

BMJ Open Sexual victimisation in college and university settings: a scoping review of student experiences, disclosure pathways, coping strategies and family-related evidence

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ABSTRACT

Objectives To map empirical evidence on sexual victimisation among higher education students, focusing on disclosure pathways, coping strategies and the extent and nature of family-related evidence.

Design Scoping review.

Data sources Scopus, Web of Science Core Collection, MEDLINE via EBSCOhost, ERIC via EBSCOhost, ProQuest Dissertations & Theses Citation Index, Google Scholar and citation tracking. The most recent search was conducted in June 2026.

Eligibility criteria Primary empirical quantitative, qualitative and mixed-methods studies published between 1 January 2015 and 31 December 2025 were eligible if they included higher education students and/or family members and reported on at least one focal domain: disclosure, reporting, help-seeking, coping, recovery, social support or family involvement after sexual victimisation.

Data extraction and synthesis Two reviewers screened records and extracted data using a standardised form. Quantitative findings were summarised descriptively; qualitative and mixed-methods findings were charted by focal domain and integrated narratively. Equity-relevant characteristics were mapped using PROGRESS-Plus.

Results After screening and eligibility verification, 86 studies met the Population-Concept-Context criteria. These comprised 70 journal articles, 11 theses/dissertations and 5 conference proceedings papers. Most studies were conducted in North America and employed cross-sectional survey designs. Definitions and measures of sexual victimisation varied widely. When disclosure occurred, it was most often directed to peers and other informal supporters, whereas formal reporting to campus, legal or healthcare systems was less common. Coping responses ranged from social support, counselling, safety planning and advocacy to avoidance, self-blame, substance use and academic withdrawal. Family members were rarely sampled directly; family-related evidence was usually indirect, derived from students' accounts of disclosure recipients or perceived reactions.

Conclusions The evidence indicates persistent gaps in non-US contexts, distance-learning settings, research on male and gender-diverse students' experiences and

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This review was conducted in accordance with the Joanna Briggs Institute methodology for scoping reviews and reported in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews.
- ⇒ The search strategy included a targeted ProQuest Dissertations & Theses Citation Index search, and eligible theses/dissertations were incorporated into the evidence map to reduce the risk of publication bias.
- ⇒ The synthesis integrates evidence on disclosure, coping and family-related factors into a single evidence map and explicitly charts equity-relevant characteristics using the PROGRESS-Plus framework.
- ⇒ The evidence base remains dominated by studies from the US and other high-income settings, single-institution cross-sectional designs, and studies of cisgender women; therefore, findings should not be overgeneralised across all higher education systems.
- ⇒ Family evidence was sparse and largely indirect, and formal critical appraisal was not undertaken because the aim was to map the breadth and nature of the evidence rather than to assess intervention effectiveness.

direct family-level research. Campus responses should be trauma-informed and equity-informed, while recognising that evidence for family-inclusive interventions remains preliminary and requires further empirical development.

INTRODUCTION

Sexual victimisation poses a significant threat to the health, safety, academic participation and psychosocial well-being of students in higher education. Recent reviews and campus studies indicate that students may experience a continuum of harms, including sexual harassment, coercion, unwanted sexual

contact, attempted assault and rape.¹⁻⁴ These experiences are linked to anxiety, depression, post-traumatic stress symptoms, substance use, self-harm, impaired social functioning and educational disruption.⁴⁻⁷

Much of the published literature and many institutional responses originate in the USA, where Title IX procedures, campus climate surveys and mandated reporting structures shape the terminology and service pathways used in campus sexual violence research. These policies and reporting systems should not be assumed to operate equivalently across other countries, institutions or cultural contexts. The present review therefore treats US-specific procedures as context-bound examples rather than universal models for higher education responses.

Disclosure is a critical point in survivor trajectories. Students commonly disclose to friends, roommates, partners or other trusted informal supporters before considering formal systems such as university offices, healthcare services, counselling services or the police.⁵⁻⁸⁻¹⁰ Disclosure decisions are shaped by anticipated blame, stigma, confidentiality concerns, uncertainty about what 'counts' as assault, prior institutional trust, social identity, financial dependence and perceived consequences of reporting.⁵⁻⁸⁻¹⁰ Scholarship on male students, postdisclosure social reactions and prior victimisation histories also indicates that disclosure and recovery pathways vary by gender, trauma history and support responses.¹¹⁻¹³

Coping after sexual victimisation is similarly complex. Students may seek counselling, peer support, practical safety planning, meaning-making, activism or academic accommodation; they may also use avoidance, silence, withdrawal, self-blame or substance use to manage distress.⁵⁻⁷ Families may provide emotional, practical and financial support. However, family responses can also include disbelief, minimisation, moral judgement, over-control, pressure to remain silent or fear of reputational consequences. Because students in higher education often remain financially, emotionally or culturally connected to families, family-related evidence is relevant even when family members are not directly sampled.

