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The Prevalence of Victimization and Use of Victims' Services on College Campuses: Are There Differences in the LGBQT Community?

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ABSTRACT

THE PREVALENCE OF VICTIMIZ0ATION AND USE OF VICTIMS' SERVICES

ON COLLEGE CAMPUSES: ARE THERE DIFFERENCES IN THE LGBQT

COMMUNITY?

BY

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Research has identified the prevalence of victimization among college students, but the extent to which LGBQT college students experience victimization and how that may vary by type of victimization is unknown. Additionally, differences among these groups in the utilization of available victim services on college campuses have not been examined. In order to explore these concerns, the current study uses data from The National College Health Assessment by The American College Health Association (ACHA-NCHA), which includes data on students enrolled in universities and colleges from across the United States. Results from this study have policy and practice implications for both LGBQT and other college students and institutions of higher learning.

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SARAH LASHONE NAPPER

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ACCEPTANCE

       This dissertation was prepared under the direction of the candidate's Dissertation Committee. It has been approved and accepted by all members of that committee, and it has been accepted in partial fulfillment of the requirements of the degree of Doctor of Philosophy in Criminal Justice and Criminology in the Andrew Young School of Policy Studies of Georgia State University.

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DEDICATION

I would like to dedicate this dissertation to my family for all of their love and support. To my husband, Edward Napper, who has always supported me, encouraged me to follow my dream, and never allowed me to give up. To my children and grandchildren, Aundrea, Chloe, Blake, Ms. Betty, and Mr. Charlie, who give me hope for a brighter tomorrow in generations to come. To my parents, who were always there for me and continue to be. To my best friend, Brandy Adams, who allowed me to vent without judgment, continuously picked me up when I felt defeated, and never wavered in challenging me to be the very best version of myself. And finally, to my Grandparents Mary and Gene, even though you didn't make it to the finish line with me, I know you are there in spirit.

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CHAPTER I: INTRODUCTION

Victimization occurs much too often. Findings from the National Crime Victimization Survey (NCVS) suggest 21.1 per 1,000 residents who are 12 years of age and older experience violent victimization every year (BJS, 2017). Past research shows that victimization among college students is also quite prevalent. According to the NCVS, 80 per 1,000 male college students and 43 per 1,000 female college students were victims of violence (BJS, 2005). In addition, a study conducted by Fisher, Sloan, and Lu (1998) estimated 37% of college students reported experiencing at least one form of victimization during their time in school.

These results highlight the general risk of victimization for college students. It is known, however, that they are at risk for a variety of types of victimization (Banyard, et al., 2007; Fisher, Cullen, & Turner, 1999; Smith, White, & Holland, 2003). Koss and her colleagues (1987) established a well-known national standard for risk of rape and sexual assault among college women that, on average 1 in 4 college females experience rape at least once during their college tenure. Not only are college women at risk for sexual victimization, but males are also at risk. Banyard and her colleagues (2007) suggested that in comparison to females (20%), about 8% of college males experience rape during their time in college. College students may also experience violence at the hands of their intimate partners. Overall, rates of intimate partner violence (IPV) range between 19-27% for both college men and women. Considered together, the findings from these studies show that violent victimization is prevalent among college students and suggest there is a large number of victims on college campuses who could benefit from the use of victim services.

Although researchers have established the prevalence of violent victimization for college students in general, little research has examined violent victimization among college students who self-identify as sexual or gender minorities. That is, we know much less about the victimization of college students who self-identify as lesbian, gay, bisexual, queer, and/or transgender (LGBQT). Research on general risk shows that individuals who identify as LGBQT face greater risk for victimization by strangers, violence at school in grades K-12, intimate partner violence, sexual violence, and family violence when compared to their heterosexual and gender normative counterparts (Cniro et al., 2005; D'Augelli, Grossman, & Starks, 2006; Faulkner & Cranston, 1998; Freedner, Freed, Yang, & Austin, 2002; Hammelman, 1993; Hunter, 1990; Johnson, Matthews, & Napper, 2016; Martin & Hetrick, 1988; McFarland & Dupuis, 2001).

There are limited findings regarding the victimization risks of LGBQT college students. One study revealed 10% of gay college men, 18% of lesbian college women, and 13.1% of bisexual or transitioning male and female college students experienced some form of sexual victimization (Murchison, Boyd, & Pachankis, 2017). Even less is known about students who self-identify as transgender. In studies of sexual victimization that include transgender college students, they are five times more likely to report sexual victimization when compared to female students (Johnson, et al., 2016).

These limited findings suggest that LGBQT college students may be victimized at high rates; thus, they may be in need of services. Despite this possible need, we do not know the extent to which college students who have experienced victimization utilize victims' services that may be offered both on and off campus, or how this usage may differ for LGBQT students compared to their sexual and gender normative counterparts.

This usage is important to understand for heterosexual and LGBQT college students because access and ability to utilize services after victimization could make a difference in continued victimization risk and mental health problems (Bauer-Wolf, 2018; Simmel, Postmus, & Lee, 2016).

When examining the differences in victimization and victim services, the unique circumstances LGBQT individuals face need to be addressed. Past research suggests there is an increased risk for victimization that may lead to a higher need for victim services when compared to other college students (Meyer, 2003). A lack of social support from peers or parents or both, in addition to unmet societal expectations could create greater consequences for LGBQT individuals stemming from their increased victimization and the absence of a solid support system (Meyer, 2003). These factors may lead them to utilize services more often than other groups of college students. Despite this possibility, the use of victim services among college students who identify as LGBQT has not been studied.

Many reasons for the increased need for services for LGBQT persons exist. For LGBQT persons, support from family, friends, and their communities in general may be limited as these individuals do not conform to society's expectations concerning their sexual orientation and/or sexual identities (Meyer, 2003; Plöderl, et al., 2014). By defying gender and sexual orientation expectations, LGBQT individuals are often the target of victim blaming when they report victimization (Plöderl, et al., 2014). Furthermore, LGBQT individuals and victims are often ostracized, ridiculed, and made to feel something is wrong with them by their families and peers (Plöderl, et al., 2014). These views have a considerable impact on a person's mental well-being, which can lead

to risky lifestyle choices and behaviors such as binge drinking and drug use in an attempt to fill the void of a positive social support system (Delonga, et al., 2011).

In addition, LGBQT individuals can exhibit psychosocial and psychological challenges that are distinctive to their sexual identity (internal, family, and peer stressors), which may lead to victimization or contribute to re-victimization (Savin-Williams, 2001). Rates of anxiety, substance abuse, depression, suicidal ideation, and participation in risky behaviors are also high among LGBQT victims in comparison to heterosexual and gender conforming victims. The consequences from victimization and weak family and peer support systems can be detrimental to both the mental and physical well-being of the LGBQT community (Delonga, et al., 2011; Duong & Bradshaw, 2014; Smalley, Warren, & Barefoot, 2016) and may exacerbate underlying issues.

Considering the high risk and rates of victimization among LGBQT individuals as well as the severe consequences that can come from victimization, it is important to address issues affecting access to and use of victim services for this community. Some LGBQT individuals fear insensitive and homophobic treatment from victim service staff, which can keep them from seeking victim services and formally reporting their victimization (Delonga, et al., 2011). In some cases, it may not be that victim service workers are insensitive or homophobic, but the projected insensitivity could stem from a lack of training whereby victim service workers are unaware of how to handle the needs of victims who differ from societal (and perhaps their own) expectations of victimization.

Additionally, limited knowledge and training among victim service providers can create an uncomfortable and unsympathetic environment for LGBQT persons (Mallory, et al., 2015). An inability to receive or access services and support could potentially lead

to increased numbers of victims among LGBQT college students by increasing the risk that an individual will participate in riskier behaviors (alcohol and drugs) to self-medicate as a coping mechanism. These behaviors can in turn increase an individual's risk of victimization (Donatone & Rachlin, 2013).

In addition to problems that LGBQT victims may have with victim service providers, they may also be less likely than others to report their victimization to the police. In most cases, entrance into the criminal justice system as a victim typically begins with a formal report. However, not all responses to victimization are developed through the formal process. LGBQT individuals are less likely to go through formal channels to report victimization due to biased treatment from criminal justice professionals (Starzynski, Ullman, Townsend, Long, & Long, 2007; Ullman & Breklin, 2002). When compared to heterosexual and gender conforming individuals, those who identify as LGBQT are more likely to seek help through informal services such as counseling, crisis centers, and self-help groups (Lambda Legal, 2016).

While support and services exist for victims of crime who choose to access the criminal justice system, accessibility and support for victims who identify as LGBQT may be limited. These challenges, combined with high rates of victimization and a lack of formal reporting to law enforcement (Mallory, Hasenbush, & Sears, 2015), show a need for accessibility to victim services and victim service providers who can address the unique circumstances and cater to LGBQT individuals' specific needs, especially among college students. If it can be established that these groups do face greater victimization and use victim services more frequently than their counterparts, providing services that are better equipped to meet the needs of differing groups in college students could help

reduce victimization and its negative consequences. Conversely, if they are victimized at high levels and *not* using services, then it would indicate that LGBQT victims are possibly not having their needs met. Either way, this knowledge could be used to create a better platform for LGBQT victims to report occurrences of victimization to formal and informal systems. It can also inform victim service providers about the need for cultural sensitivity training on college campuses and for criminal justice professionals, medical providers, and social services.

Currently, there are no studies that have examined how differing groups (LGBQT and non-LGBQT college students) face differing types of victimization (sexual and non-sexual) on college campuses as well as how they utilize victim services on and off campus. This study will address those gaps in the literature. In doing so, the following research questions will be addressed.

1. Are LGBQT college students more likely to experience victimization when compared to heterosexual and gender conforming college students?

2. What types of victimization, if any, are LGBQT college students more likely to face?

3. Which of these groups are utilizing victims' services more often on and off college campuses?

4. Are there differences in service utilization among LGBQT victims and non-LGBQT victims?

To investigate these questions, the subsequent chapter discuss the victimization of LGBQT individuals, and how hate crimes, mental health, and psychosocial elements play a role in that victimization (Chapter II). Chapter III analyzes the utilization of victim

services and underlines the importance of intervention and cultural sensitivity training among victim service providers. Chapter IV outlines the methodological and analytical techniques that will be employed to examine the potential relationship between victimization and the use of victim services for differing sexual orientations and genders among college students. Findings from analyses will be presented in Chapter V, followed with a discussion in Chapter VI of these findings and how they relate to policy recommendations for victims' services and providers.

CHAPTER II: VICTIMIZATION OF LGBQT INDIVIDUALS

Heightened victimization risk for LGBQT people is among the reasons why victim services are important. Most studies estimate about 2% to 14% of the population identify as lesbian, gay, bisexual, queer, and/or transgender (LGBQT)[1] (Veltman & Chaimowitz, 2014). Members of the LGBQT community are at higher risk for all types of victimization (Felix, Hoyle, Posick, Miller, & Stogner, 2015) when compared to their heterosexual and gender conforming counterparts (Walters, Chen, & Breiding, 2013). The percentage of lifetime victimization experienced by LGBQT individuals in the United States is estimated to range from 9% to 56% (Katz-Wise & Hyde, 2012). LGBQT persons are at highest risk for verbal (56%) and sexual harassment (50%) (Katz-Wise & Hyde, 2012). As these numbers suggest, victimization of sexual and gender minorities is substantial with some studies finding that nearly half experience some form of victimization within their lifetime (Katz-Wise & Hyde, 2012). In a national-level college study conducted by Johnson, Matthews, and Napper (2016), findings suggested sexual minority college students, other than those who identify as lesbians, report sexual victimization at a higher rate than heterosexual students. Another study examining intimate partner violence (IPV) found that same-sex IPV rates were higher than opposite-sex IPV rates (Burke & Follingstad, 1999). According to Edwards and colleagues (2015), when compared to heterosexual individuals, sexual minorities (lesbian, gay, bisexual, queer) reported significantly higher incidence rates of physical domestic violence, sexual assault (any unwanted sexual contact), and unwanted pursuit victimization (stalking behaviors).

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[1] The term gender and sexual minority will also be used to refer to LGBQT individuals.

Additionally, Toomy and colleagues (2010) found that transgender identity predicted victimization risk. Transgender individuals also report higher rates of harassment attributed specifically to their gender identity, when compared to gender conforming individuals (Rankin, Weber, Blumenfeld, & Frazer, 2010). Transgender youth are also more likely than students who identified as male or female to fear for their safety because of possible physical and verbal harassment and intimidation (Clements-Nolle, Marx, & Katz, 2006; Kenagy, 2005; Lombardi, Wilchins, Priesing, & Malouf, 2001; Rankin et al., 2010). These findings highlight the importance of expanding our understanding of this population's victimization.

Extent

The extent to which sexual and gender minorities are victimized varies across differing types of victimization, but remains high across the LGBQT community. According to Hein (2008), 53% of sexual minority females and 32% of sexual minority males have experienced rape at least once. These percentages are five times the national average for heterosexual females and eight times the national average for heterosexual males. Another study analyzed emergency room visits for sexual minorities who experienced violent victimization and found that they were 2.3 times more likely to be victims of sexual assault than heterosexuals (Cramer, McNiel, Holley, Shumway, & Boccellari, 2011; Hein & Scharer, 2013). It is possible this high rate of sexual victimization is a result of hate-motivated rape referred to as corrective rape (rape of an LGBT individual by a heterosexual individual to cure them of their homosexuality) (Anguita, 2011; NCAVP, 2011, p.23).

The risk of experiencing non-sexual victimization is also high. In particular, prior research has highlighted the problem of intimate partner violence (IPV) within the LGBQT population (Felix, et al., 2015; Sigurvinsdottir & Ullman, 2015). Findings show that IPV and stalking are most common for bisexual women (63.1%), followed by lesbians (43.8%), and heterosexual women (35.0%) (National Center for Injury Prevention and Control, 2013). Currently, none of these studies reported rates for individuals who identified as transgender, but there is some research that suggests transgender individuals may experience greater rates of IPV when compared to LGBQ, heterosexual, and gender conforming persons (Ard & Makadon, 2011; Goldberg, Matte, MacMillan, & Hudspith, 2003; Landers & Gilsanz, 2009). In one study, 34.6% of transgender respondents reported lifetime physical abuse rates by a partner versus 14% for gay or lesbian individuals (Landers & Gilsanz, 2009). The high rates of IPV among LGBQT persons challenges conventional notions that such violence solely affects heterosexual women.

