Title

A Systematic Review of Family Victimization Experiences Among Sexual Minority Youth

Journal

Journal of Prevention, 39(5)

ISSN

2731-5533

Authors

McGeough, Briana L

Sterzing, Paul R

Publication Date

2018-10-01

DOI

10.1007/s10935-018-0523-x

Peer reviewed

HHS Public Access

Author manuscript

J Prim Prev. Author manuscript; available in PMC 2019 October 01.

Published in final edited form as:

J Prim Prev. 2018 October ; 39(5): 491–528. doi:10.1007/s10935-018-0523-x.

A Systematic Review of Family Victimization Experiences among Sexual Minority Youth

Briana L. McGeough, MSW[1] and **Paul R. Sterzing, PhD**[1]

[1]School of Social Welfare, University of California, Berkeley

Abstract

Sexual minority youth experience substantially higher rates of family victimization than their heterosexual peers. No systematic review has yet identified the predictors and consequences in this vulnerable population of childhood abuse, exposure to sibling abuse and domestic violence, and sibling aggression. This systematic review aims to (a) describe differences in these family victimization rates by sexual orientation, gender, and race/ethnicity; (b) identify potential sexual minority and non-sexual minority-specific risk factors; and (c) identify physical, mental, and behavioral health and extrafamilial victimization correlates. The systematic review, which followed PRISMA guidelines, yielded 32 articles that met study inclusion criteria. Rates of childhood physical, sexual, and emotional abuse were consistently higher for sexual minority youth than for their heterosexual peers. Bisexual youth appear to be at greater risk for physical abuse than their gay and lesbian peers. Younger age at sexual minority milestones (first awareness, disclosure, and same-sex sexual contact) and higher levels of sexual minority-specific (sexuality disclosure, gender non-conformity) and non-sexual minority-specific (delinquent behaviors, parental drinking) risk factors were associated with higher rates of family victimization. Sexual minorities who experienced some form of childhood abuse reported more frequent physical (higher rates of HIV, higher BMIs, lower levels of perceived health), mental (higher rates of depression, PTSD symptoms, experiential avoidance, internalized homophobia), and behavioral (higher rates of suicidality, substance misuse, earlier sexual debut, unprotected anal sex) health problems relative to heterosexual or non-abused sexual minority peers. Sexual minority females who experienced childhood physical or sexual abuse were at greater risk than abused sexual minority males for sexual assault later in life. We conclude this systematic review with recommendations for future research, including the necessity for longitudinal research that utilizes a poly-victimization conceptual framework to identify the developmental pathways connecting risk factors, different types of family victimization, and health and extrafamilial victimization consequences.

Keywords

Childhood abuse; Sibling abuse; Domestic violence; Sibling aggression; Risk factors; Health correlates

Corresponding Author: Briana L. McGeough, School of Social Welfare, University of California, Berkeley, 120 Haviland Hall #7400, Berkeley, CA 94720-7400, bmcgeoug@berkeley.edu, 319.404.0518 (ph); 510.643.6126 (fax).

Conflict of Interest: The authors declare that they have no conflict of interest.

Introduction

Family victimization is a profound social problem in the United States, in which 8.3 million children are impacted annually by domestic violence (U.S. Children's Bureau, 2015). Childhood experiences of family victimization include three major subtypes (Finkelhor, Ormrod, Turner, & Hamby, 2005): (a) childhood abuse (i.e., physical, emotional, and sexual abuse); (b) exposure to sibling abuse and domestic violence (i.e., witnessing, hearing or observing signs of sibling and parental victimization); and (c) sibling aggression (i.e., sibling perpetrated victimization). Children with histories of family victimization suffer from high rates of depression (Brown, Cohen, Johnson, & Salzinger, 1998), anxiety (Fergusson, Horwood, & Lynskey, 1996), low self-esteem (Mullen, Martin, Anderson, Romans, & Herbison, 1996), substance use (Fergusson et al., 1996), suicidality (Brown et al., 1998), homelessness (Stein, Leslie, & Nyamathi, 2002) and extrafamilial victimization (e.g., bullying, dating victimization; Duncan, 1999; Gómez, 2010). Furthermore, the consequences of family victimization are multidimensional, impacting physical (e.g., bodily injuries), cognitive (e.g., learning disorders), and behavioral (e.g., delinquency) health (Widom, 2000).

At present, little is known about the full range of family victimization experiences for sexual minority youth (SMY)—that is, lesbian, gay, bisexual, and questioning. The extant available literature, however, indicates that SMY are 3.8 times and 1.2 times more likely to experience childhood sexual abuse and parental physical abuse than their heterosexual peers, respectively (Friedman et al., 2011). Furthermore, sexual minorities retrospectively report significantly higher rates of childhood emotional abuse (47.9% vs. 29.6%) and exposure to domestic violence (24.1% vs. 15.4%) than their heterosexual counterparts (Andersen & Blosnich, 2013). In addition, 22% of sexual minority males and 19% of sexual minority females report experiencing emotional abuse perpetrated by their brothers (D'Augelli, Hershberger, & Pilkington, 1998). Consistent with trauma theory (Briere, 1992), these high rates of family victimization among SMY are a potential causal factor explaining their higher rates of depression, substance use, and suicidality relative to their heterosexual peers (Birkett, Espelage, & Koenig, 2009; Friedman et al., 2011). Moreover, trauma stemming from family victimization can impact social functioning with peers, increasing their risk for extrafamilial forms of victimization, such as bullying (Sterzing, Hong, Gartner, & Auslander, 2016), community violence (Malik, Sorenson, & Aneshensel, 1997), and dating violence (Malik et al., 1997). In studies with the general youth population (Bowes et al., 2009; Duncan, 1999), higher rates of child maltreatment, for example, were associated with more frequent bullying victimization during adolescence. These findings are consistent with Finkelhor and colleagues' (2009) conceptual framework of poly-victimization that identifies growing up in a dangerous or violent family—characterized by high levels of childhood abuse, exposure to sibling abuse and domestic violence, and sibling aggression—as a developmental pathway to extrafamilial forms of victimization (e.g., bullying, community victimization).

No systematic review has yet examined the full range of family victimization experiences for SMY across the three major subtypes of childhood abuse (physical, emotional and sexual abuse), sibling aggression, and exposure to sibling abuse and domestic violence. Previous manuscripts, including a meta-analysis by Friedman and colleagues (2011) and a systematic

review by Schneeberger and colleagues (2014), have only examined childhood physical and sexual forms of abuse for SMY. Understanding the full scope of family victimization experiences for SMY is critical, because youth who have been exposed to different forms of family violence (e.g., child abuse, domestic violence) are at higher risk for negative health outcomes. In fact, the total number of different types of victimization is a better predictor of negative health outcomes for children and adolescents than any single type of victimization, including sexual abuse (Finkelhor et al., 2011).

To address this important gap, we systematically reviewed the extant literature on family victimization experiences for SMY by (a) describing differences in rates of family victimization—childhood abuse, exposure to sibling abuse and domestic violence, and sibling aggression—by sexual orientation, gender, and race/ethnicity; (b) identifying the sexual minority and non-sexual minority-specific risk factors associated with these forms of family victimization; and (c) identifying the health (physical, mental, and behavioral) and extrafamilial revictimization correlates of these forms of family victimization. Our systematic review is consistent with a developmental victimology framework (i.e., poly-victimization) that recognizes the theoretical importance of these family forms of victimization in explaining health disparities and high rates of extrafamilial revictimization (Finkelhor, 2008).

Methods

Literature Search

The literature search utilized six search engines—Academic Search Complete, ERIC, LGBT Life, PubMed, PsychInfo, and Social Work Abstracts—to identify empirical articles on family victimization experiences of SMY. See Table 1 for the four categories of search terms we used: (a) sexual orientation, (b) developmental period, (c) victimization forms, and (d) family context.

Inclusion and Exclusion Criteria

The inclusion criteria were (a) that the manuscript was peer reviewed and (b) was published in English between 1980 and 2016; (c) that the sample included sexual minority participants describing victimization experiences occurring prior to the age of 18; and (d) the study provided rates for at least one of the following: childhood abuse, exposure to sibling abuse or domestic violence, and sibling aggression. The exclusion criteria were (a) a transgender-only or non-U.S. sample, and (b) a qualitative-only or non-empirical methodology. Transgender-only samples were excluded to avoid the continued miscategorization of transgender youth as sexual minorities, while non-U.S. samples were excluded as SMY's experiences of family victimization may differ by country of origin.

The initial search yielded 968 articles, 714 of which were unduplicated. Articles were screened for topic relevance and compliance with the above inclusion and exclusion criteria through a three-step review process: (a) titles, (b) abstracts, and (c) methods sections. After this multi-step process, 19 articles remained. A review of the reference lists of the 19 included articles and relevant review articles and meta-analyses located through the search

yielded an additional 13 articles that had not appeared in the original search results. Our screening of these articles mirrored the three-step review process described above. In total, this process yielded 32 articles. Further detail about the screening and selection process is depicted in the consort diagram (Figure 1). The review met PRISMA guidelines for systematic reviews.

Results

Research Design

Thirty-two articles met the inclusion criteria for this systematic review (Table 2). Two were cross-sectional with youth-only samples (<18 y/o), ten were a mix of cross-sectional and retrospective with combined youth and adult samples, 17 were retrospective with adult-only samples (≥18 y/o), and three utilized a longitudinal design. The sample sizes ranged from 29 to 63,028 participants, with a median sample size of 695. The 32 articles drew from 29 distinct data sets. Fifteen studies used data from large scale surveys: Minnesota Student Survey; National Longitudinal Study of Adolescent to Adult Health; and the National Study of Health and Life Experiences of Women. Seventeen articles collected primary data specifically for the studies, and one of the datasets was used in four articles. The articles that utilized the same dataset were retained, as each examined different risk factors and health and extrafamilial victimization-related correlates.

Sample Characteristics

The 32 articles varied in gender composition, with 14 articles using a mixed gender sample, 13 restricted to females, and five to males. Sexual orientation varied, with 19 using a gay, lesbian, and bisexual sample and 13 articles using a gay and lesbian sample. Eighteen studies utilized a heterosexual comparison group. Regarding racial and ethnic diversity, 15 articles had samples with more than 20% participants of color, followed by nine articles with fewer than 20% participants of color, and eight studies that did not report racial and ethnic composition. The 32 articles varied in age composition, with 20 sampling adults only (minimum of 18 years old), followed by ten sampling a mix of adults and youth, and two sampling participants under the age of 18.

