less than a high school education.</p> <p>Note: only sexual minority men participated in the focus groups and thus only themes specific to those groups are reported</p>	<p>Questions were used to assess reporting victimization to both formal (e.g., police, medical professionals, crisis hotlines, psychologists, counselors) and informal sources (e.g., friends, family members, romantic or sexual/intimate partners).</p>	<p>Two items were collapsed to create a measure of sexual orientation. If respondents indicated they considered themselves gay, lesbian, or bisexual, the measure was coded as 1. The measure was also set to equal 1 if the respondent was a man who reported having at least one man as a sex partner or woman who had at least one woman as a sex partner (12%). Demographic measures included dichotomous man or woman.</p> <p>Note: the specific measure was "male" or "female", but these were changed to "man" and "woman" to reflect APA's guidelines on language.</p>	<ul style="list-style-type: none"> <li>When comparing LGB to non-LGB people (regression analyses with control variables):</li> <li>More non-LGB people reported sexual victimization to informal sources, while LGB people formally reported more frequently.</li> <li>Being LGB increased the odds of reporting to formal sources by 60%</li> </ul> <ul style="list-style-type: none"> <li>Being LGB was not significantly related to reporting to the police, a doctor/nurse, or hotline.</li> <li>Being LGB nearly doubled the odds of reporting to a psychologist/counselor</li> <li>Being LGB significantly reduced the likelihood of reporting to any informal source.</li> <li>Victims who are LGB are over 30% less likely to report sexual victimization to a friend compared to their non-LGB counterparts.</li> <li>Reporting to a family member compared to others was also over 50% lower among LGB victims.</li> <li>Being LGB increased the odds of reporting the incident to an intimate partner.</li> </ul>

(continued)

**Table 2. (continued)**

Author(s)	Sample Characteristics and Recruitment Procedures	Disclosure Measurement	SGM Measurement	Findings
Jackson et al. (2017)	<p>18 white, non-hispanic, cisgender sexual minority men were recruited via social service and health agencies along with websites in the United States and Canada that provided services to victims of sexual assault, sexual minority individuals, or both via flyers, emails, or social media postings. Participants were required to have disclosed their assault to someone. Fourteen (78%) identified as gay, 3 (17%) as bisexual, and 1 (6%) as queer. Four (22%) had completed some college but had not obtained a degree, 1 (6%) possessed an associate's degree, 8 (44%) possessed a bachelor's degree, 4 (22%) possessed an advanced degree (e.g., master's, doctoral), and 1 (6%) possessed a trade certification.</p>	<p>Open ended, semi-structured questions were used during interviews, including questions about participants' specific experiences of disclosing sexual assault to another person(s), impact of disclosure recipients' responses on recovery from sexual assault, and the impact of sexual orientation-related discrimination on disclosure experiences.</p>	<p>No specific measurement described; instead, questions pertaining to sexual orientation and gender were included in the online screener:</p>	<ul style="list-style-type: none"> <li>• Who participants disclosed to</li> <li>• 83% of participants disclosed their sexual assault to a friend, 28% disclosed their sexual assault to a family member, and 39% to a romantic partner</li> <li>• 89% disclosed their sexual assault to their mental health counselor.</li> <li>• Participants' decisions to and experiences with disclosure</li> <li>• Past experiences of discrimination and awareness of stereotypes about sexual minority men and their sexual behavior impacted decisions to disclose</li> <li>• Due to negative experiences with informal and formal supports related to sexual orientation, participants viewed potential supports as untrustworthy (e.g., they cannot rely on police due to history of differential treatment by police to sexual minority men).</li> <li>• Homophobic behaviors and attitudes by informal supports (e.g., disapproving responses to sexual orientation when coming out, perception of burdening their families) caused participants to feel they could not ask for support following sexual assault. Conversely, men who had affirming experiences coming out felt more comfortable disclosing.</li> <li>• Some disclosed concerns about not being believed because they did not fit the perception of typical victims and because of prominent stereotypes about the sexual behavior of sexual minority men (e.g., promiscuity).</li> <li>• Some had difficulty labeling their experiences as sexual assault due to internalized societal perceptions that men cannot be raped, impacting decisions to disclose.</li> <li>• Rape myth stereotypes (e.g., rape is a violent act that includes a weapon) resulted in reluctance to label and disclose their sexual assault.</li> <li>• Intersectionality of dual identities as sexual assault victims who were not heterosexual and not women created a double stigma which impacted decision to disclose</li> <li>• All men experienced secondary victimization by at least one disclosure recipient (e.g., rationalize or dismiss the assault, asked to recall the sexual assault in excessive detail, discouraging future disclosure, blaming the victim, not following up on the initial disclosure). Some experienced social and professional consequences for disclosing (e.g., losing a job)</li> <li>• 94% of participants reported at least one supportive response (e.g., attempts to understand them, empathic listening, following up, providing validation, displaying knowledge or provision of service). Disclosure to formal supports were more positive if they had knowledge of sexual orientation and sexual assault and provided services in a respectful, individualized manner. Supportive responses increased likelihood to disclose in the future and increased willingness to seek services from formal supports.</li> <li>• The role of sexual orientation in disclosure experiences included rejection, discrimination (e.g., jokes), and judgment by informal supports. Some supports did not understand sexual minority men and their needs related to sexual assault. While most felt supported by other sexual minority men when disclosing and often expressed a preference to disclose to other sexual minority men, several mentioned the sexual assault being dismissed as normative within the LGBTQ+ community, attempt to explain it based on participant's history and behavior, or simply not label as sexual assault.</li> <li>• Disclosure recipients' responses that involved secondary victimization increased victims' shame, guilt, and anger. Unsupportive disclosure recipient responses felt retraumatizing, influenced how many processed the assault (e.g., increased sense of responsibility for assault, reduced ability or willingness to label it as assault), limited victims' future disclosure, refined their disclosure style, isolated them from informal and formal supports, and made them question their relationship with or distance themselves from the disclosure recipient. One participant, who only received negative responses and tangible consequences to disclosing, felt disclosure had a uniformly deleterious effect on his recovery and felt it is harmful.</li> <li>• Positive responses allowed victims to process the incident over time and gain valuable feedback, including in psychotherapy. Many men identified disclosure as the number one factor in their recovery and positive adaptation over time by allowing for ongoing appraisal and meaning making of the sexual assault. Disclosure increased their self-validation, empowerment, and involvement in advocacy efforts</li> </ul>

