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Sexual harassment against sexual minority students in a university in Nigeria

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Abstract

Background Although most universities in Nigeria have a stringent policy against sexual harassment, most of these policies fail to recognize the unique needs of sexual minority individuals. The study aimed to explore the lived experience of sexual minority survivors of sexual harassment in a higher educational institution (HEI) in Nigeria.

Methods This study employed a qualitative narrative phenomenological approach. We collected data from sexual minority students (aged 18–29 years) who had experienced sexual harassment, policymakers, and peer supporters, using the phenomenological approach between February and June 2024. In-depth interviews were conducted with sexual minority students recruited from a Nigerian university who had experienced sexual harassment. The data were transcribed, coded, and inductively analysed to generate themes using ATLAS.ti version 24.

Results The study included 20 students who identified as sexual minorities. The analysis revealed seven key themes (i) Experiences of sexual harassment, including verbal and physical assault, rape, and homophobic violence, which led to self-isolation, absenteeism, anxiety, and diminished trust in others (ii) Community and social perceptions (iii) Cultural and religious factors (iv) Psychological and academic impacts (v) Coping strategies with survivors reporting different strategies, such as confiding in friends, avoiding perpetrators, stress eating, crying, using social media as a distraction, and psychoactive substance use. (vi) Institutional support, with most survivors reluctant to report incidents to law enforcement or institutional authorities due to fears of escalation, lack of evidence, Nigeria's criminalization of same-sex relationships, and concerns about further victimization by authorities. (vii) Recommendations for institutional reforms such as inclusive policies, diversity training, and awareness campaigns to build a more tolerant and supportive campus environment.

Conclusion The experience of sexual harassment among sexual minorities in HEIs may be fraught with barriers that hinder justice and institutional protection. This has implications for the well-being of survivors. There is a need for institutional policy reforms and cultural changes that promote social inclusion and address the specific needs of sexual minorities. Training of stakeholders is also essential to making sexual minority spaces safer.

Keywords Sexual harassment, Sexual minority, Higher education institution, Policy



1 Introduction

Sexual harassment is unsolicited and inappropriate sexual advances or requests for sexual favours [1] affecting all people irrespective of gender and sexual identity [2, 3]. It occurs in diverse settings, including higher institutions. In Nigeria, sexual violence is legally defined and prohibited under the Violence Against Persons (Prohibition) Act (VAPP, 2015) [4], which characterizes sexual harassment as unwanted conduct of a sexual or gender-based nature—physical, verbal, or non-verbal—that is persistent, demeaning, humiliating, or creates a hostile or intimidating environment. Survivors often bear long-term psychological and physical scars that undermine their interpersonal relationships and mental health [5, 6], though prompt detection and psychosocial support can mitigate these lifelong impacts [7].

One factor that increases vulnerability to sexual harassment is belonging to a sexual minority group [8]. However, the experiences and needs of sexual minority adolescents and young adults remain largely invisible within Nigerian HEIs. Many universities in Southwestern Nigeria publicly uphold “zero-tolerance” policies toward sexual harassment and have designated focal persons within faculties to address such cases. These policies are adapted from national frameworks such as the VAPP Act [4]. Despite these measures, survivors often navigate fragmented justice pathways, seeking redress through institutional disciplinary panels, social justice movements (e.g., social media advocacy), or the legal system. These mechanisms, however, seldom address the specific needs of sexual minority students [9] and the specific needs of sexual minority individuals.

A growing body of research underscores that fostering tolerance and acceptance of sexual diversity is central to addressing harassment against sexual minority individuals [10]. Yet, few empirical studies have examined these dynamics within Nigerian HEIs [11]. This gap is particularly concerning given that sexual minority individuals consistently report higher rates of harassment than their heterosexual peers, both in the workplace [10, 12] and in educational settings [13]. Within Nigeria’s socio-cultural landscape, a hostile environment that promotes discrimination and stigma [14, 15], the marginalized status of sexual minorities in society [16, 17], is reinforced by heteronormativity that is deeply rooted in religious and moral frameworks. Discrimination is often justified by appeals to religious values. In Southwestern Nigeria—predominantly influenced by Christianity and Islam—such values promote moral conservatism, condemn same-sex relationships, and reinforce heterosexist norms that marginalize sexual minority students [18].

The mental and physical health consequences of sexual harassment are well documented. Survivors frequently experience anxiety, depression, post-traumatic stress disorder (PTSD), and other forms of psychological distress [19, 20]. Within homophobic legal and social systems [21], sexual minority individuals are less likely to report incidents or seek help due to fears of stigma, retaliation, or criminalization [22].

This study was conceptually guided by intersectionality theory [23] and minority stress theory [24]. Intersectionality elucidates how overlapping systems of oppression, such as gender, sexuality, and institutional power, shape vulnerability to sexual harassment in academic spaces [25, 26]. Minority stress theory complements this by explaining how the chronic stress of stigma, discrimination, and institutional exclusion contributes to mental health disparities among sexual minority populations [27, 28]. Together, these frameworks highlight that sexual harassment against sexual minority students is not

solely an interpersonal issue but a structural and systemic one rooted in power, prejudice, and institutional culture.

Though most existing studies on sexual harassment among sexual minorities in HEI have been reported from outside Nigeria, they provide important empirical insights that this study draws upon to establish a conceptual foundation. In addition, Nigeria's distinct cultural and social context highlights the need for locally grounded research, which this study aims to provide.

The study aimed to explore the lived experience of sexual minority survivors of sexual harassment in a HEI in Nigeria, its consequences, and the coping strategies used by sexual minority individuals in a HEI in Nigeria. The expectation is that this study will generate evidence for the formulation of gender-sensitive policies in higher education institutions (HEIs) that can protect sexual and gender minority individuals. In addition, the study would generate recommendations on how to create a safe environment for the prevention and management of sexual harassment in HEIs in Nigeria.

2 Methods

2.1 Study design and study site

This qualitative study employed the narrative phenomenological approach to explore the lived experiences of sexual harassment among sexual minority individuals. This approach integrates phenomenology's concern with the essence of lived experience and narrative inquiry's focus on the storied nature of human understanding. It explores how individuals experience and make sense of phenomena through the narratives they construct, emphasizing subjective meaning, temporality, and contextual interpretation [29]. Data collection occurred between February and June 2024.

The study was conducted at a HEI in Southwestern Nigeria, known for its structured student governance system and disciplinary architecture. The institution operates under a centralized administration with a Vice Chancellor at the helm, supported by Deans of Faculties and the Directorate of Student Affairs, which is charged with student welfare, including SH reporting. The institution maintains a public commitment to anti-sexual harassment policies, although the prevailing institutional culture is influenced by conservative sociocultural and religious values.

