

A Person-Centered Analysis of Help-Seeking Barriers and Facilitators in Emerging Adult
Survivors of Sexual Violence

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Abstract

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Sexual violence poses a serious threat to emerging adults' development and mental health, but few seek help for their mental health. Guided by both developmental and socioecological models of service seeking, the purpose of the present study was to identify profiles of mental health help-seeking barriers (attitudinal, instrumental, and stigma-related) and facilitators (self-compassion) among emerging adult sexual violence survivors. A secondary purpose was to determine whether factors at multiple levels of the ecological system, including the university environment, were associated with profile membership. Undergraduate emerging adult survivors of childhood and past-year sexual violence ($N = 286$, 87.1% female), aged 18-29 ($M = 21.83$), completed measures of barriers to help-seeking, self-compassion, and socioecological covariates. Results of the latent profile analysis identified four profiles labeled according to how theoretically well-equipped they were to seek help based on observed patterns of barriers and self-compassion: *Well-Equipped* (36.71%), *Under-Equipped* (48.60%), *Very Well-Equipped* (9.44%), and *Very Under-Equipped* (5.25%). Findings suggest that over half of the sample was under-equipped to seek help, as evidenced by low levels of self-compassion and high levels of barriers. Greater campus cultural congruity was associated with a higher likelihood of membership in the *Well-Equipped* profile relative to the *Under-Equipped* profile. Implications for promoting help-seeking in this population are discussed.

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Table of Contents

Introduction

Developmental Framework for Help-Seeking in Emerging Adulthood	1
<i>Help-Seeking Barriers</i>	2
<i>Help-Seeking Facilitators</i>	3
Socioecological Determinants: Who Faces Particular Barriers to Help-Seeking?	4
<i>Social Location</i>	4
<i>Dimensions of Sexual Violence</i>	4
<i>University Context</i>	5
Person-Centered Conceptualization of Help-Seeking Barriers and Facilitators	5
The Current Study	6
Method	7
Participants and Procedure	7
Measures	8
<i>Help-Seeking Barriers and Facilitators</i>	8
<i>Determinants of Profile Membership</i>	8
<i>Mental Health Covariates</i>	9
Results	10
Data Integrity and Descriptive Statistics	10
Preliminary Measurement Models	10
<i>ESEM Representation of the BACE-3</i>	10
<i>Bifactor ESEM Representation of the SCS-SF</i>	11
Main Statistical Analyses	12
<i>Latent Profile Analysis</i>	13
<i>Influence of Predictors on Profile Membership</i>	13
Discussion	14
Relations Between Covariates and Profile Membership	14
Limitations and Future Directions	16
Implications for Practice	17
Conclusions	18
References	19

List of Tables

Table 1 Means, Standard Deviations, and Correlations Between all Study Variables	32
Table 2 Goodness-of-fit Statistics for Preliminary Measurement Models.....	33
Table 3 Factor Loadings (Λ), Uniquenesses (δ), Composite Reliability (ω), and Factor Correlations for BACE-3 Target ESEM	34
Table 4 Factor Loadings (Λ), Uniquenesses (δ), and Composite Reliability (ω) for SCS-SF Target Bifactor ESEM.....	35
Table 5 Goodness-of-fit Statistics for LPA	36
Table 6 Means of Indicators in the Final LPA Solution and 95% Confidence Intervals	37
Table 7 Multinomial Logistic Regression Results for Proposed Predictors on Profile Membership	38

List of Figures

Figure 1 Elbow Plot of AIC, BIC, and ABIC Fit Statistics for LPA.....	39
Figure 2 Graphical Representation of Latent Profiles on the Indicator Variables	40

A Person-Centered Analysis of Help-Seeking Barriers and Facilitators in Emerging Adult Survivors of Sexual Violence

Emerging adulthood, which spans the ages of 18 to 29 (Arnett et al., 2014), is a generally positive life phase marked by various transitions (e.g., marriage, career), exploration of one's identity, and developmentally normative challenges (Arnett, 2000; Galambos et al., 2006). However, an important concern during this period of development is the high prevalence rate of sexual violence (Stoner & Cramer, 2019; Statistics Canada, 2019; Ministry of Public Security, 2021). According to Statistics Canada (2019), rates of sexual assault were highest among individuals aged 15 to 24 (103 per 1000) and 25 to 34 (50 per 1000) compared to all other age groups included in the survey (35 to 44 = 19 per 1000; 45 to 54 = 13 per 1000; 55 to 64 = 7 per 1000; 65 and older = 2 per 1000). Sexual violence can have serious consequences on individuals' development, as evidenced by the high incidence of poor mental health outcomes among survivors (International Society for Traumatic Stress Studies [ISTSS], 2018). However, rates of help-seeking for mental health problems among survivors are comparatively low (Ullman, 2007), underscoring the need to examine factors that act as barriers and facilitators to help-seeking. Therefore, the primary aim of the present study was to gain a nuanced understanding of the help-seeking barriers (and facilitators) encountered by survivors. Further, guided by socioecological models of help-seeking following sexual violence (Kennedy et al., 2012), a secondary aim of this study was to investigate the possible influence of socioecological factors in shaping help-seeking barriers and facilitators.

Adult survivors of some of the most common forms of sexual violence, including childhood sexual abuse (CSA), sexual assault, and sexual harassment, are at increased risk for a host of mental health problems (ISTSS, 2018). Several studies of long-term outcomes associated with CSA found an increased likelihood of psychosis, personality disorders, conversion disorder, anxiety, and depression in adulthood (Cutajar et al., 2010; Hailes et al., 2019; Easton & Kong, 2017; Collin-Vézina et al., 2013). Similarly, sexual assault in adulthood has been associated with increased risk for PTSD, depression, anxiety, disordered eating, substance abuse, and suicidal ideation and attempts (Rothbaum et al., 1992; Dworkin et al., 2017; Carey et al., 2018; Rothman et al., 2021). Sexual harassment has been documented as having persistent negative consequences in the forms of negative affect (e.g., anger, depression), disordered eating, substance use, problematic drinking, and psychosomatic symptoms (e.g., headaches, gastrointestinal disorders, insomnia; ISTSS, 2018; Klein & Martin, 2021; Rospenda et al., 2000; Wolff et al., 2017). Further, survivors of some forms of sexual harassment may experience the event as traumatic (e.g., sexual favors exchanged to avoid negative educational outcomes; ISTSS, 2018; McDermut et al., 2000).

Despite adverse mental health outcomes, research has documented relatively low levels of help-seeking among survivors of sexual violence (Zinzow et al., 2021; ISTSS, 2018). For example, one early review found that fewer than 35% of sexual assault survivors sought mental health services (Ullman, 2007). Help-seeking rates in other studies range from 31.4% to 52% (Price et al., 2014; Amstadter et al., 2010; Ullman & Brecklin, 2002). Help-seeking among college-going emerging adults is of particular concern given the discrepant high rates of sexual violence and associated mental health consequences and low rates of campus service utilization (Stoner & Cramer, 2019). Further, in addition to direct effects on mental health, mental health distress experienced as a consequence of sexual violence has been associated with physical illness and poor academic outcomes among college students (Huerta et al., 2006; Klein &

Martin, 2021, Duncan, 2000). To determine the reasons why young sexual violence survivors and emerging adults more generally may not receive treatment, researchers have examined factors that correlate with treatment-seeking and are described as barriers and facilitators.

Developmental Framework for Help-Seeking in Emerging Adulthood

Help-Seeking Barriers

Emerging adulthood is often marked by a shift toward independent decision-making regarding one's well-being, mental health, and help-seeking (Nauphal et al., 2023). However, the ability to engage in adaptive coping and behaviours and self-regulate have been shown to be age-dependent (Diamond & Aspinwall, 2003), and in emerging adulthood, self-knowledge and capacities for self-regulation are still developing (Aldwin et al., 2011; Zimmerman & Iwanski, 2014). For example, similar to adolescence and in contrast to middle adulthood, emerging adults may engage in passive avoidance when feeling sad, but generally demonstrate more adaptive regulation and social support seeking compared to adolescents (Zimmerman & Iwanski, 2014). While age is a factor considered in some help-seeking models (e.g., Andersen, 1995), recent models and reviews focused on youth help-seeking for mental health problems provide a broader perspective by outlining developmentally-relevant barriers to help-seeking among young people in particular (e.g., Westberg et al., 2022, Biddle et al., 2007, Radez et al., 2021, Rickwood et al., 2005; Rickwood, 2020; Velasco et al., 2020). For example, Westberg's (2022) model conceptualizes youth help-seeking as a dynamic and fluid process consisting of three stages: "drifting", "navigating", and "docking". In the initial two stages, this model incorporates themes of barriers to help-seeking that are consistent with those identified in other existing models of youth help-seeking.

"Drifting" is characterized by unfamiliarity with and lack of knowledge of mental health problems, trivializing and normalizing problems, attempting to cope with problems via self-reliance and avoidance, and potentially reaching a transition to decide to seek help (Westberg et al., 2022). Indeed, young people's struggle to recognize their emotions and evaluate their significance might result in them refraining from seeking help (Rickwood, 2020; Rickwood et al., 2005; Ciarrochi et al., 2003; Ward-Ciesielski et al., 2019), where even severe episodes of distress may be characterized as "normal" (Biddle et al., 2007). When they feel distressed, young people often prefer to rely on themselves (Radez et al., 2021; Gulliver et al., 2010; Rickwood et al., 2007; Curtis, 2010; Theurel & Witt, 2022), which is unsurprising given that this developmental period is characterized by goals of independence and self-reliance (Rickwood, 2020; Arnett, 1998).

