



A Systematic Review of Family Victimization Experiences Among Sexual Minority Youth

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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

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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 et al. (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 et al. (2011) and a systematic review by Schneeberger et al. (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.

Table 1 Systematic review search criteria

Category	Terms	Location
<i>Search engines: Academic Search Complete; ERIC; LGBT life; PubMed; PsychInfo; Social Work Abstracts</i>		
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

^aTransgender-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

^bSearch terms related to same-sex parenting were excluded because of the high number of published articles about same-sex parenting

^cVictimization search terms were adapted from the Juvenile Victimization Questionnaire (Finkelhor, Hamby, Ormrod, & Turner, 2005) as they include a comprehensive list of different forms of family victimization

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 (Fig. 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

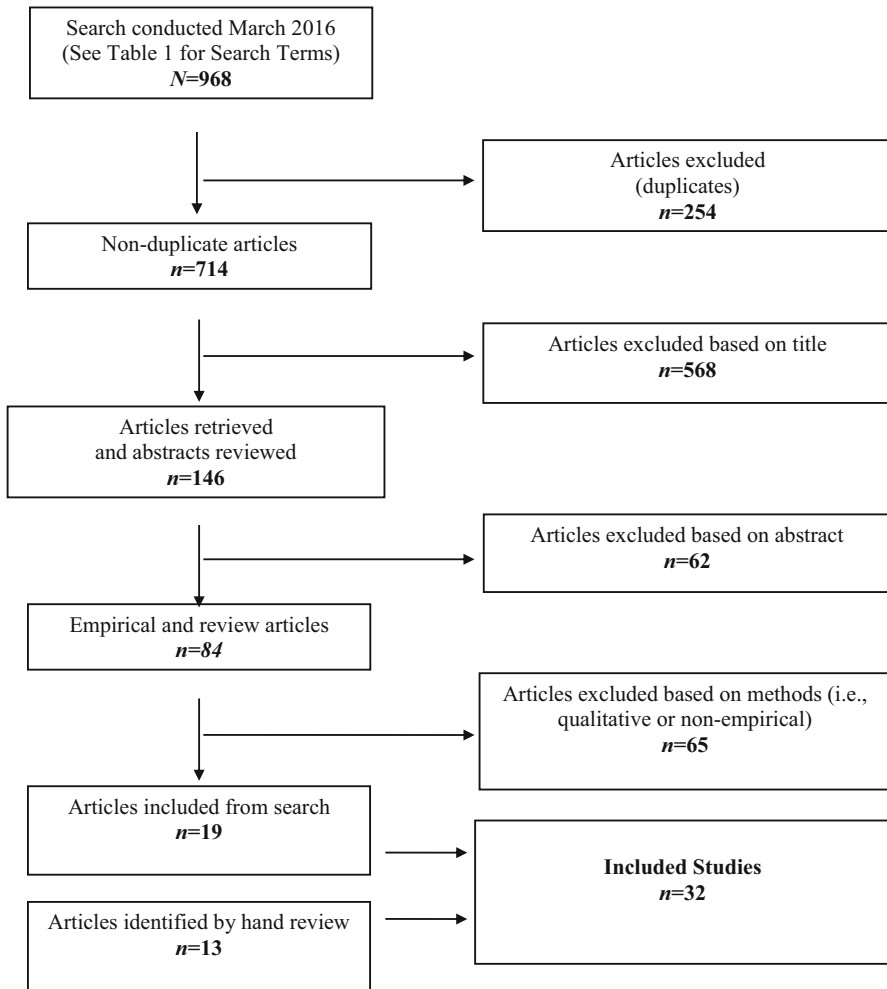


Fig. 1 Consort diagram of systematic search process

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

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	<i>N</i> = 953 Race: not reported 100% female 31% exclusively lesbian; 12% mostly lesbian; 2% bisexual; 4% exclusively heterosexual Age range: 21–70; mean (<i>SD</i>) 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 and Blossnich (2013)	Cross-sectional Behavioral risk factor surveillance system Adverse Childhood Experiences Questionnaire	Population	<i>N</i> = 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 (<i>SD</i> 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	<i>N</i> = 63,028 95% White; 5% non-White 100% female 1% lesbian; 1% bisexual; 98% heterosexual Age range: 25–42; mean (<i>SD</i>) 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

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
Balsam et al. (2005)	Cross-sectional Original data Child Maltreatment Interview Schedule-Short Form, Conflict Tactics Scale	Convenience	N = 1274 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)

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
Brown, Masho, Perera, Mezuk, & Cohen (2015)	Cross-sectional Wave 2 of the national epidemiological survey on alcohol and related conditions No instruments specified	Population <i>N</i> = 31,724	71% White; 11% Hispanic; 11% Black; 4% Asian; 2% American Indian 58% female; 42% male 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)	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 and exposure to domestic violence	Physical, sexual, and emotional abuse and exposure to domestic violence were associated with earlier age of sexual debut
Corliss et al. (2002)	Cross-sectional National survey of midlife development in the United States Conflict Tactics Scale	Population <i>N</i> = 2917	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