2.2 Study participants

Study participants were 20 sexual minority students, 18 years and older, who had to be currently enrolled or had been students at a HEI within the past 5 years to be eligible, and had to provide informed consent to participate in the study. Study participants also had to self-identify as survivors of sexual harassment. All participants were proficient in English. There was no exclusion criterion.

2.3 Recruitment procedure

This study adopted a purposive sampling technique to recruit sexual minority (sexual minority) individuals who had experienced sexual harassment in the HEI in Nigeria. The recruitment process was designed to ensure sensitivity, confidentiality, and trust, crucial factors given the vulnerability and legal risks faced by sexual minority individuals in the Nigerian context.

Recruitment was carried out through two primary channels. First, the research team consulted with the Directorate of Student Affairs within the HEI to identify potential entry points for reaching sexual minority students. While the Directorate did not directly identify or refer participants (to maintain confidentiality), it facilitated access to institutional networks (including students' online platforms), which were instrumental in disseminating information about the study. The second recruitment strategy was through peer supporters known to the research team members. The peer supporters were trusted individuals within the sexual minority community who had established rapport with potential participants. These supporters sensitively introduced the study to sexual minority individuals who had experienced sexual harassment, explained the study objectives, and provided reassurances about confidentiality and voluntary participation. Interested individuals were then referred to the research team.

2.4 Study procedure

Once potential participants were identified, the study team contacted them directly via telephone calls and shared detailed information about the study, including purpose, procedures, risks, benefits, and ethical safeguards. Participation was entirely voluntary, and written informed consent was obtained from each participant before data collection.

To ensure participants' comfort and safety, they were given the option to choose the interview modality (in-person, telephone, or online video call) based on their convenience and perceived safety. All the participants opted to conduct the interviews via phone calls. The research team ensured that all interviews were conducted in private settings where participants could speak freely without fear of being overheard or identified. Interviewers confirmed this privacy at the start of each call. To ensure privacy and accommodate participants who preferred not to be on camera, all interviews were conducted via audio-only phone calls.

In-depth interviews (IDIs) were conducted to generate the data for the study. The in-depth interviews took approximately 70 min, explored the types of sexual harassment experienced, the consequences and coping strategies, the support systems, and perspectives on institutionalizing preventive and management support for sexual minority individuals who may experience sexual harassment, including the need for sexual and gender diversity training within Nigerian campuses.

Throughout the recruitment and data collection process, the study team adhered to strict ethical guidelines to protect participants' anonymity, including the use of coded identifiers, secure data storage, and referral to mental health support services when necessary. Research assistants were also trained on how to offer psychological first aid to survivors and psychological support to cope with vicarious trauma. Referral to a psychologist for the management of post-traumatic effects was offered to all participants.

To ensure methodological rigor, the study findings were collaboratively reviewed by multiple researchers to resolve discrepancies. Areas of divergence were resolved through discussions between the study leads (MMB, IO, and AA). Member checking sessions were held for five participants, who validated the themes and interpretations or provided clarifications. Feedback was incorporated into the final analysis. Confirmability was enhanced using anonymized direct quotes, which grounded the findings in participants' voices, and by employing trained assistants to ensure trauma-informed and ethical data collection.

In addition, the interviewers and analysts maintained reflexive journals, documenting their assumptions, emotional responses, and analytical decisions throughout the research process. This journal served as a tool for continuous self-examination and was reviewed during team debriefings. Furthermore, a formal audit trail was created, detailing methodological decisions from recruitment through analysis. Finally, a peer debriefing was done with an external qualitative expert unaffiliated with the study, who also helped with validating the study findings by reviewing the audit trail.

2.5 Data analyses

All interviews were audio-recorded, transcribed verbatim, and anonymized. All audio files were stored on an encrypted computer, and transcripts were stored in a password-protected Microsoft Word document on an encrypted computer accessible only to the lead investigators. A log of data access and retrieval activities was maintained to ensure traceability and integrity.

The transcribed interview recordings were imported into ATLAS.Ti Version 24, and then the individual questions were coded for emerging themes. An inductive analysis was conducted to generate themes from the transcripts based on grounded theory proposed by Braun and Clark [30]. The themes were later reorganized into themes and sub-themes based on the centrality of ideas within each category. The qualitative data were coded using ATLAS.ti qualitative data analysis software. Excerpts and illustrative quotes of general insights and deviant cases were selected from the transcripts to substantiate the presentation of the key findings in this report. The Consolidated Criteria for Reporting Qualitative Research guidelines guided the reporting of the study findings [31].

2.6 Ethical considerations

Ethical approval was obtained from the Institute of Public Health Research Ethics Committee (IPH/OAU/12/2445), Obafemi Awolowo University, Ile-Ife, Nigeria. All research team members received training on interacting with survivors of violence, research ethics, confidentiality, obtaining consent, and psychological first aid. Informed consent was received from all study participants. Confidentiality was assured, and all data was stored without participants' identities. Referrals for therapy were made for participants who exhibited or reported distress. Documents were stored on password-protected laptops.

3 Results

3.1 Sociodemographic characteristics of respondents

Table 1 shows that the sexual minority survivors were between 18 and 29 years old. Seventeen were males, and three were females. Sixteen self-identified as gay, three as lesbians, and one as queer. Sixteen were cisgender, and one each was transgender, non-binary, and gender fluid. 89% of the survivors were between 18 and 25 years old, and 11% were above 25 years. Their disciplines included psychology (5), Chemistry (2), Medicine & Surgery (2), and one from the departments of English Education, Sociology and Anthropology, Kinesiology, Health Recreation, Electronics and Electrical engineering, Microbiology, Demography and Social Statistics, Computer Science, Biochemistry, Medical Rehabilitation, Food Science, and Technology respectively. Survivors were identified across the following levels of study: 100 level (4 individuals), 200 level (3), 300 level (4), 400 level (5), 500 level (2), and 600 level (1).

