

Inaccessible and stigmatising: LGBTQ+ youth perspectives of services and sexual violence

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Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) young people are subject to high rates of sexual violence globally, significantly impacting their lives and psychological wellbeing. However, service use for sexual violence support is low for LGBTQ+ groups and there is no current research exploring LGBTQ+ young peoples' experiences and perspectives of support services in the UK. To understand service utilisation for LGBTQ+ young people who have experienced sexual violence, a mixed methods exploration of survey data (N = 36) and individual interviews (N = 7) was conducted with LGBTQ+ young people aged 16-25. Participants reported a high prevalence of multiple types of sexual violence (e.g., 86.11% subject to sexual assault) and low reporting to any service (30.56%). Content analysis identified interpersonal, service, and sociocultural factors that limit service utilisation and sexual violence reporting. Two themes were identified through thematic analysis: 'safety and acceptance' which discussed participants' positive experiences of services, and the theme 'services as hard to reach' explored how discrimination, heteronormativity, and victim-blaming impacted service accessibility. Implications for best practice for services supporting LGBTQ+ young people subject to sexual violence are discussed and a model is presented to address service utilisation.

Keywords: sexual violence; LGBTQ+, youth, health services, heteronormativity

Introduction

Research consistently indicates that lesbian, gay, bisexual, trans¹, and/or queer (LGBTQ+²) young people are subject to higher rates of sexual violence than their cisgendered, heterosexual peers. Whilst statistics vary, findings suggest significant

¹ Referred to as 'trans' as an umbrella term inclusive of all identities under the transgender umbrella.

² '+' indicates inclusion of any other identities e.g., questioning sexual or gender identity.

failings to protect LGBTQ+ young people; for example, LGBTQ+ participants were 3 to 9 times more likely to experience sexual violence than cisgender, heterosexual participants (Atteberry-Ash et al., 2020) and in a study of 12,642 sexual minority young people in the USA, lesbian, gay, bisexual and questioning participants were twice as likely to be subject to sexual violence than heterosexual participants (Semprevivo, 2020). Sexual violence trauma is more likely to result in psychological distress and a diagnosis of Post-Traumatic Stress Disorder in comparison to any other traumatic experience (Kessler et al., 2017), highlighting the importance of effective interventions and care for individuals subject to sexual violence. LGBTQ+ young people also report increased psychological distress compared to heterosexual participants following sexual violence. For example, lesbian, gay, and bisexual participants' mean depression and trauma scores were over 10% higher than heterosexual participants (Smith et al., 2016) and 63 - 65% trans participants reported psychological distress in comparison to 37 - 47% cisgender participants (Mitchell et al., 2014). However, in the UK, 75 – 95% of sexual violence experienced by young people (broadly defined as 13 – 25 years old) is unreported, due to feelings of shame, self-blame, and fears of not being believed (Mayor of London & NHS England, 2016; National Union of Students, 2010), which can restrict access to healthcare and other services. The low proportion of reporting suggests failings in the criminal justice system for young people. These may be increased for LGBTQ+ young people due to historical and current anti-LGBTQ+ prejudice within the police and the Crown Prosecution Service (e.g., Walters et al., 2020). For LGBTQ+ young people with multiple minority identities, for example those from racially minoritised groups, experiences of discrimination by the criminal justice system may also be heightened. This is indicative of how multiple minority identities can create layers of minority stress, as individuals and communities face multiple social

discriminations and traumas, demonstrating the importance of understanding sexual violence and psychological distress through an intersectional lens (McCauley et al., 2018). Systemic failures and the psychological impacts of sexual violence demonstrate the importance of support services that are accessible and effective for LGBTQ+ young people and attentive to intersectional identities. However, to date, there is no research exploring LGBTQ+ young people's service utilisation for psychological, healthcare, and criminal justice following sexual violence in the UK.

Sexual violence and heteronormativity

Sexual violence is categorised into sexual violence involving intercourse (rape), contact sexual violence (sexual assault), and non-contact sexual violence (e.g., verbal sexual harassment; WHO, 2014). Heteronormativity enables men's power over women in patriarchal systems and deems alternative behaviours or beliefs as unnatural, creating cultural scaffolds which deny survivors' accounts and normalise sexual violence (Anderson & Doherty, 2007; Hlavka, 2014). Heteronormativity facilitates rape myths (Burt, 1980) which normalise, justify, and blame LGBTQ+ survivors, preventing the provision of appropriate support by sexual violence services (Mortimer et al., 2019). Thus, incidents of sexual violence will also reflect structural violence and can include other forms of violence, intersecting with physical, emotional, and verbal violence. The intersection of sexual violence with heteronormativity and other forms of violence is demonstrated through hate crimes; approximately 1 in 10 UK hate crimes against LGBTQ+ people were forms of sexual violence (Antjoule, 2016). Menning and Holtzman (2014) argue that, through sexual violence, LGBTQ+ women are subjugated by men and LGBTQ+ men are punished for betraying heteronormative masculinity scripts. LGBTQ+ women and trans people can also experience aggressions from perpetrators attempting to restore heteronormative gender roles (Fileborn, 2014),

suggestive of intersections between sexism and anti-LGBTQ+ prejudice. However, LGBTQ+ young people's experiences of sexual hate crimes are often minimised through conceptualisations of these hate crimes as 'bullying' (Pickles, 2019). Conflating sexual harassment and bullying obscures sexual violence rooted in heteronormative constructions of gender and sexuality, often beginning in school through performances of masculine dominance and privilege in boy-girl relationships and boy-boy hierarchies (Gruber & Fineran, 2008). Heteronormativity may therefore function to minimise and dismiss LGBTQ+ young people's experiences of sexual violence from an early age. The lack of research exploring LGBTQ+ young people's experiences of services for sexual violence support further contributes to their invisibility, paralleling their experiences in services. Moreover, by silencing LGBTQ+ young peoples' experiences, heteronormative narratives are strengthened and inadequate service provision is enabled.