(continued)

Table 2. (continued)

Author(s)	Sample Characteristics and Recruitment Procedures	Disclosure Measurement	SGM Measurement	Findings
Langenderfer- magruder, et al. (2016)	Data came from the 2011 LGBT health survey. Participants were recruited through LGBT organizations, partner organizations, and Facebook. There was a total of 1124 respondents. 580 (52%) identified as cisgender men, 425 (38%) as cisgender women, and 119 (11%) as transgender. Of those that indicated their sexual orientation ( $n = 1124$ ) 529 (47%) identified as gay, 304 (27%) as lesbian, 79 (7%) as bisexual, 57 (5%) as queer, 12 (1%) as heterosexual (all transgender), 23 (2%) as other, and 120 (11%) as multiple orientations. Of those who indicated their race/ethnicity ( $n = 1117$ ) 915 (81%) identified as white, 57 (5%) as hispanic/Latino, 32 (3%) as black/African American, 4 (<1%) as Asian/Asian American, 5 (<1%) as American Indian, 97 (9%) as multiracial, and 7 (<1%) as other. Participants' average age was 42 years old, with a range of 19 to 90 years old. Frequencies were not provided for income or education level.	Participants indicated whether they had reported their sexual assault/rape to police by responding to a single question with a dichotomous yes/no response.	Participants were required to identify as LGBTQ and gender identity options included: Man, woman, transgender, genderqueer, female-to-male, male-to-female, transman, transwoman and other. Participants were to check all that apply for gender identity. For the present study, the authors sought to compare data between cisgender and transgender respondents, so they designated man and woman into "cisgender man" and "cisgender woman" respectively and collapsed the transgender identities into "transgender".  Note: the specific measure was "male" or "female", but these were changed to "man" and "woman" to reflect APA's guidelines on language.	<ul style="list-style-type: none"> <li>• Rates of reporting to police</li> <li>• Of those participants who self-reported ever experiencing sexual assault/rape, 21% reported the victimization to police. There were no statistically significant associations between gender identity and reporting to police.</li> </ul>
Long et al. (2007)	Data came from the Women's Life Experiences study. Participants include a diverse group of women in the midwest recruited using fliers posted around urban universities, in places where women congregate, at local mental health agencies, and in local newspapers. The sample included 1022 women. Most (82%) identified as heterosexual, but 6% identified as gay/lesbian and 12% as bisexual. The average age of participants was 32 years old, 47% identified as African American, 37% as white, 6% as Latina, 6% as mixed race, 3% as Asian, <1% as American Indian/Alaskan Native, and <1% as "other racial category". Most women had some college education: 15% less than high school education, 15% high school graduate, 39% some college, and 31% college graduate or more.	Participants indicated whether they disclosed an assault to anyone before the study and were given a list of support sources to indicate who they told. They also indicated how long after the assault they disclosed and if disclosures alleviated distress. Respondents reported whether they spoke to informal or formal and if each source was helpful. They also reported how satisfied they were with support from sources and the overall amount of support they received from everyone they disclosed to.  The Social Reactions Questionnaire (SRQ) was used to measure positive and negative social reactions victims received when disclosing.	Participants indicated their sexual orientation (i.e., heterosexual, lesbian, bisexual, or unsure) as part of demographic information.	<ul style="list-style-type: none"> <li>• Sexual orientation did not impact if victims had ever disclosed the assault, how long after the experience they disclosed, or their perceptions of whether the disclosure made things better or worse overall.</li> <li>• Disclosure to and helpfulness of formal support sources</li> <li>• More bisexual women (71%) told a formal source compared to 63% of lesbian women and 58% of heterosexual women</li> <li>• More bisexual women (60%) disclosed to a psychologist, psychiatrist, or mental health professional compared to 55% of lesbian women or 43% of heterosexual women.</li> <li>• There were no significant differences by sexual orientation in disclosure to clergy (10%), medical personnel (17%), police (14%) or rape crisis centers (15%), but this could be because few women told these sources in general.</li> <li>• Most lesbian women that disclosed to a formal source (71%) found a doctor, other medical person, or emergency room staff helpful, but only 38% of bisexual women found them helpful.</li> <li>• There were no differences by sexual orientation in perceived helpfulness of clergy, mental health professionals, police, or rape crisis center staff, but, in general, most women found these sources helpful (74% clergy, 75% mental health professionals, 79% rape crisis center staff) except for police (52%).</li> <li>• Disclosure to and helpfulness of informal support sources</li> <li>• There were no significant differences by sexual orientation in telling any informal sources, likely because almost all women disclosing assault (97%) told an informal source</li> <li>• More bisexual women (77%) told a romantic partner compared to 65% of lesbian women and 62% of heterosexual women.</li> <li>• There were no differences by sexual orientation in disclosing to a parent or stepparent, other family member/relative, or a friend.</li> <li>• There were no differences by sexual orientation in perceived helpfulness of informal sources.</li> <li>• Social reactions to assault disclosure</li> <li>• Bisexual women received the fewest positive social reactions to disclosure compared to heterosexual and lesbian women</li> <li>• Sexual orientation was not significantly related to negative social reactions.</li> </ul>

(continued)