This review applies an equity lens using PROGRESS-Plus, a framework that prompts consideration of place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, education, socioeconomic status, social capital and additional characteristics such as age, disability, sexual orientation, gender identity, migration status and other axes of marginalisation.¹⁴ In this review, PROGRESS-Plus served as a charting and interpretive framework to identify which equity dimensions were reported, which student groups were underrepresented, and where structural inequities may differentially shape disclosure, coping and support pathways.

The scoping review methodology is appropriate given the literature's methodological heterogeneity, conceptual inconsistency and dispersion across public health, psychology, sociology, criminology, gender studies, student affairs and higher education policy.¹⁵⁻¹⁷ This review does not estimate pooled prevalence or intervention effects.

Instead, it maps what has been studied, how key concepts have been operationalised and where evidence gaps remain.

This review addresses the following questions:

1. What are the key characteristics of studies on sexual victimisation, disclosure, coping and family-related evidence among higher education students?
2. How are sexual victimisation, disclosure, coping and family involvement conceptualised and measured across studies?
3. What patterns emerge in disclosure, reporting, help-seeking and coping across quantitative, qualitative and mixed-methods studies?
4. What family-related evidence is available and to what extent is it based on direct family-member data rather than on student-reported or indirect accounts?
5. What methodological, equity-related, policy and practice gaps should inform future research and campus response development?

METHODS

Design and protocol registration

This scoping review was conducted in accordance with the updated Joanna Briggs Institute (JBI) methodological guidance for scoping reviews and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).¹⁵⁻¹⁷ PRISMA-ScR is used here as a reporting framework rather than a design or conduct framework. The protocol was registered with the Open Science Framework (OSF; 10.17605/OSF.IO/YRMTC). A completed PRISMA-ScR checklist is provided as online supplemental file 2).

Eligibility criteria

Eligibility was defined using the Population-Concept-Context (PCC) framework.¹⁶ The population comprised undergraduate and postgraduate students enrolled in higher education institutions, including universities, colleges, community colleges, technical institutes and distance-learning or hybrid programmes. Family members were eligible only when the empirical focus was on students' sexual victimisation, disclosure, coping or postdisclosure support. Studies based exclusively on faculty, staff, service providers or professional perspectives were excluded from the core evidence map unless they also included empirical data from students or family members.

The concept comprised sexual victimisation and at least one focal domain relevant to disclosure, reporting, help-seeking, coping, recovery, social support or family involvement. Sexual victimisation included sexual assault, rape, attempted rape, sexual coercion, unwanted sexual contact, sexual harassment, technology-facilitated sexual abuse, stalking with a sexual component and dating or intimate partner violence where sexual victimisation was explicitly reported. Prevalence-focused studies were

retained only if they also reported a focal domain, such as disclosure, non-disclosure, help-seeking, well-being consequences, coping or equity-relevant subgroup patterns.

The context was higher education globally. Campus-based, commuter, community college, distance learning and hybrid learning contexts were eligible, provided participants were enrolled in higher education and the context was analytically relevant. Retrospective studies of childhood or adolescent sexual abuse were excluded from the core evidence map if the higher education setting served only as a recruitment site rather than as the context for victimisation, disclosure, coping or support.

Primary empirical studies, including quantitative, qualitative and mixed-methods designs, were eligible. Reviews, editorials, commentaries, protocols and non-empirical publications were excluded, but relevant primary sources were screened. Dissertations, theses, conference proceedings papers and reports were eligible if they reported primary empirical data and met the PCC and focal-domain criteria. Records were not excluded solely because they were conference-related. Conference abstracts were used only for title and abstract screening; when an abstract was potentially eligible but lacked sufficient information for a final decision, the review team sought a full paper, presentation, report or subsequent publication, and final inclusion was based on the most complete retrievable report. An unavailable report would have been recorded as not retrieved rather than excluded due to insufficient abstract detail. The review period ran from 1 January 2015 to 31 December 2025. This period was selected to capture a contemporary, decade-plus body of evidence on higher education, including, but not limited to, the post-#MeToo period; the review was not designed as a formal pre/post-#MeToo comparison.