The "Navigating" stage includes attempting to find support while struggling with stigma, structural issues (e.g., accessibility), and confidentiality concerns (Westberg et al., 2022). Stigma is one of the most frequently cited barriers to help-seeking among young people (Gulliver et al., 2010; Eisenberg et al., 2009). For example, young people may perceive those who experience "real" distress as "sick" or "gone up there" and may consider seeking help for their own "normal" distress as disingenuous (Biddle et al., 2007). Further, stigmatized beliefs about mental illness and the central goal of identity formation during this life stage might explain young people's reluctance to adopt mental illness as part of their identity (Rickwood, 2020). Similarly, this desire to protect one's identity means that concerns about confidentiality are especially prominent during this period (Rickwood, 2020). Structural barriers to seeking help may include lack of coordinated care, transportation difficulties, cost of mental health care, limited availability of professionals, and long wait times (Westberg et al., 2022; Radez et al., 2021; Velasco et al., 2020).

Fewer studies have examined the specific barriers experienced by emerging adults who have experienced sexual violence, particularly concerning mental health help-seeking specifically. However, one review of mental health help-seeking following sexual assault noted that attitudes toward seeking mental health services and instrumental barriers (e.g., insurance coverage, characteristics of services) are likely to be important (Ullman, 2007). Further, another review of barriers to formal help-seeking among adolescent and adult survivors of sexual violence found that stigma and shame, confidentiality concerns, and structural barriers such as availability of resources and costs associated with transportation and care were commonly reported (Zinzow et al., 2021). Another study focused on barriers to use of specialized university campus services among college-age survivors of dating and sexual violence and found that confidentiality concerns, overall distrust in services, and feeling that their experience was not “severe” enough were reported as barriers to help-seeking (Cusano et al., 2022). Further, one study examined barriers to help-seeking among adolescent and emerging adult survivors of sexual dating violence and found that a preference for self-reliance was common (Fernet et al., 2019).

Help-Seeking Facilitators

In contrast to the more extensive research findings on barriers to help-seeking, fewer studies have examined factors that facilitate and promote help-seeking in young people (Rickwood, 2020). Among those identified, some facilitating factors that appear to be particularly salient include mental health literacy, informal social support and encouragement, and positive past help-seeking experiences (Rickwood, 2020; Radez et al., 2021; Gulliver et al., 2010; Lui et al., 2022; Velasco et al., 2020).

Recent research indicates that self-compassion can act as a facilitator in the help-seeking process. Self-compassion is defined as relating to oneself with compassion in the face of personal suffering or perceived failure (Neff, 2003a; Neff, 2023). It is a multifaceted construct comprised of three distinct elements, including self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus overidentification (Neff, 2023). Specifically, self-compassion involves treating oneself with warmth and care (self-kindness), paying attention to one’s suffering (mindfulness), and understanding one’s suffering as part of the collective human experience (common humanity). According to a study by Dschaak and colleagues (2021), self-compassion was found to positively predict intentions to seek help from a clinician in college students, whereas self-coldness negatively predicted these intentions. Another study found that self-compassion moderated the relationship between self-stigma and help-seeking in college students (Heath et al., 2018). Others have specifically focused on the relationship between self-compassion and help-seeking in the context of masculine norm adherence (Heath et al., 2017; Wasylkiw & Clairo, 2018).

There are several reasons why self-compassion might be related to help-seeking. Self-compassion can be viewed as an important facet of maturity from a developmental perspective (Neff, 2009; Neff, 2023). In the area of health-related behaviours, researchers suggest that self-compassion is closely linked to the development of self-regulatory abilities (Sirois et al., 2015; Sirois, 2015; Biber & Ellis, 2019; Dundas et al., 2017; Terry & Leary, 2011). For example, one study proposed and tested a Self-Regulatory Resource Model (SRRM), which found that the relationship between self-compassion and health-promoting behaviours and intentions was accounted for by an increase in various forms of self-regulation in emerging adults (Sirois, 2015). Mindfulness, a component of self-compassion, is also related to various forms of self-regulation, including the regulation of negative emotions and behaviours (Ostafin et al., 2015;

Roeser & Eccles, 2015). This is particularly relevant for emerging adults, where the neurocognitive systems associated with self-regulatory abilities are continuing to develop (Taber-Thomas & Perez-Edgar, 2015). For individuals who have experienced sexual violence, self-compassion may be an especially important resource given findings that self-compassion lowers self-blame and disengagement coping (i.e., coping via strategies that distract from the issue versus actively pursuing strategies to handle the issue and emotions; Hamrick & Owens, 2019). Taken together, findings suggest that self-compassion represents an important resource in the help-seeking process.

Socioecological Determinants: Who Faces Particular Barriers to Help-Seeking?

Beyond the well-established barriers and facilitators to help-seeking among young and emerging adults generally, when investigating these factors among survivors of sexual violence, it is beneficial to apply a socioecological framework. Specifically, recent socioecological models of help-seeking following sexual violence identify multiple individual, interpersonal, sociocultural, and contextual factors that shape help-seeking opportunities and introduce context-specific barriers (Liang et al., 2005; Kennedy et al., 2012). These include factors such as social location, or the interaction among factors such as socioeconomic status (SES), race/ethnicity, gender, and sexual orientation, patterns of violence experienced (e.g., number of occurrences), community context, and developmental context (Kennedy et al., 2012). Indeed, help-seeking among sexual violence survivors appears to vary across SES, race/ethnicity, sexual orientation (Zinzow et al., 2021; Alvidrez et al., 2011; Kirkner et al., 2018), histories and patterns of sexual violence (Cho et al., 2020), and different community and cultural contexts (Kennedy et al., 2012; Christensen et al., 2021). Therefore, the investigation of *why* individuals embedded within different socioecological contexts may be more or less likely to seek help is warranted.

Social Location

Recent reviews indicate that social location introduces specific barriers to service access for individuals who have experienced sexual violence (Kennedy et al., 2012; Zinzow et al., 2021). Racial/ethnic, gender, and sexual minorities may be more likely to encounter barriers such as stigma, discrimination, a lack of minority providers, a lack of culturally appropriate services, and low acculturation (Kennedy et al., 2012; Zinzow et al., 2021; Lipsky et al., 2006; Ullman & Lorenz, 2020; Calton et al., 2016; Bach et al., 2021; ISTSS, 2018). Further, survivors with low SES often face issues such as affordability of transportation, a lack of health insurance (Kennedy et al., 2012; Zinzow et al., 2021), limited awareness of the resources available, and fears of encountering prejudicial attitudes (Sit & Stermac, 2021). Therefore, vulnerability to specific types of help-seeking barriers seems to vary according to one's position regarding social location.

Dimensions of Sexual Violence

When studying violence or maltreatment, it is important to consider various characteristics or dimensions of the violence experienced, such as type (e.g., sexual versus emotional abuse), timing (e.g., experienced in childhood versus adolescence), severity, and chronicity (e.g., occurred across multiple developmental periods; Russotti et al., 2021; Finkelhor et al., 2009; Thornberry et al., 2001). With regards to help-seeking, and particularly individuals' reasons for seeking or not seeking help, the impact of different patterns of violence remains unclear. Some researchers find that individuals who have experienced repeated violence are more likely to seek help and suggest that this is due to increased risk for mental health distress (Ullman & Brecklin, 2002; Ullman, 2007). However, others find that multiple instances of sexual and other forms of violence are associated with decreased help-seeking and speculate that

patterns of repeated violence may have mental health and social repercussions that make it more difficult to seek help (Cho et al., 2020), or that individuals with histories of violence may have negative past experiences with help-seeking (Sabina et al., 2014). Qualitative findings indicate that individuals may minimize their experiences of violence and grow “numb” based on their perception of its severity in comparison to prior abuses (Kennedy et al., 2021).

University Context

In addition to the roles of community and cultural contexts (Kennedy et al., 2012), research increasingly points to the role of campus ecology in the help-seeking process (Samuolis et al., 2017). Some factors investigated thus far include feelings of connectedness or belonging to campus (Bryant et al., 2022; Samuolis et al., 2017), institutional responses to sexual assault reporting (Mushonga et al., 2021), and campus programming (Walther et al., 2014). One factor that might play a role in shaping barriers to help-seeking is campus cultural congruity, defined as the degree of perceived fit between the student’s and university’s culture (Gloria et al., 2001). For example, one study found that higher levels of campus cultural congruity predicted more positive help-seeking attitudes among Mexican American college students (Miville & Constantine, 2006). Further, Gloria and colleagues (2001) examined mental health help-seeking attitudes among university students and found that university context variables, including perceptions of the university environment and campus cultural congruity, accounted for help-seeking attitudes among racial minority students, White students, and female students, and that the variance explained was larger for racial minority students compared to White students. It is possible that feelings of connectedness and fit within the campus environment may be especially relevant for sexual violence survivors, who often experience social isolation (Benoit et al., 2015).

Person-Centered Conceptualization of Help-Seeking Barriers and Facilitators

Aside from the vast number of qualitative studies that have examined barriers to help-seeking among young people generally and survivors of sexual violence (e.g., O’Callaghan et al., 2023; Fernet et al., 2019; Eigenhuis et al., 2021; Seamark & Gabriel, 2018), a majority of studies examine help-seeking barriers by asking the extent to which individual barriers have impeded help-seeking, with some relating these barriers to various predictors and outcomes (e.g. via regression analyses; Allen et al., 2015; Nasta et al., 2005; Czyn et al., 2013; Vidourek et al., 2014; Salaheddin & Mason, 2016; Ennis et al., 2019; Gilmore et al., 2021). Although informative, this research does not allow for the investigation of how different barriers may combine in qualitatively and quantitatively distinct ways. For example, some individuals may experience high attitudinal (e.g., self-reliance, believing that professional care will not help) and moderate stigma-related (e.g., negative stereotypes associated with mental illness) barriers in conjunction, whereas others might experience high stigma-related barriers alone.