Table 1 Experiences of sexual harassment and coping strategies among sexual minority students in Nigerian tertiary institutions (in-depth interview data)

SN	Age	SOGI	Type of SH	Sex of perp	Status of perp	Location of SH	Emotional reaction	Reportage consequences to anyone	Report to the school or LEA	Reasons for not reporting	Coping
IDI 1	21	Female Lesbian cisgender	Verbal At-tempted rape	Male	Student	Off-campus (Perp's place)	Felt demeaned Felt betrayed and traumatized,	Friend Less open about her sexuality	No	Illegal in Nigeria Lack of trust in LEA as they often dismiss or blame survivors Fear of stigma	Became a "workaholic" Smoked weed excessively,
IDI 2	19	Male Gay cisgender	Verbal Physical Online	Male	Student (ex-partner)	Hostel Social media	Felt sad, angry, and traumatized	Friends More withdrawn Avoided people	No	Illegal Fear of exposure and societal judgment	Used music friends within the LGBTQ+ community humour
IDI 3	24	male queer Transgender	Verbal harassment Public humiliation	Male	Lecturer (staff) Student (mates)	Classroom classmates	Felt isolated and unsafe in class poor concentration	Friends	No	Illegal Fear of further exposure and potential backlash	Isolated self friends within the LGBTQ+ community
IDI 4	NA	Male Gay cisgender	Verbal Derogatory statements and jokes	Male	Student (friend)	Campus	Felt embarrassed Angry	Friend Felt isolated	No	Fear of public exposure and societal judgment	Became used to the comments Friends within the LGBTQ+ community Humour
IDI 5	29	Male Gay cisgender	Sexual assault	Male	Friend's boyfriend	Perp's residence	Fear, guilt, trauma, betrayal, powerlessness,	Friend Distrust and withdrawal	No	Fear of stigma and discrimination Lack of trust in LEA	Used social media as a distraction, avoided hookup apps like Grindr

Table 1 (continued)

SN	Age	SOGI	Type of SH	Sex of perp	Status of perp	Location of SH	Emotional reaction	Reportage to anyone	consequences	Report to the school or LEA	Reasons for not reporting	Coping
IDI 6	26	Male Gay cisgender	Verbal Homophobic remarks and discrimination	Males	Student (mates) Lecturer	Off-campus hostel On-campus (Classroom)	Feeling unsafe, anxious	Friends	Increased anxiety and hypervigilance Distrust Impaired academic performance	No	Fear of retaliation or further harassment Belief that reporting would not lead to justice or protection Lack of trust in LEA	Emotional support from friends Avoidance of perpetrators and triggering environments
IDI 7	23	Male Gay cisgender	Physical Verbal homophobic insults Discrimination and threats	Males Females	Students (mates) Lecturers	Campus (hostel) online platform	Fear, helplessness, and trauma	Lecturer	Increased anxiety and hypervigilance Avoidance Distrust of peers	No	Lack of trust in LEA Belief that the law does not protect SM Fear of retaliation	Avoidance of perpetrators and triggering environments Ignoring verbal insults
IDI 8	24	Female Lesbian cisgender	Attempted sexual assault Verbal property damage discrimination	Male	Student	Off-campus hostel	Felt embarrassed, angry, insulted	Friend	Anger Frustration Avoidance Fear	No	First incident: Embarrassment and lack of evidence A waste of time Lack of trust in LEA	First incident: Smoking, crying, and stress eating Retaliation Emotional support from friend Learning new skills
IDI 9	22	Male gay Genderfluid	Verbal Cyberbullying Discrimination	Male Female	Students Lecturer	Campus Online	Felt embarrassed Hypervigilant Fear and sadness	Friends	Distrust Emotional distress crying	No	Lack of trust in LEA Fear of retaliation Belief that reporting would not lead to justice or protection Lack of evidence	Focus on personal growth and skill-building Avoidance of certain social interactions Smoking weed Avoiding perpetrators Emotional support from friends
IDI 10	23	Female Lesbian cisgender	Coercion Physical homophobic remarks	Male Female	Students	Off campus	Anger, disgust, and sadness	Friend	Distrust Reserved Isolated	No	Not aware of institutional resources Felt it was unnecessary A waste of time, energy, and money	

Table 1 (continued)

SN	Age	SOGI	Type of SH	Sex of perp	Status of perp	Location of SH	Emotional reaction	Reportage to anyone	consequences	Report to the school or LEA	Reasons for not reporting	Coping
IDI 11	23	Male Gay cisgender	Discrimination Rape	Male	Student	Off-campus	Felt violated, hurt, and traumatized	Friends	Limiting friendships Felt uncomfortable in academic settings	No	Illegal Fear of backlash self-blame Lack of faith in LEA	self-defense Pepper spray Wrote poetry Emotional support from friends
IDI 12	23	Male Gay cisgender	Unwanted sexual advances Homophobic remarks	Male Female	Student lecturer	Off-campus On-campus	Felt embarrassed and ashamed	No	Distrust Isolated	No	Lecturer's authority and potential bias in favor of staff	Avoiding the perpetrator
IDI 13	21	Male Gay cisgender	Homophobic remarks Blackmail and threats	Males	Lecturer Ex-partner	On campus (Class) Online	Felt helpless, betrayed, sad	Friends	Isolation Reserved	No	Lack of trust LEA Fear of escalation Belief that reporting would not lead to Justice	Emotional support from friends Avoiding confrontations Limiting interactions
IDI 14	21	Male Gay cisgender	Verbal homophobic remarks	Male	students	On campus	Embarrassment Sadness	Friends	Limited social interactions	No	Belief that reporting would not lead to Justice	Emotional support from friends Avoiding confrontations
IDI 15	22	Male Gay Non binary	Sexual assault Verbal Homophobic remarks	Female Male	Student Staff	Off-campus On-campus (staff office)	Anger and sadness Fear and anxiety	Friends and family (father)	Social withdrawal limited interactions Emotional distress and fear	No	Fear of persecution Illegal Belief that reporting would not lead to Justice	Avoidance Emotional support from friends Stress eating
IDI 16	18	Male Gay cisgender	Verbal	Male Female	Students (mates)	on-campus (Classroom)	Sadness and surprise Hurt and frustration	Friend	Emotional distress and sadness	No	Belief that Nigeria is not a safe space for SM individuals Fear of further harassment or persecution	Emotional support from friends Practicing self-acceptance

Table 1 (continued)

SN	Age	SOGI	Type of SH	Sex of perp	Status of perp	Location of SH	Emotional reaction	Reportage to anyone	consequences	Report to the school or LEA	Reasons for not reporting	Coping
IDI 17	18	Male Gay cisgender	Verbal Online	NA	Students	Social media	Felt betrayed, Sad	Friends	Withdrawal	No	Felt the incident was not "serious enough" to warrant formal reporting Unnecessary to escalate the matter	Emotional support from friends Blocked the perpetrators
IDI 18	20	Male Gay cisgender	Verbal Homophobic remarks	Males	Student (Roommate) Lecturer	Campus hostel Lecturer's office	Felt bad	Friends	Loss of motivation and productivity	No	Belief that it would not be considered SH	Distraction (movies)
IDI 19	19	Male Gay cisgender	Physical Verbal Homophobic remarks and threats	Male Female	Students	On-campus Hostel and online	Felt naïve and used Anger and frustration	Friend	Emotional distress and sadness Isolation Reflection	No	Fear of bias due to being a sexual minority Fear of retaliation Fear of legal repercussions	Isolation and distancing from others Emotional support from friends
IDI 20	18	Male gay Nonbinary	Verbal	Female Male	Student Family	Online Off campus (Home)	Felt angry and frustrated Hurt and sad	Friends	Emotional distress and sadness Reduced trust in family members	No	Fear of legal repercussions Illegal in Nigeria Not significant enough to report	Emotional detachment and numbness Avoiding interactions

SOGI Sexual orientation and gender identity, Prep Pre exposure prophylaxis, SH Sexual harassment, LEA Law enforcement agents

3.2 Experience of sexual harassment

The interviews revealed pervasive experiences of sexual harassment, discrimination, and psychological distress among sexual minority students. Sexual minorities experienced SH in several forms, including verbal assault, attempted rape, rape, blackmail, extortion, bullying, derision or mockery, food poisoning, kidnap, physical assaults, blackmail, extortion, getting infected with STIs, false accusations, physical assaults, homophobic attacks, threats, and intimidation.

