Silent Struggles: Sexual Violence Experiences of SGM Youth in Rural Vhembe District, Limpopo, South Africa

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Abstract

Introduction: This paper focuses on sexual violence perpetrated against SGM youth globally, and especially at coming out age. This research aims at establishing the history of Sexual Violence among SGM youths in the rural Vhembe District, Limpopo Province, South Africa. Method: This research was a qualitative interpretative phenomenological study of young sexual and gender minorities between the ages of 18 and 35 with experiences of sexual violence. Ten participants were purposively sampled based on the criterion and interviewed in an unstructured manner. Illustratively, data were reviewed through the lens of interpretative phenomenological analysis with themes emerging from the data themselves. Findings: Four predominant themes were identified: sexual violence, the effects of sexual violence, support, and coping strategies. A range of the sexual violence cases revealed by the study took place in the context of homes, workplaces, and even prisons showing that it is rife in rural areas. Conclusion: The paper makes suggestions for preventing, responding to, and handling the impact and aftermath of sexual violence specifically targeting SGM persons, with a focus on strengthening nursing care for these survivors. These insights will hopefully help in moving towards fair distribution of health and well-being, improve the quality of care for all patients, and work toward patients, especially SGM youth, in rural South Africa being treated with dignity and properly cared for where they seem to be most at risk..

Keywords: *Sexual and Gender Minority (SGM), Sexual Violence, Rural Youth, Qualitative Research.*

Introduction

Sexual violence against Sexual and Gender Minority (SGM) youth is a pervasive global issue that demands urgent attention and action. Individuals who identify as lesbian, gay, bisexual, transgender, intersex, queer, or variants of each of these non-heterosexual or non-cisgender identities are exposed to higher rates of sexual violence than heterosexual and cisgender peers (Macauley et al., 2018). In particular, the problem is acute during the period of 'coming out' or adolescence and young adulthood stage which is an age characterized by vulnerability to discrimination and violence on various grounds (Rosario et al., 2004).

Progressive legislation to protect the rights of SGM people remains in place in South Africa, including the recent legalization of same sex marriage in 2006, however SGM individuals remain challenged by high rates of sexual violence (Mkhize & Maharaj, 2021). This intersectional landscape of vulnerability intersects with sexual orientation and gender identity for SGM youth in post-apartheid South Africa—especially those living in rural areas where traditional values and resources are limited to make their lives all that much more marginalized (Jansen, 2017).

The study site is the rural Vhembe District in Limpopo Province, South Africa, which provides a unique context in which to examine these issues. Vhembe District exemplifies the challenges that SGM youth face in non-urban settings, characterized by its predominantly rural population and traditional cultural norms. Past research has largely focused on urban areas, leaving a great void in what we know about the SGM experience in the rural context (Jozsa et al., 2023). Yet this urban-centric approach has led to a dearth of information regarding the unique vulnerabilities, resilience strategies, and support systems available to rural SGM youth who have experienced sexual violence.

In addition, little is known about the experiences of sexual violence of SGM youth in rural South Africa. This lack of visibility not only sustains the cycle of violence but also impairs the availability of interventions

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and support systems (Davies & Lyon, 2013). Nurses commonly serving as first contact for victims of sexual violence often do not have the requisite specific knowledge and skills to provide culturally competent and affirming care to SGM youth (Pettersen, et.al., 2024).

Furthermore, the essence of this study is to provide an in-depth perspective of the sexual violence experiences of SGM youth in the Vhembe District within the Limpopo Province in South Africa. This study employs a qualitative interpretative phenomenological approach in which lived experiences of sexual violence of these young individuals are uncovered in order to understand both the nature and consequences of sexual violence, as well as the coping mechanisms and support systems used by survivors.

Therefore, there are several reasons why this study is important. It first fills a critical gap in the literature by focusing on rural SGM youth in South Africa. Secondly, through providing such a platform for these young people's experiences, we can unearth valuable insights that can aid policy formation, help shape healthcare services and supports for SGM youth who've been sexually violated. This research concludes by advancing the debate within the greater sexual violence prevention and response framework to illuminate the importance of using an intersectional lens to address the specific vulnerabilities and strengths of diverse groups.