Service Utilisation

Services can reproduce prejudice and discrimination, preventing LGBTQ+ people from accessing healthcare (Hudson-Sharp & Metcalf, 2016). Understandings of sexual violence support services' utilisation by LGBTQ+ young people should therefore be situated within their social contexts, particularly as sexual violence research has mainly focused on individual factors (Moyle & Javorka, 2018). For LGBTQ+ adults in the UK, heteronormative service provision (e.g., gender binary services) and victim-blaming narratives limited help-seeking for sexual violence (Harvey et al., 2014; Hester et al., 2012; Rymer & Cartei, 2015), and trans survivors/victims were particularly concerned that sexual violence would be attributed to their gender identity (Love et al., 2017). This intersected with institutionalised racism, classism, and sexism to further increase barriers (Harvey et al., 2014; Love et al., 2017), further highlighting the

importance of considering the multiple identities of LGBTQ+ young people. When services attended to impacts of sexual violence on adult LGBTQ+ identities, this enabled positive experiences (Hester et al., 2012), suggesting clinicians may be able to intervene at a service level. The current lack of service-related research for LGBTQ+ young people limits understandings of *how* staff can intervene.

Study rationale

To date, there is no UK research investigating sexual violence experienced by LGBTQ+ young people and their perspectives of support services. This minimises experiences, allowing sexual violence to continue, whilst inadequate service access limits opportunities to address sexual violence impacts. Exploration of LGBTQ+ young people's perspectives can inform understandings of service access that go beyond the barriers/facilitators model, commonly investigated in service accessibility, because participants describe *why* factors help or hinder service use (McDermott et al., 2018). Service level explorations also prevent responsibility for change being situated within young people. The study implemented a mixed methods exploratory approach, enabling an intersection lens to address health inequalities (Fehrenbacher & Patel, 2020). The study used a convenience sample to investigate the prevalence of sexual violence experiences and address the research questions: 1. What factors do LGBTQ+ young people identify to explain (a) service use and (b) sexual violence reporting? 2. How do LGBTQ+ young people describe experiences of services? The first question drew from quantitative and qualitative data collected through a survey and the second in-depth qualitative interviews.

Method

Participants

Participants were recruited from August 2018 to January 2019 through advertisements on social media platforms and contacting UK LGBTQ+, sexual violence, and youth organisations. Within this, organisations who engage with under-represented groups, for example organisations supporting young people not in education, employment, or training were contacted in an attempt to increase participation from these groups. LGBTQ+ young people aged 16 – 25 who had experienced sexual violence were invited to take part in a research study investigating sexual violence and perspectives of services. Participants completed an online survey and, following completion, could offer to take part in an interview.

Procedure

Ethical approval was granted by the University's Ethics Committee. Best practice for conducting research on sexual violence was adopted and possible distress carefully considered, for example, interview participants decided whether to discuss personal impacts of sexual violence or speak generally about sexual violence impacts (all chose to discuss their experiences). Following recommendations for interviewing sexual violence survivors, interviews were conducted in a warm and validating manner, which included providing information regarding support services and emphasising participant control and choice throughout (Campbell et al., 2010). Interview participants were given space to debrief after the interview, and contact details of the researcher were provided if they felt further discussions or support to access services could be useful for them. Interview transcripts and the final research thesis from which this exploratory study is drawn were also shared with participants for their feedback and commentary.

Participants completed an anonymous online survey which collected demographic information and used amended versions of the Long and Short Form Victimization of the Sexual Experiences Survey (SES-LFV, SES-SFV) which have been widely used and amended in research (Koss et al., 2007). Revisions of SVS-LFV/SFV included gender neutral language. Consistent with SES-LFV/SFV formats, participants reported the frequency of sexual violence experiences over the last 12 months and since age 14 on a 4-point scale (0, 1, 2, or 3+ times). Responses greater than zero were used to produce percentages of the types of sexual violence victimisation experienced. Participants also completed open-ended questions which asked what they thought made LGBTQ+ young people more/less likely to access services for support following sexual violence, and if they had reported sexual violence experiences to any services. At the start and end of the survey, a document containing different national support services, including mental health, sexual violence, and LGBTQ+ young people services, was displayed to provide information regarding possible support. At survey completion, participants were invited to take part in an individual interview regarding impacts of sexual violence, experiences of using support services and/or ideas for service improvements. Participants who consented and shared contact information (stored separately from survey data, ensuring anonymity) took part in individual semi-structured interviews conducted by the first author via Skype. Interviews lasted 45 to 80 minutes. Written informed consent was given prior to interviews, and verbal consent taken during interviews. Questions included: *“How do you think services could best support LGBTQ+ young people who have experienced sexual violence?”* and *“Are there any examples from your experiences that you would like to talk about?”* At the end of every interview, a debrief conversation was held and the support services

document was emailed. Participants chose their pseudonym and received a £10 voucher for their time.

Data analysis

Descriptive data documented types of sexual violence experienced and percentages of reporting to services (e.g., police, healthcare, university). Content analysis quantitatively analysed qualitative survey data to categorise meanings from semantic information. Thematic analysis was implemented to identify patterns of meanings and explore commonalities across interview participant experiences (Braun & Clarke, 2006). The first author generated codes, themes and interpretations through semantic content using NVivo (10) software. Initial themes were refined through discussions between both authors. Braun and Clarke's six phases were implemented to ensure consistency and transparency in decision-making.

Researcher reflexivity

To maintain personal reflexivity, the first author's experiences and identities which shaped and informed the research were considered throughout in discussions with the second author. This included identities as a white, cisgender, heterosexual woman, with prior youth work and sexual health experiences with LGBTQ+ young people affected by sexual violence. These experiences and conversations with LGBTQ+ young people in these settings informed understandings of heterosexism and the need for service improvements. Discussions recognised the privileged position of the first author and how this influenced interview dynamics and data interpretations. For example, exploring how individuals with multiple, intersectional identities face structural barriers to services, and interrogating any possible heteronormative assumptions being made (Henrickson et al., 2020).