3.2.1 Types of sexual harassment

The interviews revealed that respondents had experienced several types of sexual harassment and discrimination, including physical assault, verbal abuse, and religious and cultural harassment. Participants reported attempted rape, forced physical contact, and violent confrontations. One respondent described being held down by a friend who attempted to “purge” them of their bisexuality. Homophobic slurs, derogatory comments, and public shaming were common. In addition, evangelists and religious peers confronted participants, labelling their identities as “evil” and pressuring them to change. In addition, roommates sabotaged food/water to “cure” their sexuality. Harassment was disguised as casual conversations and requests, escalating to forceful attempts.

“He dragged me back and said, ‘You have to explain why you’re bi.’ He held my face down to the bed and shoved his thing between my legs. I started crying, and he stopped only because he feared his neighbours would hear.”

“My roommate put sand in my water and food to make me sick because she found out I was bi. They all stopped talking to me after that.” (IDI ONE, lesbian female)

“He penetrated me. It was excruciating, and I was crying. The fact that I was crying didn’t stop him. I felt like fire was lit up in my anus.” (IDI FIVE, gay male)

“Someone had a lot to say about my nose piecing and how gay I am, I think he said it in Yoruba, the translation was that; they will be fucking this one in the yansh ...” (IDI FOURTEEN, gay male)

“My ex-boyfriend anonymously posted about my sexuality in our class group. People made jokes, and I was scared to face my classmates for weeks.” (IDI TWO, gay male)

3.2.2 Perpetrators

Harassment originated from multiple sources, including peers (such as roommates, classmates), authority figures (including lecturers), and intimate partners. Notably, some perpetrators were also part of the sexual and gender minority community, exploiting trust and closeness. Harassment occurred in spaces that respondents considered to be safe. Fellow students often leveraged physical strength or social influence to harass sexual minority individuals. Also, homophobic remarks from faculty created hostile learning environments.

“My friend knew what was going to happen to me that night... I felt it was a conspiracy.” (IDI FIVE, gay male)

“It happened in the dormitory. I couldn’t believe it because I thought that was a safe space.” (IDI FOUR, gay male)

"There was like a picture of mine on Tinder... it got to my class group ...a friend of another friend... posted it... So, that's when I got to know that, okay, he's a friend with this guy I dated." (IDI TWO, gay male)

"I used to have a roommate who would put stuff into my food and water, because she found out I was bi... To make me sick...I was always like having runny stomach."

"They came to preach to me ... they started praying for me, preaching to me, praying, praying. I was so embarrassed that day. Like, they stopped me from like, leaving." (IDI ONE, lesbian female)

"A lecturer kept picking on me in class, saying, 'People are bringing Western imports like being gay to destroy this country.' The whole class laughed." (IDI THREE, queer individual).

3.2.3 Mechanisms of power and control

The perpetrators used physical restraint, social status, and coercion to assert dominance. Emotional and psychological manipulation were also evident, with some perpetrators equating bisexuality with an "evil spirit" that needed "purging." Additionally, fear played a significant role in the interviewee's resistance and eventual escape.

"He was like, yes, because it is evil spirit, he's going to purge me of my sins... he's going to give me good dick, that's when I think about it, I would not want to be with a woman again."

"Professors should not use grades as a weapon to manipulate students into doing things." (IDI ONE, lesbian female).

3.3 Community and social perceptions

Sexual minority individuals were often blamed for their harassment, with perpetrators and bystanders justifying abuse by framing it because of their identity or behaviour. For example, a perpetrator framed the assault as "corrective," blaming the survivor's bisexuality for the violence. In addition, a survivor's friend excused the assault by claiming the survivor "would want it," reinforcing blame on the survivor, and others blamed the survivor for "corrupting" culture, justifying public humiliation.

"People whispered behind my back, saying I was making up stories for attention."

"My family told me not to report it. They said it would bring shame."

"He felt it was something I would be down for... He could have asked me if I was attracted to him, if I was down for penetrating sex. But no, he just assumed." (IDI FIVE, gay male)

"Some even blamed me, saying I shouldn't have worn that dress." (IDI TEN, lesbian female)

3.4 Cultural and religious factors

Homophobia is deeply tied to religious dogma and cultural norms, often weaponized to justify harassment. Religious peers framed queerness as a "sin" requiring violent "correction." Cultural nationalism was also used to legitimize public shaming, and cultural stigma translated into systemic exclusion (e.g., housing discrimination).

"They started praying for me, preaching... They said, 'Why would you even love women?'" (IDI ONE, lesbian female).

"A lecturer kept picking on me in class, saying, 'People are bringing Western imports like being gay to destroy this country.' (IDI THREE, queer non-conforming).

3.5 Psychological and academic impacts

The harassment led to emotional distress, self-blame, withdrawal, and academic struggles. Participants internalized guilt and shame, questioning their worth, others described persistent fear, depression, post-traumatic stress syndrome, and another noted that the harassment disrupted focus and attendance. Participants reported avoiding social interactions or denying their identity to escape harassment, including missing classes, difficulty concentrating, and zoning out during lectures.

"I couldn't focus in that lecturer's class or any class that day. For a week, I zoned out, wondering if others knew about me. It affected my learning." (IDI THREE, queer non-conforming).

"I wept on the toilet bowl, praying, 'God, if you take this away, I'll stop being gay.'" (IDI FIVE, gay, male)

"I would wake up in the middle of the night, feeling like it was happening all over again." (IDI SEVEN, gay, male).

3.6 Coping strategies

Survivors employed both adaptive and harmful strategies. Some turned to psychoactive substances such as weed (which is illegal in Nigeria) or alcohol to numb associated psychological trauma. Disengagement from perpetrators or hostile spaces was common (e.g., changing hostels, skipping classes) while a few relied on queer friends for validation, though many lacked trusted confidants. Some sought support from friends and family or accessed therapy and counselling. Some reported using humour.