Persons who identify as non-heterosexual also face differing types of victimization (workplace discrimination, harassment from peers at school, violent victimization, sexual violence, and emotional abuse) when compared to heterosexual individuals. For example, Berrill's (1992) quantitative review of LGB violence and victimization across 24 studies found 9% experienced assault with a weapon, 17% experienced physical assault, 19% experienced vandalism and property crimes, 44% were threatened with violence, 33% were chased or followed, 25% had objects thrown at them, 13% had been spat on, and 80% had been verbally harassed. Unfortunately, the majority of previous studies on violence against gay, lesbian, and bisexual individuals are limited

because they are based on small samples that do not represent the population of LGB people (Tjaden, Thoennes, & Allison, 1999).

There are differences within the LGBQT community regarding the prevalence of sexual victimization. For example, lesbian and bisexual women are at higher risk for sexual victimization when compared to heterosexual women (Drabble, Trocki, Hughes, Korcha, & Lown, 2013; Sigurvinsdottir & Ullman, 2015). In a nationally representative study, 79.6% of bisexual women, 59.1% of lesbian women, and 43.2% of heterosexual women faced lifetime sexual violent victimization (Drabble et al., 2013).

Although research is limited on victimization of transgender persons, the current literature suggests individuals who identify as transgender are victimized the most (Grant et al., 2011). Grant and colleagues (2011) found that 35% of transgender individuals have been physically assaulted and 12% experienced rape. The Anti-Violence Project of Massachusetts (1990) found 61% of transgender respondents reported being the victim of a "hate crime" that involved sexual victimization and/or physical violence (Berrill, 1990). Although very little information is available concerning the overall violent victimization of transgender individuals, the Human Rights Campaign suggests increasing transgender deaths over the last few years is a serious problem within the United States (from 21 in 2015 to 28 in 2017) (Human Rights Campaign, 2015; 2016; 2017; 2018). In some cases, these deaths involved anti-transgender bias, while others did not.

College students who identify as being LGBQT may also experience victimization at high rates. In general, reviews concerning students' safety and victimization rates on college campuses are mixed (Evans & D'Augelli, 1996; Fisher et al., 1998; Johnson, et al., 2016; Kingsbury, et al., 2007; Rankin, 2003). According to the

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Bureau of Justice Statistics (BJS), between 1995 and 2002, college students ages 18 to 24 had lower annual violent victimization rates compared to non-students within the same age group (61 per 1,000 students versus 75 per 1,000 non-students) (Baum & Klaus, 2005). With the exception of rape/sexual assault where there was no statistical difference between the two groups, average yearly rates were lower across all types of victimization measured (robbery, aggravated assault, and simple assault) (Baum & Klaus, 2005). The majority of violent victimization experienced by college students was simple assault (63%) (Baum & Klaus, 2005). Although there is debate about whether college students are more likely to be victimized on or off campus, one consistent finding suggests LGBQT persons experience higher rates of victimization both on and off campus compared to sexual and gender conforming counterparts (Baum & Klaus, 2005; Fisher, et al., 1998; Johnson, et al., 2016). The difference may be attributed to their sexual and gender identities thus implying a need for services aimed at these particular groups.

Bias crimes. Some victimization of LGBQT persons (threats of violence, verbal harassment, physical and sexual assault) can be classified as hate crimes based on the victim's sexual orientation. In 2016, law enforcement agencies noted 7,615 victims of hate crimes. Of those, 17.7% were specifically targeted for differing sexual orientation status (FBI, 2016). These statistics only represent the incidents reported to law enforcement that occurred within a year; thus, these numbers underestimate the true extent of bias-motivated crimes against LGBQT individuals. There is also inconsistency in estimates of hate crime victimization due to discrepancies in how hate crimes are defined and measured across states. Since each state has the ability to include or exclude protections for LGBQT victims of hate crimes and decide what those protections will be

(Hein & Scharer, 2013; Human Rights Campaign, 2011), it is not possible to compare

states' hate crime victimization rates.

Risk Factors and Theoretical Explanations

Research has demonstrated that LGBQT individuals are at heightened risk of

being victimized. The reasons behind this risk are not fully understood, but mental health

complications are linked to experiences with minority stress along with engagement in

risky behavior (Meyer, 1995, 2003). Although theories will not be specifically tested

within this study, their propositions are used as guidance when attempting to understand

risk factors leading to increased victimization and the importance and use of victim

services. The two perspectives emphasized in this study are routine activities-lifestyles

theory, a combination of Cohen and Felson's (1979) routine activities theory and

Hindelang and colleagues (1978) lifestyle-exposure theory, and minority stress theory by

Meyer (2003). Minority stress theory indicates external social conditions can be sources

of stress that lead to mental and physical harm (Meyer, 2003). People who belong to

stigmatized groups may experience social stressors such as discrimination and prejudice

(Meyer, 2003). As it relates to LGBQT individuals, one of the key elements of minority

stress theory suggests that bias and discrimination promotes minority stressors that can

have mental health implications for members of these minority groups (Meyer, 1995;

2003). Specifically, minority stress theory identifies three perceived encounters such as

discrimination, internalized prejudice, and fear regarding a potential stigmatization as

stressors that can contribute to negative mental health outcomes (Meyer, 1995; 2003).

For example, these perceived encounters have been linked with depression, anxiety,

substance use, and suicidal ideation among samples of LGB individuals (Brewster,

Moradi, Deblaere, & Velez, 2013; Cramer, Burks, Stroud, Bryson, & Graham, 2015; Lea, de Wit, & Reynolds, 2014; Newcomb & Mustanski, 2010).

External objective stressful events (chronic and acute) may also carry negative consequences. For example, some lesbian, gay, or bisexual individuals may be more alert during interactions with others because they expect some form of rejection, some may choose to hide their identity for fear they will be harmed, and they may internalize societal stigma attached to sexual minorities (internalized homophobia) (Meyer, 2003). Finally, individuals may internalize negative societal attitudes (Meyer, 1995; 2003). Meyer suggests that the concealment of the individual's sexual orientation is a stressor that may have severe internal psychological consequences including how an individual views other stressful situations. The experience of minority stress is important to understand as it puts LGBQT people at greater risk for victimization through how people respond to the experience of stress, which in turn would suggest a greater need for victim services.

The process whereby minority stress leads to victimization risk has been identified. Meyer (2003) argues the stress of being a minority leads individuals to participate in risky behaviors (alcohol use, drug use, risky sexual practices, and proximity to offenders), which heightens their risk for violent victimization. One specific way that stress may lead to substance use occurs when sexual and gender minorities feel rejected. Sexual and gender minorities who feel rejection from family members, community members, and/or peers may distance themselves to escape rejection and harm. By creating this distance, they alienate themselves from people and activities they previously enjoyed, leading to more internalized stress. Coping with rejection and harm may

involve turning to substance use such as drugs and alcohol for LGBQT individuals. As with most, substance use as a coping mechanism can be both mentally and physically harmful to an individual. In addition, there are specific risk factors that come from internalized homophobia including higher rates of mental health problems and suicidal ideation that also may lead to coping via alcohol or drugs. Kuyper and Vanwesenbeeck (2011) suggest gay, lesbian, and bisexual individuals have higher risk for unique and chronic stress directly related to internalizing their minority status. In response to this stress, people may use alcohol or drugs to cope.

Although stress combined with substance use are the main components for increasing violent victimization risk, Meyer's (2003) also suggests LGB individuals risk for victimization does not increase through stress and substance abuse alone. For violent victimization risk to increase, several things must come together at once; an offender has to be present, a sexual or gender minority dealing with these types of internalized stress has to be present, and the use of substances (drugs and/or alcohol) has to be present. As presented, many explanations of how minority stress links to victimization incorporate Hindelang et al.'s (1978) lifestyle-exposure theory and Cohen and Felson's (1979) routine activities theory (RAT). Minority stress increases risk of substance use and mental health issues, which puts minority individuals in closer proximity to offenders and greater risk for victimization. A small number of studies provide evidence to support these theoretical assumptions (Anderson, Hughes, Zou, & Wilsnack, 2014; Duncan, 1990; Edwards et al., 2015; Hequembourg, Livingston, & Parks, 2013; Katz-Wise & Hyde, 2012; Kuyper & Vanwesenbeeck, 2011; Oshri, Handley, Sutton, Wortel, & Burnette, 2014).

Mental health. Sexual minority status is consistently linked to increased risk for mental health problems, which increases the risk of victimization (Cochran & Mays, 1994, 2000; Cochran, Mays, & Sullivan, 2003; King et al., 2008; Marshal et al., 2008; Mays & Cochran, 2001). King and colleagues (2008) found that non-heterosexuals experienced an increased lifetime risk of suicide attempts, depression, anxiety disorders, and substance use disorders. The results also indicated that gay men and lesbian women were more likely than their heterosexual counterparts to have greater overall stress, but were also more likely to consult a mental health professional (King et al., 2008; McAleavey, Castonguay, & Locke, 2011). When compared to individuals who identify as heterosexual, gender and sexual minorities have been found to be at a higher risk for psychological difficulty (Cochran et al., 2003; King et al., 2008; Mustanski, Garofalo, & Emerson, 2010). A meta-analysis conducted by King et al. (2008) found adults identifying as LGB were 1.5 times more likely than heterosexual individuals to be at risk for depression, two times more likely than heterosexual individuals to attempt suicide, and 1.5 times more likely than heterosexual individuals to self-medicate using alcohol and other substances.

Variations in psychological problems have been found when examining different sexual orientations and gender identities. Men who identify as gay or bisexual are at more risk for depression (Cochran et al., 2003), suicide attempts throughout their life (King et al., 2008), and mental disorders such as anxiety, schizophrenia, and psychotic diagnoses (Bolton & Sareen, 2011) when compared to heterosexual males. Women who identify as lesbian or bisexual frequently exhibit anxiety disorders (Cochran et al., 2003)

and issues with substance use (Bolton & Sareen, 2011) at higher rates in comparison to heterosexual women.

LGBQT victimization may stem from stressful events and internalized stress caused by their minority status, which can worsen or intensify underlying mental health problems that already exist (Meyer, 2003). The concealment of an individual's sexual orientation or gender creates stress that can have severe internal psychological consequences (Meyer, 2003). This psychological stress is important to understand as it puts gender and sexual minorities at greater risk for victimization, and may lead to more negative consequences post-victimization. According to Mustanski and colleagues (2016), LGBT youths with high or increasing levels of victimization beginning in adolescence and continuing into early adulthood are at higher risk for depression and posttraumatic stress disorder when compared to non-LGBT youths (Mustanski, Andrews, & Pucket, 2016). Koss and colleagues (1991) found that almost all victims made visits to mental health facilities on an outpatient basis in the two years following the victimization (Koss, Woodruff, & Koss, 1991). These findings would suggest that mental health treatment is a vital source of assistance for victims, especially if mental health issues already existed as victimization can worsen those outcomes (Koss, et, al., 1991; Mustanski, et al., 2016). Evidence suggests LGB persons are at greater risk for poor mental health across all stages of life including depression and mood disorders (Cochran et al. 2007), anxiety disorders (Cochran et al. 2003), alcohol use and abuse (Burgard et al. 2005), and suicide ideation and attempts (Cochran et al. 2003) as a response to bullying and victimization when compared to heterosexual students (Poteat et al. 2009).

Risky lifestyles. One source of risk for LGBQT individuals is engagement in risky lifestyles. Hindelang et al.'s (1978) lifestyle-exposure theory emphasizes exposure to high risk activities, places, and individuals for increasing risk of victimization. In particular, spending time outside of the home in the company of non-family members, especially at night, puts people at risk for victimization. Cohen and Felson's (1979) routine activities theory argues that some routines put people at risk of victimization because they present themselves as an attractive target to offenders when there is a lack of capable guardianship (Cohen & Felson, 1979). Miethe and Meier's (1990) work combined these two theories together in a theoretical explanation referred to as "structural-choice" theory of victimization. Miethe and Meier (1990) argues these two theories, when combined, highlight the importance of proximity to motivated offenders, exposure to high-risk situations, attractive targets, and the absence of guardians as essential for crime to occur. Under this theoretical model, proximity and high-risk situations are believed to be "structural" features as social interactions can predispose people to risky situations, whereas attractive targets and lack of guardianship characterize the "choice" element as it controls selection of attractive targets within social settings (Meier & Miethe, 1993). These combined theories are useful as they show exposure to risky lifestyles, proximity to motivated offenders, attractive targets, and lack of guardianship are necessary for victimization to occur (Meier & Miethe, 1993).

Together, these theoretical perspectives may partially explain the risk that LGBQT individuals, and college students, face for victimization. For example, the convergence of suitable targets, motivated offenders, and lack of capable guardians frequently occurs among students on college campuses as a good portion of them engage

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in risky behaviors such as using alcohol and drugs in environments that are often unsupervised. Further, previous research on LGBQT individuals contends that they may be attractive targets because of their more frequent participation in risk-taking behavior (substance abuse, risky sexual behavior, mental health issues) when compared to their sexual and gender conforming counterparts (Cochran & Mays, 1994, 2000; Cochran, et al., 2003; King et al., 2008; Marshal et al., 2008; Mays & Cochran, 2001; McAleavey, et al., 2011).

Consequences of Victimization

In addition to exploring the risks for victimization, it is also important to consider the effects that victimization may have for LGBQT individuals. Indeed, the prevalence of victimization is cause for concern due to short-term and lifelong effects that can range from physical/mental health problems and academic difficulties to continuing the cycle of victimization (Hanish & Guerra, 2002; Llewellyn & Rudolph, 2014; Solberg, Olweus, & Endresen, 2007). Some consequences related to physical and mental health issues are common among victims in general. Some of those consequences include physical and mental health outcomes including health risk behaviors (e.g. substance abuse, risky sexual behavior, etc.) and other health concerns like homelessness (Bouffard & Koeppel, 2014). Violent victimization has been related to posttraumatic stress disorder (PTSD), substance abuse (alcohol and drugs), depression, and suicidal ideation (Breslau, Davis, Peterson, & Schultz, 2000; Pimlott-Kubiak & Cortina, 2003; Taylor & Kliewer, 2006). Koss and colleagues (1991) found visits to physicians increased 13% to 22% for victims rather than non-victims, which resulted in their healthcare costs being 2.5 times greater than for non-victims.