Family Victimization Rates by Sexual Orientation, Gender, and Race/Ethnicity

Physical abuse.—Twenty-five articles examined rates or mean levels of physical abuse, of which 14 articles made statistical comparisons between sexual minority and heterosexual participants (Table 3). A pattern emerged across 12 of these studies with sexual minorities reporting significantly higher levels of physical abuse than their heterosexual peers. Five studies examined rates of physical abuse by sexual minority orientation, with two studies finding significant differences: bisexual males had a higher-level of physical abuse than gay males (Saewyc et al., 2006) and bisexual males and females had significantly higher rates of physical abuse than gay males, lesbian females, and heterosexual males and females (Rew, Whittaker, Taylor-Seehafer, & Smith, 2005). Eight articles compared rates of physical abuse by gender, with a single study finding males experienced significantly higher levels of physical abuse than females (Corliss, Cochran, & Mays, 2002). Two studies examined the relationship between race and physical abuse. Andersen and Blosnich (2013) found non-

White and Hispanic participants had higher rates of physical abuse than their White counterparts. Brown and colleagues (2015) found significant differences by race/ethnicity, but did not describe the nature of these differences.

Sexual abuse.—Twenty-four articles examined rates or mean levels of sexual abuse, with 13 articles making statistical comparisons between sexual minority and heterosexual participants (Table 3). Sexual minorities reported significantly higher levels of sexual abuse than their heterosexual counterparts across all 13 studies. Six studies reported rates of sexual abuse by sexual minority orientation, with one study reporting statistically significant within group differences; Rew and colleagues (2005) found gay males and lesbian females experience higher rates of sexual victimization than bisexual and heterosexual males and females. Five articles reported rates of sexual abuse by gender, with only one study finding a significant difference: females were more likely to report sexual abuse than males (Garcia, Adams, Friedman, & East, 2002). Regarding race, four studies examined the relationship between race and sexual abuse, of which two reported significant differences. Andersen and Blosnich (2013) found non-White and Hispanic youth also had higher rates of sexual abuse than White participants. Doll and colleagues (1992) reported that Black and Hispanic males were more likely to report sexual abuse than their White counterparts.

Emotional abuse.—Eleven articles examined rates or mean levels of emotional abuse, with seven articles making statistical comparisons between sexual minority and heterosexual participants (Table 3). SMY had significantly higher levels of emotional abuse than heterosexual peers in six studies. Three studies reported rates of emotional abuse by sexual minority orientation, with no studies finding statistically significant within group differences. Five articles reported rates of emotional abuse by gender, with three finding statistically significant differences. One study found that males were more likely to report emotional abuse than females (Corliss et al., 2002). Two other studies found that females were more likely to experience emotional abuse than males (D'Augelli et al., 2005b; Garcia et al., 2002). Two studies examined the relationship between race and emotional abuse, of which one reported a significant but unspecified difference (Brown, Masho, Perera, Mezuk, & Cohen, 2015).

Sibling abuse.—Two articles examined rates of child abuse (physical, emotional, and sexual) for both SMY and their heterosexual siblings (Balsam, Rothblum, & Beauchaine, 2005; Stoddard, Dibble, & Fineman, 2009). Both articles found that SMY reported significantly more child abuse than their heterosexual siblings. Although neither study explicitly asked about exposure to sibling abuse, these studies suggest that heterosexual siblings were more likely to have sexual minority siblings who were abused than vice versa.

Domestic violence.—Five articles examined exposure to domestic violence, of which only one made statistical comparisons between sexual minority and heterosexual youth (Table 2). Andersen and Blosnich (2013) found that sexual minority males and females reported significantly higher rates of exposure to domestic violence than heterosexual peers. That same study examined but failed to find differences in rates of exposure to domestic violence by sexual minority orientation (Andersen & Blosnich, 2013). No comparisons in

rates of exposure to domestic violence were examined by gender. Two studies examined the relationship between race/ethnicity and exposure to domestic violence. Andersen and Blosnich (2013) found that non-White and Hispanic youth reported higher rates of exposure to domestic violence than their White, non-Hispanic counterparts. Brown and colleagues (2015) found significant differences by race/ethnicity but did not specify the nature of these differences.

Sibling aggression.—While four articles examined rates or mean levels of sibling aggression, only one article made statistical comparisons between sexual minority and heterosexual participants (Table 2). Belknap and colleagues (2012) found sexual minorities reported higher rates of sibling aggression than heterosexual participants. No articles explored differences in sibling aggression by sexual minority orientation, gender, or race/ethnicity.

Family Victimization Risk Factors

Sexual minority-specific risk factors.—Seven articles examined three sexual minority-specific risk factors: sexual orientation disclosure (five articles), gender non-conformity (four articles), and age of sexual orientation milestones (first awareness, disclosure, and same-sex sexual contact; one article). Sexual orientation disclosure (i.e., revealing one's sexual orientation) was identified as a significant risk factor for higher levels of physical abuse (three articles: Corliss et al., 2009; D'Augelli et al., 1998; D'Augelli, 2003) and emotional abuse (five articles: Corliss et al., 2009; D'Augelli et al., 1998; D'Augelli, 2003; D'Augelli et al., 2005a; D'Augelli et al., 2005b). Higher levels of gender non-conformity (i.e., level of feminine behaviors for male-identified individuals or masculine behaviors for female-identified individuals) were also associated with more sexual abuse (one article: Roberts et al., 2012) and emotional abuse (three articles: D'Augelli et al., 2005a; D'Augelli et al., 2009b; Roberts et al., 2012). Younger age at first awareness of same-sex attractions, disclosure of sexual minority orientation, and same-sex sexual contact were associated with higher levels of physical and emotional abuse in one manuscript (Corliss et al., 2009).

Non-sexual minority-specific risk factors.—Two articles examined two non-sexual minority-specific risk factors: delinquent behaviors (one article) and parental drinking (one article). Higher rates of delinquent behaviors (e.g., vandalism, truancy, cocaine use) were significantly associated with higher levels of physical abuse (Harry, 1989). A small but significant correlation was found between higher rates of parental drinking and higher levels of physical and sexual abuse (Hughes, Johnson, Wilsnack, & Szalacha, 2007).

Health and Extrafamilial Victimization Correlates of Family Victimization

Physical health.—Four studies examined the association between family victimization and physical health: HIV (one article), body mass index (BMI; two articles), and perceived health (one article). Gay and bisexual men who experienced childhood sexual abuse were more likely to be HIV-positive than non-sexually abused gay and bisexual men (Jinich et al., 1998). In another study, higher levels of childhood victimization—defined as experiencing physical, emotional, or sexual abuse or exposure to domestic violence—was significantly associated with a greater BMI for sexual minority females than their heterosexual

counterparts (Katz-Wise et al., 2014). Lesbian respondents who experienced sexual abuse were more likely to be obese than non-sexually abused lesbian women (Smith et al., 2010). Sexual minority women who experienced childhood physical abuse reported lower levels of perceived health than non-physically abused sexual minority women (Matthews, Cho, Hughes, Johnson, & Alvy, 2013).

Mental health.—Seven articles examined mental health correlates of family victimization, with all seven finding a significant association between family victimization and poor mental health: general mental health symptoms (two articles), depression (three articles), Post-Traumatic Stress Disorder symptoms (PTSD; two articles), experiential avoidance (one article), and internalized homophobia (one article). A sample of racial and ethnic minority lesbians who reported childhood sexual abuse were seven times more likely to have a mental health concern than those without a history of sexual abuse (Craig & Keane, 2014). Higher rates of physical and emotional abuse were associated with higher levels of psychological distress as measured by the Global Severity Index (D'Augelli, 2003). Participants with histories of childhood physical (Belknap, Holsinger, & Little, 2012; Hughes et al., 2007; McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012) and sexual (Belknap et al., 2012; Hughes et al., 2007; McLaughlin et al., 2012) abuse reported higher levels of depression. In addition, higher levels of physical, sexual, and emotional abuse were associated with greater severity of PTSD symptoms (Gold, Feinstein, Skidmore, & Marx, 2011; Roberts, Rosario, Corliss, Koenen, & Austin, 2012). Higher levels of physical abuse were associated with more frequent experiential avoidance (i.e., attempts to avoid or suppress unwanted bodily, emotional, and cognitive reactions to events) for sexual minority females than for non-victims. No differences in experiential avoidance where found for sexual minority males (Gold et al., 2011). Sexual minority males who experienced childhood physical abuse had higher levels of internalized homophobia than non-physically abused sexual minority males; no association was found between physical abuse and internalized homophobia for sexual minority females (Gold et al., 2011). Self-esteem was not associated with physical and emotional abuse (D'Augelli, 2003).

Behavioral health.—Ten studies examined the association between family victimization and behavioral health: suicidality (seven articles), sexual debut (two articles), unprotected anal intercourse (one article), and substance misuse (four articles). Histories of physical (Belknap et al., 2012; Corliss et al., 2009; McLaughlin et al., 2012), sexual (Belknap et al., 2012; Corliss et al., 2009; McLaughlin et al., 2012), and emotional (Corliss et al., 2009; D'Augelli et al., 2005a) abuse and sibling aggression (Belknap et al., 2012) were significantly associated with suicidal ideation, suicide attempts, and self-injury/mutilation (e.g., cutting). In addition, higher levels of physical, sexual abuse, and emotional abuse were associated with earlier sexual debuts—age at first sexual intercourse (studies did not distinguish between consensual and nonconsensual intercourse)—for both gay and lesbian participants (Brown et al., 2015), and sexual abuse was associated with earlier age of first consensual heterosexual intercourse for lesbian participants (Hughes et al., 2007). Jinich and colleagues (1998) found that gay and bisexual men who had been sexually abused were more likely to engage in unprotected anal intercourse than their non-sexually abused counterparts. Four articles examined the relationship between family victimization and

substance misuse, all of which found statistical significant associations. Higher levels of physical and sexual abuse were associated with higher rates of alcohol dependence (Hughes et al., 2007), tobacco use (McLaughlin et al., 2012), and drug use (Harry, 1989; McLaughlin et al., 2012). Participants who experienced physical abuse had, on average, an earlier age of smoking onset, which was also associated with current smoking status (Matthews et al., 2013).

Extrafamilial revictimization.—Two studies examined the relationship between family victimization and extrafamilial revictimization by tracking victimization at different points in time. In a longitudinal study conducted by Austin and colleagues (2008), lesbians and bisexual women who experienced physical and sexual abuse before the age of 11 were significantly more likely than their non-abused counterparts to experience sexual abuse (intrafamilial and extrafamilial) between the ages of 11 and 17. Gold and colleagues (2011) found that sexual minority females who reported childhood physical abuse had higher rates of adult sexual assault than their non-physically abused counterparts. However, sexual minority males who reported childhood physical abuse did not have higher rates of adult sexual assault than their non-abused counterparts.

Discussion

This review expands upon a previous meta-analysis by Friedman and colleagues (2011) and a systematic review by Schneeberger and colleagues (2014) in two important ways. First, we captured additional forms of family victimization (i.e., sibling aggression and exposure to sibling abuse and domestic violence) not examined in these manuscripts. Second, the review by Schneeberger and colleagues (2014) utilized studies with transgender samples, which may conflate important differences between sexual and gender minorities in terms of rates and correlates of family victimization.