This type of investigation requires a person-centered approach, which groups similar individuals together and differentiates these individuals from other groups (Muthén & Muthén, 2006) based on the associations between variables (i.e., creating typologies; Masyn, 2013). It follows that whereas the previously mentioned variable-centered approaches (e.g., regression, structural equation modelling) assume population homogeneity, person-centered approaches assume that the population is heterogeneous in terms of the associations between variables (Masyn, 2013). Some researchers have demonstrated the utility of this approach for examining help-seeking barriers using latent class analysis (a type of person-centered analysis), showing distinct profiles or typologies of rationales for not seeking mental health treatment among men (Morgan et al., 2022) and national guard personnel (Bryan et al., 2020), public and personal mental health stigma (Wu et al., 2017), and barriers to mental health help-seeking among young

adults (Vanheusden et al., 2008; Wu et al., 2020; Weissinger et al., 2022). For example, in the earliest among these studies, Vanheusden and colleagues (2008) identified two barrier profiles using indicators of attitudinal and practical/logistical barriers. The first profile consisted of individuals who perceived their problems as mild, and the second viewed help-seeking negatively (e.g., as a sign of weakness). The investigation of profiles of barriers has the potential to benefit people in need of services given that service providers would be better equipped to address individuals' unique experiences regarding barriers to help-seeking (Weissinger et al., 2022; Bryan et al., 2020).

The Current Study

The current study combined developmental and socioecological models of help-seeking and aimed to 1) identify distinct profiles of developmentally-relevant mental health help-seeking barriers (including attitudinal, instrumental, and stigma-related) and facilitators (self-compassion) in undergraduate students who had experienced sexual assault, sexual harassment, and/or CSA, 2) examine the extent to which socioecological factors, including social location, cumulative sexual violence, identification with other students, and campus cultural congruity differentiated between profiles, and 3) address certain gaps and limitations in the literature. More specifically, the present study aimed to determine the number of profiles, how profiles were characterized in terms of different configurations of barriers and self-compassion, the size of each profile, and whether socioecological factors predicted a higher likelihood of membership in certain profiles versus others. Given the well-established associations between mental health and self-compassion (Raes, 2011; Marsh et al., 2018) and mental health and help-seeking barriers (Wilson et al., 2007; Holland et al., 2016; Rickwood, 2020), depression and anxiety were also considered as covariates.

Given that no prior studies have investigated profiles of self-compassion and barriers in conjunction, no specific hypotheses were made regarding the number or size of profiles. However, following Westberg and colleagues' youth model (2022), it was expected that a large proportion of emerging adult survivors would face generally high attitudinal, stigma-related, and instrumental barriers. Further, although we expected different configurations of specific barriers, given the diversity of barrier indicators used in previous studies (Vanheusden et al., 2008; Wu et al., 2020; Weissinger et al., 2022), no specific hypotheses were made regarding the qualitative distinctions between barriers in different profiles. However, based on findings showing that self-compassion is negatively associated with barriers (Wu et al., 2020), a profile characterized by high self-compassion and low barriers was expected. Regarding potential predictors, drawing from existing research, it was anticipated that the likelihood of membership within profiles characterized by more barriers to care, especially regarding stigma-related and instrumental barriers, would vary depending on social location (e.g., survivors with marginalized identities, low subjective social status). Further, it was expected that individuals experiencing greater financial strain would be more likely to be members of a profile characterized by high instrumental barriers. We also hypothesized that individuals with a higher sense of campus cultural congruity and greater identification with other students would be more likely to be members of profiles characterized by fewer barriers. No hypotheses were made regarding cumulative sexual violence given the lack of research examining its effect on help-seeking barriers and facilitators.

The current study also aimed to address several gaps and limitations in the literature. Although several person-centered investigations of barriers to help-seeking among young people exist (e.g., Vanheusden et al., 2008; Wu et al., 2020; Weissinger et al., 2022), our study

introduced a developmentally-relevant factor that might *promote* help-seeking (i.e., self-compassion) and investigated profiles among emerging adults who represent a high-risk group for mental health problems – namely, sexual violence survivors. Further, researchers have emphasized a need for studies investigating the connection between self-compassion and factors such as race, ethnicity, and SES (Neff, 2023), which may be addressed through the investigation of socioecological predictors of self-compassion and barrier profiles. Moreover, few studies have specifically investigated *mental health* help-seeking and barriers among young survivors, with most focusing on the prevalence and correlates of survivors’ disclosure, sexual assault service seeking, formal reporting, and health and campus service utilization in general (e.g., Mennicke et al., 2022; Sabina & Ho, 2014; Zinzow et al., 2011). This is an important distinction given that recent qualitative research found that survivors viewed mental health services more positively compared to other forms of support (O’Callaghan et al., 2023). Most studies also focus on sexual assault, and there is a lack of research examining barriers to help-seeking among survivors of sexual harassment (ISTSS, 2018), which is a form of abuse that occurs at a higher frequency than contact sexual violence and can have violating consequences (Belknap & Sharma, 2014; Pinchevsky et al., 2020). Additionally, as proposed by Jirek and Saunders (2018), it is important to incorporate measures of sexual harassment when examining cumulative adversity in order to gain a more comprehensive understanding of compounded effects. Finally, past studies have focused on particular facets of the socioecological context, such as the informal support context (O’Callaghan et al., 2023), but few have studied the impact of university context on help-seeking barriers, where mental health (Sheldon et al., 2021) and sexual violence (Amstadter et al., 2010) remain important concerns. Therefore, the current study aimed to identify distinct profiles of mental health help-seeking barriers along with self-compassion and the extent to which socioecological factors, including within the university context, provide opportunities and set limitations on help-seeking in an inclusive sample of emerging adult survivors, including those who experienced CSA, sexual assault, and sexual harassment.

Method

Participants and Procedure

Data for this study were drawn from a larger project conducted in collaboration with Concordia University’s Campus Wellness and Support Services, which focuses on undergraduate students’ stress and well-being. In September 2020, Concordia’s Institutional Planning and Analysis Office sent 7000 recruitment emails to a random sample of undergraduate students on the first day of classes. Of those, 1004 undergraduate students completed the first survey within the first two weeks of the semester and made up the initial sample at the first point of data collection. Participants completed a baseline survey in September (T1), six shorter bi-weekly surveys throughout the fall semester (W1-6), an end-of-semester survey in December (T2), a start-of-semester survey in January (T3), six shorter bi-weekly surveys throughout the winter semester (W7-12), and one final end-of-semester survey in April (T4). Participants who consented and completed the baseline survey in September were invited to participate in each subsequent wave of data collection. The current study used data collected from T1 and T2 (N=841). Participants were compensated for their participation at T1 and T2 with a \$20 and \$10 Amazon gift card, respectively.

Of the larger sample, eligible participants for the current study were emerging adults between the ages of 18 and 29 ($M = 21.83$, $SD = 2.55$) who experienced one or more of the following: 1) sexual assault in the past 12 months, 2) sexual harassment in the past 12 months,

and 3) CSA (7.7%, 22.5%, and 16.7% of the larger sample, respectively). Therefore, the final number of participants included in the current study were 286 Concordia University undergraduate students (87.1% female). A total of 49.6% of the analytic subsample experienced sexual harassment in the past 12 months, 47.9% experienced CSA, 26.6% experienced sexual assault in the past 12 months, and 37.1% experienced multiple forms of violence. Participants were students in the faculties of Arts and Science (30.8%), Engineering and Computer Science (16.8%), Fine Arts (31.8%), and John Molson School of Business (20.6%). Compared to the full sample of 1004 students (Arts and Science = 26%; Engineering and Computer Science = 26%; Fine Arts = 24%; John Molson School of Business = 24%), the current sample underrepresented students in Engineering and Computer Science and John Molson School of Business. This is likely due to the fact that a higher proportion of men are represented in these faculties (Concordia University, 2022), whereas men are underrepresented in the current study (consistent with findings that women are disproportionately affected by sexual violence; Statistics Canada, 2019). Students from the first to fourth years of study were relatively well-represented: first year (26.2%), second year (18.5%), third year (30.8%), fourth year (20.3%), and fifth year (4.2%). Slightly less than half of the sample self-identified as a visible minority (44.6%), and the modal family income bracket was between \$50,000 and \$74,999 (range = less than \$5,000 to \$200,000 or greater).

Measures

Help-Seeking Barriers and Facilitators

Self-Compassion Scale – Short Form (SCS-SF; Raes et al., 2011; T1). The SCS-SF is a 12-item measure of self-compassion, defined in terms of how individuals relate to themselves when experiencing perceived failures or adversity. This definition is reflected by the measure's six subscales: self-kindness and self-judgment (how they respond emotionally), common humanity and isolation (how they respond cognitively), and mindfulness and over-identification (their attention to suffering). The SCS-SF is a shortened version of the original 26-item SCS (Neff, 2003b). Participants are asked to rate how often they behave in the manner listed on a Likert scale from 1 (*Almost never*) to 5 (*Almost always*). An example item includes "I try to see my failings as part of the human condition". Total scores range from 12 to 60, with higher scores indicating higher self-compassion.

Barriers to Access to Care Evaluation Scale (BACE-3; Clement et al., 2012; T2). The BACE-3 is a 30-item measure used to assess barriers to accessing or continuing to get care for a mental health problem from a professional such as a GP, community mental health worker, psychiatrist, counsellor, psychologist, or psychotherapist. This measure incorporates stigma- and non-stigma-related (attitudinal and instrumental) barriers. Participants are asked to rate the extent to which a list of issues have ever stopped, delayed, or discouraged them from getting, or continuing with, professional care for a mental health problem on a Likert scale from 0 (*Not at all*) to 3 (*A lot*). An example item includes "Wanting to solve the problem on my own". Total scores range from 0 to 90, where higher scores indicate experiencing barriers to a higher degree.

Determinants of Profile Membership

Demographic Questionnaire (T1). Participants completed a demographic questionnaire that included basic demographic questions (e.g., age, sex, family income). Among the demographic questions were two variables used in the present analysis: visible minority status and sexual orientation. Specifically, participants were asked if they identified as belonging to a visible minority group, meaning "someone who is non-Caucasian in race or non-white in colour" (0 = *No, I do not identify as belonging to a visible minority group*, 1 = *Yes, I identify as*

belonging to a visible minority group, 2 = I identify as belonging to more than one visible minority groups, 3 = I identify as belonging to one or more visible minority groups and as Caucasian or white; coded 0 = non-minority, 1 = minority). They were also asked to indicate their sexual orientation (e.g., asexual, bisexual, heterosexual; coded 0 = heterosexual, 1 = another sexual orientation).