Results from Bouffard and Koeppel's (2014) study support previous research regarding the relationship between victimization and adverse health effects. They found individuals who experienced consistent bullying early in life were more likely to experience higher rates of mental health issues. High rates of mental health issues could be especially important to individuals who identify as LGBQT as they are more likely to experience bullying victimization from peers (Berrill, 1992). In addition, Bouffard and Koeppel (2014) found that victimization was linked to alcohol consumption, smoking, and sexual activity. Specifically, victims of consistent bullying were more likely to smoke and experience re-victimization than non-victims. It is apparent that experiencing victimization has significant consequences that go beyond immediate physical and mental trauma. In addition, experiencing more than one victimization may result in more serious health outcomes (Bouffard & Koeppel, 2014).

The consequences of victimization have also been examined for college students. For example, college students who experience victimization are more likely to be depressed, sometimes more than 10 years after the victimization occurred (McGinley, Wolff, Rospenda, Liu, & Richman, 2016). In addition to depression, college students who were victimized reported increases in anxiety and low self-concept. College students who identify as LGBQT report greater levels of anxiety, depression, and substance use (McGinley, et al., 2016). This is consistent with consequences faced by victims within the general population. For individuals who identify as LGBQT, consequences of victimization could be even more damaging. Due to already weakened social support systems, sexual and gender minorities can be more vulnerable to the consequences stemming from victimization (Meyer, 2003). These behaviors have been

implicated in victimization risk; thus, strong social supports may reduce victimization risk through its effect on behaviors that expose people to victimization and its attendant consequences.

    Reporting. Whatever the risk and reasons underlying victimization rates, one of the unintended consequences for most victimization is the lack of reporting to police. This underreporting is especially pronounced among sexual violence, IPV, and bias-related victims (Daigle, 2013). According to the National Institute of Justice (NIJ) (2017), only 27.5% of rapes, 34% of attempted rapes (NIJ, 2010), and 26% of sexual assaults were reported to law enforcement. The lack of reporting may be problematic in that in cases of rape, Resnick and colleagues (2000) found that participants who formally reported to police were much more likely to receive medical care (Resnick, Holmes, Kilpatrick, Clum, Acierno, Best, et al., 2000). This lack of care is not surprising since reporting to law enforcement initiates key steps in the investigative process, such as collecting forensic evidence in case victims choose to go forward through formal means (McCart, Smith, & Sawyer, 2010). In cases of intimate-partner violence, about half of incidents are reported to police (FMF, 2014). According to the National Crime Victimization Survey and a report conducted by the Bureau of Justice Statistics (1999), approximately 50% of victimization incidents are not reported to law enforcement (Rennison, 1999).

    Non-reporting also holds for college students as research shows only 25% of incidents of victimization are reported to police or campus officials, especially among college females (Koss, et al., 1987; Sloan et al., 1997). Considering all types of victimization among college students, sexual victimization is much less likely to be

reported to law enforcement or campus officials (Fisher, et al., 2003). Understanding

why victimization continues to go under-reported is essential to implementing victim

services that can adequately provide for these groups. There are many reasons why

victims do or do not report to the police. As indicated by previous research, there are

some aspects of victimizations that may increase the likelihood of victims reporting to

police (Hart & Rennison, 2003; Skogan, 1984). Specific characteristics such as crime

type, the use of a weapon, and property damage or loss greater than $300 were more

likely to predict formal reporting among victims (Briones-Robinson, Powers, & Socia,

2016). According to RAINN (2010), the common reasons for victims to report

victimization are to protect others from future victimization (28%), to prevent recurrence

or escalation (25%), or the victim feels they have a duty to do so (21%). Unfortunately, it

is common for victims not to report because they fear retaliation (20%), they have no

trust in the criminal justice system (13%), or they believe the incident to be a personal

matter (13%) (FMF, 2014; NIJ, 2017; RAINN, 2010). The lack of reporting to formal

sources in the criminal justice system may also be linked, in part, to the relationship

between the victim and offender. Prior research indicates many victims are known to

their offenders as a friend or acquaintance (Daigle, 2013). When a victim does report, it

is more likely the offender is a stranger, there is serious bodily harm that requires medical

attention, and/or a weapon was used during the commission of the crime (Mallicoat &

Ireland, 2014).

　　　The lack of reporting following a sexual assault, rape, IPV, stalking, and other

interpersonal violence is well documented among the general population; however,

within the LGBQT community less is known, although bias victimization is severely

underreported (Vocativ, 2015). According to Potok (2013), the percentage of violent

hate crime victims who do not report has risen from 14% in 2003-2006 to 24% in 2007-

2011. Further, the FBI's Uniform Crime Report (UCR) reported 7,615 hate crimes, but

findings from the NCVS show much higher figures—closer to 40 times greater than the

numbers generated by the FBI (FBI, 2016; Vocativ, 2015). Although there are many

reasons for non-reporting among LGBQT victims, the most often cited is grounded in

motivation, as they cannot demonstrate bias motivation for the offense. The implication

is that bias crimes against LGBQT individuals are motivated specifically because of

sexual orientation and/or gender, but motives are difficult to prove (Potok, 2013). This

difficulty in proving motive means it is unlikely that bias-crime perpetrators are brought

to justice. While not all victimizations LGBQT individuals face are biased in nature,

reporting for all types of crimes in general is lower when compared to heterosexual and

gender conforming victims (Potok, 2013). Although there are no formal statistics to

denote differences in reporting rates across these groups, the FBI's Uniform Crime

Report (2016) suggests 64.3% of victims within the general population versus 11.9% of

bias crime victims reported aggravated assault.

    For college students, reasons for non-reporting differ slightly. Previous research

suggests formal reporting was less likely when drugs and/or alcohol were present at the

time of the victimization as this would likely lower their reliability as a victim (Fisher et

al., 2003). Among other reasons for non-reporting among college students is the lack of

evidence of victimization, fear of retaliation, and the fear that family members and peers

may find out (Fisher et. al., 2003). The reasons for not reporting to the police may be

different for LGBQT victims. In fact, one of the main reasons for not reporting stems

from unfavorable encounters with law enforcement (Lambda Legal, 2016). A 2015 national survey of LGBT individuals found 73% of respondents had a face-to-face contact with law enforcement within the past five years (Lambda Legal, 2016). This survey revealed that of the 73% of sexual minority respondents, 21% reported the attitudes of the police were hostile, 14% said the police verbally assaulted them, 3% reported sexual harassment by the police, and 2% claimed the officer physically assaulted them (Lambda Legal, 2016). For those who were reporting as a victim of crime (62% experienced physical assault, 49% experienced property crime, 41% experienced IPV, 39% experienced sexual assault), the majority claimed the police were inadequate in handling their reports and failed to fully handle complaints (Lambda Legal, 2016). Police abuse, neglect, and misconduct were consistently reported more frequently by individuals who identified as transgender (Lambda Legal, 2016).

When LGBQT victims choose to formally report their victimization to law enforcement and have a negative response, they are less likely to continue with the criminal justice process (Lambda Legal, 2016). As the police are often the first to encounter victims, it is important their relationship be one of mutual understanding and respect so that LBGQT victims who report their experience then have access to other victim services.

CHAPTER III: UTILIZATION OF SERVICES

Understanding the correlates and consequences of victimization can aid in the understanding of why victim services are needed, especially those that are sensitive to sexual and gender minorities. When individuals are victimized, they may seek out victim services. Understanding the reasons why individuals are victimized may help inform the types of services they may need and use. Building off of the discussion in Chapter II, theoretical explanations aid in understanding why victimization risk and extent for LGBQT individuals is higher in comparison to heterosexual and gender conforming individuals. Such theoretical frameworks also guide the consideration of victim services to address the needs of all victims including sexual and gender minority groups. Understanding if victims are using services and if there are differences between sexual and gender minorities and their counterparts is important because services received by LGBQT victims may not be adequate to address the risks and consequences they face.

As noted in Chapter II, the most commonly used theories to explain victimization are lifestyle-exposure theory and routine activities theory (L/RAT). Although there is ample evidence that shows that college students are at risk for victimization because of their engagement in risky lifestyles, such as consuming alcohol and drugs without adult supervision, it may be that LGBQT college students face particular risks, which suggest a greater need for services. According to previous research, LGBQT individuals may be attractive targets because of their engagement in risk-taking behavior (substance abuse, risky sexual behavior, mental health problems) that is more frequent than their sexual and gender conforming counterparts (Cochran & Mays, 1994, 2000; Cochran, et al., 2003; King et al., 2008; Marshal et al., 2008; Mays & Cochran, 2001; McAleavey, et al., 2011). However, L/RAT may not be adequate in explaining the risk of victimization among

LGBQT individuals thus leading to increased utilization of victim services. Instead, as discussed in Chapter II, minority stress theory may also apply. Increased stress and internalized homophobia specifically related to an individual's sexual minority status may increase their risk for mental health issues and engagement in risky behaviors, thereby leading to higher rates of victimization. Furthermore, minority stress theory may be better at explaining why victim services could be particularly useful for LGBQT individuals considering their increased risk of victimization.

Overview of Services Utilized by Victims

Victim services play an important role for victims following their victimization. Through informal sources, victims are afforded opportunities to create an individualized support system that could potentially lessen the negative effects of violent and sexual victimization. Given the high rates of victimization among LGBQT persons and the fact that certain risk factors and consequences may be unique to LGBQT people, victims may need specific services that address their individual needs after victimization. A brief overview of services utilized by victims can help shed light on what is commonly currently offered to victims.

Informal resources. We know that not all victims report to the police. The issues that LGBQT individuals face when reporting victimization to law enforcement not only hinder the victim from coming forward, they may serve as a deterrent for other LGBQT victims from reporting their victimization as well. In fact, most victims seek help from informal resources such as counseling services, resource centers, or family and peers rather than formal resources (Starzynski et al., 2007; Ullman & Breklin, 2008). For example, one study claims three-fourths of rape victims will talk to a female friend about

their victimization over other informal means (Pitts & Schwartz, 1993). In the majority of cases, victims of sexual assault report to friends in an effort to receive support and the resource that will be the most helpful to them (Frazier & Burnett, 1994). Despite this awareness of the use of informal services, their use is less understood among LGBQT victims. This lack of knowledge is particularly troubling given the high rates of victimization that LGBQT victims face and the fact that they are likely to need assistance outside of using the police. Further, the types of services received and the effectiveness of these services has not been fully researched.

For example, rape crisis centers' and domestic violence shelters may not provide services that are germane to LGBQT victims. Rape crisis centers provide victim advocacy and support services to sexual assault and rape victims with a focus on supporting victims and the prevention of sexual violence (NSAC, 2010). In cases of sexual assault, victims are often referred to sexual assault nurse examiners (SANEs) (Fehler-Cabral, Campbell, & Patterson, 2011; Henderson, Harada, & Amar, 2012). SANEs are registered nurses with specialized training in treating sexual assault victims. Since victims are overwhelmingly female, SANE training focuses more on female victims (NSVRC, 2015) and can leave many SANEs unprepared to adequately handle male victims, transgender victims, and/or victims of differing sexual orientation. Similar to sexual assault and rape, victims of domestic violence and intimate partner violence (IPV) are usually female, (1 in 3 women, 1 in 7 men) (National Coalition against Domestic Violence, 2015; National Intimate Partner and Sexual Violence Survey, 2010); hence, a more female-oriented approach is found in domestic violence shelters (Tollefson, 2015). Out of the approximately 1,500 domestic violence shelters across the

U. S., less than half are open to both male and female victims (National Coalition against Domestic Violence, 2015).

Victims of crime can also suffer serious mental, physical, and emotional problems (Cochran & Mays, 1994, 2000; Cochran, et al., 2003; King et al., 2008; Marshal et al., 2008; Mays & Cochran, 2001; McAleavey, et al., 2011), which may require treatment from mental health providers. Mental health providers can aid with treatment through group or individual therapy, medication, or if needed, hospitalization (Kane, Robinson, Schooler, Mueser, Penn, Rosenheck, & Marcy, 2015). Again, more often it is females who are utilizing these services. For example, several studies that have focused on mental health service utilization among victims of crime found female victims are more likely than male victims to seek services from mental health professionals (Kaukinen, 2004; New & Berliner, 2000). Interestingly, several studies have suggested that victims are more likely to seek mental health services when they have a larger family and peer support system (Norris, Kaniasty, & Scheer, 1990; Starzynski et al., 2007; Ullman & Breklin, 2008). This relationship may be especially concerning for LGBQT victims as they are less likely to have the support of family and peers when compared to their counterparts (Meyer, 2003).

Other research suggests that LGBQT people may use mental health services at higher rates than others (Cochran et al., 2003; McAleavey et al., 2011). Specifically, one study of sexual assault victims found women who identified as lesbian or bisexual were more likely than heterosexual women to utilize mental health services (Starzynski et al., 2007). Whether similar findings would be found among LGBQT victims who are college students is unclear as little is known in this area. While services are offered to LGBQT

victims in the form of crime victim assistance programs, these programs are typically

geared toward those victims willing to participate in the formal process of the criminal

justice system. Programs like In Our Own Voice in New York assist LGBQT victims

with compensation claims and crisis intervention through hotlines and group counseling,

provide emergency assistance in obtaining shelter, and offer assistance in obtaining legal

counsel (In Our Own Voice, 2017). However, victim assistance programs such as the

one offered in New York are rare as very few of these programs exist across the United

States. Most often for LGBQT victims, for lack of such resources, mental health

providers are the first people they go to.

Examining the use of informal services among LGBQT individuals, there are

three reasons why minority stress theory is an important theoretical perspective to

consider. First, LGBQT victims may feel more comfortable utilizing informal services

rather than formal reporting due to the fear of ridicule from police regarding their

minority status. Second, the majority of victims enlist the help of female friends;

however, minority stress theory suggests LGBQT individuals have less support from

family and peers due to their minority status, which may leave victims with few sources

of informal support. Lastly, the increased number of mental health problems that

LGBQT individuals face related to the stress of being a minority and internalized

homophobia increases the chances that LGBQT victims will need informal services when

compared to non-LGBQT victims.

College campus LGBQT resources. On college campuses, LGBQT students are

more visible than ever (Renn, 2017). To accommodate them, many colleges have begun

to introduce student organizations and resource centers on campuses aimed specifically at

the LGBQT student body. The extent to which these student organizations and resource

centers can help with rates of victimization and service utilization is unknown. For

LGBQT students, access to these resources on campus creates a space to safely explore

their sexuality and gender privately. For others, it provides opportunities to connect with

individuals familiar with the struggles associated with their minority status (Renn, 2017).

Some argue that these resources can help LGBQT college students navigate trickier

aspects of college life that may increase their risk of victimization (Renn, 2017). Despite

this possibility, there is no empirical support that LGBQT student organizations and

resource centers on college campuses provide positive support for victims in this way as a

great deal remains unknown.