Information sources and search strategy

Searches were conducted via institutional access to Scopus, Web of Science Core Collection, MEDLINE via EBSCOhost, ERIC via EBSCOhost and ProQuest Dissertations & Theses Citation Index. Supplementary Google Scholar searches and citation tracking were also conducted. The bibliographic database searches were conducted in May 2026, and the ProQuest Dissertations & Theses Citation Index search was conducted on 26 June 2026. The search terms combined concepts relating to sexual victimisation and sexual violence, college/university/higher education settings and disclosure, reporting, help-seeking, coping, family responses, social support, survivor experiences and related responses. The ProQuest search used equivalent terms adapted to the Web of Science/Clarivate topic-search interface and was limited to the period from 1 January 2015 to 31 December 2025. For each database/source, the database/source name, interface, exact search date, complete search string, field codes, limits/filters, number of records retrieved and export/import status were documented. The full database-specific search strategies are provided in online supplemental file 1).

No language restrictions were applied during the title and abstract screening stage. Non-English titles and abstracts were screened using the English abstract when available, with translation support provided as needed. Full-text extraction was limited to reports that the review team could reliably assess in English or through available translation. The final included core studies were available in English or contained sufficient English-language reporting to allow extraction by two reviewers.

Study selection

Study selection was conducted in two stages: title/abstract screening followed by full-text review. Two reviewers independently screened records against the PCC criteria and focal-domain requirements. Discrepancies were resolved through discussion, with a third reviewer consulted as necessary. Reasons for full-text exclusions were documented.

To apply the PCC criteria consistently across publication types, the review team verified that each record included an eligible population, treated higher education as a substantive context and reported at least one focal domain beyond broad prevalence. Records based solely on faculty samples (eg, Cares *et al*¹⁸) and those examining retrospective childhood or adolescent victimisation in which the university served only as the recruitment setting (eg, Silva *et al*¹⁹) were treated as contextual rather than core evidence. Eligible thesis and dissertation records were included if they reported primary empirical data on higher education students and at least one focal domain relevant to disclosure, reporting, help-seeking, coping, recovery, social support or family involvement.

Conference proceedings papers were identified through unrestricted searches using source-type meta-data in Scopus, Web of Science Core Collection and ERIC, deduplicated across sources and screened using the same two-stage process. Abstracts were used only for initial screening. When a potentially eligible abstract lacked sufficient information for a final decision, full papers, presentations, reports or subsequent publications were sought via database and library links, DOI, title and author searches, conference websites, repositories and citation tracking. Linked reports from the same study were grouped and the most complete retrievable report was charted. Records that remained unavailable were recorded as not retrieved. Because these records were already present in the original search exports, their source counts were not added again to the identification totals.

Data charting and synthesis

A standardised charting form was developed and piloted before full extraction. Extracted information included bibliographic details, country/region, institutional context, study design, sample characteristics, focal population, definitions and operationalisation of sexual victimisation, disclosure recipients, reporting and

help-seeking pathways, coping strategies, family involvement, outcomes or consequences reported by the authors and PROGRESS-Plus characteristics.

The synthesis was organised by evidence type. Quantitative studies were summarised using frequencies, proportions and tabulation of patterns across concepts and populations. Qualitative studies were synthesised to identify analytic themes, participant accounts, disclosure contexts, coping processes, support pathways and family-related meanings. Mixed-methods studies were charted by separating quantitative descriptive findings from qualitative explanatory findings then integrating both at the domain level. Findings were mapped across four analytic domains: sexual victimisation concepts and measures; disclosure, reporting and help-seeking; coping and recovery responses; and family-related evidence.

No meta-analysis was planned or conducted because the objective of this scoping review was to map the breadth, nature, concepts and gaps in a heterogeneous evidence base rather than to estimate pooled prevalence, effect sizes or intervention effects. Formal critical appraisal of individual studies was not conducted, consistent with the review's mapping purpose; therefore, conclusions address the distribution and character of the evidence rather than the certainty of causal claims.

Patient and public involvement

None. Patients and members of the public were not involved in the design, conduct, reporting or dissemination of this scoping review.