The first aim of our systematic review was to describe differences in family victimization rates by sexual orientation, gender, and race/ethnicity. Although few studies examined differences in family victimization by gender, our review is consistent with past research that has focused on the general youth population (Thompson, Kingree, & Desai, 2004) in finding that males may be at greater risk for physical abuse (Corliss et al., 2002), while females may be at greater risk for sexual abuse (Garcia et al., 2012). One potential explanation for boys experiencing higher rates of physical abuse is that parents are more likely to use corporal punishment with them, which often meets the criteria for physical abuse (Chaffin et al., 2004; Wolfner & Gelles, 1993). Potential explanations advanced by feminist theorists as to why girls experience higher rates of sexual abuse than boys include that male gender socialization encourages men to engage in sexual relations with individuals with less power and to use sex as a tool to control female bodies and force adherence to traditional gender roles (Finkelhor & Araji, 1986). No gender differences were found in rates of emotional abuse for SMY in this review, which is consistent with past research on the general youth population (Corliss, Cochran, & Mays, 2002).

Few studies have examined differences in rates of family victimization by race/ethnicity. However, non-White and Hispanic SMY may be at greater risk for physical abuse, sexual

abuse, and exposure to domestic violence than their White, non-Hispanic peers. These findings are partially consistent with past research with the general youth population. Studies with general samples of Black and Latino youth, for example, also report higher rates of exposure to domestic violence relative to White peers, with no differences found by race/ethnicity for physical and sexual abuse (Crouch, Milner, & Thomsen, 2001; Finkelhor, Ormrod, Turner, & Hamby, 2005).

The second aim of this review was to identify sexual minority and non-sexual minority-specific risk factors for childhood abuse, exposure to sibling abuse and domestic violence, and sibling aggression for SMY. Risk factors specific to a sexual minority orientation were the most commonly explored, with younger age at first awareness, disclosure, and same-sex sexual contact and higher levels of sexual orientation disclosure and gender non-conformity associated with higher rates of physical, sexual, and emotional abuse. Consistent with minority stress theory (Meyer, 2003), these findings suggest that family victimization, triggered by sexual minority identity developmental milestones and gender non-conformity, is a minority stressor unique to SMY that may help explain their higher rates, relative to their heterosexual peers, of childhood physical and sexual abuse and mental health problems (Russell & Fish, 2016). Future population-based studies are needed to further confirm these theorized associations and previous empirical findings, because the majority of the articles (four out of five) supporting sexual orientation disclosure and half of the articles (two out of four) supporting gender non-conformity as risk factors utilized overlapping samples of SMY. In other words, the consistency of sexual orientation disclosure and gender non-conformity as risk factors for family victimization may be overstated in the extant literature, because these articles conducted secondary analyses using the same samples of SMY.

Our review's final aim involved identifying potential health and extrafamilial victimization correlates of family victimization for SMY. Consistent with minority stress theory (Meyer, 2003), sexual minorities who experienced childhood abuse—conceptualized here as a distal or interpersonal form of stigma—reported more frequent physical, mental, and behavioral health problems than their heterosexual or non-abused sexual minority counterparts. This review identified important differences in mental health problems by sexual orientation and gender. This review also found a notable inconsistency with the extant literature; childhood abuse and self-esteem were not correlated for sexual minorities in this review, while another study using a sexual minority sample found childhood abuse to be associated with lower self-esteem. Though the studies we included generally found family victimization to predict mental health problems for both males and females, two important gender differences emerged. Firstly, higher levels of physical abuse were associated with more frequent experiential avoidance for sexual minority females but not sexual minority males (Gold et al., 2011). Secondly, higher levels of physical abuse were associated with greater levels of internalized homophobia for sexual minority males but not sexual minority females (Gold et al., 2011). Though no research, as far as the authors are aware, has attempted to explain these gender differences, it is worth noting that in a general population sample, levels of experiential avoidance were also found to be higher for females than males (Hayes et al., 2004). Moreover, in an adult sexual minority sample, levels of internalized homophobia were also found to be higher for males than females (Herek, Gillis, & Cogan, 2015). These gender differences in experiential avoidance and internalized homophobia may be due to

variations in victimization experiences for girls (e.g., sexual abuse is particularly strongly associated with experiential avoidance, and girls are more likely to experience sexual abuse; Hayes et al., 2004) and the higher level of societal stigma for boys displaying feminine behaviors and/or transgressing against traditional male gender roles (Wilson et al., 2010). Lastly, we found self-esteem (only examined by a single article in this review: D'Augelli, 2003) to be unassociated with childhood abuse, which is inconsistent with Waldo and colleagues' (1998) study that found more frequent victimization—context (e.g., family, school, community) not specified—was associated with lower self-esteem for sexual minority youth and young adults. One possible explanation for the null finding by D'Augelli (2003) is that the study may have been underpowered to detect associations between self-esteem and abuse; for instance, only 4% ($n = 8$) of a sample of 206 reported verbal abuse from their fathers.

Recommendations for Future Research

Because of the dearth of studies examining exposure to sibling abuse and domestic violence and sibling aggression, future research is needed to specify the prevalence of the full range of these family victimization experiences for SMY. This is particularly critical for exposure to sibling abuse, as none of the reviewed studies explicitly asked SMY if they witnessed or were aware of their sibling's abuse. Our review also reveals that little research has examined potential differences in family victimization rates by sexual minority orientation, gender, and race/ethnicity. This is a vital line of research as important within group differences across this diverse population would allow us to identify more vulnerable subgroups of sexual minorities and create targeted prevention and intervention strategies to meet their needs.

The examination of multi-level risk factors that have been identified in research with the general youth population—individual, family, peer, school, community (Counts, Buffington, Chang-Rios, Rasmussen, & Preacher, 2010; Li, Godinet, & Arnsberger, 2011)—is critically lacking for SMY. For example, how do socioeconomic status, family structure, family cohesion, quality of the parent-child relationship, and parental mental health influence rates of family victimization for this population (Brown et al., 1998; Mersky, Berger, Reynolds, & Gromoske, 2009; Stith et al., 2009)? Moreover, this study has revealed a paucity of research on protective factors for family victimization for SMY. Though the initial conceptualization of this manuscript included the identification of protective factors for family victimization, protective factors were ultimately excluded from this analysis because only one protective factor, paternal attachment, was identified. Future research must explore protective factors, which are essential for the development of strengths-based interventions (Saleeby, 1996).

While none of the included studies explicitly addressed the question of why SMY experience higher rates of family victimization, other related areas of research have attempted to answer this question. For instance, Payne and Smith (2016) argue that gender policing (i.e., a social process of enforcing cultural expectations for masculine and feminine gender expression) motivates violence against sexual minority individuals. This theory is consistent with a minority stress framework and the finding from this review that gender non-conformity is associated with higher rates of victimization (D'Augelli et al., 2005a; D'Augelli et al., 2009b; Roberts et al., 2012). Furthermore, a robust body of research has

found that higher levels of stigma, defined as the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination, predict higher rates of victimization for members of stigmatized groups, including sexual minorities (Link & Phelan, 2001; Hatzenbuehler et al., 2014; Herek, 2015). Stigma operates at multiple levels, including interpersonal (e.g., prejudicial attitudes, discrimination) and structural (e.g., discriminatory laws), both of which positively predict victimization for sexual minorities (Hatzenbuehler et al., 2014; Herek, 2015). This research provides compelling evidence that stigma is a significant factor in explaining higher rates of victimization among sexual minorities. However, stigma research has not yet explored the mechanisms underlying higher rates of particular types of victimization for some SMY subgroups. For example, why do sexual minorities of color or bisexual youths report higher rates of some, but not all, types of family victimization than their White or gay- and lesbian-identified counterparts (Rew et al., 2005; Saewyc et al., 2006)? Future research needs to utilize stigma theory and an intersectional framework, an approach that examines how overlapping or intersecting minority identities (e.g., African American, bisexual female) may operate to increase the risk for different forms of family victimization in comparison to individuals with a single minority identity (e.g., White, gay male).

Longitudinal research that utilizes a poly-victimization framework is also needed to identify the causal ordering, potential bi-directionality, and developmental pathways connecting risk factors (e.g., age at first disclosure, gender role non-conformity, substance misuse), different types of family victimization (e.g., emotional abuse, sibling aggression), and consequences related to health (e.g., suicidality, substance misuse) and extrafamilial victimization (e.g., bullying, dating violence). Not a single study in this review examined the co-occurrence of different types of family victimization and its potential impact on health and extrafamilial victimization for SMY. This is an important gap as poly-victimization research with the general youth population provides compelling empirical evidence of the relationship between earlier experiences of family victimization and risk for future extrafamilial revictimization (Finkelhor, Ormrod, & Turner, 2007; Pereda & Gallardo-Pujol, 2014).

Our review focused on the family victimization experiences of individuals possessing sexual minority identities, and thus did not include transgender individuals or those who could be classified as sexual minorities based on behavior but not identity (e.g., men who have sex with men, commonly referred to as MSM). None of the manuscripts included in this review explicitly considered transgender respondents, suggesting the paucity of literature about the rates and correlates of victimization for this population. Future research is needed to examine family victimization experiences for this vulnerable population to capture the potentially higher rates of family victimization they may experience relative to cisgender sexual minorities and the unique risk and protective factors for family victimization associated with a gender minority identity. As noted by Young and Meyer (2005), identifying as a sexual minority (e.g., gay, lesbian, bisexual) results in a unique set of risk and protective factors that are not shared with individuals (e.g., MSM) who engage in same-sex sexual behavior but do not identify as a sexual minority. Similarly, future research is needed to examine rates of family victimization for MSM and identify their potentially unique risk and protective factors for different types of family victimization.

Implications for Prevention and Intervention

Our findings have important multi-level implications for prevention and intervention strategies across the social ecology (e.g., individual-, family-, and policy-level) of SMY (Bronfenbrenner, 1992). Individual-level clinical interventions may have a role in preventing family victimization and extrafamilial victimization for SMY. Both the victim-schema model (Rosen, Milich, & Harris, 2007) and the psychological mediation framework (Hatzenbuehler, 2009) identify cognitive patterns and emotional dysregulation as risk factors for victimization, particularly among individuals who have already experienced victimization. Modifying cognitive patterns is a central focus of cognitive-behavioral therapy, one of the most common forms of psychotherapy, and could be utilized to prevent family and extrafamilial victimization (LaSala, 2006). Similarly, dialectical-behavioral therapy, a popular variation of cognitive-behavioral therapy that focuses on teaching clients skills for emotional regulation, could be utilized to prevent family and extrafamilial victimization by reducing emotional dysregulation in social exchanges (Linehan, 1993).