"I hid behind comedy skits." (IDI FIVE, gay male)

"Talking to my roommate helped me a lot. She was my pillar of strength." (IDI TEN, lesbian female)

"At first, I wanted to forget everything, but therapy helped me process it." (IDI EIGHT, Lesbian, female)

"I just stopped attending social events. I didn't want to be in places where it could happen again." (IDI SIX, gay male)

"I was smoking more excessively; I wanted to just like drown my head... I also started taking ...another strain of weed ... They call it "colos" (IDI ONE, Lesbian, Female)

"My friends joked about it with me. Laughing helped, but the depression lingered." (IDI TWO, gay male)

Figure 1 illustrates the wide range of strategies survivors employ to manage trauma's aftermath, categorized broadly into adaptive (supporting healing), maladaptive (creating new harms), and safety-focused strategies. It emphasizes that the real-world use of these mechanisms is nuanced and context-dependent. The presence of maladaptive strategies highlights the profound difficulty of coping with trauma and the critical need for accessible, effective support.

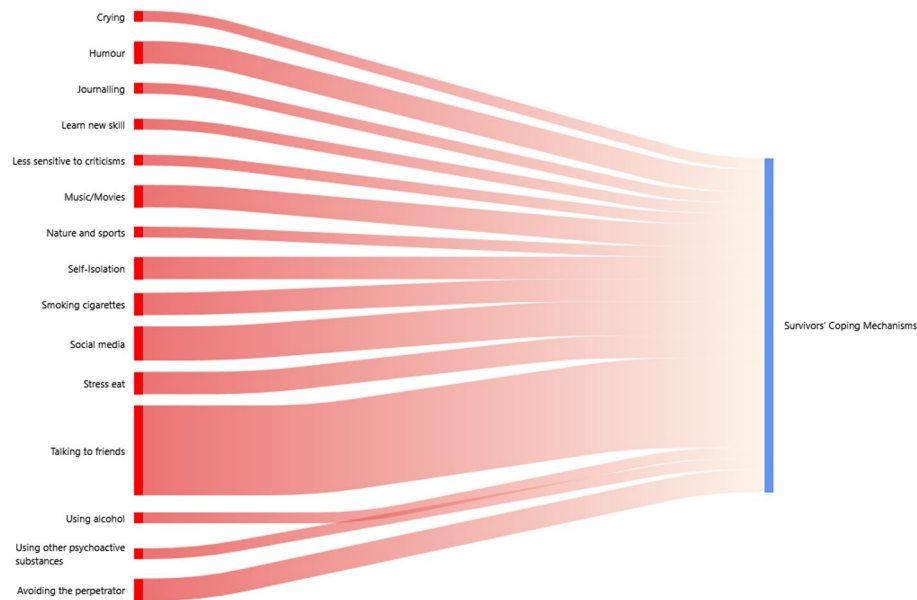


Fig. 1 Survivors' coping strategies

3.7 Institutional support

Participants unanimously stated there were no resources for sexual minority survivors of sexual harassment. Respondents noted that the institution lacked inclusive policies or safe reporting mechanisms. Criminalization of queerness in Nigeria further deterred survivors from seeking help. University staff and students perpetrated homophobia, with some lecturers openly condemning LGBTQ+ identities, and security officers not providing needed support. Lack of familial or institutional support forced survivors into silence.

"The security officer told me there was nothing they could do since I had no proof." (IDI SEVEN, gay male)

"I went to report, and they kept asking if I was sure. Of course, I was sure." (IDI EIGHTEEN, gay male)

"The university has policies, but no one enforces them. They are just words on paper." (IDI NINE, gay male)

"[name of institution] will just depress you more. There's nothing in the institution that helped me cope."

"It's illegal here. If I report, they'll turn the story against me." (IDI ONE, lesbian, female)

"I dealt with it alone. I couldn't tell my parents or siblings. Loneliness is something queer people are used to." (IDI THREE, queer individual).

3.8 Recommendations from respondents

Figure 2 is a summary of the recommendations and highlights that institutions cannot be passive. They must take deliberate, concrete steps to dismantle barriers, prevent harm, and create a truly equitable and supportive environment for SM individuals, especially survivors.

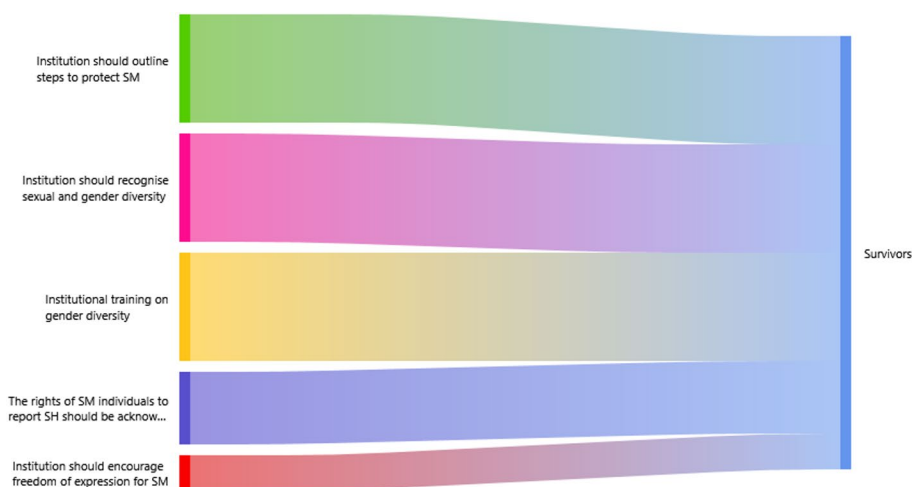


Fig. 2 Recommendations from survivors

Participants suggested institutional reforms include the implementation of anonymous reporting systems. There were also suggestions for diversity training and peer-led support networks. Additionally, participants noted that the institution needs to address these issues proactively to protect its marginalized students.

“A body where we can report anonymously... so perpetrators can be cautioned.” (IDI TWO, gay male).

“Teach people that queer lives matter. Religion has clouded their judgment.”

“The adults should stop avoiding the topic. It’s happening under their noses—in their houses, their neighbours’ children, even their husbands.” (IDI ONE, lesbian, female)

“Communities that listen without judgment... even if they can’t ‘fix’ anything.” (IDI FIVE, gay, male)

4 Discussion

This study explored the lived experiences of SH among sexual minority students in a HEI in Southwestern Nigeria, revealing a hostile environment marked by pervasive abuse ranging from verbal and physical assaults to rape and cyberbullying and often justified as “corrective” due to victims’ sexual orientation or gender identity. Perpetrators included peers, lecturers, and even members of the LGBTQ+ community. The study identified institutional neglect and systemic silence, where experiencing SH is compounded by legal and institutional prejudice that prevents them from seeking justice or protection. Harassed students faced severe psychological and academic consequences. Survivors’ coping mechanisms varied from seeking social support to engaging in self-destructive behaviors, highlighting an urgent need for policy reform and cultural change.