Ultimately, this study seeks to initiate change, generate health equity and contribute to a safer more inclusive society for all individuals, irrespective of sexual orientation or gender identity by lending light to SGM youth in rural South Africa living and struggling in silence.

Literature Review

Sexual violence against Sexual and Gender Minority (SGM) youth is a pervasive global issue, particularly acute during the vulnerable period of coming out. Past studies have found that SGM homeless youth are victimized and have identified their resilience as they struggle on the streets (Balsam et al., 2017). While sexual and gender minority individuals continue to have health disparities, particularly in mental health and substance use (Ikhile & Mavhandu-Mudzusi, 2024), progressive policies have fostered certain conditions that have helped to ameliorate these problems. Additionally, health professionals' heteronormative attitudes toward SGM youth can color the quality of the care given (McNeil et al., 2023), highlighting that biases surface in healthcare encounters.

Different studies have explored challenges faced by SGM adolescents and young adults assigned to females at birth seeking help for severe intimate partner violence, navigating stigma, and fear of endorsing negative stereotypes (Scheer et al., 2022). Studies have found that parental biases are associated with family relationships and outcomes in mental health among SGM youth, emphasizing the importance of working with families to address biases to support the health and well-being of SGM individuals (Hubachek et al., 2023). Various factors that help explain the higher prevalence of tobacco use among SGM individuals are categorized into unique and common factors and have shed light on the complex interplay that influences tobacco use among this target population (Carvalho et al., 2023).

The exclusion of SGM adolescents under 18 from sexual health research because they need a guardian's consent creates a barrier to researching the risks and benefits of SGM youth, which demands more inclusive research practices (Macapagal et al., 2017). The mental health challenges that sexual and gender minority youth face, especially those in incarcerated facilities, are emphasized and highlight the need for tailored mental health interventions among such a high-risk population (Clark et al., 2022). Thus, longitudinal transitions of intimate partner violence among females assigned at Birth Sexual and Gender Minority (FAB SGM) youth have been highlighted in connection with the need for an understanding of relationship-specific dynamics and the rates of intimate partner violence (IPV) in SGM communities (Swann et al., 2023).

We have explored the impact of sexual violence victimization on mental health outcomes over time among diverse emerging adult populations previously and pointed to the need for tailoring interventions for these

challenges (Siconolfi et al.2022). Disclosure and help-seeking experiences of SGM victims of intimate partner violence have been investigated, shedding light on the barriers to seeking help and the types of responses received (Whitton et al., 2023). Interestingly, similar to the influences of gender and sexual identity on adolescent health, the impact of sexual orientation and gender identity on healthcare-seeking behaviors of SGM adolescents (Covelli et al., 2021) has also been studied.

The gap in research related to SGM communities and sexual violence has been examined in relation to inclusive bystander intervention programs on college campuses to prevent violence (Kirk-Provencher et al., 2023). In the past, associations between relationship experiences, dating violence, sexual harassment, and assault and alcohol use among sexual and gender minority adolescents have been explored, revealing how much dating violence occurs among SGM youth (Kiekens et al., 2022). Investigations have been made into the prevalence of sexual and gender minority youth in the justice system and the existence of disparities in involvement by gender and ethnicity (Jonnson et al., 2023).

Suicide prevention programs based on arts for sexual and gender minority youth show promise for the reduction of mental health disparities, supporting the development of novel interventions specifically aimed at reducing disparities among SGM populations (Toomes et al, 2018). Efficacious programs for sexual and gender minority adolescent dating violence and unique SGM adolescent needs, such as adaptations of the Safe Dates program, have been found to exist (Wesche et al., 2021). Microaggressions towards sexual and gender identity-based minorities as a form of daily discrimination experienced by SGM youth have been studied (Kiekens et al., 2022).

However, sexual and gender minority youth experiencing homelessness are written about, with respect to health risks faced by SGM youth, compared to heterosexual cisgender youth (Hao et al., 2021). Discussion of methodological considerations for advancing research on the health and well-being of sexual and gender minority youth highlights the challenges of doing rigor and ethically appropriate research with these populations (Schrager et al., 2019). The study of factors that shape sexual violence perpetration in sexual and gender minority youth has sought to highlight the specific challenges that SGM youth face related to disclosing and finding help for IPV (Nath et al., 2022).