MacArthur Scale of Subjective Social Status (MacArthur SSS; Adler et al., 2000; T1). Participants completed the MacArthur SSS, which is a single item that measures participants' perception of their social status in relation to their communities on a scale depicted as a ladder with rungs ranging from 1 (*Worst off*) to 10 (*Best off*).

Household Economics Strain (Pearlin & Schooler, 1978; T1). Participants completed the Household Economics Strain items from Pearlin and Schooler's (1978) list of items measuring role strains in marriage, parenting, household economics and occupation. Participants are asked to rate how often it happens that they do not have enough money to afford a list of seven items on a Likert scale from 0 (*Never*) to 3 (*Every month*). Items were adapted to better represent the student population (e.g., school supplies, clothing, food, medical supplies). Total scores range from 0 to 21, with higher scores indicating a greater degree of financial strain. Inter-item reliability for the current sample was high ($\alpha = .877$).

Cumulative Experiences of Sexual Violence (T1). Participants were asked to respond to two items assessing whether they experienced sexual assault or sexual harassment in the past 12 months (0 = *No*, 1 = *Yes*). They were also asked to respond to one item assessing childhood sexual abuse (CSA), which was adapted from the Adverse Childhood Experiences (ACE) study (Felitti et al., 1998). Specifically, participants were asked to indicate how often they experienced sexual touching they didn't want when they were growing up on a scale from 0 (*Never*) to 4 (*Very often*; coded 0 = did not experience CSA, 1 = experienced CSA). These three items were used to create an index of cumulative experiences of sexual violence (coded 0 = experienced one form of sexual violence, 1 = experienced multiple forms of sexual violence).

Cultural Congruity Scale (CCS; Gloria & Kurpius, 1996; T1). The CCS is a 13-item measure of students' sense of congruity between their own and the university's cultural values. Participants are asked to rate the extent to which they have experienced each item on a Likert scale from 1 (*Not at all*) to 7 (*A great deal*). An example item includes: "I feel that my background is incompatible with other students". In order to reflect campus cultural congruity more broadly, items that originally employed the term "ethnicity" were modified to use the term "background". Total scores range from 13 to 91, with higher scores indicating a greater level of campus cultural congruity. Inter-item reliability for the current sample was high ($\alpha = .857$).

Inclusion of Ingroup in the Self (IIS; Tropp & Wright, 2001; T1). The IIS is a single 7-point Likert-scale item that measures participants' level of self-identification with another group, depicted through increasingly overlapping Venn diagrams. In the present study, the group specified was other Concordia University students. Higher scores indicate a greater degree of self-identification with other Concordia University students.

Mental Health Covariates

Center for Epidemiologic Studies Depression (CES-D; Radloff, 1977; T1). The CES-D is a 20-item screening measure for depression symptoms. Participants are asked to rate the frequency of experiencing symptoms over the past week. In this study, the scale was adapted to measure depression symptoms over the last two weeks, with Likert scale response options ranging from 0 (*Rarely or None of the Time [less than two days]*) to 3 (*Most or Almost All the Time [10-14 days]*). Total scores range from 0 to 60, with high scores indicating greater

depressive symptoms and a score of 16 or greater representing a clinical cut-off point. Inter-item reliability for the current sample was high ($\alpha = .802$).

Generalised Anxiety Disorder Assessment (GAD-7; Spitzer et al., 2006; T1). The GAD-7 is a seven-item measure for screening and assessing the severity of generalized anxiety disorder. Participants are asked to rate how often they were bothered by each item in the past 2 weeks on a 4-point Likert scale ranging from 0 (*Not at all*) to 3 (*Nearly every day*). Total scores range from 0 to 21, with scores of 5, 10, and 15 indicating mild, moderate, and severe symptoms of anxiety, respectively. Inter-item reliability for the current sample was high ($\alpha = .905$).

Results

Data Integrity and Descriptive Statistics

Data screening was performed using IBM SPSS Statistics version 29. To deal with non-normality, Mplus 8.7's weighted least square mean and variance adjusted (WLSMV) estimator was used in preliminary analyses, and robust Maximum Likelihood estimator (MLR) was used in main analyses. Further, main analyses used Full Information Maximum Likelihood (FIML) to handle missing data, which takes all available data into account (e.g., compared to listwise deletion; Enders, 2001; Enders & Bandalos, 2001). For preliminary analyses, despite employing a procedure that is slightly less efficient at handling missing data compared to MLR (Asparouhov & Muthén, 2010), WLSMV has been shown to outperform MLR when used with ordered-categorical indicators with five or fewer response categories (Finney & DiStefano, 2013). All participants had available data on at least one indicator used in the analysis (one participant had missing data on self-compassion, and 16.44% had missing data on barriers). Some univariate outliers and one multivariate outlier were identified. Given that univariate outliers are often the most interesting cases, these cases were not changed or removed from analyses. Analyses were repeated with and without the multivariate outlier, and results did not meaningfully change. Results are reported for analyses without the multivariate outlier. Descriptive statistics for all study variables are presented in Table 1. In general, participants reported clinically significant levels of symptoms of depression, with the average score at T1 being above the recommended cut-off of 16 ($M = 22.19$, $SD = 11.64$; range = 2 to 53), and 92.98% of the sample scoring at or above the cut-off at one or more points across the semester. Participants also reported mild to moderate levels of generalized anxiety symptoms ($M = 8.99$, $SD = 5.80$), with 96.14% of the sample reporting at least mild levels of generalized anxiety symptoms at one or more time points across the semester.

Preliminary Measurement Models

In order to determine the psychometric properties of the measures that will be used in the main analyses, preliminary measurement models were estimated for the BACE-3 and SCS-SF. Mplus 8.7's WLSMV estimator was used to estimate all preliminary models. Factor scores from preliminary models were used as indicator variables in the main analyses. In contrast to observed scores, factor scores provide partial control for measurement errors by giving greater weight to more reliable items and better preserving the underlying measurement model (e.g., bifactor model; Morin & Litalien, 2019). Goodness-of-fit indices for all preliminary models are reported in Table 2. Due to the over-sensitivity of chi-square tests to small deviations from multivariate normality (Powell & Schafer, 2001), goodness-of-fit was evaluated using the comparative fit index (CFI; Bentler, 1990), Tucker-Lewis index (TLI; Tucker & Lewis, 1973), and root mean square error of approximation (RMSEA; Steiger, 1990). CFI and TLI greater than .90 suggests

adequate fit, whereas a value greater than .95 indicates excellent fit (Marsh et al., 2004). RMSEA lower than .08 and .05 suggest adequate and excellent fit, respectively (Marsh et al., 2004).

ESEM Representation of the BACE-3

Analyses were conducted in three steps. Given the limited amount of prior research examining the factor structure of the BACE-3, the first step used exploratory factor analysis (EFA) via exploratory structural equation modelling (ESEM) with oblique geomin rotation to determine an optimal factor representation (Marsh et al., 2014). Selection of the optimal number of factors to investigate was guided by prior theory and research and a scree plot analysis. Two studies have examined the factor structure of the BACE-3 translated to Japanese (Hongo et al., 2021) and Arabic (Alenezi et al., 2021). Consistent with the subscales originally proposed by the developers of the scale (Clement et al., 2012), both studies supported a two-factor solution (stigma and non-stigma barriers) using EFA and CFA. The scree plot analysis favored a three- or four-factor solution. Therefore, one- to four-factor solutions were examined. The analysis was performed with 24 of the original 30 items. Six items containing a “non-applicable” option described barriers related to work and childcare. Given that these items would only apply to those who worked (52.4%) and had children (0.3%), these items were not included in analyses.

A model was retained over the preceding model if there was an increase in CFI and TLI over .01 and decrease in RMSEA over .015 (Chen, 2007; Marsh et al., 2009; Morin et al., 2016). The one-factor solution showed unacceptable fit indices, but the two-, three-, and four-factor solutions showed acceptable fit (CFI and TLI > .90, RMSEA < .08). Comparison of the nested models showed improvement in fit from a two- to a three-factor solution (Δ CFI and TLI > .01, Δ RMSEA > .015) and a three- to a four-factor solution (Δ CFI and TLI > .01). The three-factor model was retained over the four-factor model due to better conformity with the developers’ theory. Specifically, factor loadings on the items corresponded nearly identically to the proposed barriers making up the scale: attitudinal, instrumental, and stigma-related barriers. However, two items (6 and 10) with loadings below .40 and moderate to high cross-loadings were deleted.

As a second step, the resulting 22-item three-factor solution was re-estimated and provided acceptable fit (CFI = 0.971, TLI = 0.961, RMSEA = 0.054). In the third step, the ESEM-Geomin model was followed by an ESEM model with target rotation, which constrains non-target loadings to be close to 0 but does not fix them to 0 as in CFA (Asparouhov & Muthén, 2009; Browne, 2001). This resulted in a clearer factor structure (e.g., minimized cross-loadings), and factor scores from this model were used as variables in main analyses. Correlations between the factors were moderate, supporting the relative independence of the factors. Estimated cross-loadings were small and generally non-significant (|0.002 to 0.362|). Factor loadings, correlations between latent variables, and composite reliability estimates (McDonald’s omega; McDonald, 1970) for the ESEM-Target model are reported in Table 3 ($M_\omega = .889$).