　　　　Most LGBQT student organizations and resource centers focus on campus climate

and legal protections for LGBQT students within the individual institution that prohibit

discrimination; not necessarily victimization or victim services (Renn, 2017). It is also

unclear if the use of services will lessen the effects of victimization for LGBQT victims.

LGBQT student organizations do, however, advocate for campus healthcare and

counseling to be inclusive of all students including all sexual orientations and transgender

students. They argue this could decrease time lost in the classroom due to chronic or

acute mental health needs that are not currently being addressed (Renn, 2017). There is

little question that there are more services for LGBQT victims on and off college

campuses today than there were several decades ago. Yet, the extent to which LGBQT

individuals are affected by victimization and how these organizations aid in victim

service utilization is undetermined.

Beyond specific LGBQT organizations on college campuses, colleges and universities are currently wrestling with the question of how to respond effectively and efficiently to an increase in need for victim services and mental health services nationwide (CCMH, 2016). The demand for services includes issues with risk, need, and diagnoses as well as other factors that can make it difficult to assess what works and what does not. The pressure to get it right results in solutions that are rigid and lack the ability to be culturally sensitive to differing types of victims, which affects the success of services offered on and off campuses (Bauer-Wolf, 2018).

Of LGBQT college students who do utilize services, one report from the Center for Collegiate Mental Health (CCMH) (2016) suggests college students who struggle with their gender and sexual orientation identity utilize counseling services on campus for longer periods of time compared to their counterparts. The CCMH, housed at Penn State University, found that college students who identified as transgender participated on average in 10.6 counseling sessions over the course of their collegiate career, college students who identified as LGBQ participated on average in 8.4 sessions, while sexual and gender conforming college students participated on average in 6.5 sessions (CCMH, 2016). According to this study, LGBQT students are spending more time utilizing services both on and off campus when compared to their counterparts. This study, however, did not report usage rates for victims and whether barriers for usage exist for LGBQT victims.

Barriers to service for LGBQT individuals. Research on service accessibility and barriers to victim services for LGBQT individuals is limited as well. A few studies examining service accessibility among LGBT youths (Travers & Paoletti, 1999; Travers

& Schneider, 1996) suggest that barriers encountered by gay and lesbian youth (ages 17-24) include ignoring sexual orientation as an issue, deflection, outing of an individual's sexual orientation status, harassment, and misinformed staff (Acevedo-Polakivich, et al., 2011). These barriers could explain why LGBQT individuals do not utilize services in the same way as non-LGBQT individuals.

Problems such as a lack of funds and personnel who can specifically offer services to LGBQT clients, in addition to a "one-size-fits-all" approach ignore the unique needs of these victims (National Center for Victims of Crime, 2015). Among SANEs and rape crisis centers, providers are trained to handle cases that typically involve heterosexual female victims (Campbell & Martin, 2001). For example, in a study of male to female transgender individuals in San Francisco (Nemoto, Operario, & Keatley, 2005), researchers found that 29% of those needing access to rape crisis services were unable to access them. Research supports transgender individuals choosing not to seek healthcare because of fear and discrimination (Seelman, Colon-Diaz, LeCroix, Xavier-Brier, & Kattari, 2017). Seelman, et al. (2017) found 19% of transgender victims were refused medical care and 28% were subjected to verbal harassment by service providers. Interestingly, transgender individuals perceive themselves to be the most in need for services, but are less likely to utilize them because of their experiences with discrimination, victim blaming, and rejection by victim service providers (Seelman, et al., 2017). Informal services grounded in bias against victims who differ from socially accepted sexual orientations and genders destroy any opportunity to create a support system for these victims (Campbell & Martin, 2001).

In domestic violence shelters, the exclusion of LGBQT victims can cause further emotional, psychological, and physical harm (Greenberg & Harris, 2012). In a report that examined the experiences of LGBT survivors of domestic violence (GLBT Domestic Violence Coalition, 2005), both institutional and individual discrimination based on gender identity were occurring. Research shows that the lack of culturally-sensitive IPV shelters creates issues among these victims, including their ability to seek shelter from abusive intimate partners, reporting to law enforcement due to perceived or actual homophobic views (Lambda Legal, 2016), and creating concerns about receiving and enforcing protection orders (Potoczniak, Murot, Crosbie-Burnett, & Potoczniak, 2003). These issues make it difficult for LGBQT intimate partner violence victims to utilize and receive IPV services.

Not only do LGBQT victims face barriers receiving services for sexual assault and IPV, they also face barriers with medical professionals and services in the mental health field. The research on access and barriers for mental health services following victimization is more developed. Emotional barriers including shame, embarrassment, and the stigma associated with identifying as having a mental illness prevent LGBQT individuals from seeking mental health services (Jaycox, Marshall, & Schell, 2004; Rodriguez, Valentine, Son, & Muhammad, 2009). Because of these barriers, the number of LGBQT victims who utilize mental health services is low (Veltman & Chaimowitz, 2014). The low number of LGBQT victims utilizing mental health services is compounded by health care providers who often lack the knowledge and skills required to handle their unique circumstances. One national study found LGBQT participants felt professionals had an inadequate level of knowledge of their lifestyles and felt the service

professionals were homophobic (Veltman & Chaimowitz, 2014). Unfortunately, many

LGBQT individuals fear and avoid traditional health care (Veltman & Chaimowitz,

2014). Accordingly, perhaps the bigger issue for mental health services may be with

mental health practitioners and the quality of services, rather than access to these

services. Despite this possibility, the extent to which LGBQT college students are

victimized and use services on and off campus has not been explored.

Current Study

Given the high rates of victimization among LGBQT individuals, there is a need

for specialized formal and informal services and resources for this unique population.

Although some studies have included differing sexual orientations and specific types of

victimization, none have specifically examined how different groups (LGBQT and non-

LGBQT) may face differing types of victimization (sexual and non-sexual) on college

campuses within the same study as this one does. This study also contributes to the

existing literature by including both sexual orientation and gender-identity (e.g.,

transgender) within the same study. Such inclusion allows for a more specific

examination of how victimization and victim services may differ for these marginalized

groups. There is also a need to understand how LGBQT victims are utilizing these

services on and off campus when compared to their counterparts, especially while

controlling for mental health. Other studies have not identified differences in usage or

whether being LGBQT influences their use. To fill the gaps in the literature, the current

study seeks to examine differences in victimization and the use of services among

LGBQT and non-LGBQT college students and victims. In doing so, the following

questions will be addressed.

1. Are LGBQT college students more likely to experience victimization when compared to heterosexual and gender conforming college students?

2. What types of victimizations, if any, are LGBQT college students more likely to face?

3. Which of these groups are utilizing victim's services more often on and off college campuses?

4. Are there differences in service utilization among LGBQT victims and non-LGBQT victims?

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CHAPTER IV: METHODS

Data

Data used in the current study were derived from the Spring 2013 American

College Health Association's (ACHA) National College Health Assessment II (NCHA),

which is a national survey of college students designed to collect data about students'

health habits, behaviors, and perceptions (ACHA-NCHA II, 2014). The American

College Health Association initiated the original ACHA-NCHA in 2000 and collected

data for sixteen consecutive Fall and Spring semesters until the revised version began in

the Fall of 2008. The revised survey, the ACHA-NCHA II, added a number of new

questions and items to monitor a variety of health constructs. Specific revisions include

an updated list of illegal drugs, contraceptive methods, and vaccines. New items

captured sleep behaviors, self-injury, the use/abuse of prescription drugs, and additional

mental health issues (ACHA-NCHA II, 2014). The ACHA-NCHA now provides the

largest known comprehensive data set on the health of college students.

Beginning Fall of 2008, the ACHA-NCHA II has been conducted in the Spring

and Fall of each year. For the current study, only the Spring 2013 ACHA National

College Health Assessment II data are utilized. One hundred fifty-three post-secondary

institutions self-selected to participate in the Spring 2013 survey, with 123,078 students

completing surveys, which resulted in an overall response of 34%. Only institutions

located in the USA that surveyed all students or used a random sampling technique are

included in the analysis. ACHA-NCHA II data were specifically chosen for this study

based on their ability to provide extensive information at a national level on differing

types of victimization, the use of services on college campuses, and the extent of mental

health issues among college students. In addition, it also allows respondents to self-

identify as differing sexual and gender minorities. Specifically, the Spring 2013 data were utilized due to its large sample size, its measures of sexual and gender minorities, and because it is the most recently available Spring instrument. The fall surveys have a much smaller sample size—for example the sample was 32,964 respondents in Fall 2013 that included sixty-three postsecondary institutions who self-selected to participate.

Analytical Sample

After listwise deletion of all respondents who were missing data on variables to be used in this study, the analytical sample consists of 113,276 respondents. As shown in Table 1, the analytical sample was predominately female (65.7%), and 60.1% percent identified as White, 5.4% of respondents were Black/African American, 12.8% were Asian, 5.9% identified as Multiracial/Biracial, 2.8% identified as other, and 12.3% identified as Hispanic. Almost a quarter of the sample classified as a freshman (22.4%) and lived on campus (36.7%). Only 9.8% claimed affiliation with Greek organizations. About one-fifth of college students in the sample (19.6%) claimed they felt unsafe on their campus. Most commonly, students reported drinking alcohol one to two days over the last 30 days (17.6%), and 15.8% of respondents consumed alcohol ten days or more within the month. Among respondents, 18.7% reported some form of drug use in the 30 days prior to the completion of the survey. Regarding mental illness, 16.9% of students reported they had been diagnosed or treated by a professional for at least one type of mental health issue within the past year. The majority of college students in this sample said they had only had one sexual partner (44.6%) in the past twelve months, but 25.9% of respondents claimed to have had two or more sexual partners.

A small percentage of people, 0.2% (n=260) identified as transgender. The

majority of respondents in the sample identified as heterosexual, with approximately

8.9% (n=10,073) of respondents self-identifying as non-heterosexual. Approximately

Table 1: Descriptive Statistics Analytical Sample (N=113,276)		
	Percent	**N**
All Victimization	22.1%	25,004
Non-Sexual Victimization	18.9%	21,451
Sexual Victimizations	6.5%	7,335
Utilized Services On Campus	15.8%	17,844
Utilized Services Off Campus	41.2%	46,627
Gender		
Male	34.1%	38,630
Female	65.7%	74,386
Transgender	0.2%	260
Sexual Orientation		
Heterosexual	91.1%	103,203
Non-Heterosexual	8.9%	10,073
Mental Health	16.9%	19,124
Alcohol Use		
1-2 Days a Month	17.6%	19,902
3-5 Days a Month	16.8%	19,056
6-9 Days a Month	15.2%	17,223
10+ Days a Month	15.8%	17,874
Drug Use	18.7%	21,164
Sexual Partners		
1 Partner in 12 Months	44.6%	50,537
2+ Partners in 12 Months	25.9%	29,329
Year in School		
Freshman	22.4%	25,396
Non-Freshman	77.6%	87,880
Living On Campus	36.7%	41,567
Don't Feel Safe on Campus	19.6%	22,143
Greek Involvement	9.8%	11,118
Race		
White	60.9%	68,936
Black/African American	5.4%	6,120
Hispanic/Latino	12.3%	13,948
Asian	12.8%	14,439
Multiracial/Biracial	5.9%	6,683
Other	2.8%	3,150

22.1% of respondents claimed to have experienced at least one type of victimization in

the last 12 months. Violent victimization was more common than sexual victimization,

with 6.5% of the sample indicating they experienced some form of sexual victimization and 18.9% indicating they had experienced some form of non-sexual violent victimization in the last 12 months. A large minority of respondents utilized services off campus (41.2 %), and fewer students utilized services on campus (15.8%) through the college or university.

Restricted analytical sample. A restricted analytical sample was used to identify only those respondents who said they had experienced at least one type of victimization (n=25,004). This restriction allows for comparisons among victims and their use of services. As shown in Table 2, the restricted sample of victims was predominately female (59.7%) and White (62.8%), and 5.8% of respondents were Black/African American, 8.7% identified as Asian, 7.7% identified as Multiracial/Biracial, and 3.3% classified as other with 11.7% identifying as Hispanic. About one-quarter of victims classified as freshman (25.6 %), 38.6% lived on campus, and 12.4% of claimed Greek affiliation. Almost one-fourth of victims in the restricted sample (22.8 %) noted they felt unsafe on their campus. Within thirty days prior to the completion of the survey, 16.1% of victims consumed alcohol one to two days within the month, and 23.4% said they engaged in alcohol use ten or more days within the last thirty days.   The majority of victims in this sample (44.1%) said they had two or more sexual partners in the last twelve months.

About one-third of victims (31.1 %) claimed to have engaged in drug use within thirty days of completing the survey. With regard to victims and mental illness, 24.0% of students reported being diagnosed or treated by a professional for at least one mental health issue within the past year. Only 0.5% of victims identified as transgender, and the

majority identified as heterosexual (87.4 %). A majority of victims utilized services off

campus (51.7 %) when compared to those who utilized services on campus (21.0%)

through the college or university.

Table 2: Descriptive Statistics Restricted Analytical Sample (Victims Only N=25,004)		
	Percent	**N**
Utilized Services On Campus	21.0%	5,249
Utilized Services Off Campus	51.7%	12,922
Gender		
Male	39.8%	9,959
Female	59.7%	14,931
Transgender	0.5%	114
Sexual Orientation		
Heterosexual	87.4%	21,853
Non-Heterosexual	12.6%	3,151
Mental Health	24.0%	5,988
Alcohol Use		
1-2 Days a Month	16.1%	4,014
3-5 Days a Month	17.5%	4,371
6-9 Days a Month	18.4%	4,598
10+ Days a Month	23.4%	5,839
Drug Use	31.1%	7,778
Sex Partners		
1 Partner in 12 Months	37.0%	9,239
2+ Partners in 12 Months	44.1%	11,022
Year in School		
Freshman	24.6%	6,152
Non-Freshman	75.4%	18,852
Living On Campus	38.6%	9,645
Don't Feel Safe on Campus	22.8%	5,706
Greek Involvement	12.4%	3,098
Race		
White	62.8%	15,698
Black/African American	5.8%	1,439
Hispanic	11.8%	2,939
Asian	8.7%	2,170
Multiracial/Biracial	7.7%	1,936
Other	3.3%	822

Measures

Dependent variables

Victimization. Respondents were asked in the past 12 months whether they had, (1) "*experienced physical assault,*" (2) "*experienced verbal assault,*" (3) "*been sexually touched without consent,*" (4) "*experienced attempted vaginal, anal, or oral penetration without consent,*" and (5) "*experienced completed vaginal, anal, or oral penetration without consent.*" These items were combined to create one dichotomous measure of victimization, with those who indicated having experienced any of these behaviors during the past 12 months coded as 1 and those who did not experience any of these behaviors coded as 0. A factor analysis was conducted in STATA 14 with all five items in this measure and the factor loadings are presented in Table 3. Overall, this analysis indicated

Table 3: Factor Analyses-Any Victimization

Variables	Factor 1	Factor 2	Uniqueness
Physically Assaulted	0.272	0.378	0.783
Verbally Threatened	0.257	0.400	0.774
Sexually Touched w/o Consent	0.574	0.045	0.669
Attempted Rape	0.784	-0.149	0.364
Completed Rape	0.738	-0.156	0.432

that two distinct factors were underlying student's responses to certain types of victimization, sexual and non-sexual. A measure of violent victimization was created by using the items indicating physical assault and verbal assault. This measure was dichotomously coded such that individuals who experienced any of these behaviors during the past 12 months were coded as 1 and coded as 0 if they had not experienced any of these behaviors. A separate measure of sexual victimization was created by using items that indicate being sexually touched without consent, attempted rape, and

completed rape. The final measure was coded to show individuals who experienced any

of these behaviors during the past 12 months (coded as 1) or if they had not experienced

any of these (coded as 0). This scale has a reasonably strong reliability coefficient

(Cronbach's alpha) of .67, indicating these items do tap into the construct of

victimization.