One of the strengths of the study is that it addresses a significant gap in the literature by focusing exclusively on the experiences of sexual minority students in a Nigerian HEI, a population that is both highly vulnerable and largely invisible in existing research and policy frameworks. The research is also framed within the Intersectionality and Minority Stress theories, providing a lens through which to analyze the data. Furthermore, we employed several techniques to enhance the credibility and confirmability of the findings and ensured transparent and complete reporting of the qualitative methodology.

Despite the study's strengths, there were some identified limitations. The study was conducted in a single HEI in Southwestern Nigeria with a small sample size, thereby limiting the generalisability of study findings to all sexual minority students in Nigeria or other HEIs. The experiences may differ in other geographical, cultural, or institutional contexts within the country. In addition, the use of purposive and peer-supported sampling, while necessary for safety and access, may have resulted in a sample that is not fully representative of the broader sexual minority student population. For instance, it may have over-represented students who are more "out" within their community or those with access to certain support networks, potentially missing the experiences of the most isolated individuals. Furthermore, the sample was predominantly male and gay, with the experiences of lesbian, bisexual, transgender, and non-binary students less represented. A more diverse sample could reveal important nuances related to the intersection of different sexual orientations and gender identities with harassment. Despite these limitations, the study findings highlighted some critical findings.

First, this study highlights the profound effect of sexual harassment on the well-being of sexual minority individuals. Sexual minority individuals in the studied tertiary institution face a spectrum of sexual harassment, ranging from verbal abuse and physical assault to more severe forms such as rape and homophobic attacks. This aligns with existing literature that documents the heightened vulnerability of sexual minorities to gender-based violence [10] due to societal prejudices and institutionalized discrimination [32, 33]. The data reveal that this harassment is engineered by intersecting systems of power, targeting students at the nexus of their sexuality, gender non-conformity, and status within a conservative institution. This intersectional production of vulnerability manifests in two key ways.

One, perpetrators, whether peers, lecturers, or others, weaponize multiple hierarchies of power simultaneously. For instance, a lecturer's homophobic remark in class, such as accusing gay students of "bringing Western imports to destroy this country," exemplifies how heterosexist prejudice merges with institutional authority to cultivate a hostile learning environment. In such cases, the harassment functions not merely as an unwanted advance but as a disciplinary mechanism designed to enforce patriarchal and heteronormative norms [25, 26].

Two, the prevalence of what is termed "corrective" violence is a direct manifestation of this intersectional prejudice. This form of abuse is rationalized by an ideology that frames non-heteronormative identities as both a moral transgression and a deviation amenable to violent "correction." Consequently, the survivors' sexual orientation becomes the primary lens through which their victimization is justified, exposing them to unique forms of targeted violence that heterosexual students are far less likely to encounter.

The emotional and behavioural consequences, such as self-isolation, absenteeism, anxiety, and a general distrust of people, reflect an attempt to cope with the hostility and discrimination faced within their immediate environment. Survivors in this study employed a wide range of coping strategies that functioned differently depending on context, intensity, and personal history. From a trauma-informed perspective, coping is understood as an attempt to manage overwhelming emotional distress and restore a sense of safety, even when the chosen behaviours may appear maladaptive. Strategies such as self-isolation, avoidance, or substance use often serve short-term self-protective functions when external supports are absent. Conversely, adaptive approaches, such as

seeking emotional support, engaging in self-reflection, or connecting with affirming communities, can facilitate long-term resilience and recovery. Recognizing these strategies through a trauma-informed lens requires attention to their function rather than form, acknowledging that even seemingly maladaptive behaviours can represent survival mechanisms developed in response to chronic adversity.

This perspective underscores the importance of compassionate, non-judgmental support as a cornerstone of survivor care. A trauma-informed approach recognizes that behaviours reflect coping efforts shaped by context, not character flaws [34]. For instance, avoidance may protect survivors from retraumatization in unsupportive environments, while emotional numbing may serve as a shield against repeated harm. The role of institutions and support services, therefore, is not to pathologize these responses but to provide safe spaces and accessible resources that enable survivors to transition toward more adaptive coping as they are ready. Creating such spaces also means allowing survivors to narrate and make meaning of their experiences: storytelling and narrative expression can be profoundly healing when conducted in a supportive environment [11].

Second, these findings reveal how the absence of institutional or legal protection drives sexual minority individuals toward informal networks and self-reliant coping strategies, some of which carry significant long-term health risks [35]. The reluctance to report sexual harassment reflects multiple, intersecting fears: escalation of abuse, institutional inaction, stigmatization, and the criminalization of same-sex relationships under Nigerian law [36]. These barriers reinforce a culture of silence, perpetuating cycles of violence and psychological distress.

This dynamic can be understood as a manifestation of Minority Stress Theory [24, 27] in a context of systemic failure. The pervasive fear of reporting is an active, chronic stressor resulting from a burden of anticipatory vigilance that forces students into hypervigilance, self-isolation, and the constant management of their identity to ensure safety. This anticipatory stress, a core component of minority stress, directly inflicts harm on their mental health and academic engagement [37]. When a survivor endures harassment, which is an acute minority stressor, the pre-existing fear, compounded by the legitimate expectation of institutional betrayal, deters them from seeking formal redress. The institution, by lacking visible, safe, or inclusive support mechanisms, then fulfils this expectation through its inaction and neglect. The institutional silence is an active form of betrayal [28, 38] that communicates to survivors that their safety and dignity are not a priority. This betrayal, in turn, becomes a new and powerful stressor that compounds the original trauma, deepening psychological distress, reinforcing distrust, and further cementing the decision to remain silent in the future. This creates a self-perpetuating cycle where the institution's failure to act actively generates and intensifies minority stress, thereby reinforcing vulnerability and exclusion among sexual minority students [39].

Consequently, participants emphasized the urgent need for institutional reform, particularly proactive mechanisms that protect sexual minorities from harassment and promote inclusive campus environments. The findings support the work of Kotzé et al. [40], who emphasize the importance of contextualizing sexual harassment within broader social-ecological systems. For Nigerian universities, this means recognizing how institutional culture, power dynamics, and societal stigma interact to shape both

the occurrence and aftermath of harassment. Breaking the cycle of stress and betrayal requires effective institutional protection through clear, enforceable policies, confidential reporting systems, and accountability mechanisms that ensure every case is handled with fairness and sensitivity. Partnerships with civil society organizations specializing in gender and sexual minority rights can further provide survivors with independent avenues for advocacy and legal support.