RESULTS

Study selection

The searches identified 11 525 database records: Scopus (n=3313), Web of Science Core Collection (n=4350), MEDLINE via EBSCOhost (n=1950), ERIC via EBSCOhost (n=945) and ProQuest Dissertations & Theses Citation Index (n=967). Supplementary Google Scholar and manual searches identified 11 additional records. A total of 11 536 records were imported into the reference manager. After removing 2700 duplicates, 8836 records were screened by title and abstract and 7852 were excluded. Full reports were assessed for 984 records; 898 were excluded for failing to meet the PCC criteria, focal-domain requirements, empirical-design criteria or higher education contextual requirements. The final core evidence map comprised 86 studies, including 70 journal articles, 11 theses/dissertations and 5 conference proceedings papers (figure 1). Citation tracking did not yield any additional eligible studies beyond those captured in the screened record set; duplicate or ineligible citation-tracking records were not included in the final count.

There were 212 conference-related source rows. After removing seven cross-source duplicates, 205 unique records were screened; 27 potentially eligible reports were sought and retrieved; 21 were excluded after

full-report assessment and six studies were included. For one included study, a conference abstract was linked to the subsequent full-length peer reviewed journal article, which was used for charting; the remaining additions comprised four research or administrative reports and one working paper. Because all conference proceedings papers were already present in the unrestricted database exports, the identification totals remained unchanged.

Study characteristics

The 86 included studies comprised 70 journal articles, 11 theses/dissertations and 5 conference proceedings papers. The studies were conducted predominantly in North America (76/86, 88.4%), with smaller contributions from Africa (5/86, 5.8%), Asia (3/86, 3.5%), Europe (1/86, 1.2%) and Oceania (1/86, 1.2%). The dominance of US and Canadian studies means that findings should be interpreted with caution when considering higher education systems with different legal, cultural, residential and student support structures. The complete study-level evidence map is provided in online supplemental table 1. The reference list includes the remaining methodological/reporting sources and the full set of included studies.^{18–105}

More than half of the studies used quantitative cross-sectional, descriptive or experimental designs (47/86, 54.7%), followed by qualitative designs (23/86, 26.7%), mixed-methods studies (11/86, 12.8%) and longitudinal, cohort or quasi-experimental designs (5/86, 5.8%). Most studies involved general undergraduate or mixed undergraduate/postgraduate samples, although several focused on women, LGBTQ+students, students with disabilities, international students, student-athletes, students of colour, community college students or health professions students. The thesis/dissertation evidence expanded coverage of disclosure determinants, help-seeking, campus reporting, institutional betrayal, coping, PTSD and mental health outcomes, queer survivor experiences, sexual and gender minority student support needs and non-reporting barriers.

Evidence from distance-learning or fully online students was limited. One community-college study included non-residential, online or hybrid students and several studies recruited participants via online surveys; however, none of the included studies provided a clearly defined subgroup analysis of distance-learning-only students. Consequently, the findings mainly reflect campus-based, residential, commuter or mixed-mode higher education populations.

Operationalisation of sexual victimisation

Operational definitions of sexual victimisation varied substantially across studies (table 1). Some studies used behaviourally specific instruments, Sexual Experiences Survey-derived items or campus climate modules to capture a continuum from non-contact harassment to coerced sex, attempted assault and completed rape. Others relied on author-developed items, institutional survey modules, qualitative interviews, open-ended