Results

Descriptive data

The total number of survey respondents was 74, of these 38 respondents did not complete the survey, as non-completion was an indicator of study withdrawal, analysis used the 36 completed responses. Table 1 outlines participant characteristics (N = 36). The mean participant age was 20.5. The majority had a White ethnic background (80.56%) and were university students (42.59%). Almost half of participants identified as bisexual (41.67%), and one quarter identified as trans (25.00%). The proportion of participants' gender identities was equal for men and women (33.33%) and slightly lower for non-binary participants (27.78%). A high proportion of participants (69.44%) did not report sexual violence to support services (figure 1).

[Table 1 near here]

[Figure 1 near here]

Sexual Violence Experiences

The types of sexual violence experienced by participants in the last 12 months and since age 14 reported in the amended SES-LVF/SFV were examined. Figure 2 outlines the proportion of participants who experienced each type of sexual violence. Sexual assault and attempted sexual assault (including rape and attempted rape) describe 'contact' sexual violence, whereas remaining types refer to 'non-contact' sexual violence.

Unwanted sexualisation was the most common experience since age 14 and in the last 12 months (100% of participants). Sexualised bullying was also frequently experienced by participants, which includes bullying regarding gender and sexuality. A high proportion of participants were subject to sexual assault since age 14 (86.11%) and half in the last year (50.00%).

[Figure 2 near here]

Content analysis

Content analysis quantitatively analysed participants' responses to open-ended questions in the survey. Table 2 details categories and the number of times participants described ideas within these. Categories were mapped out across three levels of context to describe interpersonal, service and sociocultural factors affecting service use and reporting. Some categories were interpreted as interactions between factors (e.g., discrimination will interact with, and can be produced by, sociocultural, service and interpersonal factors) and categorised accordingly.

[Table 2 near here]

Interpersonal factors

It is concerning that the emotional impacts (9 times) of sexual violence can limit service access and reporting, as services, if effective, could provide support for individuals to overcome these impacts. Similarly, if age (4 times) prevents service access due to less understanding as to what constitutes sexual violence (6 times), younger people may lack professional support to make sense of their experiences. Family relationships (3 times) indicates that family systems may limit support seeking. The relationship with the perpetrators (11 times) as reducing service access and reporting is indicative of the interpersonal traumas associated with sexual violence and may reflect unsafe relationships.

Service factors

Services as safe (18 times) and accepting (24 times) are important factors for utilisation, and confidentiality (5 times) may reflect a key factor within safety. If services are

explicitly LGBTQ+ friendly (11 times), then safety and acceptance can be inferred more easily. The accessibility of services (14 times) indicates services need to be practically accessible (e.g., location, operating times), which may be challenging in rural areas or areas with limited youth funding.

Sociocultural factors

The normalisation of sexual violence (20 times) may mean LGBTQ+ young people, people around them, and services do not view experiences as serious and/or constituting sexual violence. Heteronormativity (9 times) facilitates cultural scaffolding for sexual violence, restricting support seeking and reporting.

Interacting factors

Not being believed (7 times), shame (9 times), and fear of blame (3 times) may be associated with victim-blaming ideas which will affect, and be facilitated by, sociocultural, service, and interpersonal factors. A lack of understanding about what sexual violence may be (6 times) could be produced through the normalising of sexual violence. Stigmatising societal attitudes may inform factors such as discrimination (17 times) and anti-LGBTQ+ prejudice (14 times), impacting upon experiences within services, interpersonal relationships, and responses to sexual violence.

Thematic analysis

The mean age of interview participants was 22.43. Table 3 presents their self-defined demographic information. Of the participants, one identified as a lesbian woman (Anna), three identified as gay/homosexual men (Ed, Nero, and Shimeon), one as a bisexual man (Patam), and two participants identified as bisexual and either non-binary (Quinn), or as female aligned and currently questioning gender (Onyx). All participants

had used services (e.g., sexual health, youth centres), but not specific sexual violence services.

[Table 3 near here]

Through thematic analysis, two themes were identified; within the first theme, *safety and acceptance*, participants discussed how services could create positive environments. The second theme, *services as hard to reach*, explored contexts participants experienced as inaccessible and stigmatising.

Safety and Acceptance

Participants discussed how services could demonstrate acknowledgement of different identities through promotion: “*Advertising that they do have services for LGBT+ people in the first place is really important because that’s how you know, like you’ve actually thought about those people*” (Onyx). This idea of being considered suggests challenging potential invisibilities of LGBTQ+ young people in service design. Without this, services can be feared due to possible assumptions, as suggested in Anna’s discussion of online sexual violence support information:

“you have this website that you’re looking at for example and it says we help, we support victims because of sexual assault or whatever, erm its very general so it’s not really, you don’t even know whether it’s for you, whether someone might respond in a way that, erm maybe that they wouldn’t expect you to say oh you know I’ve been assaulted, it was a woman”

Anna conceptualised disclosing her sexuality as taking a risk; “*you don’t know, even when you disclose your sexuality you don’t know what’s going to happen*”, suggesting services need to be overtly accepting and non-judgemental, an idea shared by Patam “*so services need to say like we don’t judge you and it has to come from the service*”.

Shimeon highlights this as especially important for trans young people due to the increased discrimination they experience:

“I think with, especially with trans people when they’ve had to fight so hard for their own identity, seeing that reflected is definitely more important for them, because the challenges they faced are, you know, very much unique to them”

Participants’ accounts indicate they assess services prior to using them, suggesting services are not clearly articulating acceptance. Subsequently, participants may wait for signals that it is safe to disclose their identity and seek out LGBTQ+ specific services, as Quinn described; *“so I know that most of my friends would refuse to go to any place like that didn’t specifically say that it talks to bisexual people or erm polyamorous people as well”*. These may be experienced as safer due to assumed increased understanding. This also indicates the importance of non-judgemental staff attitudes: *“I have a very strong opinion that someone should go into a sort of service and be sort of clean slate, no judgements”* (Nero). A *“clean slate”* approach could create acceptance through person-centred support, preventing homogenising LGBTQ+ young people, which Onyx highlights:

“it should be, erm, personalised to each different person, because not every asexual person is the same, not every bisexual person is the same, not every lesbian woman is the same, people deal with things differently”

The ongoing importance of safety was indicated by participants as they described attending to when they could trust staff and knowing which services are safe to access:

“I knew where was, sort of, like safe for me to go, so that’s sort of like, yeah, like sort of like implementing services where people know what, erm what person they’re gonna talk to and that it’s a safe environment” (Anna)

Nero also connects the idea of knowing/trusting the staff in his youth centre: *“I nearly knew all the staff, so it was really friendly and a trusting area”*. Nero went onto describe this service as *“you sort are part of the family”*, which he felt was created by the service being a *“very homely environment”* which *“made me feel accepted, no matter what”*. This may reflect services and staff providing a secure base. Participants’ accounts of connection and safety were associated with meaningful relationships and acceptance, but participants could not assume services would enable these experiences.