Family-level interventions may also have a role in reducing or preventing family victimization for SMY. As noted above, stigma may help to explain disparities in family victimization subtypes by gender, race, and sexual orientation. Providers could offer trainings for families focused on sexual orientation-affirming approaches when responding to a child's sexual orientation disclosure, with specific content tailored to the needs and relevant risk factors of sexual minority youth of color, sexual minority boys and girls, and bisexual youth. Existing research has found that parenting trainings are effective in reducing child maltreatment (Barth, 2009; Chaffin et al., 2004). Furthermore, Hershberger and D'Augelli (1995) found family acceptance to buffer the relationship between extrafamilial victimization and mental health problems. Interventions focused on increasing family acceptance of sexual minorities and reducing family-level stigma could potentially prevent physical, sexual, and emotional abuse within families and reduce the frequency and impact of extrafamilial victimization.

Utilizing these individual- and family-level interventions requires the development of assessment tools that screen for the full range of family victimization experiences and risk factors detailed in this review (Sterzing et al., 2017; Sterzing, Ratliff, Gartner, McGeough, & Johnson, 2017). Such an assessment tool could help to identify the most vulnerable individuals for targeted prevention efforts and interventions because experiencing multiple types of victimization is so strongly associated with negative health outcomes (Finkelhor et al., 2011) and serves as a risk factor for extrafamilial revictimization (Finkelhor et al., 2009).

Policy interventions may have a role in preventing family victimization. For example, once an evidence-base is developed to support the individual- and family-level interventions proposed above, the use of these strategies could be promoted through policy change, such as a policy that requires child protective services workers to screen for sexual minority identity developmental milestones (e.g., sexual orientation disclosure) as potential risk factors for family victimization. A similar policy could be adopted for school social workers, who could be required to screen for sexual minority identity development milestones as potential risk factors for family victimization for vulnerable students experiencing bullying or other psychosocial problems in school, and medical providers, who are commonly the

first to detect child maltreatment, could be required to add sexual minority identity development milestones to their routine screening procedures for maltreatment and its risk factors (Paavilainen et al., 2002). Once implemented, these policies and others should be evaluated for their effectiveness in reducing family victimization for SMY.

Limitations and Strengths

For reasons of feasibility, our study made use of an inclusion criterion requiring studies to be peer reviewed. Publication bias may have affected our findings by limiting our review to studies with significant findings. Second, exposure to sibling abuse could only be inferred as both studies that examined rates of childhood abuse for sexual minorities and their heterosexual siblings did not explicitly ask if they had witnessed or become aware of their siblings' abuse. Third, this review intentionally excluded "queer" and "MSM" as search terms. We excluded "queer" as the term yielded articles that focused on other forms of sexuality, such as polyamory. "MSM" was excluded as we focused on family victimization experiences for individuals who identify as a sexual minority.

This systematic review also has notable strengths. We provide a more comprehensive review of family victimization than previous reviews by including childhood abuse, exposure to sibling abuse and domestic violence, and sibling aggression. We also examined risk factors across victimization types in hopes of identifying factors that could be leveraged to reduce multiple types of family victimization and their negative consequences. Unlike previous research, we did not include studies that looked exclusively at transgender youth in an effort to not conflate gender identity and sexual orientation. In conclusion, our review has summarized the current state of the family victimization literature for SMY and has proposed recommendations for future research that will be critical to helping us to prevent these types of victimization for this vulnerable population.

References

*Alvy LM, Hughes TL, Kristjanson AF, & Wilsnack SC (2013). Sexual identity group differences in child abuse and neglect. Journal of Interpersonal Violence, 28(10), 2088–2111. 10.1177/0886260512471081 [PubMed: 23345571]

*Andersen JP, & Blosnich J (2013). Disparities in adverse childhood experiences among sexual minority and heterosexual adults: Results from a multi-state probability-based sample. PLOS ONE, 8(1), e54691 10.1371/journal.pone.0054691 [PubMed: 23372755]

*Austin SB, Jun HJ, Jackson B, Spiegelman D, Rich-Edwards J, Corliss HL, & Wright RJ (2008). Disparities in child abuse victimization in lesbian, bisexual, and heterosexual women in the Nurses' Health Study II. Journal of Women's Health, 17(4), 597–606. 10.1089/jwh.2007.0450

*Balsam KF, Rothblum ED, & Beauchaine TP (2005). Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. Journal of Consulting and Clinical Psychology, 73(3), 477–487. [PubMed: 15982145]

Barth RP (2009). Preventing child abuse and neglect with parent training: Evidence and opportunities. The Future of Children, 19(2), 95–118. 10.1353/foc.0.0031/ [PubMed: 19719024]

*Belknap J, Holsinger K, & Little J (2012). Sexual minority status, abuse, and self-harming behaviors among incarcerated girls. Journal of Child & Adolescent Trauma, 5(2), 173–185. 10.1080/19361521.2012.671797

Birkett M, Espelage DL, & Koenig B (2009). LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. Journal of Youth and Adolescence, 38(7), 989–1000. 10.1007/s10964-008-9389-1 [PubMed: 19636741]

Bowes L, Arseneault L, Maughan B, Taylor A, Caspi A, & Moffitt TE (2009). School, neighborhood, and family factors are associated with children's bullying involvement: A nationally representative longitudinal study. Journal of the American Academy of Child and Adolescent Psychiatry, 48(5), 545–553. 10.1097/CHI.0b013e31819cb017 [PubMed: 19325496]

Briere JN (1992). Child abuse trauma: Theory and treatment of the lasting effects. Newbury Park, CA: Sage Publications, Inc.

Bronfenbrenner U (1992). Ecological systems theory. Jessica Kingsley Publishers.

Brown J, Cohen P, Johnson JG, & Salzinger S (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. Child Abuse & Neglect, 22(11), 1065–1078. 10.1016/S0145-2134(98)00087-8 [PubMed: 9827312]

*Brown MJ, Masho SW, Perera RA, Mezuk B, & Cohen SA (2015). Sex and sexual orientation disparities in adverse childhood experiences and early age at sexual debut in the United States: Results from a nationally representative sample. Child Abuse & Neglect, 46, 89–102. 10.1016/j.chiabu.2015.02.019 [PubMed: 25804435]

Chaffin M, Silovsky JF, Funderburk B, Valle LA, Brestan EV, Balachova T, & Bonner BL (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. Journal of Consulting and Clinical Psychology, 72(3), 500–510. 10.1037/0022-006X.72.3.500 [PubMed: 15279533]

*Corliss HL, Cochran SD, & Mays VM (2002). Reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults. Child Abuse & Neglect, 26(11), 1165–1178. 10.1016/S0145-2134(02)00385-X [PubMed: 12398854]

*Corliss HL, Cochran SD, Mays VM, Greenland S, & Seeman TE (2009). Age of minority sexual orientation development and risk of childhood maltreatment and suicide attempts in women. American Journal of Orthopsychiatry, 79(4), 511–521. 10.1037/a0017163 [PubMed: 20099942]

Counts JM, Buffington ES, Chang-Rios K, Rasmussen HN, & Preacher KJ (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. Child Abuse & Neglect, 34(10), 762–772. [PubMed: 20851466]

*Craig SL, & Keane G (2014). The mental health of multiethnic lesbian and bisexual adolescent females: The role of self-efficacy, stress and behavioral risks. Journal of Gay & Lesbian Mental Health, 18(3), 266–283. 10.1080/19359705.2013.879846

Crouch JL, Milner JS, & Thomsen C (2001). Childhood physical abuse, early social support, and risk for maltreatment: Current social support as a mediator of risk for child physical abuse. Child Abuse & Neglect, 25(1), 93–107. [PubMed: 11214816]

*D'Augelli AR (2003). Lesbian and bisexual female youths aged 14 to 21: Developmental challenges and victimization experiences. Journal of Lesbian Studies, 7(4), 9–29. 10.1300/J155v07n04_02 [PubMed: 24831382]

*D'Augelli AR, Hershberger SL, & Pilkington NW (1998). Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. American Journal of Orthopsychiatry, 68(3), 361–371. [PubMed: 9686289]

*D'Augelli AR, Grossman AH, Salter NP, Vasey JJ, Starks MT, & Sinclair KO (2005a). Predicting the suicide attempts of lesbian, gay, and bisexual youth. Suicide and Life-Threatening Behavior, 35(6), 646–660. 10.1521/suli.2005.35.6.646 [PubMed: 16552980]

*D'Augelli AR, Grossman AH, & Starks MT (2005b). Parents' awareness of lesbian, gay, and bisexual youths' sexual orientation. Journal of Marriage and Family, 67(2), 474–482.

*Doll LS, Joy D, Bartholow BN, Harrison JS, Bolan G, Douglas JM, Delgado W (1992). Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men. Child Abuse & Neglect, 16(6), 855–864. 10.1016/0145-2134(92)90087-8 [PubMed: 1486514]

Duncan RD (1999). Maltreatment by parents and peers: The relationship between child abuse, bully victimization, and psychological distress. Child Maltreatment, 4(1), 45–55. 10.1177/1077559599004001005

Fergusson DM, Horwood LJ, & Lynskey MT (1996). Childhood sexual abuse and psychiatric disorder in young adulthood. Journal of the American Academy of Child & Adolescent Psychiatry, 35(10), 1365–1374. 10.1097/00004583-199610000-00024 [PubMed: 8885591]

Finkelhor D (2008). Childhood victimization: Violence, crime, and abuse in the lives of young people. New York, NY: Oxford University Press.

Finkelhor D, & Araji S (1986). Explanations of pedophilia: A four factor model. Journal of Sex Research, 22(2), 145–161. 10.1080/00224498609551297

Finkelhor D, Hamby SL, Ormrod R, & Turner H (2005). The Juvenile Victimization Questionnaire: Reliability, validity, and national norms. Child Abuse & Neglect, 29(4), 383–412. 10.1016/j.chiabu.2004.11.001 [PubMed: 15917079]

Finkelhor D, Ormrod RK, & Turner HA (2007). Revictimization patterns in a national longitudinal sample of children and youth. Child Abuse & Neglect, 31(5), 479–502. 10.1016/j.chiabu.2006.03.012 [PubMed: 17537508]

Finkelhor D, Ormrod R, Turner H, & Hamby SL (2005). The victimization of children and youth: A comprehensive, national survey. Child Maltreatment, 10(1), 5–25. 10.1177/1077559504271287 [PubMed: 15611323]

Finkelhor D, Turner H, Ormrod R, & Hamby SL (2009). Violence, abuse, and crime exposure in a national sample of children and youth. Pediatrics, 124(5), 1411–1423. 10.1542/peds.2009-0467 [PubMed: 19805459]

Finkelhor D, Turner H, Hamby SL, & Ormrod R (2011). Poly-victimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse. National Survey of Children's Exposure to Violence.