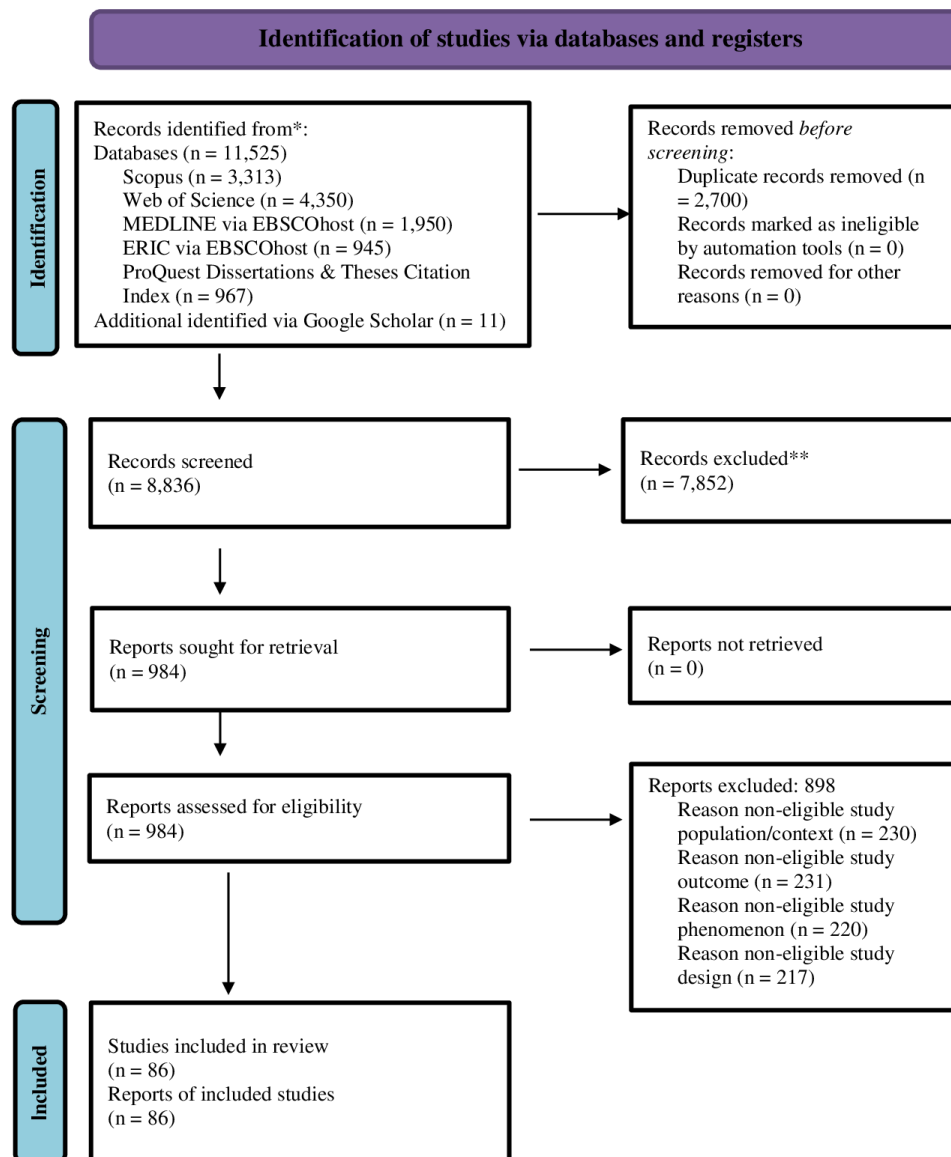


Figure 1 PRISMA 2020 flow diagram of study selection for the scoping review. PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

narratives, social media disclosures or service-use/reporting measures. This variability increased conceptual breadth but limited direct comparability across studies.

Studies differed in how they specified timing. Some assessed victimisation since enrolment or during the college/university period; others assessed campus-related incidents, incidents involving students or occurring in university social contexts, lifetime sexual victimisation among enrolled students or childhood/adolescent victimisation histories reported by current students. Lifetime-history studies were retained only when they contributed directly to evidence on disclosure, coping, recovery, help-seeking or student support, and were not treated as campus-specific incidence estimates.

Disclosure destinations, timing and barriers

Disclosure and reporting were assessed to varying degrees across the included studies (table 2). All mapped counts

are study-level descriptive counts. They indicate how many included studies reported or examined a given domain, measure, disclosure pathway, coping response or family-related element; they do not estimate participant-level prevalence, incidence, intervention effectiveness or causal association. Three patterns were evident. First, informal disclosure to friends, roommates, partners and trusted peers was more common than disclosure to formal systems. Second, formal reporting to campus authorities, the police, the legal system or healthcare/counselling services was consistently limited. Third, non-disclosure remained common, particularly when students minimised the incident, anticipated blame or disbelief, feared confidentiality breaches, lacked procedural knowledge or viewed formal systems as punitive or unhelpful.