**Table 2. (continued)**

Author(s)	Sample Characteristics and Recruitment Procedures	Disclosure Measurement	SGM Measurement	Findings
Moschella et al. (2020)	The sample came from a larger sample of students (N = 1507) attending seven community colleges in one Northeastern state. All students enrolled at the colleges were invited via email to participate. Fliers and social media messages were also used. Of those that reported at least one incident of sexual assault/victimization (n = 677), 76% were women, between 18 and 25 years old (74%), and 87% were white. For survivors that were men, 84 (74%) identified as heterosexual, 17 (15%) as gay, and 13 (11%) as bisexual. For survivors that were women, 409 (79%) identified as heterosexual, 15 (3%) as lesbian, and 92 (18%) as bisexual. Frequencies were not provided for income or education level.	One dichotomous question was asked about disclosure (did you tell anyone about the incident before filling out this questionnaire? Yes, disclosed or no, did not disclose). If disclosed, they were asked if they disclosed to informal (i.e., friend, romantic partner, family) and/or formal sources (i.e., medical professionals, counselor/crisis center, and college staff/conduct office)	Demographic questions were asked about gender identity (e.g., cisgender man, transgender woman) and sexual orientation.	<ul style="list-style-type: none"> <li>• 50% of lesbian/gay, 57% of bisexual, and 42% of heterosexual victims disclosed their victimization experience (statistically significant)</li> <li>• Bisexual victims (24%) were more likely to disclose to a romantic partner than heterosexual (13%) and lesbian/gay (9%) victims. (Bisexual more than heterosexual)<sup>1</sup></li> <li>• Bisexual victims (28%) were more likely to disclose to family than heterosexual (19%) and lesbian/gay (9%) victims. (Bisexual more than heterosexual and lesbian/gay)<sup>1</sup></li> <li>• There were no differences in rates of disclosure to friends as a function of sexual orientation (heterosexual: 30%; lesbian/gay: 42%; bisexual: 39%).</li> <li>• Bisexual (11%) victims were more likely to disclose to a law enforcement than heterosexual (4%) and lesbian/gay (9%) victims. (Bisexual more than heterosexual)<sup>1</sup></li> <li>• Lesbian/gay victims (15%) were significantly more likely to disclose to counselors than heterosexual (7%) and bisexual (14%) victims. (Lesbian/gay more than heterosexual)<sup>1</sup></li> <li>• Lesbian/gay victims (12%) were significantly more likely to disclose to college staff than heterosexual (4%) and bisexual (9%) victims. (Lesbian/gay more than heterosexual)<sup>1</sup></li> <li>• Anticipated positive social reactions did not differ as a function of sexual orientation.</li> <li>• Lesbian/gay victims anticipated significantly more negative social reactions than heterosexual victims</li> <li>• Bisexual and heterosexual victims did not differ regarding anticipated negative reactions.</li> <li>• Anticipated social reactions were not significantly related to well-being outcomes (i.e., mental health, life satisfaction) for lesbian/gay or bisexual victims.</li> </ul>
Ollen et al. (2017)	14 students (13 undergraduate and one graduate, ages 18 to 24, 86% white) participated in two focus groups. Four (29%) identified as gay, three (21%) as lesbian, three (21%) as bisexual, one (7%) as pansexual, and one (7%) as queer. Gender identities included six (43%) cisgender men and eight (57%) cisgender women. Frequencies were not provided for income or education level.	An adapted version of the Social Reactions Questionnaire (SRQ) was used to measure anticipated positive and negative social reactions.	Inclusion criteria required that participants self-identify as a sexual minority. Options included gay, lesbian, bisexual, pansexual, and queer.	<ul style="list-style-type: none"> <li>• Barriers to help-seeking</li> <li>• Societal-level barriers: Fear of further marginalization of the sexual minority community, concerns about tarnishing the reputation of the sexual minority community, and difficulty navigating services due to heteronormative ideas about sex, particularly for women (e.g., concern that some resources might not perceive instances of sexual and physical violence between individuals of the same sex as "legitimate").</li> <li>• Community-level barriers: Lack of confidence in providers', particularly mental health providers', understanding of sexual minorities, concerns that resources specific to sexual minorities do not exist, and intimidation by police and campus authority figures</li> <li>• Emotional/psychological-level barriers: Being "outed" by reporting, loss of social support by seeking help, navigating minority stressors (e.g., anticipation of stigma), embarrassment or shame as a victim, and affective responses about their perpetrator (e.g., fear, the emotional connection that survivors may have with the perpetrator)</li> <li>• Factors that foster sexual minority help-seeking for domestic violence and sexual assault: <ul style="list-style-type: none"> <li>• Increasing awareness of university policies (e.g., penalties for sexual assault perpetration)</li> <li>• Formal campus dialog to highlight sexual assault as an issue that impacts the campus sexual minority community</li> <li>• Improving resources by making first-year orientation materials more inclusive. Make resources (e.g., police officers, campus administrators) more approachable (e.g., pins and stickers for allies to identify themselves).</li> <li>• Note: Unclear if being a victim of a sexual assault was a requirement for participation.</li> </ul> </li> </ul>

(continued)