Services as hard to reach

Consistent with the importance of staff relationships, participants discussed impacts of services that positioned staff as superior. These were described as facilitating *“very one sided”* (Nero) interactions as a *“question/answer, question/answer clinical type thing”* (Onyx). Participants felt this created cold interactions as experiences were constructed as *“an inventory of erm technologies and techniques, it’s like what did you do and how did you did it?”* (Ed). This is shared by Nero, who suggested relationships with services can feel transactional; *“they just want you to be there, access the service and then come away a better person”*. Participants highlighted how some clinical procedures/boundaries created barriers between them and staff/services, and met services’ agendas’, not their own. If services are working to their agendas, this could exclude issues that participants felt were important to address, such as impacts on family systems, as Nero highlights: *“I think services need to sort of help out home life as well and not just the actual event itself, although that will be useful, erm it does impact home life a lot”* (Nero). These transactional and superior relationships positioned staff as experts, subsequently facilitating feelings of inferiority, which was reinforced through questioning that implied blame, as Nero describes during police interviews:

“They made me feel ashamed that it happened from my view and although they constantly said it wasn’t my fault, it constantly felt like it was... they just made me feel really, I don’t know the word, undermined maybe”

Questioning in services may therefore facilitate victim-blaming and rape myths, for example regarding alcohol use, which may be associated with stereotypes of young people:

“like the first question is always like, ‘how drunk were you?’ Erm, which is always a big thing” (Patam)

Experiences of victim-blaming connected to their sexuality was especially salient for gay, bisexual, and non-binary participants. Quinn discussed how their gender and sexual identity can be used to explain why they have been subject to sexual violence:

“People can hyper focus on that aspect on your identity when talking about erm issues that you want to talk about and I think that can definitely make you feel as if your identity is the cause for your problems”

Onyx, Quinn, and Patam described fears that negative assumptions about their sexual and gender identities could mean their experiences were dismissed or not believed in services:

“I think just people’s preconceived notions can really affect what, erm, help you’re given, so rather than, erm, giving me all the options possibly, erm, they could possibly just tick me off as ‘oh you’ve had many partners’” (Onyx)

“a big stereotype within, like of society and LGBT people, is that we are promiscuous and like we want to sleep around and therefore erm things that happen to us are kind of our fault” (Quinn)

“like they might think like bi people tend to sleep around with everyone so that might be like have, like ‘well is it really violence like sexual violence or is it just like sex?’” (Patam)

These rape myths can mean sexual violence victimisation is downplayed, described by Shimeon as a process which means “*being part of the LGBTQ plus community kind of feels like sometimes slightly trivialises what people sort of experience*” which he described as an important reason why LGBTQ+ young people may not report or disclose sexual violence to services:

“Just the fact that we’re of a minority group, we’re LGBTQ, there seems to be this strange notion that it’s, like, it’s likely to happen to us anyway, that’s there’s, you know, if it happened to someone and you weren’t expecting it to, then it would be serious, but it’s like, it’s kind of part and parcel, you know, of the community, and I think it gets taken slightly less seriously”

Thus, rape myths facilitate beliefs that participants are more vulnerable to sexual violence due to their identity. This means if participants are assaulted or harassed, it can create experiences of shame as there is a sense their gender or sexual identity, a core part of the self, is responsible for victimisation:

“I guess that leads to, kind of you feeling ashamed about your identity, rather than your behaviour because it feels like your identity is something that’s making you more erm, like putting you more in harm’s way” (Quinn)

Conversely, as a Lesbian woman, Anna described different assumptions made in services. She highlighted heteronormative rape myths (men as perpetrators) and suggested sexual violence can also be taken less seriously if the perpetrator is a woman, compared to a physically stronger man:

“they [services] don’t expect that you’ve been assaulted by a woman, erm and even in that case, you know, it’s not as valid, or it might not be perceived as valid as when someone that’s physically stronger than, erm, or more threatening, or whatever”

Further experiences of heterosexism may be illustrated through an emphasis on participants to explain their identity in mainstream services. Onyx describes the impact of accounting for identity as *“it’s kind of like double the trauma kind of in a way, cos you’re already dealing with something and then you having to like, erm, put in emotional, physical, mental energy to actually explain stuff”*. This *“trauma”* means it may be protective to avoid using services. However, accessing services can be framed as individualised choice which may obscure the protective function of avoiding services. Ed reflects how he can access services as a person of privilege and how that subsequently positions others as irresponsible:

“here I am like white privileged person, able to access services, able to use them, able to understand them, all these other things. And I’ve internalized that as I am good. I am smart. I am responsible. Anyone else is deviant idiot, you know, what I’m saying is I don’t do that, but I recognize how easy that would be to do”

He suggests this obscures wider structural inequalities in access for people with different identities. Consistent with this, Shimeon situated the use of services within his cultural background:

“I think especially because the Asian community, we’re quite, you know, family focused, a large part of our support comes from the family, so not having that, we wouldn’t really even think about accessing other services if your step one already, you know, kind of failed”

For Shimeon, this would prevent him from accessing support for sexual violence. This indicates the importance of understanding the wider sociocultural contexts of participants’ lives; as well as the invalidating and discriminatory experiences participants can encounter in services, when conceptualising service accessibility.