Bifactor ESEM Representation of the SCS-SF

There has been considerable debate concerning the factor structure of the full 26-item SCS. However, one study contrasted one-factor, two-factor correlated, six-factor correlated, single-bifactor, and two-bifactor CFA and ESEM models in 20 international samples and found that a bifactor ESEM model with six specific factors and one global factor provided excellent fit and was superior in terms of theoretical conformity (Neff et al., 2019). Bifactor ESEM allows researchers to model multidimensional constructs, including a global construct (G-Factor) and specific constructs (S-Factors) not explained by the G-Factor (Morin et al., 2016). To date, research has only been done to support a six-factor and single higher-order factor CFA for the short version of the SCS. Given that prior research generally supports a bifactor ESEM

representation of the full SCS over CFA models (Tóth-Király et al., 2017; Neff & Tóth-Király, 2022), researchers have suggested that future studies investigate a bifactor representation of the SCS-SF (Neff & Tóth-Király, 2022). A bifactor ESEM investigation is also supported by the fact that ESEM allows for expected cross-loadings based on prior theory and research (Tóth-Király et al., 2017), whereas CFA requires non-target factor loadings to be constrained to zero, often resulting in poor fit (Morin et al., 2020). Therefore, a bifactor ESEM model with six specific factors and one global factor was estimated using orthogonal target rotation. All constructs, including the G-Factor (global self-compassion) and S-Factors (self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification) were specified as defined by their respective items.

The estimated bifactor ESEM-Target model fit the data well (CFI and TLI = 1.00, RMSEA = 0.00). Estimated cross-loadings between specific factors were small and generally non-significant ($|0.005$ to 0.334). Factor loadings and composite reliability estimates (McDonald's omega; McDonald, 1970) for this model are reported in Table 4 ($\omega = .440$ to $.933$, $M_\omega = .635$). Due to low loadings and poor reliability on several specific factors, which is not unexpected given that only two target items load onto specific factors, only factor scores from the estimated global self-compassion factor were used in main analyses.

Main Statistical Analyses

A series of latent profile analyses (LPA), a type of finite mixture modelling used with continuous indicators, were conducted using factor scores obtained in preliminary analyses, which reflect attitudinal barriers, instrumental barriers, stigma-related barriers, and global self-compassion. These models were estimated using Mplus 8.7.'s robust Maximum Likelihood (MLR) estimator, and Full Information Maximum Likelihood (FIML) to handle missing data. Solutions including one to six profiles were estimated 200 times using 5000 random starts (Morin & Litalien, 2019). Means of profile indicators were freely estimated in all profiles, but variances were constrained to equality due to convergence issues (Morin & Litalien, 2019). Based on Morin and Wang's suggestions (2016), selection of the optimal number of profiles was based on the following indicators: the Akaike's information criterion (AIC), the Bayesian information criterion (BIC), the sample-size adjusted BIC (ABIC), the adjusted Lo-Mendel-Rubin likelihood ratio test (aLMR), and the bootstrap likelihood ratio test (BLRT). Lower AIC, BIC, and ABIC values suggest a better fit, and nonsignificant p-values associated with the aLMR and BLRT suggest that the previous model containing one less profile should be retained. "Elbow plots", or graphical representations of AIC, BIC, and ABIC values, were also used to determine the point at which the addition of a profile did not lead to an improvement in fit (i.e., reached a plateau). Finally, the theoretical meaningfulness versus redundancy of the additional profile in each analysis was examined. Entropy values were evaluated after a solution was selected (Nylund-Gibson & Choi, 2018) and are not intended to be used in determining a final profile solution, but instead describe the accuracy of profile assignment. Values range from 0 to 1, with values closer to 1 indicating greater degree of classification accuracy (Lubke & Muthén, 2007).

Based on current recommendations, covariates were added to the model after the optimal unconditional solution was determined (Nylund-Gibson & Masyn, 2016; Morin & Litalien, 2019). Profiles were related to the proposed predictors and mental health covariates: visible minority status, sexual orientation, financial strain, subjective social status, cumulative sexual violence, campus cultural congruity, ingroup identification, depression, and anxiety. This analysis was conducted using the automatic auxiliary three-step approach implemented in Mplus,

which examines the relationships among the latent class variable and predictor variables using multinomial logistic regression (Asparouhov & Muthén, 2014). The three steps implemented in this approach are as follows: 1) a regular LPA is conducted, 2) a most likely class variable is created using the latent class posterior distribution from step one, and 3) the most likely class variable is regressed on the predictors. The advantage of this approach over direct inclusion of covariates is that does not allow the covariates to change the nature of the profiles (Asparouhov & Muthén, 2014; Morin & Litalien, 2019). Due to missing data on three of the covariates (sexual orientation, $N=1$; inclusion of ingroup, $N=1$; CES-D item 17, $N=1$), analyses were conducted with 283 participants. Regression coefficients from this analysis reflect the log odds of membership in one profile versus another; therefore, for ease of interpretation, odds ratios (OR) are also reported. For each unit increase of the predictor, ORs reflect the change in likelihood of membership in the specified profile versus a comparison profile.

Latent Profile Analysis

Fit results for the series of LPAs are reported in Table 5. Elbow plots are shown in Figure 1. As the number of profiles increased up to the six-profile solution, values of AIC and ABIC failed to reach a minimum, whereas BIC reached a minimum at the four-profile solution. Examination of the “elbow plot” revealed a plateau after the four-profile solution. Further, both the aLMR and BLRT reached non-significance at the five-profile solution. Based on these findings, although all profile solutions were examined closely, the four-profile and neighbouring solutions (three- and five-profile) are discussed in more detail. The four-profile solution was supported over the three-profile solution due to the addition of a meaningful profile and based on the fit statistics mentioned previously. Further, although the five-profile solution added a profile that was distinct, the more parsimonious four-profile solution was favoured given that one of the profiles comprised less than 5% of the sample and none of the fit statistics supported the five-profile solution. Finally, for the four-profile solution, the posterior probabilities that individuals belonged to their profile were high (.825 to .897), and cross-profile probabilities were low (.00 to .13) Therefore, the four-profile solution was retained, which had a moderate level of classification accuracy (.735; Morin & Litalien, 2019).

Figure 2 provides a visual representation of the retained solution and Table 6 provides the means of profile indicator variables for each of the four profiles. Profiles were labeled according to how theoretically well-equipped participants are to seek help based on their patterns of barriers and self-compassion. Profile 1, labeled as the *very well-equipped group*, represented the second smallest proportion of the sample (9.44%; $N = 27$). Individuals in this group had very high levels of global self-compassion and very low levels on each of the attitudinal, instrumental, and stigma-related help-seeking barrier indicators. Profile 2, labeled as the *well-equipped group*, represented the second largest proportion of the sample (36.71%; $N = 105$). Individuals in this group showed average to moderately high levels of self-compassion and moderately low levels on each of the barriers. Profile 3, labeled as the *under-equipped group*, represented the largest proportion of the sample (48.60%; $N = 139$). This group was characterized by average to moderately low levels of global self-compassion and moderately high levels on each of the barriers. Profile 4, labeled as the *very under-equipped group*, represented the smallest proportion of the sample (5.25%; $N = 15$). This profile consisted of individuals with very low levels of global self-compassion and very high levels on each of the barriers.

Influence of Predictors on Profile Membership

Results of multivariate logistic regression analyses are reported in Table 7, including regression coefficients and ORs. Of the proposed predictors, only campus cultural congruity

predicted profile membership. Specifically, higher levels of campus cultural congruity increased the likelihood of membership in profile 2 (*well-equipped*) compared to profile 3 (*under-equipped*). Further, of the mental health covariates, higher levels of depression increased the likelihood of membership in profile 2 (*well-equipped*), 3 (*under-equipped*), and 4 (*very under-equipped*) compared to profile 1 (*very well-equipped*).

Discussion

While numerous studies have identified factors that influence help-seeking behaviours among young and emerging adults, only some have adopted a person-centered approach to identify distinct configurations of these factors (Vanheusden et al., 2008; Wu et al., 2020; Weissinger et al., 2022), and none to our knowledge have specifically done so with a sample of emerging adult survivors of sexual violence. Further, among the studies that have identified profiles of barriers to help-seeking in young people, none have incorporated factors that have been shown to promote help-seeking. The current study adds to the literature by combining variable-centered (i.e., ESEM) and person-centered (i.e., LPA) approaches to identify distinct profiles of developmentally relevant barriers and facilitators (i.e., self-compassion) of mental health help-seeking among emerging adult survivors of sexual violence. The analyses revealed four distinct profiles of help-seeking barriers and self-compassion. Specifically, different subgroups of participants were considered *very well-equipped*, *well-equipped*, *under-equipped*, or *very under-equipped*. The smallest percentage (5.25%) of the sample made up the *very under-equipped* profile, characterized by very low self-compassion and very high barriers. A slightly larger proportion (9.44%) of the sample made up the *very well-equipped* profile, characterized by very high self-compassion and very low barriers. The majority of the sample made up the *under-equipped* (48.60%) and *well-equipped* (36.71%) profiles, which represented less extreme versions of the first two profiles. Therefore, findings suggest that nearly half of emerging adults who experienced sexual violence were relatively under-equipped to seek help, and an additional small proportion fell to the extreme end of this spectrum.

Supporting past research indicating that self-compassion is associated with reduced barriers to help-seeking such as stigma (Wu et al., 2020), self-compassion consistently showed high levels when help-seeking barriers were low, and low levels when help-seeking barriers were high. However, results are inconsistent with research that investigated profiles of barriers among emerging adults and generally found both quantitative (i.e., level) and some qualitative (i.e., shape) differences across profiles (e.g., low barriers, moderate barriers, high barriers, attitudinal and availability barriers only; Wu et al., 2020). Although the indicators employed in previous and the current study are different, the present research did not replicate the findings of prior studies with the current sample and instead found that barriers were either universally high or universally low across all profiles. However, this pattern may provide meaningful insights about the current study's sample, showing that barriers are encountered simultaneously among emerging adult survivors.

Relations Between Covariates and Profile Membership

In addition to identifying profiles of help-seeking barriers and self-compassion, the present study investigated whether various socioecological factors would predict the likelihood of membership in certain profiles versus others. Findings suggested that social location factors (minority status, subjective social status, financial strain, and sexual orientation) and cumulative sexual violence were not associated with the likelihood of profile membership. Regarding university context, results indicated that ingroup identification was also not associated with

likelihood of profile membership. However, individuals who experienced higher cultural congruity were more likely to belong to the *well-equipped* profile compared to the *under-equipped* profile.