**Table 2. (continued)**

Author(s)	Sample Characteristics and Recruitment Procedures	Disclosure Measurement	SGM Measurement	Findings
<p>Priebe &amp; Svedin (2012)</p>	<p>A nationally representative sample of Swedish high school seniors completed in-school surveys (N = 3432). Participants included in the study were 1594 (46%) boys and 1838 (54%) girls with a mean age of 18 years. In total, 324 (10%) of the sample reported a sexual minority identity (100 men [6%] and 224 women [12%]). Frequencies were not provided for race/ethnicity or income.</p>	<p>Participants were asked if they had ever sought support or help for sexual abuse off-line, problematic sexual meetings off-line with person's met online, or online harassment. Both abuse by peers and by older offenders were included. Nine different issues and an unspecified "other" category were listed with "yes" and "no" as response alternatives. Those who marked at least one of the issues were asked where or with whom they had sought support or help. The response options included: Young person of the same age, parent, adult member of the family or friend, professional, via the Internet, voluntary organization, helpline, or other. They were also asked on a 5-point scale, "did you receive the support or help you needed?" scores for this question were dichotomized: Received support or help versus did not receive support or help.</p> <p>Note: We only report disclosure specific to sexual assault</p>	<p>Questionnaire developed in collaboration with the Swedish Federation for lesbian, gay, bisexual, and transgender rights included the question "how do you look upon yourself" with the options: "As heterosexual," "as homosexual (lesbian/gay)," "as bisexual," "unsure," and "none of these," two categories were created: Heterosexual and sexual minority.</p>	<ul style="list-style-type: none"> <li>1% of heterosexual men that were victims of sexual abuse sought support compared to 2% of sexual minority men that were victims of sexual abuse (finding not statistically significant)</li> </ul>
<p>Richardson et al. (2015)</p>	<p>Participants included 2790 students from a small northeastern university. Students were recruited via an email sent to all undergraduate and graduate students at the university inviting them to participate in an anonymous, online survey. 2016 (73%) identified as a woman, 761 (27%) as a man, and 13 (&lt;1%) did not indicate their gender identity. 2482 (89%) identified as heterosexual and 308 (11%) identified as LGBQ. Of the LGBQ participants, 181 (59%) identified as bisexual, 88 (29%) identified as gay/lesbian, and 39 (13%) wrote in their sexual orientation as "other" (e.g., pansexual, queer, bi-curious, unsure, unlabeled). The average age of participants was 21 years old with a range of 16 to 54 years old. 2349 (84%) identified as white, 235 (8%) as Asian, 132 (5%) as Latino, 82 (3%) as black, and 29 (1%) Native American. 2332 (84%) were undergraduate students, 441 (16%) were graduate students, and 17 (&lt;1%) did not report their year in school.</p>	<p>Participants were asked six questions regarding whether they sought help from formal (on-campus or off-campus) or informal (e.g., friends, family, significant others) sources and their reasons for not seeking formal help. Students were asked if they used a number of specific sources of help on-campus and off-campus. Students were provided reasons for not seeking help from those sources</p>	<p>Participants who did not answer the question about gender or who chose the alternative "the division into man or woman does not fit me," were not included in this study.</p> <p>Note: the specific measure was "male" or "female"; but these were changed to "man" and "woman" to reflect APA's guidelines on language.</p> <p>Demographic surveys asked participants to self-identify as heterosexual, bisexual, gay/lesbian, or "other". Responses were dichotomously coded (LGBQ or heterosexual). The survey did not ask about gender diversity, only if a respondent identified as a man or woman.</p> <p>Note: the specific measure was "male" or "female", but these were changed to "man" and "woman" to reflect APA's guidelines on language.</p>	<ul style="list-style-type: none"> <li>4% of heterosexual women that were victims of sexual abuse sought support compared to 11% of sexual minority women that were victims of sexual abuse (finding statistically significant).</li> <li>Formal help-seeking</li> <li>Reports of overall formal help-seeking did not differ significantly between LGBQ victims (4%) and heterosexual victims (14%)</li> <li>Heterosexual victims (11%) were more likely to seek formal on campus help compared to 0% of LGBQ students (difference approached significance)</li> <li>Differences in off-campus help seeking were not significant (4% LGBQ victims; 7% heterosexual victims).</li> <li>Informal help-seeking</li> <li>There were no significant differences between LGBQ victims (44%) and heterosexual victims (61%) in overall informal help-seeking</li> <li>44% of LGBQ victims told a peer, and 60% of heterosexual victims told a peer (not statistically different)</li> <li>9% of LGBQ victims told a family member, and 7% of heterosexual victims told a family member (not statistically different)</li> </ul> <p>Reasons for not seeking help:</p> <p>For both LGBQ (64%) and heterosexual (70%) victims, the most common reason for not seeking formal help (on- or off-campus) was "it wasn't that serious."</p> <ul style="list-style-type: none"> <li>Significantly more LGBQ students (14%) reported not seeking formal help for fear of being blamed (compared to 5% heterosexual victims).</li> <li>Other reasons for not seeking formal on- or off-campus help included: not wanting to get the perpetrator in trouble (18% LGBQ, 14% heterosexual), feeling partially at fault or some other reason (18% LGBQ, 9% heterosexual), feeling ashamed (18% LGBQ, 9% heterosexual), the violence was a private matter (11% LGBQ, 50% heterosexual), feeling partially at fault due to drinking (9% LGBQ, 21% heterosexual), not wanting anyone to find out (9% LGBQ, 7% heterosexual), feeling it would be an admission of failure (9% LGBQ, 4% heterosexual), thinking they would not be believed (9% LGBQ, 2% heterosexual), fear of getting in trouble due to drinking at the time (9% LGBQ, 0% heterosexual), being told what to do (5% LGBQ, 5% heterosexual), not knowing the formal sources existed (5% LGBQ, 4% heterosexual), the situation resolved itself so help was not needed (0% LGBQ, 32% heterosexual), talked to a friend/family member who helped instead (0% LGBQ, 8% heterosexual), didn't think the support could help (0% LGBQ, 8% heterosexual), didn't have enough information to report (0% LGBQ, 4% heterosexual), feared retribution from the perpetrator (0% LGBQ, 4% heterosexual), and services had a bad reputation (0% LGBQ, 3% heterosexual).<sup>1</sup> None of these reasons differed significantly between LGBQ and heterosexual victims</li> <li>Many students who wrote in answers for why they did not seek campus services noted that it was not "a big deal" primarily because the lack of consent was related to alcohol use at the time of the event.</li> </ul> <p><sup>1</sup> Cell sizes were too small to conduct chi square analyses to compare LGBQ victims and heterosexual victims.</p>

(continued)