Discussion

The findings of this exploratory mixed methods study demonstrate the importance of understanding and responding to sexual violence experienced by LGBTQ+ young people. Throughout the study, participants highlighted heteronormative contexts and the normalisation of sexual violence as affecting experiences of, and access to, support services and reporting. Safety within services was limited due to victim-blaming experiences and fears of discrimination. However, if support services are accessible and attend to the multiple identities of LGBTQ+ young people, they can be a space for acceptance and connection.

The types of sexual violence reported by participants indicates a high prevalence of sexual assault and the multiple ways in which participants have been subject to sexual violence throughout their lives. Nationally, reporting of sexual violence offences is low; less than 1 in 6 report to the police (Office for National Statistics, 2020), consistent with this exploratory study's findings. This may be associated with record low rates of prosecutions; 1 in 70 cases (Centre for Women's Justice et al., 2020), with LGBTQ+ people underrepresented in these figures (Walker et al., 2021), dissuading LGBTQ+ young people from reporting, and indicative of failures in criminal justice systems. These failings are further demonstrated in the UK's National LGBTQ+ survey findings: 94% of respondents did not report serious incidents perpetrated by someone they lived with because they were LGBTQ+ (including sexual and physical violence) (Government Equalities Office, 2018).

Service access and sexual violence reporting

The views of survey participants were categorised into factors which affect support seeking and reporting (figure 3) to address research question one. The content analysis indicated that service utilisation for LGBTQ+ young people for sexual violence support

is affected by a complex interplay of interpersonal, service and sociocultural factors. The model conceptualises multiple factors affecting service utilisation and reporting (figure 3), thus by attending to these factors, 'services can improve access and reporting.

[Figure 3 near here]

Experiences of discrimination and shame may be rooted in heteronormativity, and the normalising of sexual violence can prevent service use and reporting. Experiences of shame may be connected to heteronormativity because the construction of gender roles can interact with shame (e.g., cultural narratives of women as to blame, men as weak), which may affect reporting (Weiss, 2010). These experiences could be reproduced through interactions with services, or other interpersonal relationships (e.g., family), particularly if individuals lack supportive relationships (Harvey et al., 2014). This may increase experiences of self-blame, which can restrict help-seeking or reporting (Sable et al., 2006). It also connects to experiences and fears of not being believed. This may prevent disclosure of sexual violence, and responses of disbelief to disclosures by individuals and services can further increase shame and self-blame. Thus, to not disclose, may serve a protective function if the systems around LGBTQ+ young people dismiss and minimise these experiences. Similarly, LGBTQ+ respondents in the UK's National LGBTQ+ survey described not reporting hate crimes as they would not be taken seriously or nothing would happen (Government Equalities Office, 2018), indicative of fears and experiences of minimisation. The interpersonal factors identified illustrate the importance of engaging with the lives of LGBTQ+ young people to understand how relationships with perpetrators can prevent service access and reporting. Studies report high rates of intimate partner violence in LGBTQ+ communities,

particularly for trans couples (Decker et al., 2018; Peitzmeier et al., 2020), and, especially if young people have limited family support, it may be challenging to report partners or friends who are perpetrators. Perpetrators of sexual violence, particularly more normalised forms of sexual violence, could also be less aware their actions constitute sexual violence: research suggests the boundaries of consent and coercion can be difficult to comprehend, and whilst young people understood what it meant to give consent, the processes of gaining consent were much less understood (Coy et al., 2013). Younger age groups (ages 13-14) were less likely to recognise non-consensual sex than older groups, which may be associated with age as a barrier to accessing support, suggesting failings in education systems (Coy et al., 2013). Similarly, the lack of understanding of what sexual violence is highlights gaps in education (Sherriff et al., 2011). This lack of knowledge may be further strengthened through teachings of heteronormative relationships in sex education in schools (Smith, 2015). Moreover, this focus on gender roles can contribute to normalising sexual violence. This suggests the importance of affirmative consent and increased education, as well as investigating cultural attitudes which condone sexual violence.

Notably, service level factors were most frequently categorised in the content analysis, suggesting the importance of service design and delivery in enabling service utilisation. This is consistent with a review of barriers to sexual health services for young people, which cites service quality and fears about how young people will be received (or accepted) as paramount to accessibility (Bender & Fulbright, 2013). Survey participants highlighted safety and acceptance as important, for example, through explicitly LGBTQ+ young people friendly spaces, concepts repeated by interview participants. These ideas are not new (e.g., McDermott et al., 2018) but were consistently raised by participants, suggesting issues in service delivery remain. The

need for safe spaces suggests an awareness that services exist in heteronormative contexts, consistent with UK research describing impacts of structural discrimination (e.g., Harvey, et al., 2014; LeFrançois, 2013; McDermott et al., 2018; Sherriff et al., 2011). Situating service level factors within wider sociocultural contexts will be useful to understand how heterosexism and rape myths can impact on practice and delivery (Rymer & Cartei, 2015).

Perspectives of support services

The thematic analysis addressed the second research question exploring how LGBTQ+ young people described service experiences. Interview participants discussed how victim-blaming and minimising experiences associated with their gender or sexual identity were facilitated through LGBTQ+ specific rape myths premised in heteronormativity, consistent with the impacts of heteronormativity highlighted in the content analysis. These blamed and shamed gay, bisexual and non-binary participants through stereotypes and dismissed experiences of sexual violence by another woman. Concordantly, Mortimer et al. (2019) also found these rape myths and stereotypes marginalised and excluded LGBTQ+ victims/survivors through their heteronormative frame. Women perpetrators of sexual violence against other women and non-binary people are far less explored in research. This may be reflective of an invisibility of lesbian and bisexual women and non-binary people in conversations about sexual violence (Bates et al., 2019). Anna felt this contributed towards the minimising of sexual violence perpetrated by women. This is related to ideas of intersectional invisibility in which being a non-prototypical member of a social group creates social invisibility (Purdie-Vaughns & Eibach, 2008). Prototypical sexual minority group members are White gay men, rendering other identities invisible. This invisibility is compounded for individuals also not prototypical in other groups, such as ethnicity or

gender (e.g., Onyx as a Black bisexual female aligned and currently questioning gender person). Potentially, because men are prototypically perpetrators of sexual violence, women perpetrators, and the experiences of people who are sexually victimised by women, become invisible. This may mean sexual violence experiences are perceived as less valid or significant (Bates et al., 2019), as Anna described.