Friedman MS, Marshal MP, Guadamuz TE, Wei C, Wong CF, Saewyc EM, & Stall R (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. American Journal of Public Health, 101(8), 1481–1494. 10.2105/AJPH.2009.190009 [PubMed: 21680921]

*Garcia JM, Adams JM, Friedman LM, & East PP (2002). Links between past abuse, suicide ideation, and sexual orientation among San Diego college students. Journal of American College Health, 51(1), 9–14. 10.1080/07448480209596322 [PubMed: 12222848]

Gómez AM (2010). Testing the cycle of violence hypothesis: Child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. Youth & Society, 43(1). 10.1177/0044118X09358313

*Gold SD, Feinstein BA, Skidmore WC, & Marx BP (2011). Childhood physical abuse, internalized homophobia, and experiential avoidance among lesbians and gay men. Psychological Trauma: Theory, Research, Practice, and Policy, 3(1), 50–60.

*Harry J (1989). Parental physical abuse and sexual orientation in males. Archives of Sexual Behavior, 18(3), 251–261. [PubMed: 2751419]

Hatzenbuehler ML (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. Psychological Bulletin, 135(5), 707–730. 10.1037/a0016441 [PubMed: 19702379]

Hatzenbuehler ML, Bellatorre A, Lee Y, Finch BK, Muennig P, & Fiscella K (2014). Structural stigma and all-cause mortality in sexual minority populations. Social Science & Medicine, 103, 33–41. 10.1016/j.socscimed.2013.06.005 [PubMed: 23830012]

Hayes SC, Strosahl K, Wilson KG, Bissett RT, Pistorello J, Toarmino D, & Stewart SH (2004). Measuring experiential avoidance: A preliminary test of a working model. The Psychological Record, 54(4), 553–578. 10.1007/BF03395492

Herek GM, Gillis JR, & Cogan JC (2015). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. Journal of Counseling Psychology, 56(1), 32 10.1037/a0014672

Hershberger SL, & D'Augelli AR (1995). The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. Developmental Psychology, 31(1), 65–74. 10.1037/0012-1649.31.1.65

*Higgins DJ (2004). Differences between previously married and never married 'gay'men: Family background, childhood experiences and current attitudes. Journal of Homosexuality, 48(1), 19–41. 10.1300/J082v48n01_02 [PubMed: 15774416]

*Hughes TL, Johnson TP, Wilsnack SC, & Szalacha LA (2007). Childhood risk factors for alcohol abuse and psychological distress among adult lesbians. Child Abuse & Neglect, 31(7), 769–789. [PubMed: 17628667]

*Jinich S, Paul JP, Stall R, Acree M, Kegeles S, Hoff C, & Coates TJ (1998). Childhood sexual abuse and HIV risk-taking behavior among gay and bisexual men. AIDS and Behavior, 2(1), 41–51. 10.1023/A:1022307323744

*Katz-Wise SL, Jun H-J, Corliss HL, Jackson B, Haines J, & Austin SB (2014). Child abuse as a predictor of gendered sexual orientation disparities in BMI trajectories among U.S. youth from the Growing Up Today Study. Journal of Adolescent Health, 54(6), 730–738. 10.1016/j.jadohealth.2013.11.006 [PubMed: 24388110]

LaSala M (2006). Cognitive and environmental intervention for gay males: addressing stigma and its consequences. Families in Society: The Journal of Contemporary Social Services, 87(2), 181–189 10.1606/1044-3894.3511

Li F, Godinet MT, & Arnsberger P (2011). Protective factors among families with children at risk of maltreatment: Follow up to early school years. Children and Youth Services Review, 33(1), 139–148. 10.1016/j.childyouth.2010.08.026

Linehan M (1993). Cognitive-behavioral treatment of borderline personality disorder. Guilford Press.

Link BG, & Phelan JC (2001). Conceptualizing stigma. Annual Review of Sociology, 27(1), 363–385. 10.1146/annurev.soc.27.1.363

Malik S, Sorenson SB, & Aneshensel CS (1997). Community and dating violence among adolescents: Perpetration and victimization. Journal of Adolescent Health, 21(5), 291–302. 10.1016/S1054-139X(97)00143-2 [PubMed: 9358292]

*Matthews AK, Cho YI, Hughes TL, Johnson TP, & Alvy L (2013). The influence of childhood physical abuse on adult health status in sexual minority women: The mediating role of smoking. Women's Health Issues: Official Publication of the Jacobs Institute of Women's Health, 23(2), e95–102. 10.1016/j.whi.2012.11.007

*McLaughlin KA, Hatzenbuehler ML, Xuan Z, & Conron KJ (2012). Disproportionate exposure to early-life adversity and sexual orientation disparities in psychiatric morbidity. Child Abuse & Neglect, 36(9), 645–655. 10.1016/j.chiabu.2012.07.004 [PubMed: 22964371]

Mersky JP, Berger LM, Reynolds AJ, & Gromoske AN (2009). Risk factors for child and adolescent maltreatment: A longitudinal investigation of a cohort of inner-city youth. Child Maltreatment, 14(1), 73–88. 10.1177/1077559508318399 [PubMed: 18596199]

Meyer IH (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129(5), 674–697. 10.1037/0033-2909.129.5.674 [PubMed: 12956539]

Mullen PE, Martin JL, Anderson JC, Romans SE, & Herbison GP (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. Child Abuse & Neglect, 20(1), 7–21. 10.1016/0145-2134(95)00112-3 [PubMed: 8640429]

Paavilainen E, Merikanto J, Åstedt-Kurki P, Laippala P, Tammentie T, & Paunonen-Ilmonen M (2002). Identification of child maltreatment while caring for them in a university hospital. International Journal of Nursing Studies, 39(3), 287–294. 10.1016/S0020-7489(01)00035-9. [PubMed: 11864652]

Payne E, & Smith MJ (2016). Gender Policing In Critical Concepts in Queer Studies and Education (pp. 127–136). Palgrave Macmillan US.

Pereda N, & Gallardo-Pujol D (2014). One hit makes the difference: The role of poly-victimization in childhood in lifetime revictimization on a southern European sample. Violence and Victims, 29(2), 217–231. 10.1891/0886-6708.VV-D-12-00061R1 [PubMed: 24834744]

*Remafedi G (1987). Adolescent homosexuality: Psychosocial and medical implications. Pediatrics, 79(3), 331–337. Retrieved from https://pediatrics.aappublications.org/content/113/6/1827 [PubMed: 3822632]

*Rew L, Whittaker TA, Taylor-Seehafer MA, & Smith LR (2005). Sexual health risks and protective resources in gay, lesbian, bisexual, and heterosexual homeless youth. Journal for Specialists in Pediatric Nursing, 10(1), 11–19. 10.1111/j.1088-145X.2005.00003.x [PubMed: 15673425]

*Roberts AL, Rosario M, Corliss HL, Koenen KC, & Austin SB (2012). Elevated risk of posttraumatic stress in sexual minority youths: Mediation by childhood abuse and gender nonconformity. American Journal of Public Health, 102(8), 1587–1593. 10.2105/AJPH.2011.300530 [PubMed: 22698034]

Rosen PJ, Milich R, & Harris MJ (2007). Victims of their own cognitions: Implicit social cognitions, emotional distress, and peer victimization. Journal of Applied Developmental Psychology, 28(3), 211–226. 10.1016/j.appdev.2007.02.001

Russell ST, & Fish JN (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. Annual Review of Clinical Psychology, 12(1), 465–487. 10.1146/annurev-clinpsy-021815-093153

*Saewyc EM, Skay CL, Pettingell SL, Reis EA, Bearinger L, Resnick M, & Combs L (2006). Hazards of stigma: The sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada. Child Welfare, 85(2), 195–214. Retrieved from http://www.ingentaconnect.com/content/springer/vav/1999/00000014/00000004/art00006 [PubMed: 16846112]

Saleebey D (1996). The strengths perspective in social work practice: Extensions and cautions. Social Work, 41(3), 296–305. [PubMed: 8936085]

Schneeberger AR, Dietl MF, Muenzenmaier KH, Huber CG, & Lang UE (2014). Stressful childhood experiences and health outcomes in sexual minority populations: A systematic review. Social Psychiatry and Psychiatric Epidemiology, 49(9), 1427–1445. 10.1007/s00127-014-0854-8 [PubMed: 24643297]

*Smith HA, Markovic N, Danielson ME, Matthews A, Youk A, Talbott EO, & Hughes T (2010). Sexual abuse, sexual orientation, and obesity in women. Journal of Women's Health, 19(8), 1525–1532. 10.1089/jwh.2009.1763

Stein JA, Leslie MB, & Nyamathi A (2002). Relative contributions of parent substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood. Child Abuse & Neglect, 26(10), 1011–1027. 10.1016/S0145-2134(02)00382-4 [PubMed: 12398858]

Sterzing PR, Gartner RE, Goldbach JT, McGeough BL, Ratliff GA, & Johnson KC (2017). Polyvictimization prevalence rates for sexual and gender minority adolescents: Breaking down the silos of victimization research. Psychology of Violence, 1–12. 10.1037/vio0000123

Sterzing PR, Hong JS, Gartner RE, & Auslander WF (2016). Child maltreatment and bullying victimization among a community-based sample of sexual minority youth: The meditating role of psychological distress. Journal of Child & Adolescent Trauma, 9(4), 283–293. 10.1007/s40653-016-0101-4

Sterzing PR, Ratliff GA, Gartner RE, McGeough BL, & Johnson KC (2017). Social ecological correlates of polyvictimization among a national sample of transgender, genderqueer, and cisgender sexual minority adolescents. Child Abuse & Neglect, 67, 1–12. 10.1016/j.chiabu.2017.02.017 [PubMed: 28226283]

Stith SM, Liu T, Davies LC, Boykin EL, Alder MC, Harris JM, Dees (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. Aggression and Violent Behavior, 14(1), 13–29. 10.1016/j.avb.2006.03.006

*Stoddard JP, Dibble SL, & Fineman N (2009). Sexual and physical abuse: A comparison between lesbians and their heterosexual sisters. Journal of Homosexuality, 56(4), 407–420. 10.1080/00918360902821395 [PubMed: 19418332]

Thompson MP, Kingree JB, & Desai S (2004). Gender differences in long-term health consequences of physical abuse of children: Data from a nationally representative survey. American Journal of Public Health, 94(4), 599–604. 10.2105/AJPH.94.4.599 [PubMed: 15054012]

*Tjaden P, Thoennes N, & Allison CJ (1999). Comparing violence over the life span in samples of same-sex and opposite-sex cohabitants. Violence and Victims, 14(4), 413–425. Retrieved from http://www.ingentaconnect.com/content/springer/vav/1999/00000014/00000004/art00006 [PubMed: 10751048]

U.S. Children's Bureau (2015). Child maltreatment 2013: Summary of key findings. Child Information Gateway. Retrieved March 31, 2016, from https://www.childwelfare.gov/pubs/factsheets/canstats/