**Table 2. (continued)**

Author(s)	Sample Characteristics and Recruitment Procedures	Disclosure Measurement	SGM Measurement	Findings
Sigurvinsson & Ullman (2015)	Participants included 1863 women from the greater Chicago area. Participants were recruited via weekly advertisements in local newspapers, on Craigslist, through university mass mail, and fliers posted in the community. Most (83%) identified as heterosexual, 11% as bisexual, and 6% as lesbian. The average age of participants was 31 years old with a range of 18 to 71 years old. Moreover, 45% identified as African American, 35% as White, 2% as Asian, and 8% as other; 14% also identified as Hispanic. For education level, 35% had a college degree or higher, 44% had some college education, and 22% had a high school education or less. Most (68%) had household incomes of less than US\$30,000.	Part of eligibility was based on having told someone previously and a question about prior disclosure (n/y) asked on the survey.	Specific gender identity measurement was not provided but, in order to participate in the study, participants needed to identify as a woman.	<p>Post-assault social reactions</p> <ul style="list-style-type: none"> <li>• There were no significant differences between heterosexual, lesbian, or bisexual women on positive social reactions.</li> <li>• For negative reactions, bisexual women received significantly greater negative social reactions than heterosexual women, but there were no significant differences between lesbian and bisexual women or between lesbian and heterosexual women.</li> <li>• Moderation of negative reactions: <ul style="list-style-type: none"> <li>• Sexual orientation significantly moderated the relationship between negative social reactions and PTSD symptoms such that bisexual and lesbian women demonstrated a stronger relationship between negative reactions and PTSD symptoms than heterosexual women</li> <li>• For problem drinking, sexual orientation showed a stronger relationship between negative reactions and problem drinking for bisexual women, but this relationship did not emerge for lesbian women.</li> <li>• For bisexual women only, there was a significant relationship between negative reactions and problematic drug use.</li> </ul> </li> </ul> <p>Race by sexual orientation</p> <ul style="list-style-type: none"> <li>• Black bisexual women reported more problem drinking compared to White bisexual women.</li> <li>• Black lesbian women reported higher PTSD symptoms than White lesbian women.</li> </ul>
Sigurvinsson & Ullman (2016)	The sample of bisexual and heterosexual women (N=905) came from a racially diverse, low income, well-educated community sample of women recruited through weekly advertisements in local newspapers, on Craigslist, through university mass mail, and fliers posted in the community. 95 (10%) identified as bisexual women, with 37% identifying as African American, 41% as White, 2% as Asian, 11% as Other, and 10% as Multiracial. 19% also identified as Hispanic. Of bisexual women, 47% reported an income of less than US\$10,000, 23% reported an income between US\$10,000 to \$20,000, 10% reported an income between \$20,000 to \$30,000, and 21% reported an income of \$30,000 or more. 26% possessed a college degree or higher, 38% completed some college, 23% were high school graduates, and 13% did not complete high school. 810 (90%) identified as heterosexual women with 48% identifying as African American, 36% as White, 2% as Asian, 8% as Other, as 6% as Multiracial. 13% also identified as Hispanic. Of heterosexual women, 38% reported an income of less than \$10,000, 19% reported an income between \$10,000 to \$20,000, 12% reported an income between \$20,000 to US\$30,000, and 31% reported an income of US\$30,000 or more. 34% possessed a college degree or higher, 43% completed some college, 14% were high school graduates, and 9% did not complete high school.	The Social Reactions Questionnaire (SRQ) was used to measure positive and negative social reactions victims received when disclosing.	Participants were asked whether they identified as mostly heterosexual, somewhat heterosexual, bisexual, somewhat homosexual, or mostly homosexual. For this study, the options were recoded into 0 (mostly heterosexual and somewhat heterosexual) and 1 (bisexual). Those who identified as somewhat homosexual, mostly homosexual, or did not provide data were excluded from analysis	<ul style="list-style-type: none"> <li>• Regarding positive social reactions, there were no significant differences between heterosexual and bisexual women at Wave 1 or Wave 3.</li> </ul>
Starzynski et al. (2007)	Diverse sample of women in Chicago (N = 1084) and surrounding areas recruited through fliers posted at a large urban university and fliers sent to mental health agencies and rape crisis centers, along with advertisements in local newspapers. The fliers and ads invited women at least 18 years old with unwanted sexual experiences since age 14 to participate in a mail survey. Interested women were sent a packet with study materials. 78% of women identified as heterosexual and 22% identified as lesbian, bisexual, or unsure. 46% identified as African American, 37% as Caucasian, 7% as multiracial, 5% as Latina, 3% as Asian, 1% as Pacific Islander/Native Hawaiian, and less than 1% as American Indian/Other. The average age was 32.47 years old. About 60% reported an annual income of \$20,000 or less (about 40% reported more than \$20,000). 70% of women had some postsecondary education while 30% had a high school education or less.	Participants were asked if they had ever disclosed to a psychiatrist or other mental health counselor (yes or no).	Specific gender identity measurement was not provided but, in order to participate in the study, participants needed to identify as women	<ul style="list-style-type: none"> <li>• Bisexual women reported greater positive reactions to sexual assault disclosures at Wave 2 than heterosexual women.</li> <li>• Bisexual women consistently reported greater negative reactions to disclosures at every time point compared to heterosexual women.</li> </ul>

(continued)

Table 2. (continued)

Author(s)	Sample Characteristics and Recruitment Procedures	Disclosure Measurement	SGM Measurement	Findings
<p>Todahl et al. (2009)</p>	<p>The study was part of the "Engaging Change" (EC) community engaged project and utilized four semi-structured focus groups (<math>n = 14</math>). Focus group participants were recruited with purposive strategies, including an invitation to participate at the end of the survey and via nomination by the EC Advisory Coalition members. Six (43%) identified as men, eight (57%) as women, and two (14%) as transgender. Five (36%) identified as lesbian, three (21%) as bisexual, six (43%) as gay, and four (29%) as queer. Age ranged from 19 to 76 years (mean age = 41 years). Thirteen (93%) identified as White, one (7%) as Native American, and one (7%) as Latino (one selected two race identity categories). Frequencies were not provided for income or education level.</p> <p>Note: Only sexual minority groups participated in the focus groups and thus only themes specific to those groups are reported. Personal communication with Todahl in May 2021 indicated that participants could select multiple identities which is why the percentages of gender identities, sexual orientations, and racial/ethnic identities exceed 100%.</p>	<p>The focus group interview included eight questions centered around LGBTQ needs, service availability, and prevention specific to sexual assault in the local community</p>	<p>No specific measurement described.</p>	<p>Barriers to disclosure of sexual assault for members of the LGBTQ community</p> <ul style="list-style-type: none"> <li>• Victims of sexual assault are not believed because of myths that sexual assault only occurs between men and women.</li> <li>• Concerns about the degree of out-ness and transition stage for transgendered people can impact willingness to disclose</li> <li>• Participants reported guilt for sharing. Disclosure of sexual assault can also be inhibited by secrecy and difficulty talking about sexual assault in the LGBTQ community because of the need to protect the image of the community.</li> <li>• Note: Being a victim of a sexual assault was not a requirement for participation in the focus groups</li> </ul>

significantly differ between transgender participants, cisgender men, or cisgender women.