The eligibility verification clarified that some studies examined disclosure broadly, whereas others focused

Table 1 Measures and operational approaches used to assess sexual victimisation and response domains in the included studies (N=86)

Operational or measurement approach	Typical tools or data sources	Implications for synthesis
Behaviourally specific sexual victimisation items	Sexual Experiences Survey-derived items; behaviourally specific campus survey items assessing unwanted contact, coercion, attempted/completed rape and incapacitation-related assault	Improves sensitivity compared with broad labels, but variants differed in time frame, severity and incident definitions.
Campus climate survey modules	AAU campus climate survey items, institutional climate surveys and university-specific sexual misconduct modules	Useful for mapping disclosure/reporting and institutional knowledge, but results are context-dependent and not directly comparable across countries.
Author-developed or adapted self-report measures	Study-specific questions on sexual harassment, unwanted sexual experiences, dating/intimate partner violence, stalking and technology-facilitated abuse	Expanded conceptual coverage but increased heterogeneity in definitions and thresholds.
Disclosure, reporting and help-seeking measures	Items assessing informal disclosure, campus reporting, Title IX or equivalent institutional reporting, police contact, counselling, healthcare, victim services and reasons for non-reporting	Supported pathway mapping, but should be interpreted as study-level reporting coverage rather than as disclosure prevalence.
Coping, mental health and social support scales	Measures of PTSD, depression, anxiety, stress, institutional betrayal, coping style, social support, alcohol/substance use and post-traumatic growth	Linked victimisation to consequences and coping, but varied in timing and causal interpretability.
Qualitative interviews, open-ended responses and narrative data	Semistructured interviews, open-ended survey responses, anonymous social media narratives, photovoice data and online survivor accounts	Provided contextual detail on meaning-making, stigma, trust and support pathways, though sampling and transferability varied.
Secondary data and administrative/reporting-focused sources	Secondary analyses of campus climate datasets, reporting records, service-use indicators and thesis/dissertation survey datasets	Expanded grey literature and institutional evidence, but required cautious interpretation because the measures were designed for different primary purposes.

Note. This table summarises study-level operational and measurement approaches rather than participant-level prevalence. Categories are not mutually exclusive; a single study may use more than one instrument, data source or measurement approach. Detailed study-level characteristics are provided in online supplemental table 1.

on reporting to specific institutional systems. US Title IX pathways were therefore treated as context-specific formal reporting mechanisms rather than as a universal category applicable across all countries.

Table 2 Disclosure types examined across the included core studies (N=86)

Disclosure coverage*	N	%
Both formal and informal disclosure/reporting	46	53.5
Formal disclosure/reporting only	20	23.3
Informal disclosure only	2	2.3
Non-disclosure as primary focus	3	3.5
Disclosure type not specified	2	2.3
Not reported/unclear	7	8.1
Other/difficult to classify	6	7.0

*Each study in this table was assigned to a single primary disclosure-coverage category; narrative findings may describe additional pathways. Percentages use 86 included studies as the denominator and should not be interpreted as participant-level disclosure prevalence.

Survivor coping strategies

Coping responses were diverse and often relational (table 3). Informal social support, counselling, safety planning, advocacy, spiritual or meaning-focused coping and survivor activism were described as potentially adaptive resources. Avoidance, withdrawal, self-blame, substance use and academic disengagement were also reported. These responses should not be interpreted simplistically as 'good' or 'bad'; rather, they reflect students' attempts to manage distress within institutional, cultural, financial and relational constraints.

Qualitative studies particularly showed that survivors' expectations of being believed shaped coping, perceptions of the consequences of formal reporting, power dynamics with perpetrators or institutions and the extent to which support systems preserved autonomy and confidentiality.

Family-related evidence and consequences

Family-related evidence was limited and should be interpreted within the scope of the review. The PCC criteria prioritised higher education students and included family members only when their data were empirically linked to

Table 3 Coping strategies and family-related evidence among higher education students (N=86)