Frequently LGBTQ+ young people are positioned as ‘hard to reach’ (McInroy, 2016), a marginalising discourse which means they are ‘easy to ignore’ in services (Matthews et al., 2012). Thus, service challenges were deliberately constructed as ‘services as hard to reach’ in the thematic analysis, to put the onus onto services for the exclusion of LGBTQ+ young people. These challenges were often associated with the wider stressors participants experienced, such as stereotyping and discrimination, again demonstrative of heteronormativity impacting upon services (Love et al., 2017; Rymer & Cartei, 2015). Consequently, participants assessed the safety of disclosing their identities and were concerned they may have to explain their identities. These experiences could be fatiguing and mean participants sought out LGBTQ+ specific services, also suggested in the survey data. Heterosexism therefore created structural barriers in service utilisation for participants, which is already a difficult process for young people (e.g., McGorry et al., 2013). Whilst, participants in this exploratory study discussed seeking LGBTQ+ specific services, other LGBTQ+ young people may avoid these services if perpetrators are within the LGBTQ+ community and intimate partners, as there can be increased anxieties regarding confidentiality in these settings (Salter et al., 2020). This may also explain why the relationship with the perpetrator impacted service access in the content analysis. If mainstream services are hard to reach, and LGBTQ+ specific services unsafe, this may silence sexual violence reporting and prevent meaningful interventions for LGBTQ+ young people.

Interview participants described interpersonal interactions across a continuum of accepting, consistent relationships, to cold, clinical and transactional interactions, which shifted responsibility onto young people to change themselves, connected to experiences of blame. Wagaman (2014) suggests that consistency of staff and service accessibility to create connection and reduce isolation is especially important for LGBTQ+ young people whom have experienced transitions and uncertainty. This may be evident in Nero's descriptions of his youth centre feeling like a family. More informal services and settings with consistent staff could facilitate trusting, warm interactions. However, LGBTQ+ service provision has been impacted by UK austerity policies, increasing the marginalisation and invisibility of LGBTQ+ people (Beninger & Arthur, 2014). Given the invisibility participants already described, this may compound experiences of being overlooked in services. This could be especially relevant for non-binary people because mainstream services are often developed along gender binaries, particularly sexual violence services (Rymer & Cartei, 2015).

A clinical approach in services and a focus on meeting service agendas restricted interpersonal relationships, critical for acceptance. This could reflect services operating under limited resources (e.g., less time available to spend with service-users) and the impacts of a target-oriented structure in healthcare services (McCann et al., 2015). This may facilitate a lack of listening in services, creating distrust (McLeod, 2007) and increasing power imbalances between services and young people, inferred from participants descriptions of experiences of inferiority in services. These experiences may, understandably, reduce service use by LGBTQ+ young people. Experiences of inferiority may also be created through positioning LGBTQ+ young people who do not use services as irresponsible. This may be connected to neoliberal discourses of individual responsibility, which obscure wider structural inequalities and reduce the

responsibility of governments to protect disadvantaged groups (Meyer, 2015).

Individualising service access also minimises intersections between service use and cultural experiences. This suggests the importance of situating participants' service experiences within intersectional frameworks that explore all their identities.

Limitations

Whilst this exploratory study used legal definitions of sexual violence, the edits of the sexual violence measure limits comparisons with other research. It was not possible to conduct a statistical analysis of category frequency in the content analysis due to the small survey sample size, as findings could not be reliably generalised to other LGBTQ+ young people (Joffe & Yardley, 2004). The small sample size means only tentative conclusions can be drawn and the limited number of participants also increases the risk of 'universalising' experiences; assuming that the participants' experiences can represent all young people who hold similar gender and/or sexual identities (Hendrickson et al., 2020). Notably, the majority of participants held student identities and it would be important to increase engagement with LGBTQ+ young people not in education to better understand their perspectives. Other studies also reported difficulties recruiting LGBTQ+ participants to discuss sexual violence (e.g., Hester et al., 2012). Conversely, some studies have reached large numbers of LGBTQ+ young people, which may be due to increased resources (e.g., McDermott et al., 2018). Although, internet-based designs are recommended to facilitate diverse LGBTQ+ young people's engagement in sensitive research (McDermott et al., 2013), the topic area may have affected the uptake as LGBTQ+ young people could view the study as potentially re-traumatising, particularly if they had not been able to access effective support previously. Potentially, societal normalising of sexual violence may have meant some

LGBTQ+ young people did not take part as their experiences were not conceptualised as sexual violence.

Implications for practice

Whilst this discussion of ‘services’ does homogenise diverse organisations, the factors identified can broadly inform how to improve experiences for LGBTQ+ young people seeking support for sexual violence. Services should attend to each factor in Figure 3, using the model to review how inclusive they are and recognise intersectional invisibility to support LGBTQ+ young people’s utilisation. For example, questioning stereotypes held in services and by staff, and any implicit assumptions in service design. Applying intersectional frameworks in service provision and support would deepen appreciations of individuals’ experiences and identities (Love et al., 2017). Staff training exploring LGBTQ+ young people’s experiences and how victim-blaming interacts with identities would also increase understanding (Sherriff et al., 2011). Additionally, situating support within informal settings could support LGBTQ+ young people to feel safe by reducing clinical or cold interactions. Increased long-term partnership working between healthcare/professional services and informal youth settings could be useful to create safety. Although, developing meaningful collaborations and managing power imbalances between these services (e.g., in funding and resources) within these relationships would be essential. Similarly, engagement with peer support initiatives de-stigmatises sexual violence and fosters social inclusion (Schmitz & Tabler, 2021). However, it is important to also question why heterosexism persists in services. Demonstrating acceptance of gender and sexual identities through explicitly naming entrenched heteronormative structures can expose how these are privileged in services (Butler, 1999; LeFrançois, 2013), beginning to subvert the power these structures hold.