Specifically, the experiences and needs of sexual and gender minority young adults with a history of suicidal ideation were investigated in relation to formal and informal mental healthcare and suggested ways to heighten services to meet the unique needs of SGM individuals (de Lange et al., 2021). Research on Black Lesbian, Gay, Bisexual, and Transgender (LGBT) house and ball community youth experiences of violence has shown that they have suffered levels of violent victimization that are higher than their heterosexual counterpart (Lopez et al., 2023). Factors determining the mental health of SGM youth have been explored, including the impact of victimization, community climate, and community size (Paceley et al., 2020).

The negative impact of family victimization on the well-being and resilience of Canadian sexual and gender minority adolescents and emerging adults has also been examined (Blais, 2023). The work has also explored the interrelations between community context and resources for sexual and gender minority youth and the health outcomes of SGM individuals (Paceley et al., 2020). Studies on the impact of community size, community climate, and victimization on the physical and mental health of SGM youth have been conducted (Paceley et al., 2020), identifying the importance of studying the extent of this in a wider victimized context.

Discussion of factors leading to the implementation of evidence-based strategies to create safe, supportive environments for SGM students has been addressed, yet barriers to supporting the mental health of SGM youth are under-researched (Green et al., 2018). Research participation from SGM youth has been explored in terms of sharing de-identified data in sexual health and HIV prevention research, but there are concerns about confidentiality and privacy (Matson et al., 2019). However, little is known about housing instability and psychosocial, mental, and physical health in sexual minority young adults and the necessity of comprehensive approaches to help address the challenges that sexual minority individuals face (LoSchiavo et al., 2020).

Finally, the literature review gives an overall picture of what has been written about sexual violence experiences of sexual and gender minority youth and what their specific challenges and characteristics are. The reviewed studies highlight the need for tailored interventions, inclusive research practices, and supportive healthcare services for sexual and gender minority individuals. More research needs to be done in order to know more about sexual violence in SGM communities, especially in populations that are diverse and underrepresented.

Methodology

Research Design

The qualitative interpretative phenomenological approach was used in this study to explore the lived experience of sexual violence among SGM youth in the Vhembe District, Limpopo province of South Africa. The reason for choosing this approach is to conduct in-depth research that explored the lived experiences of the study participants and their association with those experiences. (Smith & Osborn, 2015).

Participant Selection

Inclusion Criteria

The study targeted participant that identified as SGM between the age of 18 and 35, those below the age of 18 at the time of this research were excluded due to parental consent. All participants included in the research were resident in the geographical target location which is Vhembe District in Limpopo. This inclusion criteria helps to target participants that fit well with the focus of the research, and they all willingly volunteered to be part of the study by signing a consent form.

Sampling Technique

The study used a purposive snowball sampling in the recruitment of the study participants. The researcher collaborated with a local organization that target SGM individual, the local organization informed all their network that met with the inclusion criteria and the researcher purposively selected out of those that shows interest in participating in the study. During this process some of the selected participants also referred their friends that met with the inclusion criteria, According to Noy (2008) purposive snowball sampling is required for sensitive study that target hidden population like SGM.

Data Collection

Unstructured Interviews

Data were obtained from semi-structured interviews that involved 10 participants in the study. All interviews took about 60-90 minutes and took place in private, safe areas as chosen by the participant. With the participant's permission, the interviews were recorded on audio for later transcription. The interview questions were, therefore, structured to consist of consecutive open-ended questions, and the participants were allowed to self-guide the interviews.

Ethical Considerations

To ensure that the rights of the participants would be well protected, the study followed the ethics with ethical clearance from the Institutional Ethics Committee as an approval for a master's dissertation under the Department of Health Studies. Since this was an intentional selection, participants were first asked to sign an informed consent form to warrant their understanding of their inclusion in the study. In order to ensure anonymity, all participants' names were changed using pseudonyms in all documents and reports generated from this study. All participation was voluntary; subjects were made aware of their right to withdraw from the study at any time. Considering the possibility of discussing sexual abuse, it was decided that in the process of the interviews and after their completion, if necessary, the participants would be

offered to receive counseling services and support due to the potential emergence of clients' sensitive emotions during or after the interview. All these steps guaranteed that conducting the research was ethical and that participants' dignity, privacy, and emotional well-being were respected at all stages of the research.