Waldo CR, Hesson-McInnis MS, & D'augelli AR (1998). Antecedents and consequences of victimization of lesbian, gay, and bisexual young people: A structural model comparing rural university and urban samples. American Journal of Community Psychology, 26(2), 307–334. 10.1023/A:1022184704174 [PubMed: 9693694]

*Whitbeck LB, Chen X, Hoyt DR, Tyler KA, & Johnson KD (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. Journal of Sex Research, 41(4), 329–342. 10.1080/00224490409552240 [PubMed: 15765273]

Widom CS (2000). Childhood victimization: Early adversity, later psychopathology. National Institute of Justice Journal. Retrieved from http://eric.ed.gov/?id=ED465926

Widom CS, & Hiller-Sturmhöfel S (2001). Alcohol abuse as a risk factor for and consequence of child abuse. Alcohol Research & Health, 25(1), 52–57. [PubMed: 11496967]

*Wilsnack SC, Kristjanson AF, Hughes TL, & Benson PW (2012). Characteristics of childhood sexual abuse in lesbians and heterosexual women. Child Abuse & Neglect, 36(3), 260–265. 10.1016/j.chiabu.2011.10.008 [PubMed: 22425697]

Wilson BD, Harper GW, Hidalgo MA, Jamil OB, Torres RS, & Fernandez MI (2010). Negotiating dominant masculinity ideology: Strategies used by gay, bisexual and questioning male adolescents. American Journal of Community Psychology, 45(1–2), 169–185. 10.1007/s10464-009-9291-3 [PubMed: 20082238]

Wolfner GD, & Gelles RJ (1993). A profile of violence toward children: A national study. Child Abuse & Neglect, 17(2), 197–212. 10.1016/0145-2134(93)90040-C [PubMed: 8472173]

Young RM, & Meyer IH (2005). The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. American Journal of Public Health, 95(7), 1144–1149 [PubMed: 15961753]

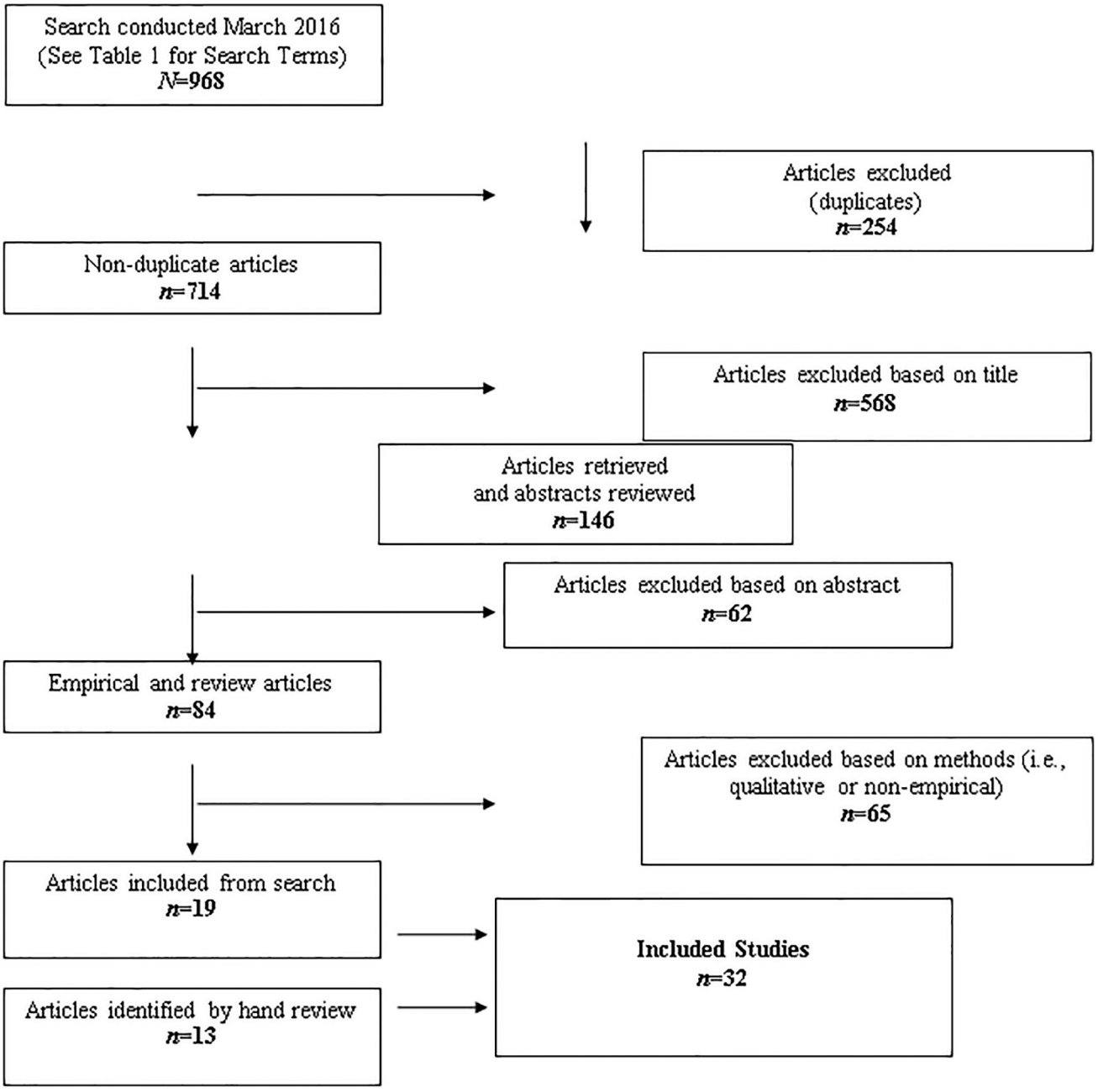

Figure 1.
Consort Diagram of Systematic Search Process

Table 1.

Systematic Review Search Criteria

Search engines: Academic Search Complete; ERIC; LGBT Life; PubMed; PsychInfo; Social Work Abstracts		
Category	**Terms**	**Location**
Sexual orientation[a]	sexual minorit*; lgb*; glb*; gay*; lesbian*; bisexual*; transgender*; transsex*; homosex*; and sexual orient*	Title
Same-sex parenting (exclusion terms)[b]	lesbian parent*; gay parent*; homosexual parent*; same sex parent*; same gender parents; gay father*; lesbian mother*; adult*; couple*; partner*; gay famil*; lesbian famil*.	Title
Developmental period	adolescen*; student*; youth*; teen*; child*; and young adult*	Anywhere
Victimization forms[c]	victim*; abus*; maltreat*; aggress*; witness*; indirect; harass*; harm; neglect; assault*; hostil*; violence; homophob*; heterosexism; homonegativ*; custod*; interfer*; abduct*	Anywhere
Family context	sibling*; brother*; sister*; parent*; mother*; father*; and famil*	Anywhere

[a]Transgender-related search terms were included to capture the maximum number of articles that might have utilized a sexual minority sample. Articles that included a sample with only transgender participants were excluded to avoid miscategorization of transgender youth as sexual minorities.

[b]Search terms related to same-sex parenting were excluded because of the high number of published articles about sex parenting.

[c]Victimization search terms were adapted from the Juvenile Victimization Questionnaire (Finkelhor et al., 2005b) as they include a comprehensive list of different forms of family victimization.

Table 2.

Risk and Protective Factors and Health and Extrafamilial Victimization Correlates of Family Victimization for SMY

Citation	Study Design, Datasets, and Instruments	Sampling	Sample Characteristics	Types of Victimization	Risk and Protective Factors	Health and Extrafamilial Victimization
Alvy et al. (2013)	Cross-sectional National Study of Health and Life Experiences of Women Chicago Health and Life Experiences of Women No instruments specified	Population	*N* = 953 Race: not reported 100% female 31% exclusively lesbian; 12% mostly lesbian; 2% bisexual; 4% mostly heterosexual; 51% exclusively heterosexual Age range: 21–70; mean (*SD*) not reported	Physical abuse Sexual abuse Sibling aggression	Sexual minority orientation was a risk factor for physical and sexual abuse and sibling aggression.	Not examined
Andersen et al. (2013)	Cross-sectional Behavioral Risk Factor Surveillance System Adverse Childhood Experiences Questionnaire	Population	*N* = 22,071 89% White; 11% non-White 55% female; 45% male 1% lesbian/gay; 1% bisexual; 98% heterosexual Age range not reported; mean: 56.6 (*SD* not reported)	Physical abuse Sexual abuse Emotional abuse Exposure to domestic violence	Sexual minority orientation was a risk factor for physical, sexual, and emotional abuse and exposure to domestic violence.	Not examined
Austin et al. (2008)	Longitudinal Nurse's Health Study II Revised Conflict Tactics Scale	Population	*N* = 63,028 95% White; 5% non-White 100% female 1% lesbian; 1% bisexual; 98% heterosexual Age range: 25 – 42; mean (*SD*) not reported	Physical abuse Sexual abuse	Sexual minority orientation was a risk factor for physical and sexual abuse.	Physical and sexual abuse were associated with higher rates of extrafamilial physical and sexual victimization.
Balsam et al. (2005)	Cross-sectional Original data Child Maltreatment Interview Schedule-Short Form, Conflict Tactics Scale	Convenience	*N* = 1,274 92% White; 3% Latino; 1% African American; 1% Native American; 1% Asian American; 3% biracial; 1% other 64% female; 36% male Female: 41% lesbian; 15% bisexual; 43% heterosexual Male: 50% gay; 8% bisexual; 41% heterosexual Age range: 18 – 79; mean = 36.6 (*SD* = 11.3)	Physical abuse Sexual abuse Emotional abuse Exposure to sibling abuse	Sexual minority orientation was a risk factor for physical, sexual and emotional abuse.	Physical, sexual, and emotional abuse were associated with higher rates of extrafamilial physical, emotional, and sexual victimization.
Belknap et al. (2012)	Cross-sectional Original data Family Physical Abuse Index	Convenience	*N* = 404 49% White; 34% African American; 2% Native American; 11% biracial; 5% other 100% female 5% lesbian; 22% bisexual; 73% heterosexual Age range: 12 – 20; mean = 16.4 (*SD* not reported)	Physical abuse Sexual abuse Sibling aggression	Not examined	Physical and sexual abuse and sibling aggression were associated with suicidality (ideation and attempt) and self-harm behaviors (e.g., cutting).
Brown et al. (2015)	Cross-sectional Wave 2 of the National Epidemiological Survey on Alcohol and Related Conditions No instruments specified	Population	*N* = 31,724 71% White; 11% Hispanic; 11% Black; 4% Asian; 2% American Indian 58% female; 42% male	Physical abuse Sexual abuse Emotional abuse Exposure to domestic violence	Sexual minority orientation was a risk factor for physical, sexual, and emotional abuse and	Physical, sexual, and emotional abuse and exposure to domestic violence were associated with earlier age of sexual debut.