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
Corliss et al. (2009)	Cross-sectional Original data No instruments specified	Convenience	<i>N</i> = 2001 82% White; 18% other 100% female 83% lesbian; 11% bisexual; 6% other non-heterosexual Age range not reported; mean 40 (<i>SD</i> 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 and Keane (2014)	Cross-sectional Original data Youth brief psychosocial assessment	Convenience	<i>N</i> = 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 (<i>SD</i> 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

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
D'Augelli et al. (1998)	Cross-sectional Original data (used in other manuscripts) Brief Symptom Inventory, Rosenberg Self-Esteem Inventory	Convenience	<i>N</i> = 105 68% White; 32% youth of color 29% female; 71% male 100% sexual minority Age range: 14–21; mean 18.4 (<i>SD</i> 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	<i>N</i> = 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 (<i>SD</i> 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

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
D’Augelli, Grossman, Salter, et al. (2005)	Cross-sectional Original data (used in other manuscripts) Child and Adolescent Psychological and Physical Abuse Measure, Brief Symptom Inventory, Rosenberg Self-Esteem Index	Convenience	<i>N</i> = 361 44% Black; 29% Hispanic; 27% White 56% female; 44% male 100% sexual minority Age range: 15–19; mean (<i>SD</i>) 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, Grossman, Starks (2005)	Cross-sectional Original data (used in other manuscripts) Child and Adolescent Psychological and Physical Abuse Measure	Convenience	<i>N</i> = 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 (<i>SD</i> 1.2)	Emotional abuse	Gender non-conformity and disclosure of sexual orientation were risk factors for emotional abuse	Not examined

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
Doll et al. (1992)	Cross-sectional Original data No instruments specified	Convenience	<i>N</i> = 1001 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 (<i>SD</i> not reported)	Sexual abuse	Not examined	Not examined
Garcia et al. (2002)	Cross-sectional Original data Juvenile Victimization Questionnaire	Convenience	<i>N</i> = 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 (<i>SD</i>) not reported	Physical abuse Sexual abuse Emotional abuse	Sexual minority orientation was a risk factor for sexual and emotional abuse	Not examined

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
Gold et al. (2011)	Cross-sectional Original data Life Events Questionnaire	Convenience	<i>N</i> = 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 (<i>SD</i> 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 homophobia for gay men
Harry (1989)	Cross-sectional Original data Conflict Tactics Scale	Convenience	<i>N</i> = 84 Race: not reported 100% male 21% gay; 79% heterosexual Age range: 18–26+; mean 22.3 (<i>SD</i> 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

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
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
Janich et al. (1998)	Longitudinal Community AIDS Mobilization Project Juvenile Victimization Questionnaire	Population	N = 1941 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

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
Katz-Wise et al. (2014)	Longitudinal Nurses Health Study II Child Abuse Questionnaire, Conflict Tactics Scale, Sexual Experiences Survey	Population	<i>N</i> = 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 (<i>SD</i>) not reported; (9th Wave) 20–25; mean (<i>SD</i>) 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
Matthews et al. (2013)	Cross-sectional Chicago Health and Life Experiences of Women No instruments specified	Population	<i>N</i> = 368 55% non-Hispanic White; 26% non-Hispanic Black; 19% Hispanic 100% female 100% sexual minority Age range not reported; mean: 37.4 (<i>SD</i> 12.0)	Physical abuse	Not examined	Physical abuse was associated with earlier age of smoking onset, current smoker status, and lower perceived health

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
McLaughlin et al. (2012)	Cross-sectional National Longitudinal Study of Adolescent Health No instruments specified	Population	<i>N</i> = 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 (<i>SD</i>) 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	<i>N</i> = 29 Race: not reported 100% male 71% gay; 29% bisexual Age range: 15–19; mean 18.3 (<i>SD</i> not reported)	Sexual abuse	Not examined	Not examined
Rew et al. (2005)	Cross-sectional Unspecified secondary data set No instruments specified	Convenience	<i>N</i> = 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 (<i>SD</i> 1.3)	Physical abuse Sexual abuse	Not examined	Not examined

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
Roberts et al. (2012)	Cross-sectional Growing up today (2007 wave) Childhood Gender Non-Conformity Questionnaire	Population	<i>N</i> = 9369 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 (<i>SD</i> 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	<i>N</i> = 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 (<i>SD</i>) 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	<i>N</i> = 1084 92% White; 8% Black 100% Female 47% lesbian; 53% heterosexual Age range: 35–64; mean (<i>SD</i>) not reported	Sexual abuse	Sexual minority orientation was a risk factor for sexual abuse	Sexual victimization was associated with greater rates of obesity