Third, diversity and inclusion training emerged as a key strategy for addressing prejudice and fostering tolerance within university communities. Participants believed that structured, contextually relevant diversity, equity, and inclusion (DEI) training could reduce bias and improve empathy toward sexual and gender minorities. Evidence supports that well-designed training programs, especially those incorporating experiential learning and storytelling, can shift attitudes and promote behavioural change [41, 42]. However, in regions where cultural and religious beliefs strongly oppose sexual diversity, such programs must be adapted to local contexts to prevent resistance and ensure constructive engagement. Regular, mandatory DEI programs embedded within staff development and student orientation curricula can help institutionalize inclusion as a core value rather than an optional practice [43].

This call for training must be understood as part of a broader imperative for theory-informed institutional change. The coping strategies adopted by survivors, when viewed through the integrated lens of trauma-informed care and minority stress theory, are direct embodiments of their systemic exclusion. So-called maladaptive strategies, such as substance use or emotional numbing, can be reinterpreted as rational, if harmful, adaptations to an environment where formal support structures are perceived as a threat. The high prevalence of these coping mechanisms is an indictment of the hostile ecological system the students inhabit. Conversely, the reliance on trusted friends within the LGBTQ+ community represents a powerful strategy of resistance, fostering resilience despite the institution, not because of it.

Therefore, the participants' recommendations form a coherent blueprint for dismantling the systems that produce minority stress and intersectional vulnerability. This blueprint requires a multi-level approach. One, inclusive anti-harassment policies that explicitly protect sexual and gender minorities are a fundamental structural intervention to disrupt the production of vulnerability. Two, DEI training serves as a direct counter-narrative to the heteronormative and prejudiced cultural norms that underpin both interpersonal harassment and institutional betrayal, proactively reshaping the institutional culture that fuels minority stress. Three, establishing confidential reporting mechanisms and survivor-centered support services is the most direct way to break the "minority stress-institutional betrayal" feedback loop. By creating trustworthy avenues for redress, institutions can transform from a source of anticipated stress into a source of actual safety, thereby reducing the chronic psychological burden on sexual minority students [44].

Overall, the study underscores that creating safer and more equitable academic spaces requires institutions to take proactive responsibility for ensuring safety, dignity, and justice. This involves implementing trauma-informed policies and practices that value the lived experiences of survivors. Embedding compassionate, non-judgmental support within institutional structures is not only a moral imperative but also a foundational principle of effective trauma recovery. By aligning institutional accountability with

trauma-informed care, universities can finally foster environments where all students—regardless of gender or sexual identity—can thrive without fear of harm or exclusion.

5 Conclusion

This study highlights the forms and perpetrators of sexual harassment experienced by sexual minority students in a Nigerian university, as well as the systemic barriers—legal ambiguity, stigma, and institutional discrimination—that deter survivors from reporting and seeking justice. To address these entrenched challenges, we call for the adoption of comprehensive anti-harassment policies that explicitly protect sexual minorities; the establishment of confidential, survivor-centered reporting mechanisms; the creation of campus equity and inclusion units staffed by trained personnel; and the implementation of mandatory diversity, equity, and inclusion training for faculty, staff, and student leaders. Furthermore, collaboration with national regulatory bodies and civil society organizations is essential to ensure policy enforcement and cultural change. Achieving meaningful transformation will require sustained efforts that integrate policy reform, institutional accountability, education, and community engagement. Future research should develop scalable, context-specific models for fostering lasting cultural and structural change across Nigerian tertiary institutions.

Abbreviations

HEI	Higher education institutions
IDI	In-depth interviews
LEA	Law enforcement agents
LGBTI	Lesbian, gay, bisexual, transgender, intersex
Prep	Pre-exposure prophylaxis
SH	Sexual harassment
SOGI	Sexual orientation and gender identity

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Author contributions

BMM: Conceptualization, Investigation, Methodology, Project administration, Supervision, Writing original draft, review & editing. BMM, OI, and MOF: Conceptualization, Methodology, Formal analysis, Project administration, Supervision, review & editing of original draft. BMM, OI, AA, MA, OO, KJO, OA, OB, and MOF: Conceptualization, Methodology, Data collection, review & editing of original draft. All authors made intellectual contributions, read and approved the published version of the manuscript.

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Data availability

The datasets used for the current study are accessible on request from the study PI.

Declarations

Ethics approval and consent to participate

This study was reviewed and approved by the Research and Ethics Committee of the Institute of Public Health at Obafemi Awolowo University, Ile-Ife (approval number: IPH/OAU/12/2445). All procedures performed in this study involving human participants were conducted in accordance with the ethical standards of the national research committee and with the Helsinki Declaration.

Informed consent

Informed consent was obtained from all individual participants included in the study before their participation. Participants were provided with detailed information regarding the study's purpose, procedures, potential risks, and benefits, and were informed of their right to withdraw at any time without penalty.

Consent for publication

Consent for publication was obtained from all participants. Participants provided consent for the use of anonymized quotations in scholarly publications. No identifying information is included in this manuscript.

Competing interests

Moréniké Oluwátóyín Foláyan is a Senior Editor Board member of BMC Oral Health. All other authors declare no conflict of interest.