One study compared disclosure between all SGM participants and heterosexual, cisgender participants (Richardson et al., 2015), and found that SGM individuals were less likely to disclose to both informal (44% SGM vs. 61% heterosexual, cisgender) and formal sources of support (4% SGM vs. 14% heterosexual, cisgender). However, among two studies that compared disclosure by sexual identities among women and by specific disclosure recipient (e.g., friend, law enforcement) (Langenderfer-Magruder et al., 2016; Long et al., 2007; Moschella et al., 2020; Richardson et al., 2015), bisexual victims of sexual assault had the highest rates of disclosure to both informal (24–77%) and formal sources (9–71%) compared to lesbian or heterosexual women. Further, lesbian women had similar rates of informal disclosures compared to heterosexual women (lesbian: 9–65%; heterosexual: 13–62%) but were generally more likely to disclose to formal sources of support (lesbian: 9–63%; heterosexual: 4–58%). It should be noted that these studies both found no significant difference in disclosure to a friend among bisexual, lesbian, and heterosexual women. Long et al. (2007) also found no differences in reporting to several formal sources (e.g., clergy, medical personnel) or to family by sexual identity. No studies compared rates of disclosure between heterosexual individuals and men identifying with specific sexual or gender identities. Moreover, SGM victims seem to disclose to psychologists/counselors at especially high rates (14–81% compared to 7–70% for cisgender, heterosexual victims), which in part may be since SGM individuals seek counseling at higher rates than heterosexual, cisgender individuals (something that was not generally accounted for in analyses) (Jackson et al., 2017; Long et al., 2007; Moschella et al., 2020).

Only one study (Felix et al., 2020) used nationally representative data of adults in the US, which likely produces the most reliable and valid estimates (compared to studies with small sample sizes and convenience samples). The Felix et al. (2020) study found that LGB individuals reported sexual assault to formal sources more frequently (60% greater odds). Further, LGB individuals were less likely to tell specific informal sources (e.g., friends 30% lower odds, family 50% lower odds, respectively), except for intimate partners who they were more likely to tell. In terms of specific formal sources, LGB individuals were twice as likely to report to mental health professionals, but not to police, medical personnel (e.g., doctors, nurses), or hotline sources (Felix et al., 2020). Other studies found that SGM rates of disclosure were as follows: friends/peers (39–83%), family (9–28%), partner (9–77%) police (9–21%), health care provider (33%), rape crisis center (17%), and clergy (22%) (Jackson et al., 2017; Long et al., 2007; Moschella et al., 2020; Richardson et al., 2015).

**Table 3.** Summary of Critical Findings.

- Studies examining sexual and gender minority (SGM) individuals' disclosure of sexual assault experiences revealed that SGM victims tend to disclose to informal sources of support, but are more likely than heterosexual, cisgender victims to disclose to formal sources of support, particularly mental health professionals
- SGM individuals report many barriers to disclosure, many of which are related to navigating minority stressors.
- While SGM victims often anticipate negative social reactions to disclosure, few studies have examined the impact of sexual orientation on social reactions and the findings from those studies are mixed.
- Our review found that few studies of SGM disclosure of sexual assault include trans and other gender diverse individuals.

### *Barriers and Facilitators of Disclosure*

Barriers and facilitators of disclosure were mostly consistent across studies, although three of the four studies that focused on barriers and facilitators had samples that may have included non-victims. Regarding sexual minority men, gender roles (e.g., that men should be strong), male rape myths (e.g., that men cannot be raped), concerns about trustworthiness, potential for discrimination, and cost and confidentiality (especially in small towns) were often impediments to help-seeking and disclosure (Donne et al., 2018; Jackson et al., 2017). Sexual minority men also mentioned that intersectional identities (e.g., being gay and a racial/ethnic minority) impacted their willingness to utilize support services due to the double stigma associated with being a man who experienced sexual assault and a racial/ethnic minority individual seeking help (Donne et al., 2018; Jackson et al., 2017).

Further, SGM victims of sexual assault reported that they were reluctant to disclose due to (1) not wanting to shed a negative light on the LGBTQ+ community, (2) past experiences of discrimination and/or negative experiences coming out, (3) stereotypes that sexual assault happens only between a man and a woman, (4) occupying multiple marginalized identities, (5) concerns about the extent to which services would be affirming and culturally grounded, (6) being "outed," (7) being blamed by others and/or self-blame, (8) believing it was not that serious, (9) feeling ashamed, (10) thinking that what happened was a private matter, (11) concerns about getting in trouble for drinking at the time of the assault, (12) not labeling the experience as a sexual assault, (13) not knowing that formal sources existed or perceiving a lack of SGM-specific services, (14) concerns about not being believed, (15) intimidation by police/campus authority, (16) fearing marginalization by the sexual minority community, (17) concerns about losing social support, (18) difficulty navigating minority stressors, and (19) feelings of embarrassment and shame (Donne et al., 2018; Jackson et al., 2017; Ollen et al., 2017; Richardson et al., 2015; Todahl et al., 2009). Interestingly, in one study, researchers found that fear of being blamed as an impediment to disclosure was higher among SGM victims than heterosexual, cisgender victims but that other reasons for non-disclosure (e.g., believing that what happened was not that serious) were equivalent between SGM victims and heterosexual, cisgender victims (Richardson et al., 2015).

Further, SGM victims of sexual assault who had previously received positive reactions to their disclosures were more likely to disclose in the future (Jackson et al., 2017). In another study, researchers found that SGM college student sexual assault victims felt that SGM victims would be more likely to disclose their experiences if there was greater awareness on campus about sexual assault as something that impacts SGM students, and resources were inclusive, so that formal supports were perceived as more approachable (Ollen et al., 2017).

### *Social Reactions to Disclosure*

Sexual and gender minority victims of sexual assault reported receiving both positive and negative social reactions to their disclosures (Jackson et al., 2017). Whereas one study found that bisexual women reported more positive social reactions to sexual assault disclosure than heterosexual, cisgender women (Sigurvinsdottir & Ullman, 2016), another study found that bisexual women reported less positive social reactions to disclosure than heterosexual, cisgender individuals (Long et al., 2007). Further, two studies found that bisexual women receive more negative social reactions than heterosexual, cisgender women (Sigurvinsdottir & Ullman, 2015, 2016). Conversely, other research suggests that there are no differences among victims regarding negative social reactions as a function of sexual orientation (Long et al., 2007), although lesbian and gay victims anticipate more negative social reactions than heterosexual victims (Moschella et al., 2020).