Utilization of services. To determine whether or not victims were utilizing

services on campus, respondents were asked if they have ever received psychological or

mental health services from their current college/university's counseling or health

service. Respondents indicated either a yes (coded as 1) or a no response (coded as 0).

To determine whether victims were utilizing services off campus, participants were asked

if they had ever received psychological or mental health services from any of the

following, (1) *"Counselor/Therapist/Psychologist,"* (2) *"Psychiatrist,"* (3) *"Other*

medical provider (e.g., physician, nurse practitioner)," and (4)

"Minister/Priest/Rabbi/Other clergy." While these items do not specify that they are off

campus providers, it is more likely students would receive these services off campus

through private practitioners. Participants indicated either a yes or no response to each of

these items. The response items were summed and recoded to create an off-campus

utilization of services measure that indicates whether students utilized victim's services

outside the university (coded as 1) or not (coded as 0).

Independent variables

Sexual orientation. College students' sexual orientation was measured by asking

students to self-identify as heterosexual, gay or lesbian, bisexual, or unsure.[2] Students

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[2] Approximately 2.1% (n=2,459) of respondents self-selected '*unsure*' as their sexual orientation

who indicated they identified as heterosexual were coded as 0 and all other categories were coded as 1 to represent non-heterosexual college students.

Gender. To account for gender's relationship to differing types of victimizations and the use of services among victims on college campuses, respondents were asked to indicate whether they identified as male, female, or transgender. The variable was recoded such that males were coded as 0, females were coded as 1, and transgender students were coded as 2. Males were then set as the reference group for the analysis.

Control variables

Race. Minorities typically are found to be at higher risk of experiencing certain types of victimization than others. For example, Baum and Klaus (2005) found non-Whites more likely to experience robbery, aggravated assault, and serious violent crime when compared to Whites. Literature is limited for racial minorities who also identify as sexual and gender minorities, but evidence suggests a smaller number of racial minorities identify as LGBQT when compared to White individuals (Cherng, 2017). Though limited, one study suggests that the racial composition of non-LGBQT individuals varies significantly across the population; yet, the stigma of having more than one minority status (i.e. both Black and gay) could hinder some individuals from identifying as a racial minority and a sexual minority. To assess the possible relationship between race, sexual/gender minorities, victimization, and use of services, a measure for race was included. College students were requested to identify their race by being asked, "*How do you usually describe yourself?*" Responses to seven different categories were recoded to reflect 0=White, 1=Black/African American, 2=Hispanic, 3=Asian/Pacific Islander/Native Hawaiian (hereafter Asian), 4=Multiracial/Biracial, and 5=other. The

remaining racial groups (i.e., American Indian, Native Alaskan, Native Hawaiian) were collapsed into a single category as there were not enough people in individual categories for analyses to be performed. In the original variables, categories were not mutually exclusive. To create mutually-exclusive categories, participants who reported "yes" to being "White" and "no" to all other races were coded as "White." This was repeated for "Black/African American", "Hispanic", and "Asian." Those who reported as more than one race were categorized as "Multiracial/Biracial". All others were categorized as "other." In the multivariate analysis, people who are White (the zero category) were used as the referent category.

Year in school. Current research indicates that non-sexual victimization and sexual victimization is most common during the first year of college and freshman students are often at increased risk when compared to all other students (Howard, Griffin, & Boekeloo, 2008; Nicoletti, Bollinger, & Spencer-Thomas, 2009). To assess this relationship, students were asked to identify if they were "*1st year undergraduate,*" "*2nd year undergraduate,*" "*3rd year undergraduate,*" "*4th year undergraduate,*" "*5th year or more undergraduate,*" "*graduate or professional,*" "*not seeking a degree,*" or "*other*". This variable was recoded and dichotomized to reflect respondents who identified as freshman =1 and all others=0.

Living on campus. Students who reside off campus are more likely to experience victimization than students who live on campus (Baum & Klaus, 2005). To account for this relationship, a measure was used to address whether a student lived on or off campus. Students were asked if they currently lived in a "*campus residence hall,*" "*fraternity or sorority house,*" "*Other college/university housing,*" "*parent/guardian home,*" or "*other*

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off campus housing." Responses from these individual categories were then combined and recoded to reflect students who lived off campus =1 and students living on campus =0.

 Perceived safety on campus. Fear of crime and perceptions of safety are influenced by a variety of elements, but college students report moderate to high levels of fear on campus, regardless of actual crime rates (Tomsich, Gover, & Jennings, 2011). For example, McCreedy and Dennis (1996) observed 86% of students reported high levels of fear that they may be a victim of violence, but fear varies depending on age, gender, race, and prior victimization (Sloan, Lanier, & Beer, 2000). To assess the relationship between fear, victimization, and service utilization, students were asked to indicate how safe they feel on their campus, with responses ranging from very safe (coded as 1) to not safe at all (coded as 4). This variable was then dichotomized to reflect whether students felt safe on campus (coded as 0) or whether they did not feel safe on campus (coded as 1). This measure was dichotomized because very few respondents answered either feeling very safe or not safe at all.

 Greek involvement. The research on Greek membership and victimization risk is inconclusive (Scott-Sheldon, Carey, & Carey, 2008), but some studies indicate that it increases risk for victimization (Lasky, Fisher, Henriksen, & Swan, 2017). To assess involvement in Greek organizations, students were asked if they were a member of a social fraternity or sorority where no was coded as 0 and yes was coded as 1.

 Mental health problems. College students who experience mental health issues are at increased risk for victimization when compared to students who do not experience mental health issues (Holt, et al., 2017). Individuals who are LGBQT may also have

elevated risk for mental health issues (Fredriksen-Goldsen, Kim, Barkan, Muraco, &

Hoy-Ellis, 2013). Thus, a measure of mental health issues was included. College

students were asked to indicate whether they had been diagnosed or treated by a

professional in the last 12 months for six conditions that indicate issues with mental

health (e.g., anxiety, bipolar disorder, depression, panic attacks, schizophrenia, and any

other mental health conditions). These items were recoded into dichotomous variables

and summed and recoded to create a mental health measure that indicates if students said

they had been diagnosed or treated for any mental health condition in the past 12 months

(coded as 1) or had not been diagnosed or treated (coded as 0).

Risky sexual behavior. Although research is limited, experiences of victimization

are linked with increases in risky sexual behaviors, especially for individuals who

identify as sexual and gender minorities (DeCamp & Newby 2014). In addition, lifetime

prevalence rates of casual sexual encounters among college students are as high as 86%

and could be higher among the LGBQT student population (LaBrie, Hummer, Ghaidarov,

Lac, & Kenney, 2014). In order to identify risky sexual behavior, respondents were

asked how many partners they have had oral sex, vaginal intercourse, or anal intercourse

with over the last twelve months. Most students indicated having 1 to 2 partners within

the last twelve months. As such, the measure was recoded into three categories reflecting

respondents with zero sexual partners over the last 12 months coded as 0, one sexual

partner coded as 1, and two or more sexual partners coded as 2. Having no partners

served as the referent category in the multivariate analyses.

Alcohol consumption. College campuses have high levels of alcohol use

(Wechsler & Nelson, 2001), and such use is linked to victimization risk (Wechsler, Lee,

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et al., 2000). Further, LGBQT college students may use alcohol at higher rates than other

students (Ebersole, Noble, & Madson, 2012). To identify alcohol consumption among

college students, respondents were asked how many days in the past thirty days had they

consumed alcohol (beer, wine, and/or liquor). Eight response categories were recoded to

reflect students who said they never drank or had not drank in the last thirty days (coded

as 0), consumed alcohol one to two days in the past thirty days (coded as 1), consumed

alcohol three to five days in the past thirty days (coded as 2), consumed alcohol six to

nine days in the past thirty days (coded as 3), and students who consumed alcohol ten or

more days within the month (coded as 4). This measure was categorized in this way

because very few respondents were in the original categories of 10-19 days a month, 20-

29 days a month and respondents who said they consumed alcohol on a daily basis.

Drug use. Illegal drug use has long been associated with violence and

victimization (Weiner, Sussman, Sun, & Dent, 2005); thus, a measure was used to

identify illegal drug use among college students. Respondents were asked if they had

used nine types of drugs or substances in the last 30 days and on how many days did they

use them. These included substances such as marijuana, cocaine, methamphetamines,

sedatives, opiates, and other club and illegal drugs. These items were recoded into

dichotomous variables and combined to create a drug use measure that indicated if

students said they had used drugs or substances within the past 30 days (coded as 1) or

not (coded as 0).

Analyses

Analyses will be conducted in three stages. In the first stage, bivariate analyses,

including cross tabulations with chi-square tests were conducted to establish if significant

relationships existed between each of the key independent variables (sexual orientation and gender), control variables, and the dependent variables (victimization and utilization of services). In the next stage, multivariate binary logistic regression models were used to examine the potential relationships between sexual orientation and gender and differing types of victimization, holding other variables constant. Models were also conducted to examine the possible relationship between sexual orientation and gender and the utilization of services, while controlling for other relevant variables (Weinberg & Abramowitz, 2002). Finally, to examine if sexual orientation and gender are related to service utilization differently among victims, these same binary logistic regression models were conducted with only those who indicated having experienced a violent victimization or a sexual victimization.

Like all regression analyses, the logistic regression is a predictive analysis (Menard, 2002). Logistic regression is used to describe data and to explain the relationship between one dependent binary variable and one or more nominal, ordinal, interval or ratio-level independent variables (De Vaus, 2002). These models used in this dissertation assess whether sexual and gender minorities experience higher rates of differing types of victimizations and use services at higher rates. They also examine among victims whether or not gender and sexual minorities utilize victims' services on and off campus more in comparison to their gender and sexual conforming counterparts. To account for the clustering of individuals within schools, robust standard errors were used in STATA 14.

CHAPTER V: RESULTS

Bivariate Results

To address research questions one, two, and three, bivariate analyses with each of the independent and control variables and the outcome variables of victimization and the use of services were conducted. Table 4 depicts the bivariate relationships between gender and victimization, the use of services, and all other control variables. Results of the chi-square analysis indicated a significant association between any types of victimization (i.e. sexual and non-sexual) and gender. Specifically, 25.8% of males, 20.1% of females, and 43.6% of transgender college students experienced victimization in the past twelve months. These findings show that the odds of students who identify as transgender experiencing any type of victimization are 2.2 times the odds of males and 3.1 times the odds of females experiencing any type of victimization.[3] To get the odds, first the odds of males experiencing any type of victimization was calculated [9,959/28,671=0.35]. Second, the odds of transgender students experiencing any type of victimization was calculated [114/146=0.78]. Finally, the odds of transgender students (0.78) was divided by the odds of male students (0.35) experiencing any type of victimization [0.78/0.35=2.23]. This same formula was repeated for females. Across the differing types of victimization, those who identify as transgender had 1.8[4] times the odds of males and 3.1 times the odds of females experiencing non-sexual victimization and 6.5

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[3] Here, the odds ratios were hand calculated using information from crosstabs produced through STATA 14. Odds ratio (OR) is a simple statistic and can be hand calculated as it is here, [OR = (a/b)/(c/d)], to determine the odds of a particular event (i.e. victimization) for a particular group (i.e. transgender) at risk for that event and if the outcome is the same when compared to a different group (McHugh, 2009).
[4] Non-sexual victimization odds were calculated as follows: Males [9,575/29,055=0.33]; Females [11,781/62,605=0.19]; Transgender [95/165=0.58]. The odds of transgender students was divided by the odds of male students experiencing victimization [0.58/0.33=1.8]. This process was repeated for females [0.58/0.19=3.1] and for all genders for sexual victimization.

times the odds of males and 2.9 times the odds of females experiencing sexual

victimization. Across the board, college students who identified as transgender

experienced more victimization than both males and females, suggesting that those who

identify as transgender are at greater risk when compared to male and female college

students.