Data Analysis

The recordings obtained were transcribed with all the audible content preserved, and then the data was analyzed using thematic analysis sorted in six phases in accordance with Braun and Clarke's guide developed in 2006. This process started with the examination phase where the researchers first became acquainted with the data through readings of the transcripts and listening to the recordings. Subsequently, the initial codes were created on an ongoing basis across the data set identified above. The third process of the study involved seeking themes through compiling codes and information into possible themes. Themes were then considered as to how useable they were across code extract level and overall dataset to construct a thematic 'map'. The fifth move involved simulating themes and putting names: details of each theme and the overall plotting of the analysis were fine-tuned. Finally, after the selection of extraordinary extract examples and before the final analysis, the report was compiled, which included an explanation of the results concerning the research question and the literature. It also ensured that from the data, an understanding of the participants' experiences was not a surface-themed one but got to their hearts.

Themes	Sub-Themes
Sexual Violence among the LGBTIQ individuals	*Measuring and categorizing Sexual violence*
	College Sexual Violence
	Corrective Rape
	Factors Influencing Violence against LGBTIQ in Africa.
Impact Of Sexual Violence on LGBTIQ individuals	*Physical impact*
	Social impact
	Psychological impact
Support Received by LGBTIQ victims of violence	*Health Care*
	Justice
	Social and community support
	Family Support
Skills to Survive Sexual Violence	*Empowerment*
	Self-defence
	Building self-confidence
	Assertiveness

Interpretative Phenomenological Framework

The current analysis followed the interpretative phenomenological approach, which aims to identify how participants understand themself and the social context (Smith and Osborn 2015). This approach enabled an understanding of the participants' experience of sexual violence as well as their perception of those experiences. To ensure trustworthiness, several strategies were employed:

- **Member checking**: Participants were asked to go through their interview and the data analysis so as to confirm the actual account of their experiences.

- **Peer debriefing**: Meetings with members of the research team were conducted in order to confront and question assumptions made as well as discuss possible meanings of the data.

- **Audit trail**: Documentation of all the research action plans, decisions, and, or deliberations undertaken at different stages of the study were kept on file.

- **Reflexivity**: This activity ensured the authors held reflexive diaries throughout the research to acknowledge their prejudices and assumptions. This methodology was designed to facilitate a deep understanding of the sexual violence experiences of SGM youth in the rural Vhembe District, while maintaining ethical integrity and ensuring the validity and reliability of the findings.

Findings

Theme 1: Sexual Violence among the SGM Individuals

a) Measuring and Categorizing Sexual Violence

Sexual and Gender Minority people face a continuum of sexual violence that includes verbal harassment and sexual assault. Such known abuse are commonly from people close to the victims, who are relatives, neighbors, or officials, or someone from within their institutions. Another interviewee presented an advert that triggered his traumatic past.: *"He asked me to accompany him to the river… when we got there, he asked me to touch and play with his genitals because of fear, I managed to do as he commanded"* (Samuel). Such narratives highlight the insidious presence of sexual violence, and the pressure victims face to comply with these violations.

b) College Sexual Violence

Sexual violence within academic learning environment is especially shocking, because survivors are vulnerable within areas that should be safe and welcoming. It was also found that some participants have been harassed by fellow students and even some of the faculty. One participant shared, , *"They want to make me skip class, perform poorly… but I do not let them because I think that the best retaliation is success"* (Paul). But resilience in the face of adversity will continue to be a recurring theme when it comes to violence – as much as it will also be an indicator of strength that people are willing to fight to share their stories.

c) Corrective Rape

Another form of violence is corrective rape, which is practiced on members of the SGM community under the pretext of changing their sexual orientation or gender identity. Corrective rape is enforced on victims as a punishment for not fulfilling socially acceptable norms, which are given from a heterosexist lens. As one participant revealed, *"Those guys… further stated that we need a gang rape for us to stop with our nonsensical act"* (David). This is a clear demonstration of how far the culprits will go as they seek to cow the victims into adherence to the required standards while denying them their psychological and physical well-being.

d) Factors Influencing Violence Against SGM Individuals in Africa

Heterosexual and homophobic prejudicial beliefs in each culture and society increase rape incidences against SGM individuals in Africa. People described it in detail as if this hostility was actually present; one of the participants gave his experience by saying: *"I have never shared my experience with family because most of them are homophobic... they laugh" (Saul).* Such societal perceptions make it worse since the victims experience severe isolation and trauma, which hinders their efforts to report the incidents.