Research on sexual minority women of color victims showed that negative social reactions had greater impact on PTSD symptoms among both bisexual and lesbian women than heterosexual women (Sigurvinsdottir & Ullman, 2015). This study also found that Black sexual minority women had more negative outcomes (e.g., depressive symptoms, PTSD, problem drug use) overall than White sexual minority women. More specifically, Black bisexual women reported more problem drinking compared to White bisexual women and Black lesbian women reported more problem drinking and PTSD symptomology compared to White lesbian women (Sigurvinsdottir & Ullman, 2015). Closely related to social reactions to disclosure are perceptions of helpfulness. This was explored in a single study which found that lesbian women (71%) reported that medical providers were helpful compared to only 38% of bisexual women (Long et al., 2007). Perceptions of

helpfulness did not vary as a function of sexual orientation for other formal supports (e.g., clergy, police) or informal supports (Long et al., 2007).

### *Outcomes Associated With Social Reactions to Disclosure*

One study found that among SGM victims of sexual assault, receipt of negative social reactions was related to more deleterious outcomes, specifically PTSD and depression (Sigurvinsdottir & Ullman, 2015). Further, in this same study, deleterious outcomes of negative social reactions were more pronounced for sexual minority women, particularly bisexual women, than heterosexual, cisgender women (Sigurvinsdottir & Ullman, 2015). One study found that SGM individuals also reported feeling retraumatized by other individuals' responses to their disclosures (Jackson et al., 2017). However, in this same study, researchers found that SGM victims of sexual assault who received positive social reactions to their disclosure reported that it helped them to process the sexual assault experience in ways that supported their recovery and increased their likelihood of disclosing in the future (Jackson et al., 2017). One study found that anticipated social reactions were unrelated to well-being outcomes (Moschella et al., 2020).

## **Discussion**

The purpose of this paper was to conduct a systematic literature review on disclosure of sexual assault victimization among SGM individuals. Previous research (Walters et al., 2013; Clements-Nolle et al., 2006; Risser et al., 2005; Stotzer, 2009) suggests that SGM individuals experience high rates of sexual assault, especially when compared to heterosexual, cisgender individuals. There are various reasons that SGM victims may or may not disclose their sexual assault, and, if they do, they may face a variety of social reactions to their disclosure. However, to date, there is no systematic review of the literature on SGM victims' disclosure of sexual assault and the social reactions to their disclosure. Therefore, we reviewed the literature and found 13 studies that fit our criteria for review.

Sexual and gender minority victims of sexual assault seem to disclose more to informal sources rather than formal sources. When disclosing to formal sources, they typically choose to disclose to a psychologist or counselor. Various barriers of disclosure were discovered, including gender role incongruity, rape myths, confidentiality concerns, past negative experiences, heteronormative stereotypes related to rape and sexual assault, occupying multiple marginalized identities, or fears of the reaction or cultural sensitivity of the person being disclosed to. Subsequently, facilitators of disclosure included a prior positive experience or a greater awareness of sexual assault in the disclosure recipient and readily available resources. Furthermore, SGM individuals

tend to anticipate a negative social reaction to disclosure. Indeed, SGM victims of sexual assault tend to receive mixed social responses with bisexual women typically receiving more negative social reactions compared to cisgender, heterosexual women. These negative social reactions influence deleterious outcomes for SGM victims, such as feeling retraumatized.

### *Limitations of Extant Literature*

Despite some progress in better understanding disclosure of sexual assault among SGM victims, the extant literature is riddled with numerous methodological limitations. First, with the exception of one study that was representative of sexual assault victims in the US (Felix et al., 2020), all other studies included in this review relied on small, convenience samples. Further, despite the importance of qualitative research in amplifying the voices of victims, few studies used rigorous quantitative or mixed methods. What is more, all studies included in this study were cross-sectional which limits temporal understandings of relationships between social reactions to disclosure and negative health outcomes. This is especially important considering longitudinal research with heterosexual, cisgender women suggesting that psychological distress prospectively predicts negative social reactions (DePrince et al., 2014; Ullman & Peter-Hagene, 2016)

Also, despite our search terminology to include childhood sexual abuse, all studies focused on sexual assault in adolescence or adulthood. Further, studies included in this review often focused only on cisgender, sexual minorities and did not include trans and other gender diverse individuals. What is more, some studies used outdated items to assess for sexual orientation and/or gender identity. Relatedly, whereas the Social Reactions Questionnaire (Ullman, 2000) is considered the gold standard in assessing social reactions to disclosure, the measure has not been validated with SGM populations and also does not include social reactions that may be specific to SGM populations (e.g., myths regarding sexual minority men's sexual promiscuity, blaming an SGM victim specifically because of their sexual orientation and/or gender identity status (Schulze et al., 2019). Additionally, few studies examined the ways in which multiple marginalized identities impact SGM victims' disclosure experiences. Although often present in qualitative studies, no quantitative study examined the ways in which distal and proximal forms of minority stress impacted disclosure experiences (e.g., barriers to help-seeking, correlates of social reactions).

### *Research Agenda*

The current review highlights several important areas for future research (see Table 4 for a summary). As noted, the research reviewed here has largely been cross-sectional and overwhelmingly homogenous in terms of diverse identities and cultural backgrounds. Efforts to recruit more broadly

**Table 4.** Implications for Practice, Policy, and Research.

- 
- Conduct longitudinal research to examine processes of disclosure and social reactions to illuminate how disclosure and help-seeking impact long-term outcomes and change as a result of sociopolitical changes regarding SGM rights and sexual violence.
  - Recruit more broadly to include more diverse identities and cultural backgrounds in research on SGM victims' disclosure and social reactions.
  - Take intersectional approaches to studying disclosure and social reactions for SGM victims of sexual assault to further understand the disclosure and social reactions experiences of SGM victims who hold multiple marginalized identities.
  - Further explore how disclosure and reactions vary based on the context and form of sexual assault experienced by SGM victims
  - Interventions are needed to train informal and formal disclosure recipients how to respond in affirmative ways to SGM victims.
  - Efforts are needed for SGM victims to buffer against deleterious impacts of negative social reactions to disclosure.
- 

would help add to both the breadth and scope of the literature as well as increase the feasibility and utility of understanding between and within group differences. Longitudinal research may also leverage more methodological rigor and empirical efficacy, may be particularly useful for examining the occurrence of sexual violence among SGM people through the lifespan, and, importantly, illuminate the processes of change that led to disclosure, social reactions, help-seeking, resilience, and healing. Likewise, longitudinal approaches to this population may help to understand how changes in disclosure and help-seeking may change during and/or through socio-political changes regarding sexual violence and other important movements of resistance against various oppressions.