J Prim Prev. Author manuscript; available in PMC 2019 October 01.

Citation	Study Design, Datasets, and Instruments	Sampling	Sample Characteristics	Types of Victimization	Risk and Protective Factors	Health and Extrafamilial Victimization
			1% men who have sex with men (MSM); 1% women who have sex with women (WSW); 1% bisexual; 98% heterosexual Age range: 18 – 50+; mean = 48.6 (*SD* = 0.1)		exposure to domestic violence.	
Corliss et al. (2002)	Cross-sectional National Survey of Midlife Development in the United States Conflict Tactics Scale	Population	*N* = 2,917 67% White; 13% Hispanic; 10% Black; 6% Asian; 3% Other 56% female; 44% male 1% lesbian/bisexual women; 1% gay/bisexual men; 55%, heterosexual women; 43% heterosexual men Age range: 25 – 74; mean (*SD*) not reported	Physical abuse Emotional abuse	Sexual minority orientation was a risk factor for physical abuse for women and physical and emotional abuse for men.	Not examined
Corliss et al. (2009)	Cross-sectional Original data No instruments specified	Convenience	*N* = 2,001 82% White; 18% other 100% female 83% lesbian; 11% bisexual; 6% other non-heterosexual Age range not reported; mean = 40 (*SD* = 12)	Physical abuse Emotional abuse Sexual abuse	Younger age at minority sexual orientation development milestones (first awareness of same-sex attraction, disclosure of sexual minority orientation, and same-sex sexual contact) was a risk factor for physical and emotional abuse.	Physical, emotional, and sexual abuse were associated with higher rates of suicide attempts.
Craig & Keane (2014)	Cross-sectional Original data Youth Brief Psychosocial Assessment	Convenience	*N* = 116 34% Black Hispanic; 29% Hispanic (No race specified); 24% White Hispanic; 5% Black Non-Hispanic; 5% White Non-Hispanic; 3% multiracial 100% female 47% lesbian; 5% gay; 32% bisexual; 3% queer/pansexual; 11% heterosexual; 2% other Age range: 13 – 21; mean = 16.9 (*SD* = 1.6)	Physical abuse Sexual abuse Exposure to domestic violence	Not examined	Physical and sexual abuse and exposure to domestic violence were associated with higher rates of mental health problems
D'Augelli et al. (1998)	Cross-sectional Original data (used in other manuscripts) Brief Symptom Inventory, Rosenberg Self-Esteem Inventory	Convenience	*N* = 105 68% White; 32% youth of color 29% female; 71% male 100% sexual minority Age range: 14–21; mean = 18.4 (*SD* = 1.7)	Physical abuse Emotional abuse Sibling aggression	Disclosure of sexual orientation was a risk factor for physical and emotional abuse and sibling aggression.	Not examined
D'Augelli (2003)	Cross-sectional Original data (used in other manuscripts) Brief Symptom Inventory, Rosenberg Self-Esteem Index	Convenience	*N* = 206 77% White; 7% Black; 4% Hispanic; 2% American Indian; 10% other 100% female 66% lesbian; 34% bisexual Age range: 14 – 21; mean = 18.9 (*SD* = 1.6)	Physical abuse Emotional abuse Sibling aggression	Sexual minority orientation and disclosure of sexual orientation were risk factors for physical and emotional abuse and sibling aggression.	Physical and emotional abuse were associated with higher levels of mental health symptoms and self-esteem and lower levels of suicidal ideation.

Citation	Study Design, Datasets, and Instruments	Sampling	Sample Characteristics	Types of Victimization	Risk and Protective Factors	Health and Extrafamilial Victimization
D'Augelli et al. (2005a)	Cross-sectional Original data (used in other manuscripts) Child and Adolescent Psychological and Physical Abuse Measure, Brief Symptom Inventory, Rosenberg Self-Esteem Index	Convenience	*N* = 361 44% Black; 29% Hispanic; 27% White 56% female; 44% male 100% sexual minority Age range: 15 – 19; mean (*SD*) not reported	Emotional abuse	Gender non-conformity and disclosure of sexual orientation were risk factors for emotional abuse.	Emotional abuse was associated with higher rates of suicide attempts.
D'Augelli et al. (2005b)	Cross-sectional Original data (used in other manuscripts) Child and Adolescent Psychological and Physical Abuse Measure	Convenience	*N* = 293 43% Hispanic: 85% White; 10% African American; 5% multiracial 57% Non-Hispanic: 41% White; 34% African American; 5% Asian; 19% multiracial 53% female; 47% male 23% gay; 20% mostly gay; 21% more gay than heterosexual; 17% equally gay and heterosexual; 19% mostly heterosexual Age range: 15 – 19; mean = 16.8 (*SD* = 1.2)	Emotional abuse	Gender non-conformity and disclosure of sexual orientation were risk factors for emotional abuse.	Not examined
Doll et al. (1992)	Cross-sectional Original data No instruments specified	Convenience	*N* = 1,001 73% White; 12% Black; 12% Hispanic; 15% Asian; 2% Native American; 1% other 100% male 86% gay; 12% bisexual; 2% heterosexual Age range: 18 – 73; mean = 31 (*SD* not reported)	Sexual abuse	Not examined	Not examined
Garcia et al. (2002)	Cross-sectional Original data Juvenile Victimization Questionnaire	Convenience	*N* = 138 63% White; 15% Asian; 12% Hispanic; 5% biracial; 2% Black; 2% Native American; 2% unreported 60% female; 40% male Female: 12% lesbian/bisexual female; 37% heterosexual female Male: 10% gay/bisexual male; 40% heterosexual male Age range: 18–30; mean (*SD*) not reported	Physical abuse Sexual abuse Emotional abuse	Sexual minority orientation was a risk factor for sexual and emotional abuse.	Not examined
Gold et al. (2011)	Cross-sectional Original data Life Events Questionnaire	Convenience	*N* = 237 71% White; 9% Black; 8% Hispanic; 3% Asian; 2% multiracial; 6% other 52% female; 48% male 100% gay/lesbian Age range: 16 – 77; mean = 33.6 (*SD* = 12.5)	Physical abuse	Not examined	Physical abuse was associated with extrafamilial sexual victimization, more severe depression and PTSD symptoms, and experiential avoidance for lesbians. Physical abuse was associated with greater depression and PTSD symptoms and internalized

Citation	Study Design, Datasets, and Instruments	Sampling	Sample Characteristics	Types of Victimization	Risk and Protective Factors	Health and Extrafamilial Victimization
						homophobia for gay men.
Harry (1989)	Cross-sectional Original data Conflict Tactics Scale	Convenience	*N* = 84 Race: not reported 100% male 21% gay; 79% heterosexual Age range: 18 – 26+; mean = 22.3 (*SD* = 4.9)	Physical abuse	Sexual minority orientation, gender non-conformity, and delinquency were risk factors for physical abuse. Paternal attachment was a protective factor for physical abuse.	Not examined
Higgins (2004)	Cross-sectional Original data Comprehensive Child Maltreatment Scale for Adults	Convenience	*N* = 69 Race: not reported 100% male 100% gay Age range not reported; mean = 42.8 (*SD* = 11.7)	Physical abuse Sexual abuse Emotional abuse Exposure to domestic violence	Not examined	Not examined
Hughes et al. (2007)	Cross-sectional Chicago Health and Life Experiences of Women No instruments specified	Population	*N* = 447 47% White; 28% Black; 20% Latina; 5% other 100% female 100% lesbian Age range: 18 – 83; mean: 37.5 (*SD* not reported)	Physical abuse Sexual abuse	Parental drinking was a risk factor for physical and sexual abuse.	Physical and sexual abuse were associated with higher levels of depression and alcohol dependence symptoms. Sexual abuse was associated with earlier age of first heterosexual intercourse.
Jinich et al. (1998)	Longitudinal Community AIDS Mobilization Project Juvenile Victimization Questionnaire	Population	*N* = 1,941 90% White; 10% other 100% male 100% gay/bisexual Age range not reported; mean: 36 (*SD* not reported)	Sexual abuse	Not examined	Sexual abuse was associated with higher rates of unprotected anal intercourse and HIV infection.
Katz-Wise et al. (2014)	Longitudinal Nurses Health Study II Child Abuse Questionnaire, Conflict Tactics Scale, Sexual Experiences Survey	Population	*N* = 13,952 93% White; 7% youth of color 57% female; 43% male Female: 1% lesbian; 2% bisexual; 16% mostly heterosexual; 81% heterosexual Male: 2% gay; 1% bisexual; 6% mostly heterosexual; 91% heterosexual Age ranges: (1st Wave) 12–14; mean (*SD*) not reported; (9th Wave) 20–25; mean (*SD*) not reported	Physical abuse Emotional abuse Sexual abuse Exposure to domestic violence	Sexual minority orientation was a risk factor for experiencing at least one form of family victimization.	Family victimization (undifferentiated by type) was associated with higher BMI at age 17 and a greater 1-year increase in BMI for females. Family victimization (undifferentiated by type) was correlated with higher BMI at age 17 but not with a greater 1-year increase in BMI for males.

J Prim Prev. Author manuscript; available in PMC 2019 October 01.

Citation	Study Design, Datasets, and Instruments	Sampling	Sample Characteristics	Types of Victimization	Risk and Protective Factors	Health and Extrafamilial Victimization
Matthews et al. (2013)	Cross-sectional Chicago Health and Life Experiences of Women No instruments specified	Population	*N* = 368 55% non-Hispanic White; 26% non-Hispanic Black; 19% Hispanic 100% female 100% sexual minority Age range not reported; mean: 37.4 (*SD* = 12.0)	Physical abuse	Not examined	Physical abuse was associated with earlier age of smoking onset, current smoker status, and lower perceived health.
McLaughlin et al. (2012)	Cross-sectional National Longitudinal Study of Adolescent Health No instruments specified	Population	*N* = 13,962 Race: partially reported by sexual orientation Gender: partially reported by sexual orientation 2% gay/lesbian; 2% bisexual; 97% heterosexual Age range: 18–27; mean (*SD*) not reported	Physical abuse Sexual abuse	Sexual minority orientation was a risk factor for physical and sexual abuse	Physical and sexual abuse were associated with higher levels of suicidality, depression, and tobacco, alcohol, and other drug use.
Remafedi (1987)	Cross-sectional Original data No instruments specified	Convenience	*N* = 29 Race: not reported 100% male 71% gay; 29% bisexual Age range: 15 – 19; mean = 18.3 (*SD* not reported)	Sexual abuse	Not examined	Not examined
Rew et al. (2005)	Cross-sectional Unspecified secondary data set No instruments specified	Convenience	*N* = 425 72% White; 6% Hispanic; 6% Native American; 4% Black; 1% Asian; 8% other 42% female; 58% male 16% lesbian/gay; 20% bisexual; 64% heterosexual Age range: 16–20; mean = 18.9 (*SD* = 1.3)	Physical abuse Sexual abuse	Not examined	Not examined
Roberts et al. (2012)	Cross-sectional Growing Up Today (2007 wave) Childhood Gender Non-Conformity Questionnaire	Population	*N* = 9,369 93% White; 7% other 62% female; 28% male 2% lesbian/gay; 2% bisexual; 14% mostly heterosexual; 2% mostly heterosexual with at least one same-sex contact; 84% heterosexual Age range not reported; mean: 22.7 (*SD* not reported)	Physical abuse Sexual abuse Emotional abuse	Sexual minority orientation and higher levels of gender non-conformity were risk factors for sexual and emotional abuse.	Physical, sexual, and emotional abuse were associated with higher rates of PTSD.
Saewyc et al. (2006)	Cross-sectional Minnesota Student Survey (1992 and 1998), Seattle Teen Health Risk Survey (1995 and 1999), National Longitudinal Study of Adolescent Health No instruments specified	Population	*N* = 63,028 Race: not reported Gender: only reported by dataset; no overall percentages reported Sexual orientation: not reported Age range not reported (grades 7 – 12); mean (*SD*) not reported	Physical abuse Sexual abuse	Not examined	Not examined
Smith et al. (2010)	Cross-sectional Epidemiologic Study of Health Risk in Women (ESTHER) No instruments specified	Convenience	*N* = 1,084 92% White; 8% Black 100% Female 47% lesbian; 53% heterosexual Age range: 35 – 64; mean (*SD*) not reported	Sexual abuse	Sexual minority orientation was a risk factor for sexual abuse.	Sexual victimization was associated with greater rates of obesity