Conclusion

This study was the first exploration of sexual violence and LGBTQ+ young people's perspectives in the UK. It highlights the need to attend to the multiple levels of context that interact with service utilisation for LGBTQ+ young people affected by sexual violence to address the structural and service inequalities they experience. The exploratory investigation emphasised impacts of heteronormative and victim-blaming scripts in understanding service use, and how services can operate on multidimensional continuums from acceptance to judgement, safety to discrimination, and from warm, secure relationships to cold, transactional, clinical interactions. Results indicate services need to review their structures to address how they create acceptance and safety and how they may be experienced by LGBTQ+ young people with multiple minority identities. The invisibility and marginalisation created through stereotypes highlights how rape myths and heteronormativity persist in our culture, emphasising the need for services to take action to address anti-LGBTQ+ prejudice, discrimination and heterosexism.

Acknowledgements

The authors would like to thank the young people who participated in this study for their inspiring ideas and courage in sharing their experiences, as well as the organisations who supported project promotion and recruitment.

Funding

No funding was provided for the research project.

Declaration of interest

There are no known conflicts of interest associated with this article.

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Tables

Table 1. Survey participant demographics

	N	%
Age		
Mean 20.56	36	100
Ethnicity		
Asian/British Asian	1	2.78
Any other mixed/multiple ethnic background	5	13.89
Black/Black British	0	0.00
White – English, Northern Irish, Scottish, Welsh	19	52.78
Any other White Background	10	27.78
Prefer not to say	1	2.78
Occupation*		
School student	2	3.70
College student	2	3.70
University student	23	42.59
Working full time	4	7.41
Working part time	11	20.37
Job hunting	7	12.96
Not working due to disability or mental health issues	2	3.70
Volunteering	3	5.56
Sexual Identity		
Lesbian/gay woman	6	16.67
Gay man	6	16.67
Bisexual	15	41.67
Queer	4	11.11
Pansexual	4	11.11
Asexual	1	2.78
Gender Identity		
Woman	12	33.33
Man	12	33.33
Non-binary	11	27.78
Questioning	1	2.78
Transgender Identity		
Yes	9	25.00
No	22	61.11
Questioning	2	5.56
Gender fluid/queer	2	5.56
Prefer not to say	1	2.78

*participants could select multiple occupations

Table 2. Content analysis categories

Category	Frequency
Acceptance	24
Normalisation of sexual violence	20
Safe spaces	18
Discrimination	17
Anti-LGBTQ+ prejudice	14
Accessibility of services	14
Relationship with perpetrator	11
Explicitly LGBTQ+	11
Heteronormativity	9
Shame	9
Emotional impacts	9
Not being believed	7
Lack of understandings of sexual violence	6
Confidentiality	5
Age	4
Family relationships	3
Fear of blame	3

Table 3. Interview sample demographics

Name*	Sexuality	Gender	Gender Pronouns	Ethnicity	Occupation
Anna	Gay lesbian	Woman	She/her	White other	Student & working part time

Ed	Gay	Cisgender Man	He/him	White other	Student
Nero	Gay	Male at the moment	He/him	White British	Student & working part time
Onyx	Bisexual	Female aligned, questioning gender	She/her	Black British	Recent graduate & working
Patam	Bisexual	Male	He/him	White other	Working
Quinn	Bisexual	Non-binary	They/them	White British	Student
Shimeon	Homosexual	Cisgender Man	He/him	Asian	Student