The absence of support for the association between social location variables and likelihood of profile membership is surprising in light of extensive research demonstrating that factors such as SES, race/ethnicity, and sexual orientation shape both resources and barriers to care among sexual violence survivors (Kennedy et al., 2012; Zinzow et al., 2021; Lipsky et al., 2006; Ullman & Lorenz, 2020; Calton et al., 2016; Sit & Stermac, 2021; ISTSS, 2018). However, it may be that examination of this effect requires a more intersectional understanding of an individual's position regarding social location (i.e., how social location variables interact; Bach et al., 2021), where effects of individual social location factors considered in isolation may be less critical in determining help-seeking barriers and facilitators. Further, with regards to results concerning financial strain specifically, it is also possible that financial strain was not associated with the odds of profile membership due to the nature of the profiles identified. It was expected that individuals experiencing greater financial strain would be more likely to be members of a profile characterized mainly by instrumental barriers (e.g., cost of transportation, cost of care), which was not identified in the current study.

Taking into account the overall pattern of results concerning social location and campus cultural congruity, results might also suggest that it is not an individual's position regarding social location, but rather the interaction between their specific backgrounds and the broader university environment, which contributes to their vulnerability to encountering multiple help-seeking barriers and lower self-compassion. Indeed, the current study's findings regarding campus cultural congruity support Gloria and colleagues' (2001) suggestion that lower campus cultural congruity might lead students to question the fit between their background (e.g., based on race/ethnicity) and values and those of university-based mental health settings, leading them to hold more negative attitudes toward seeking help on campus. The present study adds to the limited research in this area by examining this association among emerging adult sexual violence survivors and extending findings to mental health settings in general and in a Canadian context. Although not directly investigated, it is also possible that individuals who felt at odds with the values espoused by the university consequently felt at odds with the solutions that the university proposes for their problems (e.g., receptivity to anti-stigma campaigns). As a result, they may be more susceptible to experiencing various barriers to mental health help-seeking.

Based on findings that sense of belongingness, connectedness, and fit within the university environment positively impact the help-seeking process (Bryant et al., 2022; Samuolis et al., 2017; Gloria et al., 2001), it was hypothesized that greater identification with other students at the university would predict membership in a profile characterized by fewer barriers to help-seeking, and this hypothesis was not supported. However, it may be that a variable not considered in the present study – namely, students' perception of the degree to which other students hold stigmatized beliefs – accounts for this finding. Recent research suggests that if individuals perceive the group as having stigmatized beliefs surrounding mental health, they may experience greater stigma toward help-seeking and be less inclined to seek help (Kearns et al., 2015; Kearns et al., 2018). Therefore, students who identified strongly with other students but perceived them as holding stigmatized beliefs may have experienced greater stigma toward help-seeking, whereas students who identified strongly with other students but perceived them as holding non-stigmatized beliefs may have experienced reduced stigma toward help-seeking.

Results also failed to support the hypothesized association between cumulative sexual violence and likelihood of profile membership. In general, limited research has investigated the prevalence and nature of barriers experienced specifically by individuals who have experienced cumulative sexual violence. However, it is possible that experiencing multiple forms of sexual violence may have a stronger role in shaping barriers that are unique to the experience of sexual violence, which were not considered in the present study. For example, reactions to initial disclosures of childhood sexual abuse may serve as a barrier (or facilitator; Campbell et al., 2015) of future help-seeking behaviour following sexual violence experienced in adulthood, where reactions received as a child serve as a framework for inferring the helpfulness of various resources as an adult (Simmel et al., 2012). Further, although previous research has found that self-compassion varied according to number of victimization types (e.g., sexual violence, internet victimization; Játiva & Cerezo, 2014), frequency of interpersonal victimization types (Bistricky et al., 2017), severity of various types of violence and maltreatment experienced (Messman-Moore & Bhuptani, 2020), and type of maltreatment (e.g., sexual, emotional; Tanaka et al., 2011), no previous studies had specifically examined the effects of experiencing multiple forms of sexual violence. This discrepancy might also be attributable to the forms of violence considered in this study (i.e., CSA, sexual assault, sexual harassment), versus those considered in previous research (e.g., CSA, sexual assault, emotional neglect, internet victimization, physical violence).

In the present study associations with mental health covariates that have been shown to impact both self-compassion (Raes, 2011; Marsh et al., 2018) and help-seeking barriers (Wilson et al., 2007; Holland et al., 2016; Rickwood, 2020) were also examined. Consistent with previous research, results indicated that greater depressive symptoms positively predicted the likelihood of membership in the *very under-equipped*, *under-equipped*, and *well-equipped* profile compared to the *very well-equipped* profile. Indeed, prior research indicates that self-compassion is negatively associated with depression in samples composed of undergraduates (Raes, 2010; Raes, 2011), clinical populations (Krieger et al., 2016), the general population (Körner et al., 2015), and sexual assault survivors (Hamrick & Owens, 2019). Further, this finding is consistent with the help-negation effect observed among adolescents and emerging adults, whereby help-seeking intentions seem to reduce as suicidal or depression symptoms increase due to person-related barriers to accessing help (Wilson et al., 2007; Rickwood, 2020). Specifically, psychological distress is usually viewed as a factor that increases help-seeking, but some symptoms may introduce barriers that negate this help-seeking process (Wilson et al., 2007). Surprisingly, findings failed to support an association between generalized anxiety symptoms and likelihood of profile membership. However, as noted by Rickwood (2020), the help-negation effect is not as well-established for anxiety.

Limitations and Future Directions

While results from this study enhance our understanding of developmentally relevant help-seeking barriers and facilitators among emerging adult survivors of sexual violence, it is not without limitations. Person-centered analyses are most meaningful when results can be replicated across various samples (Meyer & Morin, 2016), and the exploratory nature of this study limits its generalizability. The present study was also cross-sectional in nature, limiting our ability to 1) determine whether profile membership remains consistent across time, and 2) establish the directionality of the association between campus cultural congruity and likelihood of profile membership. Therefore, future studies should attempt to replicate results among other samples of emerging adult sexual violence survivors and employ longitudinal designs (e.g., latent transition

analysis). Further, the investigation of profiles among non-college-attending emerging adult survivors represents an important area for future investigation given that this population has been studied less extensively in the context of help-seeking (Addington, 2022) and may experience unique barriers to care.

Although the goal of this study was to examine developmentally-relevant barriers among emerging adult survivors, some barriers to care experienced by young survivors are unique to their stage of development, whereas others may be more specific to the experience of sexual violence (Fernet et al., 2019). For instance, in their mixed-methods study, Fernet and colleagues (2019) found that some participants were reluctant to seek professional care due to shame specifically surrounding their experience of sexual violence. Others found that sexual assault survivors were reluctant to seek mental health care due to fears of not being believed and self-blame (Ullman & Lorenz, 2020). Therefore, future studies would benefit from incorporating measures of both developmentally relevant barriers and barriers more pertinent to sexual violence.

Another important limitation of the current research is that the LPA model could not be further validated by relating profile membership to actual help-seeking behaviours. Of the few prior studies that have examined profiles of mental health help-seeking barriers in young people, only one included help-seeking behaviours as an outcome. Specifically, Wu and colleagues (2017) found that members of profiles characterized by low self-stigma and low public stigma and average self-stigma and high public stigma were more likely to seek services than members of a high self-stigma and high public stigma profile. Future research should aim to validate the profiles identified through the inclusion of help-seeking covariates, such as help-seeking intentions and behaviours across various informal (e.g., friends, family, coworkers) and formal sources (e.g., psychiatrist, family doctor, psychologist, social worker, university counsellor).

As a final potential avenue for future studies, researchers might consider incorporating more help-seeking facilitators as profile indicators, where the present study only included one (self-compassion). Although it is not necessary for profile indicators to address all relevant constructs in order to be informative (Morin & Litalien, 2019), there are several facilitators that are particularly relevant to emerging adults and may contribute to a more comprehensive understanding of the typologies of resources at emerging adults' disposal, such as mental health literacy and social support (Rickwood, 2020).

Implications for Practice

The identification of different configurations of help-seeking barriers and facilitators among college survivors of sexual violence has important implications for informing university administrators, campus mental health programs and services, and health care providers working with emerging adults who have experienced sexual violence. Considering that more than half of the sample was either under- or very under-equipped to seek help, administrators and providers should be mindful that a substantial proportion of survivors may encounter considerable barriers in conjunction, including low self-compassion, negative attitudes toward help-seeking, stigma regarding help-seeking, and instrumental or logistical concerns. Campus prevention and intervention efforts might consider addressing these barriers in conjunction, rather than attempts to reduce specific barriers in isolation. However, given that students often receive free mental health services on campus (Eisenberg et al., 2012), universities might work toward addressing other instrumental barriers, such as awareness of mental health services and long wait times (Mowbray et al., 2006). Findings also point to the relevance of compassion-based programs and interventions, which have been found to successfully lead to the development of self-compassion

(e.g., Smeets et al., 2014). Although not specifically implicated by the current study's findings, it is also important to note that campus administrators should work toward increasing awareness of services tailored to respond to the needs of sexual violence survivors (Cusano et al., 2022).

While many studies have identified barriers to help-seeking among emerging adults and sexual violence survivors, as noted by Joyce and Weibelzahl (2011), fewer studies have attempted to address the ways in which these barriers can be overcome. Results from the current study indicated that campus cultural congruity may represent a modifiable risk factor and an important avenue through which help-seeking barriers can be reduced. Therefore, as suggested by Gloria and colleagues (2001), providers and administrators should attend to sociocultural variables with regards to their efforts to foster help-seeking behaviours. Further, in addition to encouraging first contact with services, culturally competent assessment and clinical practices might help improve both length of time in treatment and dropout rates (Hernandez et al., 2009). In order to improve the sense of fit in the university setting among survivors and young people generally, administrators should also aim to develop mental health and sexual violence awareness programs tailored to specific groups and communities on campus (e.g., Potter et al., 2012; Yoshihama & Tolman, 2015).