Domain	Category*	Example indicators from included studies	N	%
Coping strategies	Informal social support (friends, peers, partners)	Talking to close friends, roommates, dating partners, survivor communities and trusted peers for validation, comfort and connection	13	15.1
Coping strategies	Counselling and other formal psychosocial help-seeking	Individual or group counselling, campus mental health services, off-campus therapists, victim services and health-service use	10	11.6
Coping strategies	Formal reporting as a coping or control-restoration strategy	Filing complaints with campus authorities, Title IX or equivalent offices, the police or formal victim services to seek accountability, safety or control	8	9.3
Coping strategies	Avoidance, withdrawal and 'doing nothing'	Avoiding people/places, skipping classes, isolation, academic withdrawal, silence and attempts to ignore or minimise the incident	22	25.6
Coping strategies	Substance use to cope	Drinking or other substance use to manage memories, distress or trauma-related emotions	5	5.8
Coping strategies	Emotion-focused coping	Anger, fear, shame, guilt, self-blame, trauma symptoms, emotion regulation difficulties and attempts to manage emotional distress	14	16.3
Coping strategies	Online or digitally mediated coping and support	Seeking information, validation, connection, survivor communities or spaces for disclosure online or on social media	4	4.7
Coping strategies	Meaning-making, faith, activism, advocacy or healing practices	Spirituality, meaning-making, survivor advocacy, #MeToo participation, photovoice, art/music therapy, self-care and healing-oriented practices	5	5.8
Coping strategies	Self-harm or suicidality as a consequence or a maladaptive coping strategy	Self-harm, suicidal ideation, suicide risk or behaviours linked to victimisation and distress	2	2.3
Family responses and involvement	Family is identified as a disclosure target	Parents, guardians, siblings, extended family or chosen family listed as recipients of disclosure, whether actual or potential	17	19.8
Family responses and involvement	Supportive family responses	Belief, validation, emotional support, protection and practical help-seeking	11	12.8
Family responses and involvement	Negative or harmful family responses	Disbelief, minimisation, victim-blaming, pressure for silence or controlling responses	9	10.5
Family responses and involvement	Mixed supportive and negative responses within families	Co-existing patterns of support and harm, including protection alongside blame or silence	9	10.5
Family responses and involvement	No information on family involvement was reported	Studies that did not examine or report family awareness, disclosure or responses	59	68.6

*Categories are not mutually exclusive. Percentages are calculated from the 86 included studies and may not sum to 100. Counts are study-level mappings rather than participant-level prevalence estimates. Family-response counts should be interpreted with caution, as most family evidence was indirect and student-reported.

student sexual victimisation, disclosure, coping or post-disclosure support. Consequently, most family-related evidence was indirect and student-reported, typically indicating whether parents, siblings, guardians, extended family or chosen family were recipients of disclosure or were perceived as sources of support, pressure, silence, blame or practical help. Direct evidence from family members was rare. The review therefore identifies family involvement as an underdeveloped area for future research rather than an established evidence base for family-inclusive intervention.

Where family-related evidence was reported, responses ranged from belief, validation, emotional support, protection and practical assistance to disbelief, minimisation, victim-blaming, pressure to remain silent or controlling responses. The strongest conclusion supported by the mapped evidence is not that family-inclusive interventions are already established, but that family processes remain an underdeveloped and potentially important area for future research and for culturally sensitive support planning.

Equity and PROGRESS-Plus perspectives

The PROGRESS-Plus mapping revealed uneven reporting across equity dimensions. Variables were charted as reported by the study authors. Gender/sex and race/ethnicity were the most commonly reported characteristics, whereas disability, sexual orientation, gender identity, international student status, socioeconomic status, religion, language, social capital and migration-related factors were reported inconsistently or were absent. Several studies provided important subgroup evidence for LGBTQ+ students, students with disabilities, international students, students of colour, student-athletes and community-college students. Yet these groups remained underrepresented compared with the general population of undergraduate women at US 4-year institutions. The mapping therefore identifies equity reporting gaps as well as subgroup evidence; it should not be read as evidence that unreported groups are unaffected.

Men and masculine-identifying students were particularly underrepresented. The available evidence should not be taken as proof that men rarely experience sexual victimisation; rather, it indicates that male, gay, bisexual, transgender, non-binary and other gender-diverse students are less often sampled, less often centred in analysis and may face distinct stigma-related barriers to disclosure and formal help-seeking. The evidence base also provided little direct analysis of chemsex contexts, migration precarity, language discordance, religious stigma or disability-related access barriers.

Distance-learning and commuter students were also underrepresented. This limits conclusions about students whose disclosure pathways may depend less on residential campus services and more on digital, community, workplace or family networks.

DISCUSSION

Summary of principal findings

This scoping review maps empirical evidence on sexual victimisation among higher education students, with attention to disclosure, coping and family-related evidence. The evidence base has expanded since 2015 but remains uneven, with a strong concentration in North American contexts, especially in the USA. Most studies relied on cross-sectional designs and self-report data, and relatively few directly examined families, distance-learning students, men, transgender or non-binary students, or non-Western institutional settings.

Three principal findings emerge. First, sexual victimisation was operationalised inconsistently, limiting comparability across studies. Second, disclosure was typically informal and relational, whereas formal reporting and institutional help-seeking remained limited. Third, coping was socially embedded and shaped by trust, stigma, confidentiality, peer response and institutional context. Family-related findings were suggestive but limited, as most studies did not directly sample family members.