* All names are pseudonyms

Figures

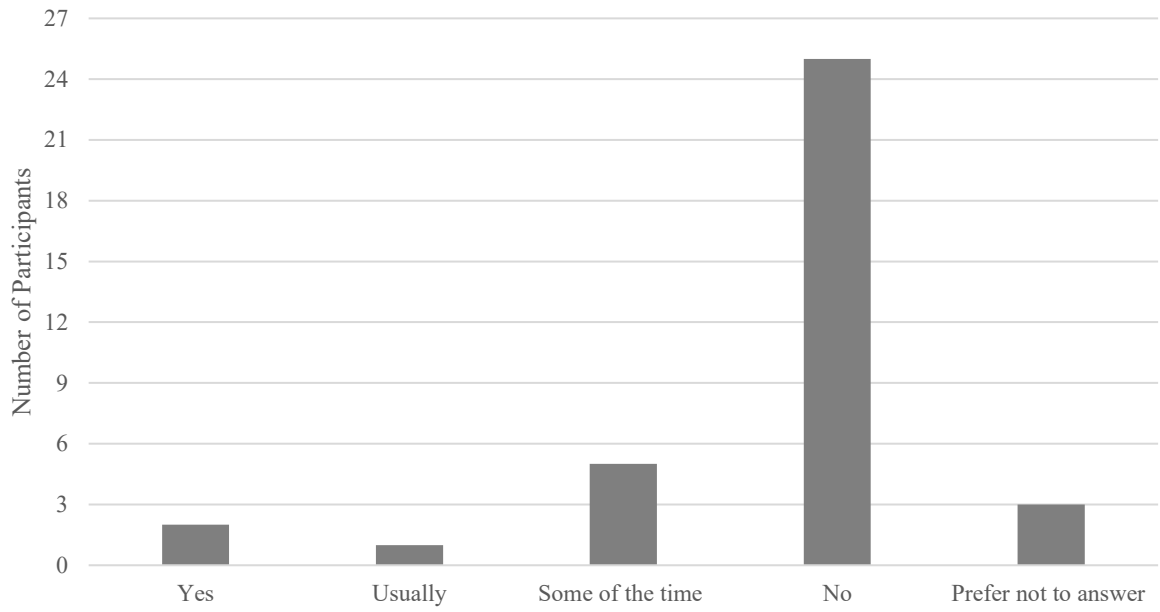


Figure 1. Sexual violence reporting

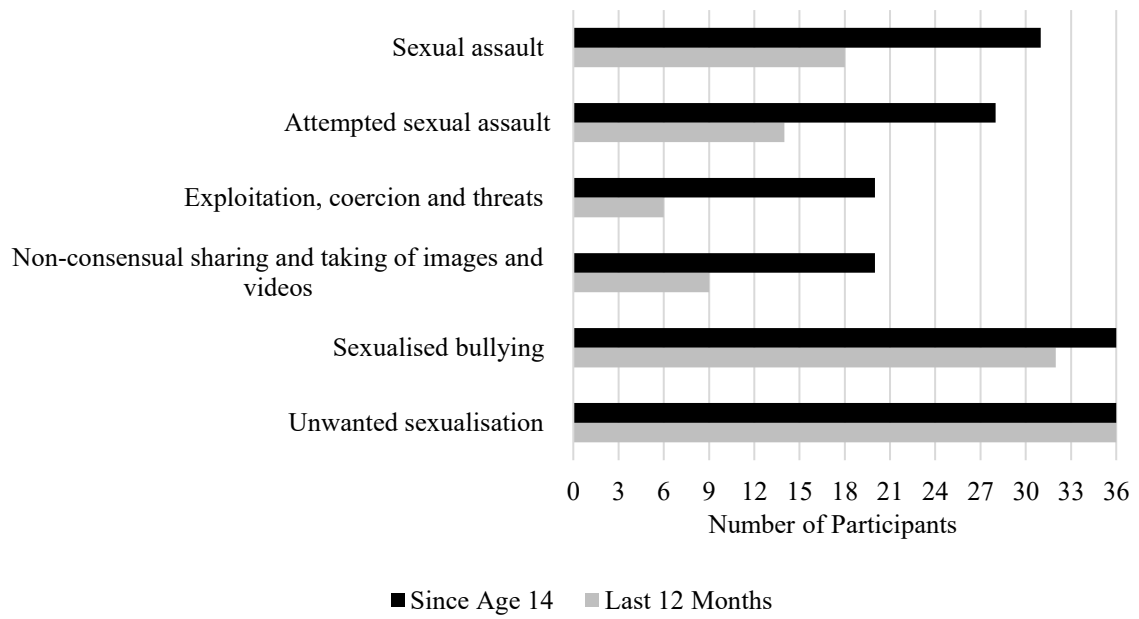


Figure 2: Types of sexual violence experienced

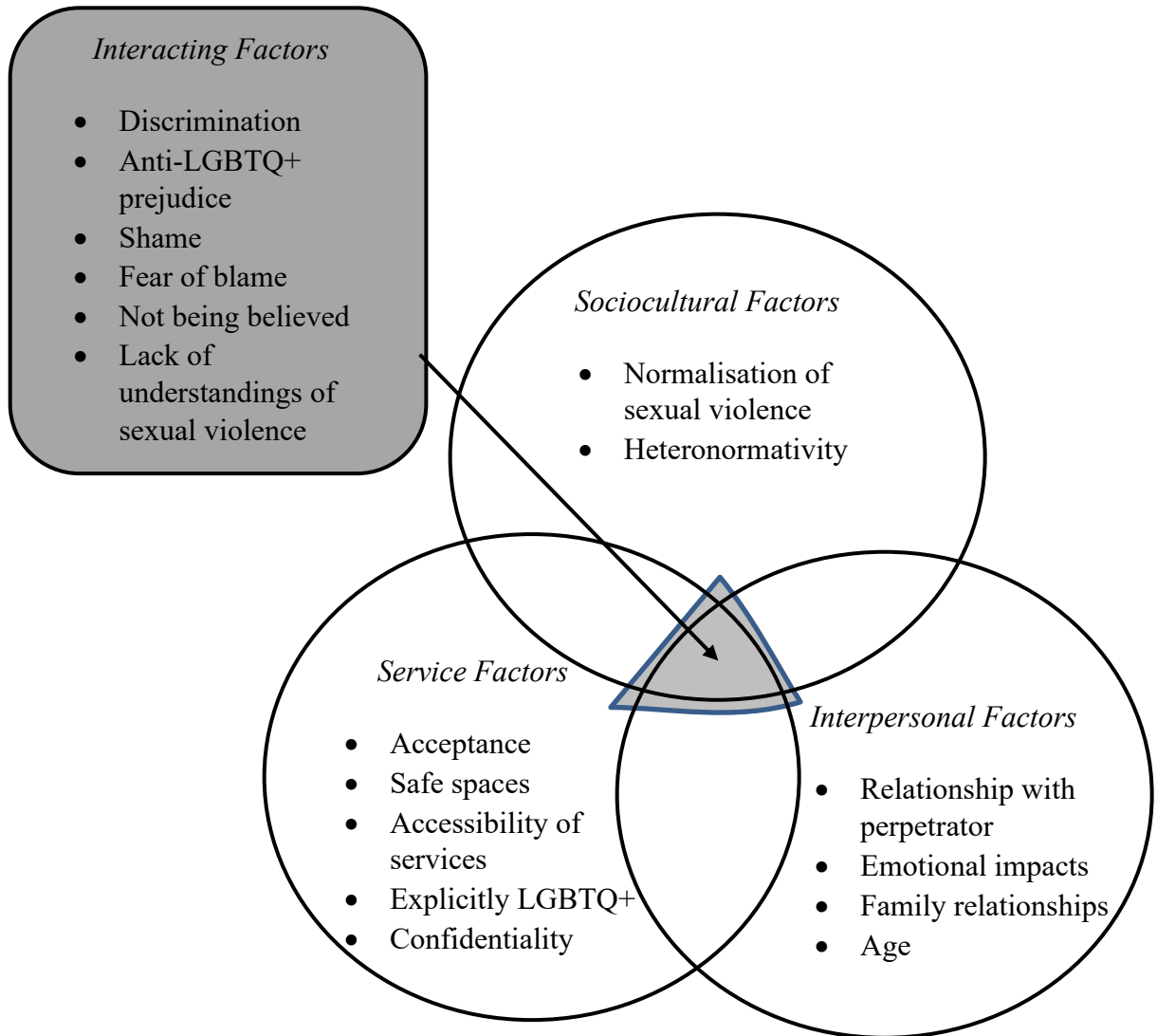


Figure 3. Multi Factor Model of Service Use and Reporting

Figure captions

Figure 1. Sexual violence reporting

Figure 2: Types of sexual violence experienced

Figure 3. Multi Factor Model of Service Use and Reporting