Table 4: Bivariate Analyses Examining Gender (Full Analytical Sample N=113,276)				
	Male	**Female**	**Transgender**	
	Yes	**Yes**	**Yes**	
	% (N)	*% (N)*	*% (N)*	X^2
Victimization				
All Victimization	25.8 (9,959)	20.1 (14,931)	43.6 (114)	553.446***
Non-Sexual Victimization	24.8 (9,575)	15.8 (11,781)	36.5 (95)	1400.000***
Sexual Victimization	3.6 (1,375)	7.9 (5,906)	20.8 (54)	893.458***
Use of Services				
On Campus	11.2 (4,328)	18.0 (13,404)	43.1 (112)	1000.000***
Off Campus	32.9 (12,705)	45.3 (33,727)	75.0 (195)	1800.000***
Mental Health Issues	11.1 (4,276)	19.8 (14,708)	53.9 (140)	1600.000***
Alcohol Use	--	--	--	748.904***
Don't Drink	34.1 (13,166)	34.9 (25,957)	37.7 (98)	--
1-2 Days	15.0 (5,796)	18.9 (14,065)	15.8 (41)	--
3-5 Days	15.9 (6,153)	17.3 (12,863)	15.4 (40)	--
6-9 Days	15.6 (6,040)	15.0 (11,157)	10.0 (26)	--
10+ Days	19.4 (7,475)	13.9 (10,344)	21.2 (55)	--
Drug Use	22.4 (8,639)	16.7 (12,446)	41.9 (109)	554.287***
Sexual Partners	--	--	--	550.444***
None	29.8 (11,514)	29.3 (21,826)	26.2 (70)	--
1 Partner	40.7 (15,713)	46.7 (34,743)	31.2 (81)	--
2+ Partners	29.5 (11,403)	24.0 (17,817)	41.9 (109)	--
Freshman	22.4 (8,642)	22.5 (16,710)	16.9 (44)	4.652
Living On Campus	34.9 (13,489)	37.6 (27,981)	37.3 (97)	79.686***
Perceived Safety on Campus	89.6 (34,592)	75.7 (56,341)	76.9 (200)	3100.000***
Greek Affiliation	8.8 (3,414)	10.3 (7,676)	10.8 (28)	63.310***
Race	--	--	--	354.167***
White	59.7 (23,046)	61.5 (45,745)	55.8 (145)	--
Black/African American	4.7 (1,820)	5.8 (4,293)	2.7 (7)	--
Hispanic	12.5 (4,824)	12.2 (9,103)	8.1 (21)	--
Asian/Pacific Islander	14.4 (5,555)	11.9 (8,861)	8.9 (23)	--
Multiracial/Biracial	5.5 (2,116)	6.1 (4,518)	5.8 (15)	--
Other	3.3 (1,269)	2.5 (1,866)	5.8 (15)	--
Non-Heterosexual	9.6 (3,713)	8.3 (6,165)	75.0 (195)	1500.000***
				*Note: *p < .05; **p < .01; ***p < .001*

The results also show that in comparison to male and female college students, those who identify as transgender utilize services both on and off campus at greater rates. As shown in Table 4, gender was related to use of services. A greater percentage of transgender students used services on campus compared to males or females. In fact, 43.1% of transgender students, 11.2% of males, and 18.0% of females indicated using services on campus. In addition, 75.0% of transgender students, 32.9% of males, and 45.3% of females reported using services off campus.

In terms of the utilization of services, all students were more likely to utilize services off campus rather than on campus. Results from bivariate analyses conducted for each of the control variables suggest all demographic variables are significant in relation to gender with the exception of whether or not the students identified as a freshman in college. Other variables designed to assess risky lifestyle and minority stress theory were also related to gender. A greater percentage of transgender individuals reported having mental health issues, drinking frequently, using drugs, and having two or more sexual partners as compared to males or females.

Bivariate analyses were also conducted to examine the relationship between sexual orientation and the independent variables, control variables, victimization, and use of services. The results of the chi-square analysis are shown in Table 5, and they indicate a significant association between sexual orientation and victimization. A greater percentage of non-heterosexual individuals experienced any type of victimization, non-sexual victimization, and sexual victimization compared to heterosexual individuals. For example, 31.3% of non-heterosexual individuals reported any victimization, 26.4% experienced non-sexual victimization, and 11.7% reported sexual victimization compared

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with 21.2% of heterosexual individuals who reported any victimization, 18.2% who

reported non-sexual victimization, and 6.0% who reported sexual victimization.

Collectively, those who identified as non-heterosexual experienced more victimization

when compared to heterosexual students. Those who identify as non-heterosexual are at

greater risk of victimization when compared to their heterosexual counterparts.

Table 5: Bivariate Analyses Examining Sexual Orientation (Full Analytical Sample N=113,276)	Heterosexual	Non-Heterosexual	
	Yes *% (N)*	**Yes** *% (N)*	*X^2*
Victimization			
All Victimization	21.2 (21,853)	31.3 (3,151)	544.992***
Non-Sexual Victimization	18.2 (18,791)	26.4 (2,660)	401.927***
Sexual Victimization	6.0 (6,155)	11.7 (1,180)	501.115***
Use of Services			
On Campus	14.5 (14,987)	28.4 (2,857)	1300.000***
Off Campus	39.3 (40,588)	60.0 (6,039)	1600.000***
Mental Health Issues	15.6 (16,107)	30.0 (3,017)	1300.000***
Alcohol Use	--	--	66.074***
Don't Drink	34.9 (36,032)	31.7 (3,189)	--
1-2 Days	17.6 (18,144)	17.5 (1,758)	--
3-5 Days	16.7 (17,262)	17.8 (1,794)	--
6-9 Days	15.2 (15,694)	15.2 (1,529)	--
10+ Days	15.6 (16,071)	17.9 (1,803)	--
Drug Use	17.8 (18,393)	27.5 (2,771)	566.834***
Sexual Partners	--	--	1000.000***
None	29.8 (30,788)	26.0 (2,622)	--
1 Partner	45.6 (47,037)	34.8 (3,500)	--
2+ Partners	24.6 (25,378)	39.2 (3,951)	--
Freshman	22.6 (23,280)	21.0 (2,116)	12.690***
Living On Campus	36.7 (37,871)	36.7 (3,696)	0.000
Perceived Safety on Campus	80.4 (82,984)	80.9 (8,149)	1.406
Greek Affiliation	10.1 (10,457)	6.6 (661)	132.164***
Race	--	--	375.671***
White	61.2 (63,192)	57.0 (5,744)	--
Black/African American	5.4 (5,579)	5.4 (541)	--
Hispanic/Latino	12.3 (12,655)	12.8 (1,293)	--
Asian/Pacific Islander	12.9 (13,299)	11.3 (1,140)	--
Multiracial/Biracial	5.5 (5,680)	10.0 (1,003)	--
Other	2.7 (2,798)	3.5 (352)	--
			*Note: *p < .05; **p < .01; ***p < .001*

The results also show that in comparison to heterosexual college students, those who identified as non-heterosexual utilize services both on and off campus had higher rates when compared to heterosexual students. As shown in Table 5, 14.5% of heterosexual students and 28.4% of non-heterosexual students reported using services offered by the university, while 39.3% of heterosexual students and 60% of non-heterosexual students reported to have used services off campus. Overall, a higher percentage of college students utilized services off campus (31.9%) compared to students who only used services on campus (9.2%), and a chi-square test indicated it was significant (p<.05).

Results from bivariate analyses conducted for each of the control variables suggest all but two control variables (i.e. living on campus and perceived safety on campus) are significantly related to sexual orientation. Similar to results found in the bivariate analyses for gender, college students who identified as non-heterosexual were 70.5% ([2.39/1+2.39=0.705]) more likely to report having been diagnosed or treated for a mental issue within the last twelve months when compared to heterosexual students.[5]

To address research question four and explore whether there is a relationship between gender and use of services among those college students who had been victimized, chi-square analyses between gender and the use of services among students who had experienced some form of victimization were conducted. As shown in Table 6, there was a significant association between victims utilizing services (i.e. on and off

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[5] In this case the odds of heterosexual students reporting mental health issues was calculated [16,107/87,096=.18]. Second, the odds of non-heterosexual students reporting mental health issues was calculated [3,017/7,056=.43]. Dividing the odds of non-heterosexual students reporting mental health problems by heterosexual students reporting mental health problems [.43/.18=2.39] shows the odds of non-heterosexual students reporting mental health issues are 2.39 times the odds of heterosexual students.

campus) and gender. Of college students, 13.7% of male victims, 25.6% of female

victims, and 47.4% of transgender victims reported using services on campus in the past

twelve months. These findings show that the odds of transgender students who have

been victimized using services on campus are 1.3 times the odds of male students and 2.6

times the odds of female students who have been victimized using services on campus.

Table 6: Bivariate Analyses Examining Gender (Restricted Sample-Victims Only N=25,004)				
	Male	**Female**	**Transgender**	
	Yes	**Yes**	**Yes**	
	% (N)	*% (N)*	*% (N)*	*X^2*
Use of Services				
On Campus	13.7 (1,366)	25.6 (3,829)	47.4 (54)	560.554***
Off Campus	40.7 (4,501)	58.8 (8,779)	80.7 (92)	824.160***
Mental Health Issues	15.1 (1,507)	29.5 (4,400)	71.1(81)	813.744***
Alcohol Use	--	--	--	270.759***
Don't Drink	23.9 (2,377)	25.3 (3,773)	28.1 (32)	--
1-2 Days	13.3 (1,327)	17.9 (2,671)	14.0 (16)	--
3-5 Days	15.9 (1,587)	18.5 (2,762)	19.3 (22)	--
6-9 Days	18.8 (1,874)	18.2 (2,712)	10.5 (12)	--
10+ Days	28.1 (2,794)	20.2 (3,013)	28.1 (32)	--
Drug Use	35.0 (3,483)	28.4 (4,246)	43.0 (49)	126.622***
Sexual Partners	--	--	--	63.320***
None	18.6 (1,847)	19.3 (2,878)	15.8 (18)	--
1 Partner	34.9 (3,474)	38.4 (5,740)	21.9 (25)	--
2+ Partners	46.6 (4,638)	42.3 (6,313)	62.3 (71)	--
Freshman	24.2 (2,407)	25.0 (3,728)	14.9 (17)	7.855*
Living On Campus	36.4 (3,622)	40.1 (5,980)	37.7 (43)	34.214***
Perceived Safety on Campus	86.3 (8,597)	71.2 (10,627)	64.9 (74)	788.309***
Greek Affiliation	12.9 (1,281)	12.1 (1,803)	12.3 (14)	3.412
Race	--	--	--	109.905***
White	63.6 (6,337)	62.3 (9,303)	50.9 (58)	--
Black/African American	4.8 (476)	6.4 (959)	3.5 (4)	--
Hispanic	12.1 (1,201)	11.6 (1,731)	6.1 (7)	--
Asian/Pacific Islander	8.8 (877)	8.6 (1,284)	7.9 (9)	--
Multiracial/Biracial	6.9 (688)	8.2 (1,222)	22.8 (26)	--
Other	3.8 (380)	2.9 (432)	5.8 (15)	--
Non-Heterosexual	11.1 (1,103)	13.1 (1,954)	82.5 (94)	529.327***
				*Note: *p < .05; **p < .01; ***p < .001*

The results also show that in comparison to male and female college students who have experienced victimization, victims who identify as transgender utilize services off campus at greater rates. As seen in Table 6, 40.7% of male victims, 58.8% of female victims, and 80.7% of transgender victims claimed to have used services off campus, indicating a higher percentage of victims using services off campus rather than on campus.

Results from bivariate analyses conducted for each of the control variables and gender among victims suggest all variables are significantly related to gender with the exception of whether or not victims identified as a member of a Greek organization. Of victims who identified as transgender, 71.1% reported being treated or diagnosed with at least one mental health issue in the past twelve months compared with 15.1% of male victims and 29.5% of female victims. Stated another way, among victims, those who identified as transgender were found to have 13.6 times the odds of males and 5.8 times the odds of females to report mental health issues.

Findings from the chi-square analyses for victims only between sexual orientation, the use of services, and all control variables can be found in Table 7. Results of the chi-square analysis for victims indicate a significant association between utilizing services (i.e. on and off campus) and sexual orientation. Of college students, 19.2% of heterosexual victims and 33.5% of non-heterosexual victims reported using services on campus. The results also show that in comparison to heterosexual college students who have experienced victimization, victims who identify as non-heterosexual utilize services off campus at greater rates. As seen in Table 7, 49.2% of heterosexual victims and 69.1% of non-heterosexual victims claimed to have used services off campus. Again, there was

a higher percentages of victims utilizing services off campus (40.9%) than services on

campus (7.8%), with the chi-square test indicating significance at p< .05.

Results from bivariate analyses conducted for victims for each of the control

variables and sexual orientation show mental health issues, drug use, the number of

sexual partners, perceived safety on campus, Greek affiliation, and race were all

significantly related to sexual orientation. Of victims who identified as non-heterosexual,

38.0% reported being diagnosed or treated for at least one mental health issue in the past

Table 7: Bivariate Analyses Examining Sexual Orientation (Restricted Sample-Victims Only N=25,004)			
	Heterosexual	**Non-Heterosexual**	
	Yes **% (N)**	**Yes** **% (N)**	X^2
Use of Services			
On Campus	19.2 (4,194)	33.5 (1,055)	339.042***
Off Campus	49.2 (10,746)	69.1 (2,176)	435.996***
Mental Health Issues	19.2 (4,791)	38.0 (1,197)	390.198***
Alcohol Use	--	--	8.370
Don't Drink	24.6 (5,375)	25.6 (807)	--
1-2 Days	16.0 (3,492)	16.6 (522)	--
3-5 Days	17.4 (3,802)	18.1 (569)	--
6-9 Days	18.6 (4,073)	16.7 (525)	--
10+ Days	23.4 (5,111)	23.1 (728)	--
Drug Use	30.3 (6,613)	37.0 (1,165)	57.877***
Sexual Partners	--	--	153.370***
None	19.3 (4,206)	17.0 (537)	--
1 Partner	38.1 (8,330)	28.9 (909)	--
2+ Partners	42.6 (9,317)	54.1 (1,705)	--
Freshman	24.8 (5,417)	23.3 (735)	3.175
Living On Campus	38.6 (8,434)	38.4 (1,211)	0.031
Perceived Safety on Campus	77.4 (16,910)	75.8 (2,388)	3.979*
Greek Affiliation	13.1 (2,863)	7.5 (235)	80.794***
Race	--	--	161.656***
White	63.5 (13,868)	58.1 (1,830)	--
Black/African American	5.8 (1,269)	5.4 (170)	--
Hispanic/Latino	11.7 (2,558)	12.1 (381)	--
Asian/Pacific Islander	8.9 (1,942)	7.2 (228)	--
Multiracial/Biracial	7.0 (1,525)	13.0 (411)	--
Other	3.2 (691)	4.2 (131)	--
			*Note: *p < .05; **p < .01; ***p < .001*

twelve months compared to 19.5% of heterosexual college students. In addition, drug use was more common among non-heterosexual college student victims, and a greater percentage of non-heterosexual victims reported having two or more sexual partners. Heterosexual college student victims were more likely to perceive feeling safe (the students' perception based on if they felt safe on their campus), and to belong to a Greek organization than non-heterosexual college student victims. A greater percentage of non-heterosexual college student victims reported being non-White, with a greater percentage indicating being Hispanic/Latino or multiracial/biracial than heterosexual college student victims.