Theme 2: Impact of Sexual Violence on SGM Individuals

a) Physical Impact

Sexual violence has a physical toll on SGM Individuals, translating into injuries, STIs, and long-lasting health complications. One of the participants narrates his physical consequences experience, *"I became HIV positive in 2015, and I don't even know if I got infected by my uncle" (Matthew).* This quote shows the potential lifelong negative physical impact of sexual violence on SGM individuals.

b) Social Impact

Denial of victimhood in sexual violence often leads to social isolation as the overwhelming stigma and ostracism to which victims become witnesses. One participant shared, *"Alcohol was the only solution for my problems because I was going through a lot without anyone having my back" (Phillip)*. This demonstrates how societal rejection and lack of support can push individuals towards harmful coping mechanisms like substance abuse.

c) Psychological Impact

Psychologically, survivors grapple with trauma, depression, and self-blame. The study highlighted the pervasive sense of shame and guilt among victims, as illustrated by a participant who confessed, "*I felt so small; I blamed myself that maybe if I had not turned out to be a lesbian, this would not have happened*" (George). This internalization of blame underscores the deep psychological scars inflicted by sexual violence.

Theme 3: Support Received by SGM Victims of Violence

a) Healthcare

Access to healthcare support for SGM victims is limited due to discrimination and stigma. Participants described facing hostility and insensitivity from healthcare providers, which deterred them from seeking necessary care. One victim stated, "I never sought medical help because I knew they wouldn't understand or support me" (Charles). This lack of access to supportive healthcare compounds the trauma experienced by victims.

b) Justice

The justice system often fails SGM victims, who face bias and neglect from law enforcement. Participants reported incidents where police officers blamed or ignored their complaints. One participant explained, "The policeman... started accusing me of having probably an affair with the perpetrator" *(Timothy)*. Such experiences indicate systemic bias, leaving victims with little hope of obtaining justice.

c) Social and Community Support

Community support is sparse, as SGM victims often face societal rejection. Some participants found solace only in online platforms or distant support groups. One participant expressed, "Social media is where I share my challenges… rather than seeking help from someone who will gossip about your life" (Daniel). This highlights the isolation victims feel within their immediate communities.

d) Family Support

Family rejection is a frequent outcome for SGM survivors of sexual violence. Many faces judgment and ostracism, which leaves them emotionally isolated. A participant shared, "*My whole family doesn't accept the fact that I'm gay… I decided to move out of the house" (Robert)*. Family rejection not only exacerbates trauma but also deprives victims of critical emotional support.

Theme 4: Skills to Survive Sexual Violence

a) Empowerment

Survivors employ empowerment strategies, like education and advocacy, as coping mechanisms to reclaim their autonomy. One participant expressed, "I grew up with so much anger... I have decided to let that anger go and do something productive about my life, attain degrees, and be able to advocate for the SGM

community" (Lazarus). This reflects the resilience of survivors who transform their trauma into a force for personal growth.

b) Self-Defense

Some survivors resort to self-defense, mentally and physically preparing to protect themselves from potential threats. As one participant shared, "I never go out alone, always vigilant because of what I've faced"(Esau). This vigilance is indicative of the heightened sense of self-preservation many survivors develop in response to persistent threats.

c) Building Self-Confidence

Developing self-confidence serves as a crucial survival skill for survivors. By building inner resilience, they navigate environments where they face constant discrimination. A participant remarked, "*Success is my best retaliation... I focus on my achievements despite their words*" (Lucas). This empowerment through achievement is a testament to their determination to thrive despite adversity.

d) Assertiveness

Assertiveness is another vital skill, with survivors learning to set boundaries and stand up for themselves. One participant narrated, "*I told myself I won't let them break me; their hatred doesn't define me*" (Thomas). By asserting their right to exist as they are, survivors counter the negative societal forces that seek to marginalize them.