Conclusions

Sexual violence remains a significant concern among college-going emerging adults, with nearly 30% of the larger sample from which the current data was derived reporting at least one form of sexual violence considered in this study. Given the high prevalence of mental health problems and low help-seeking rates in this population, the present study aimed to gain a deeper understanding of emerging adult survivors' unique experiences concerning both barriers and facilitators of help-seeking. Employing a person-centered approach, this study identified several underlying subgroups of emerging adult survivors with varying degrees of self-compassion and attitudinal, stigma-related, and instrumental mental health help-seeking barriers and demonstrated that survivors in this sample experienced different types of barriers simultaneously. Furthermore, results from the present study highlighted the value of a socioecological approach to understanding help-seeking among emerging adult sexual violence survivors by illustrating that the interaction between survivors and their university environment may play a role in determining the extent to which help-seeking barriers and facilitators are experienced.

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Table 1*Means, Standard Deviations, and Correlations Between all Study Variables.*

	1	2	3	4	5	6	7	8	9	10	11
1. Barriers to Help-Seeking	—										
2. Self-Compassion	.286**	—									
3. Depression	.483**	-.426**	—								
4. Generalized Anxiety	.374**	-.428**	.711**	—							
5. Visible Minority	.053	.188**	.047	.016	—						
6. Sexual Minority	.169**	-.166**	.216**	.170**	.036	—					
7. Subjective Social Status	-.062	.171**	-.231**	-.200**	-.045	-.054	—				
8. Financial Strain	.224**	.008	.260**	.217**	.055	.075	-.187**	—			
9. Cumulative sexual violence	.206**	-.115	.202**	.144**	-.016	.077	-.128*	.173**	—		
10. Campus Cultural Congruity	.428**	.206**	-.426**	-.289**	-.190**	-.086	.302**	-.279**	-.142*	—	
11. Inclusion of Ingroup in Self	-.144*	.146*	-.231**	-.156**	-.100	-.092	.172**	-.180**	-.165**	.266**	—
Frequency (%)					44.4%	48.6%			37.1%		
<i>M</i>	20.11	33.60	22.19	8.99			6.67	3.31		68.02	3.06
<i>SD</i>	12.91	8.57	11.64	5.80			1.59	3.32		13.98	1.60

** $p < .01$, * $p < .05$

Table 2*Goodness-of-fit Statistics for Preliminary Measurement Models.*

Model	df	χ^2	CFI	TLI	RMSEA	90% CI	Δ CFI	Δ TLI	Δ RMSEA	$\Delta\chi^2$ (Δ df)
^a1 factor 24-item Geomin	252	663.136*	0.899	0.899	0.083	[0.075, 0.090]	NA	NA	NA	NA
^b2 factor 24-item Geomin	229	491.565*	0.935	0.922	0.069	[0.061, 0.078]	-0.036	-0.033	0.014	171.57 (23)*
^c3 factor 24-item Geomin	207	327.529*	0.970	0.960	0.049	[0.039, 0.059]	-0.035	-0.038	0.020	164.04 (22)*
^d4 factor 24-item Geomin	186	260.238*	0.982	0.973	0.041	[0.028, 0.052]	-0.012	-0.013	0.008	67.29 (21)*
^e3 factor 22-item Geomin	168	283.206*	0.971	0.961	0.054	[0.043, 0.064]	NA	NA	NA	NA
^f3 factor 22-item Target	168	283.206*	0.971	0.961	0.054	[0.043, 0.064]	NA	NA	NA	NA
^g1 G-Factor 6 S-Factor Target	3	0.798	1.00	1.00	0.00	[0.000, 0.055]	NA	NA	NA	NA

Note. Df = degrees of freedom; χ^2 = Chi-square statistic; CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root mean square error of approximation; 90% CI = RMSEA 90% confidence interval; Δ = change; Models^{a-f} = BACE-3; Model^g = SCS-SF.

* $p < .001$.

Table 3

Factor Loadings (λ), Uniquenesses (δ), Composite Reliability (ω), and Factor Correlations for BACE-3 Target ESEM.

Items	Instrumental (λ)	Attitude (λ)	Stigma (λ)	δ
Item 1	0.715	0.104	-0.082	0.498
Item 11	0.783	0.112	-0.296	0.541
Item 15	0.690	-0.170	-0.027	0.599
Item 16	0.544	-0.132	0.315	0.475
Item 20	0.477	0.120	0.268	0.452
Item 22	0.569	0.046	0.182	0.486
Item 30	0.722	0.083	0.045	0.380
Item 2	-0.056	0.701	-0.004	0.537
Item 7	-0.076	0.799	0.057	0.355
Item 13	0.362	0.420	0.131	0.446
Item 18	-0.022	0.520	0.331	0.454
Item 23	-0.029	0.521	-0.227	0.804
Item 25	0.123	0.572	0.002	0.604
Item 3	-0.025	0.172	0.737	0.319
Item 4	0.225	-0.076	0.628	0.440
Item 8	0.083	0.130	0.624	0.429
Item 9	0.075	0.193	0.641	0.345
Item 12	0.119	-0.163	0.901	0.185
Item 17	-0.135	0.021	0.914	0.278
Item 19	0.037	0.095	0.755	0.307
Item 21	0.128	0.032	0.671	0.402
Item 26	-0.080	0.048	0.844	0.321
ω	0.863	0.842	0.917	
Factor correlations				
Attitude	—	0.370	0.612	
Instrumental		—	0.530	
Stigma			—	

Note. $N = 239$. Boldface indicates target ESEM factor loadings. λ = factor loading; δ = item uniqueness; ω = omega coefficient of model-based composite reliability.

Table 4

Factor Loadings (λ), Uniquenesses (δ), and Composite Reliability (ω) for SCS-SF Target Bifactor ESEM.

Items	Global SC (λ)	SK (λ)	CH (λ)	MI (λ)	SJ (λ)	IS (λ)	OI (λ)	δ
Item 2	0.549	0.765	0.055	0.068	0.026	-0.021	-0.057	0.101
Item 6	0.554	0.284	0.300	0.195	0.147	-0.017	-0.078	0.456
Item 5	0.490	0.214	0.536	0.162	-0.018	0.012	0.034	0.399
Item 10	0.541	0.028	0.461	0.090	-0.101	-0.059	-0.119	0.458
Item 3	0.358	0.334	0.155	0.352	-0.032	0.016	0.030	0.610
Item 7	0.530	-0.013	0.094	0.787	-0.045	-0.041	-0.043	0.085
Item 11	0.767	-0.005	-0.092	-0.141	0.432	-0.099	-0.018	0.187
Item 12	0.734	0.125	-0.032	0.029	0.510	0.043	0.053	0.180
Item 4	0.481	-0.036	-0.031	-0.040	-0.031	0.771	0.011	0.169
Item 8	0.676	-0.199	-0.121	-0.139	-0.110	-0.031	0.153	0.433
Item 1	0.723	-0.095	-0.050	-0.031	0.019	-0.015	0.575	0.134
Item 9	0.716	-0.139	-0.105	-0.072	0.109	0.165	0.076	0.406
ω	0.933	0.664	0.537	0.651	0.707	0.517	0.440	

Note. $N = 285$. Boldface indicates target ESEM factor loadings. Global SC = Global self-compassion; SK = Self-kindness subscale; CH = Common humanity subscale; MI = Mindfulness subscale; SJ = Self-judgment subscale; IS = Isolation subscale; OI = Over-identification subscale; λ = factor loading; δ = item uniqueness; ω = omega coefficient of model-based composite reliability.

Table 5*Goodness-of-fit Statistics for LPA.*

Model	LL	#fp	Scaling	AIC	BIC	ABIC	Entropy	aLMR (<i>p</i>-value)	BLRT (<i>p</i>-value)
1 profile	-1315.037	8	0.9231	2646.075	2675.323	2649.954	NA	NA	NA
2 profile	-1214.25	13	1.1336	2454.501	2502.029	2460.805	0.639	0.0009	0.0011
3 profile	-1174.31	18	1.1494	2384.621	2450.428	2393.349	0.742	0.0273	0.0301
4 profile	-1145.282	23	1.0474	2336.564	2420.652	2347.717	0.735	0.0089	0.0101
5 profile	-1133.53	28	1.0393	2323.060	2425.428	2336.638	0.693	0.1465	0.1550
6 profile	-1119.971	33	0.9689	2305.942	2426.590	2321.944	0.770	0.0198	0.0224

Note. LL = model loglikelihood; #fp = number of free parameters; Scaling = scaling correction factor associated with the MLR estimator; AIC = Akaike information criterion; BIC = Bayesian information criterion; ABIC = sample-size adjusted BIC; aLMR = adjusted Lo-Mendell-Rubin likelihood ratio test; BLRT = bootstrapped likelihood ratio test.

Table 6*Means of Indicators in the Final LPA Solution and 95% Confidence Intervals.*

Variable	Profile 1		Profile 2		Profile 3		Profile 4	
	<i>M</i>	95% CI	<i>M</i>	95% CI	<i>M</i>	95% CI	<i>M</i>	95% CI
Global Self-Compassion	0.722	[0.327, 1.118]	0.117	[-0.067, 0.300]	-0.124	[-0.305, 0.057]	-0.914	[-1.455, -0.374]
Attitude Barriers	-1.329	[-1.575, -1.083]	-0.392	[-0.699, -0.085]	0.465	[0.339, 0.591]	1.490	[1.100, 1.881]
Instrumental Barriers	-1.419	[-1.791, -1.047]	-0.215	[-0.367, -0.062]	0.336	[0.119, 0.553]	1.297	[0.914, 1.680]
Stigma Barriers	-1.358	[-1.491, -1.224]	-0.523	[-0.737, -0.310]	0.571	[0.356, 0.786]	1.782	[1.414, 2.150]

Note. $N = 286$. Profile 1 = Very well-equipped; Profile 2 = Well-equipped; Profile 3 = Under-equipped; profile 4 = Very under-equipped.