Multivariate Results

Multivariate binary logistic regression analyses were conducted in STATA 14 using robust standard errors.[6] First, one model was run for each type of victimization (i.e. any type of victimization, non-sexual victimization, and sexual victimization) to examine what factors relate to victimization (shown in Table 8). As shown in column two, the odds of being victimized were greater for those who have used services both on and off campus. Those who used services on campus had odds 11% higher than those who did not of being victimized. The odds of being victimized were 39% higher for those who used services off campus. Females had significantly lower odds (0.668) of experiencing any types of victimization and students who identify as non-heterosexual had greater odds of experiencing any type of victimization when compared to students who identify as heterosexual. In fact, non-heterosexual students had odds of any victimization that are 25.8% greater than those for heterosexual students. The odds of

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[6] Results for multivariate models show no variance inflation factor was above 1.73, indicating no issues with multicollinearity.

victimization for students who have been diagnosed or treated for a mental health issue over the last twelve months were 32% higher than for those students without a mental health issue. Students of all races, with the exception of students who identified as Hispanic or Latino (not significant) and Asian or Pacific Islander (lower odds [.839]), had significantly higher odds of experiencing any type of victimization when compared to White students.

Demonstrated in column three, the odds of experiencing non-sexual victimization were greater for students who have used services off campus. Those who have used services off campus had odds 39% higher than those who did not of experiencing non-sexual victimization. Females had 0.515 lower odds of non-sexual victimization compared to males and the odds of victimization for non-heterosexual students compared to heterosexual students were 20.5% higher. Students who reported diagnosis or treatment for mental health issues have higher odds of nonsexual victimization than those without mental health issues. Alcohol use, drug use, and identifying as a freshman increased the odds a student will experience non-sexual victimization. Similar to any victimization, students of all races, with the exception of students who identified as Hispanic or Latino (not significant) and Asian or Pacific Islander (lower odds [.770]), had significantly higher odds of experiencing non-sexual victimization when compared to White students.

As shown in column four, the odds of being sexually victimized were greater for those who have used services both on- and off-campus. Those who used services on campus had odds 28% higher than those who did not of being sexually victimized. The odds of being sexually victimized were 24% higher for those who used services off

campus. Both females and transgender students had higher odds of sexual victimization when compared to males. The odds of being sexually victimized for females were 139% higher than the odds for males. Transgender students face odds of sexual victimization that were 247% greater when compared to male students. The odds of being sexually victimized were 55.7% higher for students who identify as non-heterosexual compared to heterosexual students. Students who have been diagnosed or treated for a mental health issue over the last twelve months had greater odds (1.332) of experiencing sexual victimization than students without mental health issues. Students of all races, with the exception of students who identified as Hispanic or Latino, had significantly higher odds of experiencing sexual victimization when compared to White students. All other risk and demographic variables (except for perceived safety on campus) were shown to increase the odds of sexual victimization. Feeling safe on campus reduced the odds of experiencing sexual victimization.

Table 9 shows the results from binary logistic regression models examining the potential factors related to using services on campus and off campus for victims. As shown in Table 9, female victims had odds of using services on campus that were 80.2% higher than male victims, while victims who identify as transgender had odds of using services on campus that were 66.5% higher than male victims. Victims who identified as non-heterosexual also had significantly higher odds of using services on campus. Non-heterosexual victims had odds of using services on campus that were 69.2% higher than heterosexual victims. Victims diagnosed or treated for a mental health issue had odds of using services on campus that were 4.928 times the odds of victims without mental health issues of using services on campus.

Table 8: Binary Logistic Regression Models Predicting Victimization						
	Any Victimization		**Non-Sexual Victimization**		**Sexual Victimization**	
	Odds	**C.I.**	**Odds**	**C.I.**	**Odds**	**C.I.**
Utilized Services						
On Campus (*Yes=1*)	1.118***	1.070-1.167	1.045	0.997-1.094	1.286***	1.204-1.374
Off Campus (*Yes=1*)	1.389***	1.340-1.438	1.398***	1.346-1.451	1.242***	1.169-1.319
Gender (*Male Ref*)						
Female	0.668***	0.647-0.690	0.515***	0.498-0.532	2.394***	2.247-2.551
Transgender	1.249	0.976-1.599	0.972	0.750-1.259	3.473***	2.555-4.721
Sexual Orientation (*Non-Heterosexual=1*)	1.258***	1.198-1.322	1.205***	1.144-1.270	1.557***	1.448-1.673
Mental Health (*Yes=1*)	1.324***	1.269-1.380	1.362***	1.303-1.423	1.332***	1.249-1.420
Alcohol Use (*Don't Drink Ref*)						
1-2 Days	1.140***	1.088-1.194	1.085***	1.033-1.141	1.187***	1.093-1.289
3-5 Days	1.209***	1.153-1.268	1.126***	1.070-1.184	1.306***	1.202-1.419
6-9 Days	1.305***	1.242-1.372	1.200***	1.138-1.263	1.443***	1.326-1.571
10+ Days	1.526***	1.453-1.603	1.461***	1.388-1.538	1.522***	1.397-1.659
Drug Use (*Yes=1*)	1.541***	1.485-1.600	1.515***	1.457-1.575	1.478***	1.393-1.569
Sexual Partners (*None Ref*)						
1 Partner	1.202***	1.154-1.253	1.224***	1.172-1.278	1.098*	1.015-1.186
2+ Partners	2.537***	2.428-2.651	2.278***	2.174-2.387	3.259***	3.013-3.525
Freshman (*Yes=1*)	1.305***	1.256-1.357	1.272***	1.221-1.325	1.289***	1.211-1.372
Living On Campus (*On Campus=1*)	1.088***	1.052-1.125	1.003	0.968-1.040	1.422***	1.346-1.503
Perceived Safety on Campus (*Yes=1*)	0.673***	0.649-0.698	0.651***	0.627-0.677	0.699***	0.660-0.741
Greek Affiliation (*Yes=1*)	1.166***	1.111-1.222	1.158***	1.101-1.217	1.134***	1.052-1.222
Race (*White Ref*)						
Black/African American	1.181***	1.106-1.262	1.186***	1.107-1.271	1.158**	1.038-1.290
Hispanic/Latino	0.996	0.950-1.045	0.999	0.951-1.051	1.002	0.923-1.088
Asian/Pacific Islander	0.839***	0.797-0.884	0.770***	0.728-0.814	1.232***	1.132-1.341
Multiracial/Biracial	1.324***	1.278-1.439	1.335***	1.254-1.420	1.451***	1.324-1.590
Other	1.324***	1.215-1.442	1.354***	1.239-1.479	1.288***	1.111-1.493
Constant	0.181***		0.202***		0.012***	
WaldChi^2	8901.02		7785.99		5598.16	
Pseudo R^2	0.079		0.075		0.106	
					*Note: *p < .05; **p < .01; ***p < .001*	

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Victims who used alcohol and drugs had significantly higher odds of using services on campus when compared to victims who did not drink or use drugs. Victims who are freshmen in college had significantly lower odds of using services on campus (63.4% lower) when compared to students in any other year in school. Also, victims living on campus had significantly greater odds of utilizing services on campus than victims who did not live on campus. Some racial differences also emerged in predicting using services on campus. Victims in the other racial category had 1.293 higher odds of using services on campus compared to White victims.

Table 9: Binary Logistic Regression Models-Use of Services for Victims				
	Use of Services On Campus		Use of Services Off Campus	
	Odds	C.I.	Odds	C.I.
Gender (*Male Ref*)				
Female	1.802***	1.674-1.940	1.794***	1.693-1.902
Transgender	1.665*	1.069-2.593	1.391	0.786-2.462
Sexual Orientation (*Non-Heterosexual=1*)	1.692***	1.544-1.855	1.872***	1.710-2.048
Mental Health (*Yes=1*)	4.928***	4.594-5.287	10.098***	9.264-11.009
Alcohol Use (*Don't Drink Ref*)				
1-2 Days	1.157**	1.037-1.292	1.050	0.958-1.150
3-5 Days	1.205***	1.080-1.345	1.003	0.917-1.098
6-9 Days	1.152*	1.030-1.288	0.954	0.870-1.047
10+ Days	1.162**	1.041-1.297	0.957	0.873-1.048
Drug Use (*Yes=1*)	1.107**	1.025-1.195	1.196***	1.120-1.278
Sexual Partners (*None Ref*)				
1 Partner	0.987	0.894-1.090	1.284***	1.184-1.392
2+ Partners	1.079	0.977-1.192	1.326***	1.221-1.441
Freshman (*Yes=1*)	0.366***	0.334-0.401	0.848***	0.791-0.910
Living on Campus (*On Campus=1*)	1.686***	1.568-1.813	0.943	0.886-1.004
Perceived Safety on Campus (*Yes=1*)	1.069	0.987-1.157	1.072*	1.000-1.149
Greek Affiliation (*Yes=1*)	1.065	0.963-1.178	1.005	0.922-1.095
Race (*White Ref*)				
Black/African American	1.047	0.903-1.213	0.659***	0.583-0.746
Hispanic/Latino	1.072	0.960-1.198	0.806***	0.738-0.881
Asian/Pacific Islander	1.111	0.981-1.258	0.611***	0.551-0.677
Multiracial/Biracial	1.116	1.074-1.555	1.068	0.959-1.190
Other	1.293**	0.984-1.265	1.022	0.869-1.202
Constant	0.075***		0.382***	
WaldChi²	3112.13		3729.47	
Pseudo R²	0.138		0.164	
			*Note: *p < .05; **p < .01; ***p < .001*	

Table 9 also shows the results examining the factors that predict using services off campus. Female victims had odds of using off campus services that were 79.4% higher than male victims. Victims who identified as non-heterosexual also had significantly higher odds of using services off campus. Non-heterosexual victims had odds of using services off campus that were 87.2% higher than heterosexual victims. Victims diagnosed or treated for some mental health issue had odds of using services off campus that were 10.098 times the odds of victims without mental health issues of using services off campus. Victims who reported they used drugs had significantly higher odds of using services off campus when compared to victims who did not. Victims with only one sexual partner had 28.4% higher odds of using services off campus and victims who had two or more sexual partners had 32.6% higher odds of using services off campus when compared to those with zero sexual partners. Victims who are freshman in college had odds of using services off campus that were 15.2% lower when compared to students in any other year in school. Racial differences also emerged for the use of services off campus. Victims who identified as Black or African American, Hispanic or Latino, and Asian or Pacific Islander all had lower odds of using services off campus when compared to White victims. Black or African American victims had odds that are 34.1% lower, Hispanic or Latino victims had odds that are 19.4% lower, and Asian or Pacific Islander's had odds that are 38.9% lower of using services off campus.

According to the findings of this study, non-heterosexual and transgender college students are more likely to face victimization than their heterosexual and gender conforming counterparts. While non-heterosexual students are more likely to face non-sexual and sexual victimization, transgender students are more likely to face sexual

victimization. Similarly, non-heterosexual and transgender victims are more likely to

utilize services than heterosexual victims and male and female victims. The high number

of victims who identify as non-heterosexual and transgender who are also utilizing

services suggests that services offered need to be suited to all types of victims. The next

chapter will discuss the implications of these findings in detail, note limitations of the

current study, and provide suggestions for policy and future research.

CHAPTER VI: DISCUSSION AND CONCLUSIONS

Based on the results of the current study, non-heterosexual and transgender college students are more likely to face victimization than their heterosexual and gender conforming counterparts. Similarly, non-heterosexual and transgender victims are more likely to utilize services on campus, yet only non-heterosexual victims were more likely to utilize services off campus when compared to heterosexual victims and male and female victims. In turn, the large number of victims who identify as non-heterosexual and transgender who are also utilizing services both on and off campus suggests that services offered need to be suited to all types of victims. The current study yielded a number of findings to support this conclusion.

First, college students who identify as non-heterosexual were more likely to experience both non-sexual victimization (26.4%) and sexual victimization (11.7%) when compared to heterosexual college students. This finding is consistent with other studies that have found higher victimization rates for individuals who identify as gay, lesbian, bisexual, or queer (Augelli, Grossman, & Starks, 2006; Faulkner & Cranston, 1998). Furthermore, college students who identify as transgender are more likely to face sexual victimization when compared to male students (20.8% versus 3.6%). This finding is also consistent with the few studies that have included transgender individuals and found that they face greater rates of sexual victimization, even more so than females (Johnson et al., 2016). The high rates of victimization among non-heterosexual and transgender college students implies that, in general, victim service accessibility both on and off campus is important. Minority stress theory supports this assertion in that it suggests there are high rates of victimization for non-heterosexual and transgender people that stem from unique

stressors (i.e. discrimination, internalized homophobia, and fear). If the processes through which non-heterosexual and transgender people are victimized works through these risk factors, they are targets for change that could reduce victimization risk. Also, the current study investigates both sexual and non-sexual victimization when examining sexual orientation whereas most previous studies focused only on sexual victimization (Johnson, et al., 2016; Murchison, Boyd, & Pachankis, 2017). This study found that non-heterosexual students also experience higher odds of non-sexual assault victimization compared to heterosexual students. This finding indicates the need for future researchers to expand the types of victimization examined and for services that can adequately address non-sexual victimization as well.

Second, findings regarding the use of services suggest college students who face any type of victimization are more likely to use services on campus as well as off campus through other providers; however, the majority of students who reported using services did so off campus, regardless of sexual orientation or gender identity. There could be a number of reasons why this might be the case. Research has suggested a high level of stigma attached to individuals who struggle with mental health issues (Eisenberg, Downs, Golberstein, & Zivin, 2009). Thus, it could be that students feel more comfortable receiving services off campus due to the possibility of their treatment becoming known to other students and faculty, even with current privacy laws. On the other hand, it could be that services are not adequately meeting the needs of students and victims, much less for students and victims within the LGBT community. Unfortunately, neither of these implications can be investigated in the current study as the data do not allow for investigation into these areas. Additionally, family income levels and whether or not

students had insurance were also unable to be studied with these data. These both could affect whether they seek services at all, and whether they utilize on-campus services (often cheaper or free for students) or more expensive private services—although there are free community service options that students may access as well. Future research should explore the reasons behind service utilization, especially college students' use of services off-campus.

Third, of those college students who are victimized, victims who identify as non-heterosexual or transgender utilize services at higher rates when compared to other college student victims both on- and off campus. More specifically, victims who identified as non-heterosexual were more likely than heterosexual victims to use services. It should be noted, however, victims who identified as transgender were only significantly more likely to use services on campus when compared to male victims. Importantly, this differential use of services was found even after controlling for mental health.