Discussion

A. Interpretation of Findings in Relation to Existing Literature

The finding of sexual violence in rural Vhembe District among SGM people corresponds with other literature related to the prevalence of and effects of violence experienced by sexual and gender minorities The study is consistent with the research of Meyer (2015), which shows that the violence against SGM people occurs in different venues, such as home, schools, workplaces, and even healthcare institutions. This can be due to corrective rape or coercive sexual advances by authority figures, both common but pervasive forms of violence and the prejudice endured by those touched by them. This resonates with Ikekhwa & Mavhandu-Mudzusi's (2023) findings of "corrective rape" being a 'normalizing' of sexual orientation as a part of deep-rooted cultural practice. This study contributes to the understanding of corrective rape in that the practice is not restricted to urban areas, as traditional values, however, may further marginalize SGM youth living in rural areas.

This study corroborates previous findings by Kiss et al. (2020), showing the complex interaction between physical, psychological, and social outcomes associated with sexual violence. The findings in this study showing the heightened risk of HIV for sexually violated people overlaps with research published by the National Coalition of Anti-Violence Programs 2019 (Mitchell-Brody et al., 2010) that links sexual violence to increases in vulnerability to STIs. Additionally, this study supports the findings of Ullman & Relyea (2016), with participants finding substance abuse as a coping mechanism as they ran to alcohol and drugs to escape their trauma. Furthermore, the frequent use of social media as a form of escape aligns with observations by Lupton (2018) about the digital world serving as a sanctuary for marginalized groups, albeit with potential psychological repercussions.

B. Unique Insights into Rural SGM Youth Experiences

This study provides unique insights into the experiences of rural SGM youth, highlighting the isolation and limited support available in these settings. Unlike urban areas where support networks and advocacy groups may be more accessible, rural SGM youth are often isolated by societal prejudice and lack of resources. For instance, one participant's account of moving to a city to escape "judgmental people" speaks to the spatial

isolation and lack of inclusivity in rural communities. This contrasts with findings in urban-based studies where SGM individuals might at least access safe spaces or community centers. In rural settings, however, the lack of physical safe spaces intensifies the effects of stigma and trauma, as victims feel there is "nowhere to turn" within their immediate environment.

The family rejection documented in this study also reveals the compounded challenges faced by rural SGM youth. Msibi (2012) emphasizes that traditional African values often frame non-heteronormative orientations as taboo, a sentiment evident in participants' accounts of being ostracized by family members. This dimension of family dynamics, especially the conflation of non-heteronormative identities with spiritual "deviance," as highlighted by participants, reinforces how entrenched cultural beliefs hinder social and familial acceptance. The association between perpetrators and local authority figures, as noted by some participants, further restricts rural SGM individuals from accessing justice. Unlike urban settings with more anonymous law enforcement, the smaller, close-knit structure of rural communities can discourage victims from seeking legal recourse.

C. Implications for Healthcare, Particularly Nursing Care

The study's findings have important implications for healthcare providers, especially concerning nursing care, where nurses are increasingly primary frontline healthcare contacts in rural communities. Analysis of participants' experiences uncover critical gaps in culturally competent and trauma-informed care that are key to providing care to SGM individuals. Lack of sensitivity to the unique needs of SGM survivors by nurses actually contributes to these individuals' reluctance to seek care. These experiences were not unique in healthcare; Ikekhwa, & Azwihangwisi (2023) highlighted broader instances of discrimination within healthcare. This implies the requirement for additional training of rural healthcare workers in empathy, Privacy, confidentiality, and support of the SGM survivors of sexual violence.

To improve nursing care for SGM youth in rural areas, healthcare institutions must prioritize training programs focused on cultural competence and sensitivity toward diverse sexual and gender identities. Incorporating protocols for trauma-informed care within rural clinics can provide a more inclusive and safer environment for SGM individuals. By recognizing and addressing the distinct psychological and physical health needs of SGM survivors, nurses can play an instrumental role in supporting these individuals' recovery and well-being. The study's findings also suggest the need for policy reforms that address barriers to access and offer additional resources for SGM individuals in rural areas, as recommended by the WHO guidelines on inclusive care for marginalized groups.