Table 2 continued

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	<i>N</i> = 648 87% White; 13% other 100% female 50% lesbian; 50% heterosexual Age range not reported; mean: 49.7 (<i>SD</i> 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	<i>N</i> = 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 (<i>SD</i> not reported)	Physical abuse	Not examined	Not examined
Whitbeck et al. (2004)	Cross-sectional Original data No instruments specified	Convenience	<i>N</i> = 428 Race: not reported 56% female; 44% male 15% sexual minority; 85% heterosexual Age range: 16–19; mean (<i>SD</i>) not reported	Physical abuse Sexual abuse Sibling aggression	Sexual minority orientation was a risk factor for physical and sexual abuse	Not examined

Table 2 continued

Citation	Study design, datasets, and instruments	Sampling	Sample characteristics	Types of victimization	Risk and protective factors	Health and extrafamilial victimization
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	<i>N</i> = 1521 47% White; 53% other 100% female 31% lesbian; 69% heterosexual Age range not reported; mean (<i>SD</i>) 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

Author	Sample	Most victimized to least victimized ^a	Significant differences ^b
<i>Physical Abuse</i>			
Alvy et al. (2013)	953	BF (45.0%); LF (26.4%); MLF (24.5%); MHF (16.8%); HF (8.7%)	LF, MLF, BF, and MHF > HF
Andersen and Blossnich (2013)	22,071	BMF (30.7%); GLMF (29.3%); HMF (16.7%)	BMF and GLMF > HMF
Austin et al. (2008)	63,028	LF (30%); BF (24%); HF (19%)	LF and BF > HF
Balsam et al. (2005) ^d	1274	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)	2917	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)	9369	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 and MHF > HF
Rew et al. (2005)	425	BMF (25.6%); HMF (14.7%); GLMF (12.7%)	BMF > GLMF and 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 and 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
<i>Sexual abuse</i>			
Alvy et al. (2013)	953	BF (73.8%); LF (59.1%); MLF (57.9%); MHF (41.9%); HF (28.8%)	LF, MLF, BF, and MHF > HF
Andersen et al. (2013)	22,071	BMF (34.9%); GLMF (29.7%); HMF (14.8%)	BMF and GLMF > HMF
Austin et al. (2008)	63,028	BF (20%); LF (19%); HF (9%)	LF and BF > HF
Balsam et al. (2005) ^d	1274	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

Table 3 continued

Author	Sample	Most victimized to least victimized ^a	Significant differences ^b
Rew et al. (2005)	425	GLMF (20.6%); HMF (10.1%); BMF (9.8%)	GLMF > BMF and HMF
Roberts et al. (2012)	9369	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 and MHF > HF
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)
<i>Emotional abuse</i>			
Andersen et al. (2013)	22,071	BMF (47.9%); GLMF (48.4%); HMF (29.6%)	BMF and GLMF > HMF
Balsam et al. (2005) ^d	1274	BF (22.7); BM (22.1); LF (21.1); GM (19.1); HF (17.5); HM (16.5)	GMLFBMF > HMF
Corliss et al. (2002)	2917	GBM (52.6%); LBF (45.5%); HF (37.3%); HM (36.5%)	GBM > HM; LBF > HF; GBHM > LBHF
D’Augelli, Grossman, Salter, et al. (2005) ^d	361	GMLFBMF (1.20)	No significant differences
D’Augelli, Grossman, Starks (2005) ^{c,d}	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)	9369	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 and MHF > HF
<i>Childhood Abuse^e</i>			
Brown et al. (2015)	31,724	Rates not provided by sexual orientation and gender categories	LBF > HF; GMLFBMF > HMF

Table 3 continued

Author	Sample	Most victimized to least victimized ^a	Significant differences ^b
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

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

^aSexual orientation and gender categories are listed from most victimized to least victimized by sample percentage or mean rate, unless noted otherwise

^bOnly studies conducting statistical tests on rates of childhood abuse by sexual orientation and gender categories were included in this table

^cStudies 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, Grossman, Salter, et al. (2005), D'Augelli, Grossman, & Starks (2005) 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

^dRate of emotional abuse reported by parental perpetrator; no overall rate provided

^eStudies in this section combined experiences of physical, sexual, and/or emotional abuse into an overall score

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 et al. (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 et al. (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 et al. (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, Grossman, & Starks, 2005; Garcia et al., 2002). Two studies examined the relationship between race and emotional abuse, of which one reported a significant but unspecified difference (Brown et al., 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 et al. (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, Holsinger, and Little (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, Grossman, Salter, et al., 2005; D'Augelli, Grossman, & Starks, 2005). 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, Grossman, Salter, et al., 2005; D'Augelli, Grossman, & Starks, 2005; 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 et al., 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 were 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, Grossman, Salter, et al., 2005) 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 et al. (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 et al. (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 et al. (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 et al. (2011) and a systematic review by Schneeberger et al. (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 et al. (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 the Waldo et al. (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 socio-economic 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 (Saleebey, 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, Grossman, Salter, et al., 2005; D’Augelli, Grossman, & Starks, 2005; 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, Gartner, 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.

Compliance With Ethical Standards

Conflict of Interest The authors declare they have no conflicts of interest.

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Literature reviews are denoted by asterisk symbol

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