Table 7*Multinomial Logistic Regression Results for Proposed Predictors on Profile Membership.*

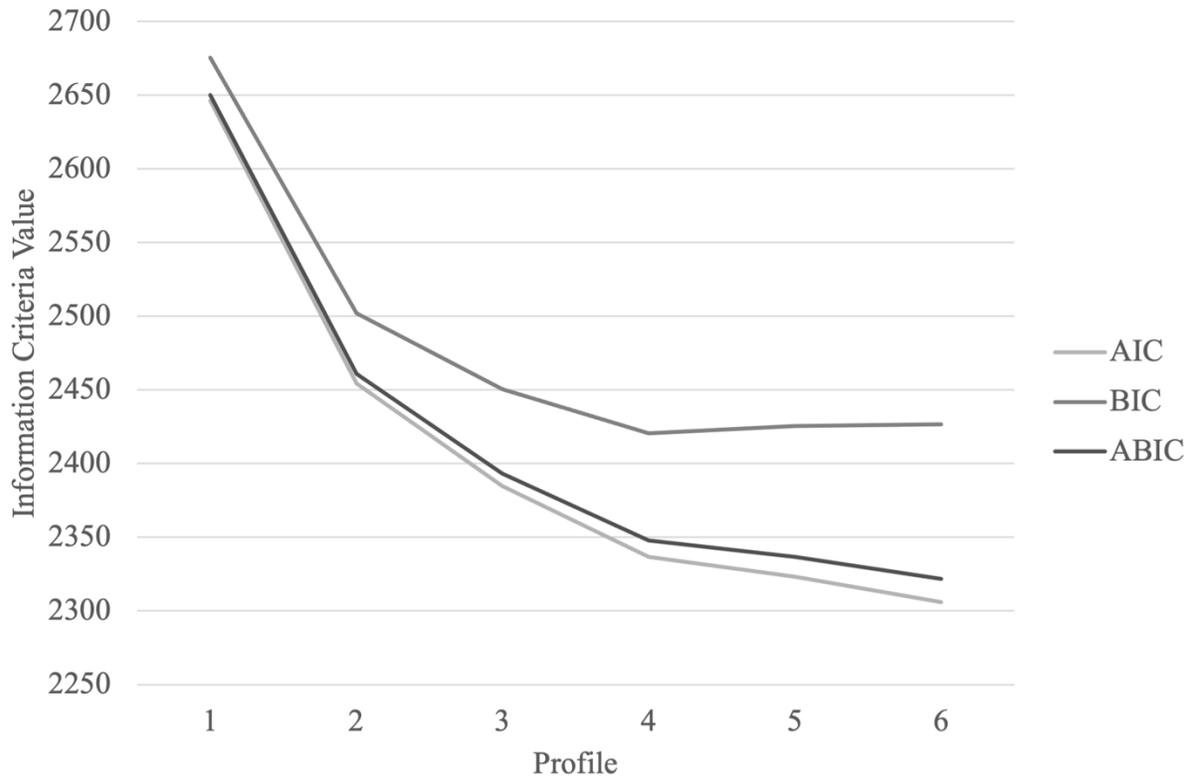
	Profile 1 vs. 2		Profile 1 vs. 3		Profile 1 vs. 4	
	Coefficient (<i>SE</i>)	OR	Coefficient (<i>SE</i>)	OR	Coefficient (<i>SE</i>)	OR
Minority Status	0.758 (0.882)	2.134	0.756 (0.855)	2.13	1.383 (2.285)	3.989
Sexual Orientation	0.423 (0.877)	1.526	-0.356 (0.846)	0.701	-0.087 (1.277)	0.916
Social Status	0.093 (0.289)	1.097	-0.138 (0.285)	0.871	-0.413 (0.627)	0.661
Inclusion of Ingroup in Self	0.103 (0.205)	1.108	-0.062 (0.204)	0.94	0.329 (0.577)	1.39
Cumulative Sexual Violence	0.415 (0.851)	1.514	-0.388 (0.808)	0.678	-0.288 (1.588)	0.75
Campus Cultural Congruity	0.014 (0.039)	1.014	0.065 (0.038)	1.067	0.139 (0.130)	1.149
Financial Strain	0.003 (0.099)	1.003	0.035 (0.100)	1.036	-0.043 (0.200)	0.958
Depression	-0.283* (0.110)	0.753	-0.312** (0.111)	0.732	-0.377** (0.132)	0.686
Generalized Anxiety	0.141 (0.142)	1.151	0.072 (0.133)	1.074	-0.071 (0.224)	0.932
	Profile 2 vs. 3		Profile 2 vs. 4		Profile 3 vs. 4	
Minority Status	-0.002 (0.482)	0.998	0.625 (2.125)	1.869	0.627 (2.181)	1.873
Sexual Orientation	-0.778 (0.436)	0.459	-0.510 (1.017)	0.601	0.268 (0.964)	1.308
Social Status	-0.231 (0.142)	0.794	-0.506 (0.561)	0.603	-0.276 (0.571)	0.759
Inclusion of Ingroup in Self	-0.165 (0.118)	0.848	0.227 (0.548)	1.254	0.392 (0.542)	1.48
Cumulative Sexual Violence	-0.803 (0.484)	0.448	-0.703 (1.413)	0.495	0.100 (1.359)	1.106
Campus Cultural Congruity	0.051** (0.018)	1.053	0.125 (0.124)	1.133	0.074 (0.127)	1.077
Financial Strain	0.032 (0.063)	1.033	-0.046 (0.180)	0.955	-0.078 (0.181)	0.925
Depression	-0.029 (0.029)	0.971	-0.094 (0.075)	0.91	-0.065 (0.076)	0.937
Generalized Anxiety	-0.069 (0.052)	0.933	-0.212 (0.180)	0.809	-0.142 (0.182)	0.867

Note. $N = 283$. Regression coefficients and ORs describe effects of proposed predictors on the likelihood of membership in the first compared to the second profile listed. OR = odds ratio; *SE* = standard error; Profile 1 = Very well-equipped; Profile 2 = Well-equipped; Profile 3 = Under-equipped; profile 4 = Very under-equipped.

** $p < .01$, * $p < .05$.

Figure 1

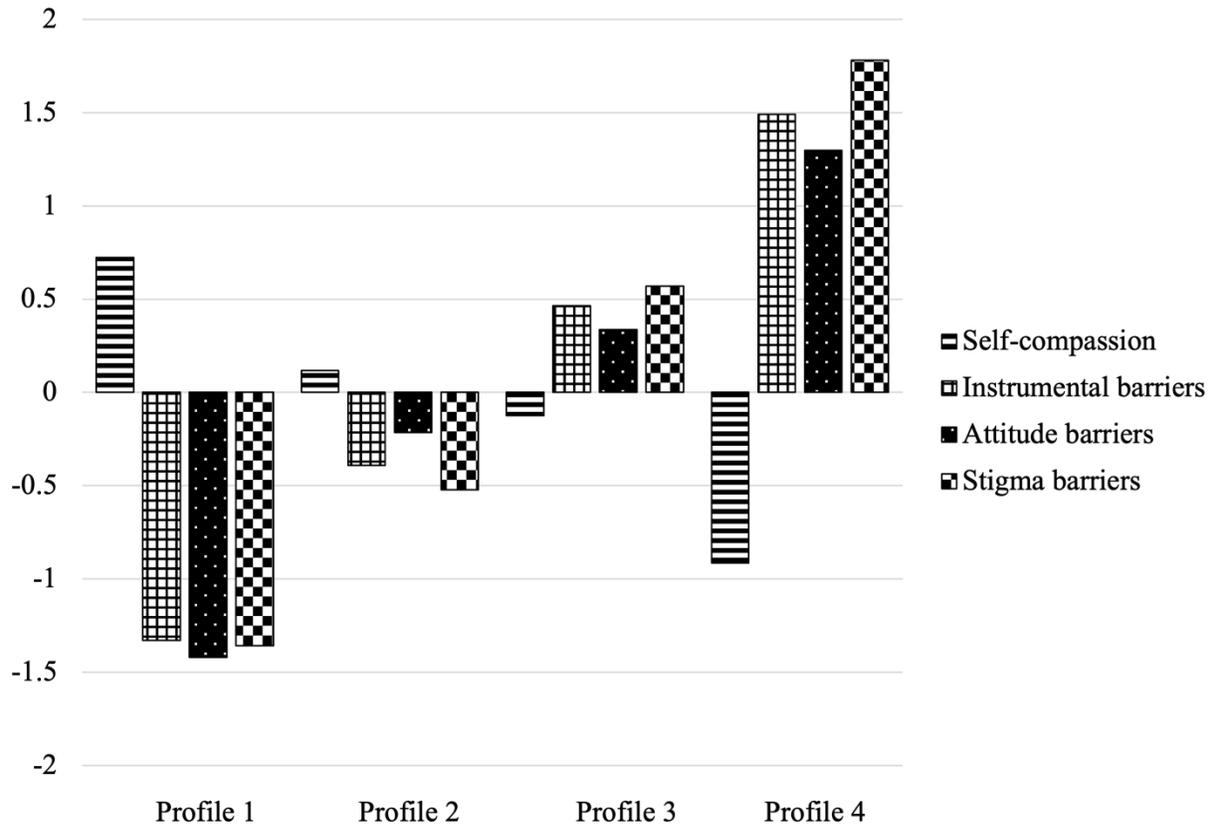
Elbow Plot of AIC, BIC, and ABIC Fit Statistics for LPA.



Note. AIC = Akaike information criterion; BIC = Bayesian information criterion; ABIC = sample-size adjusted BIC.

Figure 2

Graphical Representation of Latent Profiles on the Indicator Variables.



Note. Profile 1 = Very well-equipped; Profile 2 = Well-equipped; Profile 3 = Under-equipped; profile 4 = Very under-equipped.