Citation	Study Design, Datasets, and Instruments	Sampling	Sample Characteristics	Types of Victimization	Risk and Protective Factors	Health and Extrafamilial Victimization
Stoddard et al. (2009)	Cross-sectional Original data No instruments specified	Population	*N* = 648 87% White; 13% other 100% female 50% lesbian; 50% heterosexual Age range not reported; mean: 49.7 (*SD* = 7.8)	Physical abuse Sexual abuse Exposure to sibling abuse	Sexual minority orientation was a risk factor for physical and sexual abuse.	Not examined
Tjaden et al. (1999)	Cross-sectional National Violence Against Women Survey Conflict Tactics Scale	Population	*N* = 744 77% White; 23% other 51% female; 49% male Female: 21% sexual minority; 79% heterosexual Male: 18% sexual minority; 82% heterosexual Age range not reported; mean = 45.9 (*SD* not reported)	Physical abuse	Not examined	Not examined
Whitbeck et al. (2004)	Cross-sectional Original data No instruments specified	Convenience	*N* = 428 Race: not reported 56% female; 44% male 15% sexual minority; 85% heterosexual Age range: 16 – 19; mean (*SD*) not reported	Physical abuse Sexual abuse Sibling aggression	Sexual minority orientation was a risk factor for physical and sexual abuse.	Not examined
Wilsnack et al. (2012)	Cross-sectional National Study of Health and Life Experiences of Women, Chicago Health and Life Experiences of Women No instruments specified	Population	*N* = 1,521 47% White; 53% other 100% female 31% lesbian; 69% heterosexual Age range not reported; mean (*SD*) not reported	Sexual abuse	Sexual minority orientation was a risk factor for sexual abuse	Not examined

Table 3.

Statistical Differences in Physical, Sexual, and Emotional Childhood Abuse by Sexual Orientation and Gender Categories[a]

Author	Sample	Most Victimized to Least Victimized[b]	Significant Differences[c]
Physical Abuse			
Alvy et al. (2013)	953	BF (45.0%): LF (26.4%): MLF (24.5%): MHF (16.8%): HF (8.7%)	LF, MLF, BF, & MHF > HF
Andersen et al. (2013)	22,071	BMF (30.7%): GLMF (29.3%): HMF (16.7%)	BMF & GLMF > HMF
Austin et al. (2008)	63,028	LF (30%): BF (24%): HF (19%)	LF & BF > HF
Balsam et al. (2005)[d]	1,274	BM (21.6): BF (15.6): LF (15.6): GM (13.8): HM (12.1): HF (10.8)	GMLFBMF > HMF
Belknap et al. (2012)[d]	404	LBF (3.5): HF (3.4)	No significant differences
Corliss et al. (2002)	2,917	GBM (46.7%): LBF (43.6%): HM (37.1%): HF (30.9%)	GBM > HM; LBF > HF; GBHM > LBHF
Garcia et al. (2002)	138	LBF (47%): HF (29%): GBM (21%): HM (17%)	No significant differences
Harry (1989)[d]	84	GM (4.7): HM (2.6)	GM > HM
Roberts et al. (2012)	9,369	BF (37.2%): MHM (24.4%): BM (23.1%): MHF (23.0%): GM (19.8%): LF (16.5%): HM (16.2%): HF (13.0%)	MHM > HM; BF & MHF > HF
Rew et al. (2005)	425	BMF (25.6%): HMF (14.7%): GLMF (12.7%)	BMF > GLMF & HMF
Saewyc et al. (2006)	24,880	LF (43.1%): BF (35.1%): BM (26.5%): HF (19.1%): GM (16.2%): HM (12.3%)	BM > GM & HM; BF > HF
Stoddard et al. (2009)	648	LF (32.7%): HF (18.8%)	LF > HF
Tjaden et al. (1999)	744	GM (70.8%): LF (59.5%): HM (50.3%): HF: (35.7%)	GM > HM; LF > HF
Whitbeck et al. (2004)	428	LF (1.5): GM (1.3): HM (1.3): HF (1.3)	LF > HF
Sexual Abuse			
Alvy et al. (2013)	953	BF (73.8%): LF (59.1%): MLF (57.9%): MHF (41.9%): HF (28.8%)	LF, MLF, BF, & MHF > HF
Andersen et al. (2013)	22,071	BMF (34.9%): GLMF (29.7%): HMF (14.8%)	BMF & GLMF > HMF
Austin et al. (2008)	63,028	BF (20%): LF (19%): HF (9%)	LF & BF > HF
Balsam et al. (2005)[d]	1,274	BF (47.6): BM (44.1): LF (43.6): GM (31.8): HF (30.4): HM (12.1)	GMLFBMF > HMF
Belknap et al. (2012)[d]	404	LBF (.44): HF (.22)	LBF > HF
Garcia et al. (2002)	138	LBF (24%): HF (21%): GBM (14%): HM (7%)	GBM > HM; LBHF > GBHM
Rew et al. (2005)	425	GLMF (20.6%): HMF (10.1%): BMF (9.8%)	GLMF > BMF & HMF
Roberts et al. (2012)	9,369	BF (32.9%): LF (31.4%): MHF (24.3%): GM (20.6%): BM (19.2%): HF (11.4%): MHM (9.5%): HM (3.5%)	GM, BM, MHM > HM; LF, BF & MHF > HF

Author	Sample	Most Victimized to Least Victimized[b]	Significant Differences[c]
Saewyc et al. (2006)	24,880	BF (39.8%): LF (39.2%): BM (27.5%): HF (20.6%): GM (22.0%): HM (6.4%)	BM > HM; BF > HF
Smith et al. (2010)	1084	LF (29.6%): HF (16.2%)	LF > HF
Stoddard et al. (2009)	648	LF (26.6%): HF (15.7%)	LF > HF
Whitbeck et al. (2004)	428	LF (51.2%): HF (32.7%): GM (27.8%): HM (10.1%)	GM > HM; LF > HF; GMLF > HMF
Wilsnack et al. (2012)	1521	LF (14.2%: uncle; 13.5%: stepfather; 8.4%: grandfather; 7.1%: father): HF (8.7%: uncle; 8.5% father; 5.7%: stepfather; 2.5%: grandfather)	LF > HF (all perpetrators except father)
Emotional Abuse			
Andersen et al. (2013)	22,071	BMF (47.9%): GLMF (48.4%): HMF (29.6%)	BMF & GLMF > HMF
Balsam et al. (2005)[d]	1,274	BF (22.7): BM (22.1): LF (21.1): GM (19.1): HF (17.5): HM (16.5)	GMLFBMF > HMF
Corliss et al. (2002)	2,917	GBM (52.6%): LBF (45.5%): HF (37.3%): HM (36.5%)	GBM > HM; LBF > HF; GBHM > LBHF
D'Augelli et al. (2005a)[d]	361	GMLFBMF (1.20)	No significant differences
D'Augelli et al. (2005b)[d,e]	293	LBF (1.40: mother; 1.09: father): GBM (1.26: father; 1.11: mother)	LBF > GBM (mother only)
Garcia et al. (2002)	138	LBF (71%): HF (62%): GBM (57%): HM (42%)	LBHF > GBHM
Roberts et al. (2012)	9,369	BF (35.8%): MHF (25.9%): MHM (22.3%): LF (20.0%): GM (19.8%): BM (19.2%): HF (14.4%): HM (13.0%)	MHM > HM; BF & MHF > HF
Childhood Abuse[f]			
Brown et al. (2015)	31,724	Rates not provided by sexual orientation and gender categories	LBF > HF; GMLFBMF > HMF
Katz-Wise et al. (2014)	13,952	Rates not provided by sexual orientation and gender categories	MHM, BM, and GM > HM; MHF, BF, and LF > HF

[a]Sexual orientation and gender categories: **GM** = gay males; **BM** = bisexual males; **MHM** = mostly heterosexual males; **HM** = heterosexual males; **LF** = lesbian females; **MLF** = mostly lesbian females; **BF** = bisexual females; **MHF** = mostly heterosexual females; **GMLF** = gay males and lesbian females; **BMF** = bisexual males and females; **HMF** = heterosexual males and females; **GBM** = gay and bisexual males; **LBF** = lesbian and bisexual females; **GMLFBMF** = gay males, lesbian females, bisexual males, and bisexual females; **GBHM** = gay, bisexual, heterosexual males; **LBHF** = lesbian, bisexual, heterosexual females.

[b]Sexual orientation and gender categories are listed from most victimized to least victimized by sample percentage or mean rate, unless noted otherwise.

[c]Only studies conducting statistical tests on rates of childhood abuse by sexual orientation and gender categories were included in this table.

[d]Studies used a composite measure: Balsam et al. (2005) combined frequency and severity to provide a composite score for physical, emotional, and sexual abuse; Belknap et al. (2012) assessed physical and sexual abuse by counting the total number of family perpetrators; D'Augelli et al. (2005a; 2005b) provided a combined score of emotional abuse by totaling seven different types of emotional abuse; Harry (1989) assessed physical abuse with the physical abuse subscale of the Conflict Tactics Scale.

[e]Rate of emotional abuse reported by parental perpetrator; no overall rate provided.

[f]Studies in this section combined experiences of physical, sexual, and/or emotional abuse into an overall score.