D. Strengths and Limitations of the Study

This study's primary strength lies in its focus on rural SGM youth, a demographic often overlooked in research related to sexual violence. By capturing experiences within a rural African context, this study contributes to a nuanced understanding of how geographical and cultural contexts influence the lived experiences of SGM individuals. The qualitative approach enabled an in-depth exploration of personal narratives, providing valuable insights into the psychological, social, and physical challenges rural SGM youth face.

However, there are limitations. First, the study's sample size is small, which may limit the generalizability of its findings to all rural SGM populations. Additionally, the study relied on self-reported data, which may be subject to recall bias and underreporting, especially given the stigma surrounding sexual violence. Another limitation is the lack of male and transgender participants, which may have provided a more comprehensive view of the experiences of SGM individuals across different gender identities. Future research could address these limitations by employing a mixed-methods approach and expanding the sample size to enhance the representativeness of the findings.

In conclusion, this study highlights the severe challenges faced by rural SGM youth who endure sexual violence, compounded by societal stigma, lack of support, and inadequate healthcare responses. Addressing these issues requires a concerted effort across healthcare, social, and legal systems to create a more inclusive and supportive environment for all SGM individuals.

Conclusion

A. Summary of Key Findings

This study highlights the pervasive issue of sexual violence experienced by SGM youth in the rural Vhembe District, underscoring the forms, impacts, and coping mechanisms employed by survivors. Key findings reveal that SGM individuals in these settings face diverse forms of sexual violence, from corrective rape to coercive assaults, often in places they should feel safe, such as homes, workplaces, and educational institutions. The impact of this violence is profound, affecting physical health, social integration, and psychological well-being. Survivors often resort to substance use and social isolation as coping strategies, further compounding their challenges. Additionally, this study exposes significant gaps in support for these individuals, as family rejection, healthcare insensitivity, and inadequate access to justice leave survivors isolated and without effective avenues for recovery.

B. Recommendations for Practice

1. Addressing Sexual Violence

To mitigate sexual violence against SGM youth, it is critical to implement community-wide awareness campaigns that challenge harmful stereotypes and educate the public on the rights and humanity of sexual and gender minorities. Educational institutions, community centers, and local leadership should be engaged to foster understanding and create a zero-tolerance culture toward violence. Furthermore, enforcing strict policies against harassment in workplaces, educational settings, and public spaces will help ensure that SGM individuals can live without fear of victimization.

2. Supporting Victims

Enhanced support mechanisms for victims of sexual violence are essential. Establishing confidential reporting channels and strengthening victim support services can provide a safe space for survivors to share their experiences and seek assistance. Collaborating with local organizations and support groups to offer counseling, legal advice, and emergency housing can provide critical aid. Empowering social workers, counselors, and community leaders with cultural competence training will also enable them to provide trauma-informed care that respects the unique experiences of SGM individuals.

3. Improving Healthcare Provision

The discriminatory challenges many SGM people experience within healthcare settings make it essential to have sensitivity training built into rural healthcare systems. Training healthcare providers on the unique needs of sexual and gender minorities and giving them skills to provide trauma-informed care enhances trust and encourages victims to pursue medical treatment. Additionally, building partnerships with SGM advocacy groups can fill in some knowledge gaps and help us build a more supportive healthcare environment for everyone.

C. Suggestions for Future Research

Future research should continue with this study by investigating the experiences of other gender identities in rural African contexts because the study's limited sample of this study was concentrated on some subgroups within the SGM community. Furthermore, the outcomes of sexual violence interventions and support programs can help determine which strategies are most successful for improving the outcomes for

survivors. Longitudinal studies of the long-term health and social impacts of sexual violence on SGM youth would contribute important knowledge to the development of targeted policies and support frameworks.

Therefore, addressing sexual violence against SGM individuals in rural areas takes an allosterically comprehensive approach in community education, healthcare reform, and policy development that undermines the sexual violence of SGM individuals, both criminally and as neglected victims in a reconceptualized community that values and supports survivors.

Conflict of Interest: The authors declare no conflict of interest in connection with this article.

Data Availability: The data underlying the findings are available from the corresponding author upon reasonable request. However, on reasonable request and beyond institutional approval, there is no restriction on the availability of anonymized data.

Ethical Statement: This study was approved by the University of South Africa, Department of Health Studies Research Ethics Committee, and all participants gave informed free consent, and the procedures adopted conformed to ethical guidelines for research on vulnerable populations.

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