The finding that transgender students were more likely to use services on campus may seem surprising; however, when the context in which colleges are located is considered, it is more understandable. Specifically, small college towns are often conservative while the universities located in them are more liberal. Most colleges also attempt to recruit a diverse student body (Antonio, 2003; Hu & Kuh, 2003). Thus, the student body is often not representative of the town in which the college or university is located. This possibility is in line with minority stress theory (Meyer, 2003) in that minorities are more likely to have increased stress due to their minority status and may see using services off campus as stressful. Challenges with increased victimization and

the lack of formal reporting to law enforcement (Mallory, Hasenbush, & Sears, 2015)

among non-heterosexual and transgender individuals emphasizes the need for

accessibility to culturally-sensitive victim services, not only within the criminal justice

system, but also within medical and social service communities. The inability to receive

or access services and support could potentially lead to increased numbers of victims in

this community. Establishing services that are culturally diverse could create a better

platform for victims to report incidences of victimization through formal and informal

processes, potentially lowering victimization and on-going victimization rates, and

lowering participation in risky lifestyle behaviors (i.e. alcohol use, drug use, and risky

sexual behaviors).

Fourth, students who were diagnosed or treated with at least one mental health

issue were much more likely to be victimized in any way when compared to students

without a mental health issue. Additionally, victims who also were diagnosed or treated

for a mental health issue were also more likely to use services on and off campus, but

more likely to use services off campus. Again, this finding raises issues about the stigma

of mental health and accessibility of services on campus, as well as the adequacy of

service providers (Acevedo-Polakivich, et al., 2001; Seelman, et al., 2017; Veltman &

Chaimowitz, 2014). The accessibility and adequacy of services for victims who deal

with mental health issues and identify as non-heterosexual or transgender should be

examined more fully in the future. It cannot be known at this time if service providers

are helpful for sexual and gender minorities or if the services provided inadvertently

increase the chances that non-heterosexual and transgender students will seek services off

campus.

Fifth, a number of control variables were significantly related to victimization and the use of services. The use of alcohol, drug use, higher numbers of sexual partners, freshman status, and Greek affiliation all increased the odds of experiencing victimization. The increase in odds of victimization from the use of alcohol, drug use, risky sexual behaviors, and being a freshman in college are all consistent with previous studies, including those with students who identify as non-heterosexual and transgender (Burgard, et al., 2005; Meyer, 2003). Previous research findings surrounding Greek affiliations are more equivocal. Some studies show that being a Greek member acts as a protective factor, lowering one's risk for victimization (Kalof & Cargill, 1991) and some show no significant relationship between being Greek and the risk of victimization (Johnson, Daigle, & Napper, 2017). Other studies, however, suggest Greek membership does increase the risk for victimization (Lasky, Fisher, Henriksen & Swan, 2017; Scott-Sheldon, Carey, & Carey, 2008). In the current study, Greek membership increased the risk for all types of victimization among college students. The mixed results concerning Greek affiliation could be the result of not clearly defining traditional fraternities and sororities versus professional fraternities. Both types are considered to be Greek but have very different ways of operating on college campuses (Kalof & Cargill, 1991). Victimization risk on college campuses is often correlated with the use of alcohol and the partying scene surrounding traditional fraternities on college campuses (Sweeney, 2011). Unfortunately, the current data do not allow for examining this distinction among Greeks.

Considered together, the increase in victimization as a consequence of participation in risky behaviors is consistent with Hindelang and colleagues' (1978) lifestyle-exposure theory in which they emphasize exposure to high risk activities, places,

and individuals for increasing risk of victimization. Also, college students who may be experiencing minority stress are more likely to participate in risky lifestyle behaviors leading to increased risk for victimization among minority groups (Meyer, 2003). Colleges may want to target groups such as non-heterosexual and transgender students, freshman, and Greek members for programming that targets practicing safe partying behaviors as doing so can potentially reduce the risk of victimization (Daigle, Johnson, Napper, & Azimi, 2016; Johnson, Daigle, & Napper, 2017).

When examining the use of services among college students who had been victimized, participating in drug use led to greater odds of students using services both on and off campus. For college freshman, the odds of using services either on or off campus were significantly lower than for students in any other year in school. This finding could indicate that freshmen college students are choosing not to use services, or are not aware that services exist that can help them and potentially help lower their risk for victimization or ameliorate the consequences of victimization. Students who engaged in alcohol use were significantly more likely to use the services available on campus, whereas students who engaged in risky sexual practices were significantly more likely to use services offered off campus rather than on campus. This difference could be a result of stigma attached to certain behaviors that are seen as more acceptable among college students. Alcohol use is prominent on most college campuses (Lasky, Fisher, Henriksen & Swan, 2017); therefore, it may be seen as more acceptable to receive services following consequences of its use. It may not be the case that students feel comfortable seeking assistance after engaging in risky sexual practices.

It is also important to note racial differences in the use of services for victims. Student victims who identified as Black or African American, Hispanic or Latino, and Asian or Pacific Islander had significantly lower odds of utilizing services off campus when compared to White students. This difference may imply that receiving services is frowned upon within certain cultures or that Black and Hispanic students especially, are more likely to come from lower-income families. It would follow they would be less likely to have health insurance and thus less likely to use off-campus services or at least paid service providers. Previous research emphasizes much higher rates of services utilization among Whites (Rosenstock, 2005), even though past research has also shown racial minorities experience more victimization when compared to White people (Baum & Klaus, 2005). Although more research is needed, if there are racial differences in service utilization, college campuses should ensure services that are offered on campus are culturally diverse and capable of handling differing groups, including non-heterosexual and transgender students who may share dual minority status as well.

Although many control variables used in the current study were significant, they did not render sexual orientation or transgender insignificant in their relationship with victimization and use of services. This lack of insignificance suggests that there are other factors that must explain why non-heterosexual and transgender individuals are experiencing high rates of victimization. If included, some of the factors described by Meyer (2003) (i.e. discrimination, internalized homophobia, and fear) may have been related to victimization and/or fully mediated the relationship between sexual and gender minority status and victimization. Future research should include variables that can fully test minority stress theory.

Overall, the current study is an important addition to the current research on victimization of non-heterosexual and transgender college students and their use of victims' services both on and off campus. More research on non-heterosexual and transgender victimization risk, use of services, and whether those services are adequate is needed to draw conclusions about the nature and extent of victimization and service utilization. However, given the significantly higher odds of victimization and service utilization among non-heterosexual and transgender college students found in the current study, there does appear to be a need for specialized formal and informal services and resources for this minority group.

Limitations

Although the findings from the current study are valuable in adding to the current literature on victimization and the use of services among victims, especially among non-heterosexual and transgender college students, there are limitations to the study that should be addressed. First, this study utilizes cross-sectional data such that time order cannot be accounted for (Leiberson, 1985). The inability to determine time order can be problematic when interpreting results for mental health issues, alcohol use, drug use, and risky sexual behavior as it is uncertain that these risk factors occurred before a victimization. Similarly, these risk factors could have emerged after using services both on and off campuses. For example, a student may have utilized counseling services on campus to help reduce anxiety stemming from an increased workload and experienced some form of victimization later on. These two incidents may or may not be related, but any possible relationship cannot be determined with cross-sectional data. Nonetheless, it is highly unlikely that sexual orientation or gender is influenced by any of the control

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variables included in the models. Thus, even with cross-sectional data, the main findings regarding sexual orientation and gender and victimization and use of services are likely not spurious.

Another limitation is the use of self-report surveys. As with all self-report data, the extent of under/over reporting cannot be determined. In addition, this study's findings cannot be generalized to the general population, as it only examines students attending colleges and universities that self-selected to participate. Schools are not chosen at random. Even so, the data are from a national sample and random or total sampling procedures were used to identify participants. Given the limitations of the data, the results cannot be safely generalized to the population of students attending institutions of higher learning.

Third, this study lacks the ability to fully test Meyer's (2003) minority stress theory. While minority stress theory could help explain the increased risk for victimization among sexual and gender minority college students and the increased use of services, these data do not account for factors that Meyer (2003) suggest are essential (i.e. discrimination, internalized homophobia, and fear) to understanding the increased risk of victimization for these groups. As such, it is possible that other factors not included in the data could help explain the difference in victimization, and ultimately the use of services.

Fourth, although students are asked whether they have used services on and off campus, they are not asked about the full range of service options available or the experience students have using these services. Further, the data do not detail the frequency students use services or if students are satisfied with the services they receive.

Not knowing how often services are used or how the services are viewed leaves the possibility that, even if using services, they are not adequately addressing the needs of non-heterosexual and transgender victims. Knowing how services are used is important because receiving services that meet one's needs can make a difference in participation in risky behaviors, continued negative outcomes from mental health issues, and future victimization.

In the future, data collection would benefit from including reasons students seek services on campus, rather than just from whom they sought services. Including these reasons could shed light on the services students are seeking the most and make prevention efforts on campus more effective. For example, knowing if students are seeking services surrounding mental health issues, sexual assaults, intervention in intimate partner violence situations, safe sex practices, or addiction to alcohol or drugs would show which areas students are concerned with the most. Services could then be expanded to meet these needs. The more targeted the intervention, the better chance campuses have at lowering risk for participation in risky behaviors and their risk for victimization. Further, knowing how services are being perceived can help institutions improve their services, which may in turn reduce victimization and improve the mental health of students and victims.

Policy Implications

The results of the current study have various policy implications with respect to victimization and the use of services among non-heterosexual and transgender college students. First, the increased odds of victimization and the use of services among college students who identify as non-heterosexual and transgender suggest that polices should

ensure services are in place for all college students and that students are made aware of the differing services offered to them. In addition, prevention programs and services should be designed to reduce victimization among non-heterosexual and transgender students. This design could include providing, upon request, service providers who indicate they are LGBT and/or LGBT friendly so that LGBT victims may feel more comfortable, similar to offering female service providers for female victims. Also, specialized training for service providers is needed to adequately address risk factors that are unique to LGBT such as internalized homophobia and increased fear around interactions with others. According to Meyer (2003), LGBT individuals' lack of a social support system heightens these risk factors, so universities should also consider adding LGBQT resource centers to their campuses. Further, awareness of services, especially those offered on campus should be strengthened as this is key to students utilizing services, especially on campus. In addition, evaluations of current services should be conducted on a regular basis to determine if they are meeting the needs of all students. All universities receiving federal funds are required through the Clery Act, (20 USC § 1092) to provide prevention efforts and services to students, but those efforts are not uniform across all universities and colleges, so evaluating them is necessary and should be required. It is not enough to just offer services, we also should ensure they are effective. One way to potentially increase the likelihood that services are effective would be to introduce cultural competency training among school personnel, staff, and faculty as well as service providers. Doing so could be a step towards alleviating some of the fear and discomfort felt by non-heterosexual and transgender students when interacting with victim service providers (Lambda Legal, 2016).

Finally, because having a mental health issue and alcohol use were also significantly related to all types of victimization, policy and services should address these concerns for all students, but especially for students who have experienced victimization as they are especially at risk of developing mental health issues. These two characteristics of college students are important to policy because these are factors that can be affected by adequate services and service providers. Sometimes drinking can be used as a coping mechanism for dealing with victimization (i.e. anxiety, depression, and suicidal ideation) but also used to self-medicate for mental health issues. In this case, policies should encourage more prevention and intervention efforts that specifically deal with mental health issues and increased alcohol use.

For mental health programs offered on college campuses, effectiveness is a concern. Some students claim there is a lack of availability which keeps them from getting the help they need (Mowbray, et al., 2006). Universities and colleges are often caught between conflicting demands of the increased number of students with mental health problems and limited resources to meet the needs of the students. Currently, the lack of adequate mental health service seems to compromise the success of these programs. Some concerns focus on the lack of training for service providers. Limited hours result in long waiting periods for students and due to the demand for mental health service, leads to incomplete evaluations as providers do not have enough time to devote to individual cases (Mowbray, et al., 2006). Similarly, programs used to reduce alcohol use among college students also face challenges. According to a study conducted by Weschsler and colleagues (2003), even among universities that adopt alcohol reduction programs, no decreases in alcohol use among college students were found even when

exposure to the program and length of program was considered. From the current study, non-heterosexual and transgender college students should be a particular focus of this programming. Since their odds of facing victimization and mental health issues are greater than for heterosexual and gender conforming students, this group may be the most impacted by these changes.

This programming may need to be provided on campus, given that student victims (regardless of sexual orientation or gender identity) have higher odds of using services off campus. Therefore, additional focus should be on providing support for victims on campus. When students are referred to services off campus, some issues may arise. For example, students may choose not to follow up with outside services. The most common problem resulting from using off campus services is the cost (Mowbray et al., 2006). Affordability is a real concern for many college students as the cost of treatment can be high and few programs are offered at low cost or free of charge. Many college students have limited or no insurance to help cover the cost of treatment or medications, leaving them with very few options other than campus services (Mowbray et al., 2006). It is important that policies address these issues surrounding services as these issues likely create a barrier between college students and the services they may need.

Directions for Future Research

The current study's findings should be used to develop further research that assesses the experience of non-heterosexual and transgender college students and victims. Further, the use of services by college students and the effectiveness of those services needs additional research. The use of services specifically by gender and sexual minorities and how their risk and needs may be different than heterosexual and gender

conforming students is also important to examine. Due to the limitations of cross-sectional data discussed above, future research should seek to better understand if risky behaviors are engaged in prior to victimization or if students engage in them in response to victimization. Longitudinal data will allow for the assumption of time order and causality (Leiberson, 1985), which could provide a more complete understanding of the process by which college students, especially non-heterosexual and gender non-conforming students, are victimized and use services. Within such an examination, a more full evaluation of minority stress theory could be performed. Perhaps including additional minority stress measures (i.e. discrimination, internalized homophobia, and fear) would result in a clearer understanding of the risk factors for victimization among non-heterosexual and transgender college students. If these factors are related, it would suggest the need for victim service providers to have cultural sensitivity training and to incorporate these risk factors into prevention programming.

Furthermore, satisfaction of services offered and of service providers should be examined. It would be interesting to learn if victim satisfaction with services or satisfaction with service providers has an effect on victimization and mental health as well as how it relates to future experiences. That is, if students are receiving adequate support and treatment from service providers, does this lessen their risk for victimization and the effects of mental health consequences? Taking all of the findings and limitations into consideration, the current study adds to the literature regarding non-heterosexual and transgender college students and their risk for victimization as well as their use of services both on and off campus. As shown in the current study, victimization rates are generally high among this small community and the use of services are very high, which

suggests that services offered to victims could have a significant impact on victimization and mental health outcomes. This impact would only be positive if service providers are equipped to handle a diverse range of victims from differing backgrounds.

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VITA

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