This review of the small amount of current literature on disclosure among SGM individuals is void of an intersectional approach. Most of the research that was examined utilized unidimensional measurement for disclosure of sexual violence, social reactions, and barriers to help-seeking. Specifically, existing work neglects the myriad ways in which disclosure of sexual violence and social reactions to disclosures are complicated by the multiple social identities that SGM people hold. From this review, there is some indication that intersectionality may allow researchers to better understand barriers individuals face when choosing to disclose or report their experiences. For instance, individuals with multiply marginalized identities may experience dual stigma that obviates the desire or motivation to disclose experiences of sexual violence and/or seek professional help from various services (Donne et al., 2018; Jackson et al., 2017). Given these qualitative findings demonstrating dissonance around help-seeking based on cultural background (Donne et al., 2018), it is necessary that future work consider how barriers to disclosure, social reactions to disclosure, and the impetus for help-seeking are compounded across multiple axes of oppression (e.g., sexism, cisgenderism, racism, ableism) and reflect how social reactions may be determined by the victim's various social positions.

Compared to quantitative approaches, qualitative research is more capable of eliciting respondents' own conception regarding the interplay of various axes of their identity in relation to disclosure and social reactions. Moreover, the review revealed that studies using a quantitative focus did not

employ an analytical approach that considered intersectionality. More sophisticated approaches such as the use of hierarchical linear models (or multilevel models), with particular attention to additive and multiplicative approaches, may better address both complexity and variation within SGM and TGD groups as well as differences between LGBTQ+ individuals and their heterosexual and cisgender counterparts

As our understanding of sexual violence continues to grow, so, too, does the need to consider and employ an intersectional approach, particularly in our efforts to further explicate the nuances and complexities of sexual violence based along multiple dimensions of identity and axes of power. Research efforts that work toward a future without sexual violence necessitate that researchers examine—and respond to—the complex and layered reality that centers the lives of those who are most marginalized, often along multiple axes of social positioning. For example, normative societal constructions that support inequality based on sexual orientation and gender—hegemonic masculinity, a stringent adherence to gender roles, acceptance, or dismissal of violence against those with subaltern statuses—may not only perpetrate sexual violence but also engender homophobia and transphobia. Accordingly, it would be advantageous to examine how multiple forms of oppression impact SGM's experiences of disclosure and help-seeking and, perhaps, how minority stress may act as a mechanism of constraint.

Moreover, to date, little research has examined how disclosure and reactions may vary based on the context surrounding sexual assault (e.g., victim-perpetrator relationship, alcohol use), or the form of sexual assault experienced (i.e., coercion, incapacitation, force). Considering such, research should modify and expand questions used to ascertain demographic information about victims of sexual violence and the measures and scales used to capture their experiences of disclosure, social reactions, barriers to help seeking, and other important socio-political considerations that impact SGM people.

### Implications

Despite limitations of the extant literature on disclosure of sexual assault among SGM victims, several implications can be gleaned from existing research (see Table 4 for a summary).

First and perhaps most importantly, there is an urgent need to address systems of oppression that perpetuate discrimination and victimization of SGM populations. Racial/ethnic minority individuals and other multiply marginalized individuals face additional forms of stigma (e.g., specific forms of LGBTQ+ bias in racial/ethnic minority communities, concerns about help-seeking among those with precarious citizenship status) and greater barriers to help seeking (e.g., concerns about racism) that likely impact their recovery from sexual assault (Coston, 2019; Donne et al., 2018). Similarly, hegemonic masculinity must also be addressed as this serves as barrier to disclosing sexual assault among sexual minority men (as well as heterosexual, cisgender men) (Donne et al., 2018; Ralston, 2012).

Moreover, interventions are needed to train informal and formal supports on how to respond in ways that are affirming and validating to SGM victims of sexual assault and reduce homophobic/biphobic/transphobic attitudes that likely increase risk for negative social reactions. Another related avenue might be to include more information about sexuality and gender identity in sexual education efforts for youth, especially given evidence that many victims disclose to friends or peers (Jackson et al., 2017; Richardson et al., 2015). More knowledge about LGBTQ+ identities and relationships may help to foster more inclusive environments (e.g., schools, workplaces) and decrease concerns about negative responses to coming out upon disclosure. Although one evidence-based intervention, Supporting Survivors and Self (Edwards et al., 2020), exists to reduce negative social reactions to disclosure, this program does not specifically focus on training individuals in how to respond to SGM victims. At the same time, interventions are needed to help foster resilience in SGM victims of sexual assault to buffer against potential negative social reactions received during a sexual assault disclosure. Also, creative strategies (e.g., online support groups) are needed to provide affirming support to SGM victims of sexual assault especially those living in rural areas where resources for support are scarce.

## Conclusion

In conclusion, the present study finds that a majority of SGM victims of sexual assault disclose their experiences to both formal and informal supports. SGM victims perceive numerous barriers to disclosure, including difficulties navigating minority stressors. Further, experiences of negative social reactions to sexual assault disclosure are associated with particularly deleterious outcomes for SGM individuals. On the other hand, positive social reactions to disclosure not only promote future disclosure but can also help them process their experience. Therefore, more research is needed to understand the unique experiences of SGM individuals who choose to disclose, particularly those who occupy multiple marginalized identities. Finally, given the potential benefits of experiencing positive social reactions to disclosure, interventions should seek to provide formal and informal sources of support with greater understanding of how to effectively respond to SGM victims of sexual assault.

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