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References

1. Wall E. The definition of sexual harassment. *Public Affairs Q.* 1991;5(4):371–85.
2. Mitchell KJ, Ybarra ML, Korchmaros JD. Sexual harassment among adolescents of different sexual orientations and gender identities. *Child Abuse Negl.* 2014;38(2):280–95.
3. Konik J, Cortina LM. Policing gender at work: intersections of harassment based on sex and sexuality. *Soc Justice Res.* 2008;21:313–37.
4. Federal Republic of Nigeria. Violence Against Persons (Prohibition) Act, 2015 (VAPP), 2015.
5. Bondestam F, Lundqvist M. Sexual harassment in higher education—a systematic review. *Eur J High Educ.* 2020;10(4):397–419.
6. Mushtaq M, Sultana S, Imtiaz I. The trauma of sexual harassment and its mental health consequences among nurses. *J Coll Physicians Surg Pakistan.* 2015;25(9):675–9.
7. O'Donohue W, Downs K, Yeater EA. Sexual harassment: A review of the literature. *Aggress Violent Beh.* 1998;3(2):111–28.
8. Klein LB, Martin SL. Sexual harassment of college and university students: A systematic review. *Trauma Violence Abuse.* 2021;22(4):777–92.
9. Baba OJ. Addressing sexual harassment in Nigerian higher institutions through the feasibility of a digital anonymous feedback system. *Asian Rev Social Sci.* 2024;13(2):18–24. <https://doi.org/10.70112/arss-2024.13.2.4264>.
10. Smith DM, Johns NE, Raj A. Do sexual minorities face greater risk for sexual harassment, ever and at school, in adolescence? Findings from a 2019 cross-sectional study of US adults. *J Interpers Violence* 2022;37(3–4):NP1963–NP1987.
11. Mapayi BM, Oloniniyi IO, Oginni OA, Opara OJ, Olukokun KJ, Harrison A, Folayan MO. Stifled screams: experiences of survivors of sexual harassment in first-generation universities in Southwestern Nigeria. *Social Sci.* 2023;12(7):401.
12. Johnson LM, Matthews TL, Napper SL. Sexual orientation and sexual assault survivorization among US college students. *Social Sci J.* 2016;53(2):174–83.
13. Li MN, Zhou X, Cao W, Tang K. Sexual assault and harassment (SAH) survivorization disparities between sexual minority and heterosexual Chinese youth. *J Soc Issues.* 2023;79(4):1325–44.
14. Woodford MR, Han Y, Craig S, Lim C, Matney MM. Discrimination and mental health among sexual minority college students: the type and form of discrimination does matter. *J Gay Lesbian Mental Health.* 2014;18(2):142–63.
15. Zeeman L, Sherriff N, Browne K, McGlynn N, Mirandola M, Gios L, Davis R, Sanchez-Lambert J, Aujean S, Pinto N. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *Eur J Pub Health.* 2019;29(5):974–80.
16. Mink MD, Lindley LL, Weinstein AA. Stress, stigma, and sexual minority status: the intersectional ecology model of LGBTQ health. *J Gay Lesbian Social Serv.* 2014;26(4):502–21.
17. Oginni OA, Mosaku KS, Mapayi BM, Akinsulore A, Afolabi TO. Depression and associated factors among gay and heterosexual male university students in Nigeria. *Arch Sex Behav.* 2018;47:1119–32.
18. Olawale James Oloagun. The experiences and challenges of LGBTQ+ individuals in accessing social work practices in Nigeria. *Afr J Social Sci Humanit Res.* 2024;7(2):66–76. <https://doi.org/10.52589/AJSSHR-BVMKK508>.
19. Garnets L, Herek GM, Levy B. Violence and survivorization of lesbians and gay men: mental health consequences. *J Interpers Violence.* 1990;5(3):366–83.
20. Zinzow HM, Grubaugh AL, Frueh BC, Magruder KM. Sexual assault, mental health, and service use among male and female veterans seen in veterans affairs primary care clinics: A multi-site study. *Psychiatry Res.* 2008;159(1–2):226–36.
21. Mapayi BM, Oginni O, Akinsulore A, Aloba OO. Homophobia and perceptions about homosexuality among students of a tertiary institution in Nigeria. *Gend Behav.* 2016;14(3):7624–37.
22. Ogunbajo A, Iwuagwu S, Williams R, Biello KB, Kahler CW, Sandfort TG, Mimiaga MJ. Experiences of minority stress among gay, bisexual, and other men who have sex with men (GBMSM) in Nigeria, africa: the intersection of mental health, substance use, and HIV sexual risk behavior. *Glob Public Health.* 2021;16(11):1696–710.
23. Brassel ST, Davis TM, Jones MK, Miller-Tejada S, Thorne KM, Areguin MA. The importance of intersectionality for research on the sexual harassment of black Queer women at work. *Translational Issues Psychol Sci.* 2020;6(4):383.
24. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull.* 2003;129(5):674.
25. Everett BG, Steele SM, Matthews AK, Hughes TL. Gender, race, and minority stress among sexual minority women: an intersectional approach. *Arch Sex Behav.* 2019;48(5):1505–17.
26. Armstrong EA, Gleckman-Krut M, Johnson L. Silence, power, and inequality: an intersectional approach to sexual violence. *Ann Rev Sociol.* 2018;44(1):99–122.
27. Frost DM, Meyer IH. Minority stress theory: Application, critique, and continued relevance. *Curr Opin Psychol.* 2023;51:101579.
28. Smidt AM, Rosenthal MN, Smith CP, Freyd JJ. Out and in harm's way: sexual minority students' psychological and physical health after institutional betrayal and sexual assault. *J Child Sex Abuse.* 2021;30(1):41–55.
29. Willig C. *EBOOK: introducing qualitative research in psychology.* McGraw-Hill Education (UK); 2013;16.
30. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Res Psychol.* 2006;3(2):77–101.
31. Booth A, Hannes K, Harden A, Noyes J, Harris J, Tong A. COREQ (consolidated criteria for reporting qualitative studies). Guidelines for reporting health research: a user's manual. 2014;5:214–26.
32. Hayes BE, Richards TN, Gillespie LK. Sexual misconduct survivorization and reporting decisions among gender and sexual minorities college students. *J Criminal Justice.* 2025;98:102387.

33. Müller A, Daskilewicz K, Kabwe ML, Mmolai-Chalmers A, Morroni C, Muparamoto N, Muula AS, Odira V, Zimba M et al. the S Experience of and factors associated with violence against sexual and gender minorities in nine African countries: a cross-sectional study. *BMC Public Health*. 2021;21(1):357.
34. Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
35. Goldberg-Looney LD, Perrin PB, Snipes DJ, Calton JM. Coping styles used by sexual minority men who experience intimate partner violence. *J Clin Nurs*. 2016;25(23–24):3687–96.
36. Arimoro AE. The criminalisation of consensual same-sex sexual conduct in nigeria: A critique. *J Hum Rights Social Work*. 2019;4(4):257–66.
37. Lewis JA, Mendenhall R, Harwood SA, Browne Hunt M. Coping with gendered Racial microaggressions among black women college students. *J Afr Am Stud*. 2013;17(1):51–73.
38. Christl ME, Pham KC, Rosenthal A, DePrince AP. When institutions harm those who depend on them: A scoping review of institutional betrayal. *Trauma Violence Abuse*. 2024;25(4):2797–813.
39. Rosa R, Clavero S. Gender equality in higher education and research. *J Gend Stud*. 2022;31(1):1–7.
40. Kotzé JL, Frazier PA, Huber KA. Social-ecological factors associated with sexual harassment across locations in US college students. *J Am Coll Health*. 2024;73(3):1015–24. <https://doi.org/10.1080/07448481.2024.2428412>.
41. Devine PG, Ash TL. Diversity training goals, limitations, and promise: A review of the multidisciplinary literature. *Ann Rev Psychol*. 2022;73(1):403–29.
42. Harris JC, Linder C. Intersections of identity and sexual violence on campus: Centering minoritized students' experiences. Taylor & Francis; Eds.) 2023.
43. Fuentes MA, Zelaya DG, Madsen JW. Rethinking the course syllabus: considerations for promoting equity, diversity, and inclusion. *Teach Psychol*. 2021;48(1):69–79.
44. Chaudoir SR, Wang K, Pachankis JE. What reduces sexual minority stress? A review of the intervention toolkit. *J Soc Issues*. 2017;73(3):586–617. <https://doi.org/10.1111/josi.12233>.

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