Conceptual and methodological implications

Future research on sexual victimisation in higher education requires greater conceptual precision. Behaviourally specific, consent-focused measures are preferable to broad terms that obscure severity, timing, location, relationship to the perpetrator and relevance to the university context. Studies should distinguish between campus-based victimisation, college-period victimisation, lifetime victimisation among students and retrospective childhood/adolescent abuse reported by current students.

Application of the PCC criteria across publication types underscored the importance of distinguishing evidence on higher education students from contextual evidence based solely on faculty or professional samples and from studies in which universities served only as recruitment settings. Prevalence-focused studies contributed to the core evidence map only when they also reported on disclosure, coping, help-seeking, consequences or equity-relevant subgroup patterns.

Implications for practice and policy

The mapped evidence supports cautious implications for practice. Because students often disclose first to peers or trusted informal supporters, campus systems should strengthen non-blaming first-response training, clarify confidentiality and reporting options and build referral pathways that preserve survivor autonomy. These recommendations are most directly supported in contexts with campus-based services and should be adapted carefully in non-US systems, where legal obligations and institutional structures differ.

Formal reporting systems should be simplified, transparent and trauma-informed. However, the review does not provide sufficient evidence to claim that any single reporting model is effective across contexts. Institutional reforms should therefore be evaluated prospectively, with attention to survivor experience, equity, reporting outcomes, access to services and potential harms, including institutional betrayal and loss of control during the reporting process.

Family-facing resources may be useful when students seek family involvement, particularly in cultural contexts where family support shapes safety, finances, housing and recovery. Nevertheless, family-inclusive recommendations should be treated as a priority for research and practice development rather than as an established, evidence-based intervention, given the limited direct evidence from family members.

Research gaps

Future research should prioritise longitudinal and mixed-methods designs to track disclosure, coping, service engagement, academic continuity and well-being over time. Studies should clearly report the timing of victimisation, including whether incidents occurred before college, during enrolment, on campus, off campus, online, during clinical placements or in social contexts associated with higher education.

Family-focused studies are needed, including direct sampling of parents, guardians, siblings, partners and chosen family members where ethically appropriate. These studies should examine how families interpret disclosure, how they balance protection and autonomy and how these factors shape help-seeking, academic decisions, safety planning and recovery.

More equity-focused research is needed on men, gay and bisexual men, transgender and non-binary students, students with disabilities, international students, religious and ethnic minority students, distance-learning students, commuter students, community-college students and students in low- and middle-income countries. PROGRESS-Plus variables should be tracked prospectively rather than treated as incidental demographic descriptors.

Strengths and limitations

This review has several strengths. It used JBI methodological guidance, PRISMA-ScR reporting, a registered protocol, an explicit PCC framework, dual-reviewer screening and charting, source-specific search documentation and a targeted search of the ProQuest Dissertations & Theses Citation Index. Conference proceedings papers captured in the database exports were screened using the same two-stage process as other report types, and the most complete retrievable report was charted.

Several limitations should be acknowledged. The search used four major bibliographic databases, ProQuest Dissertations & Theses Citation Index, Google Scholar and manual searching. However, conference proceedings papers captured in the searched databases were screened, and full reports were sought. Relevant conference research not indexed in those sources may still have been missed due to varying discoverability and meta-data quality. Institutional reports, non-indexed theses, regional databases and nursing, psychology and social science databases may also contain eligible evidence that this search did not retrieve. Although no language restriction was applied during title and abstract screening, data extraction was limited to reports that the review team could reliably assess, which may have reduced the representation of non-English evidence.

The evidence base is heavily weighted towards US 4-year institutions and cross-sectional self-report designs. Family evidence was sparse and often indirect. No formal critical appraisal was undertaken; therefore, the synthesis maps the distribution and character of the evidence rather than the certainty, risk of bias or effectiveness of interventions.

CONCLUSIONS

Sexual victimisation in higher education is a relational, institutional and equity-relevant public health concern. The evidence map indicates that students most often rely on informal disclosure pathways, while formal reporting and institutional help-seeking remain constrained by stigma, uncertainty, procedural concerns and mistrust.

Coping responses are diverse and context-dependent. Family-related evidence is important but currently limited, largely indirect and insufficient to support strong claims about family-inclusive interventions. Future research should use clearer definitions, stronger longitudinal and mixed-methods designs, structured equity analysis and, where ethically appropriate, direct, family-focused designs to support trauma-informed, culturally responsive and survivor-centred higher-education responses.

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