

Victimization Over the Life Span: A Comparison of Lesbian, Gay, Bisexual, and Heterosexual Siblings

Kimberly F. Balsam
University of Washington

Esther D. Rothblum
University of Vermont

Theodore P. Beauchaine
University of Washington

Lifetime victimization was examined in a primarily European American sample that comprised 557 lesbian/gay, 163 bisexual, and 525 heterosexual adults. Lesbian, gay, and bisexual (LGB) participants were recruited via LGB e-mail lists, periodicals, and organizations; these participants recruited 1 or more siblings for participation in the study (81% heterosexual, 19% LGB). In hierarchical linear modeling analyses, sexual orientation was a significant predictor of most of the victimization variables. Compared with heterosexual participants, LGB participants reported more childhood psychological and physical abuse by parents or caretakers, more childhood sexual abuse, more partner psychological and physical victimization in adulthood, and more sexual assault experiences in adulthood. Sexual orientation differences in sexual victimization were greater among men than among women.

Relatively few studies have examined traumatic victimization among lesbian, gay, and bisexual (LGB) populations. The numerous large, probability-based surveys of victimization generally assume heterosexuality among participants and do not assess for sexual orientation. Moreover, researchers conducting smaller studies of lesbian, gay, and bisexual populations have generally not assessed for victimization or have done so using nonstandardized measures. The result is that we know very little about the prevalence of victimization over the life span among lesbians, gay men, and bisexual women and men. The purpose of the current study was to investigate the prevalence of self-reported psychological, physical, and sexual abuse in childhood and adulthood in a large, national sample of lesbians, gay men, and bisexual women and men. In addition, we wanted to make comparisons with heterosexual women and men using adult siblings as a comparison group.

There are several reasons to hypothesize that reported prevalence rates of victimization might be different among LGB populations. LGB youths may be specifically targeted for abuse in their families on the basis of their perceived sexual orientation, after disclosing their orientation to others, or even for appearance that does not conform to their gender (Pilkington & D'Augelli, 1995). Similarly, LGB adults may be victimized by either strangers or known perpetrators on the basis of their sexual orientation. Other potential risk factors associated with sexual minority status, including discrimination, invisibility, and rejection by family members (Cochran, 2001; DiPlacido, 1998), may lead to an increase in behaviors that are associated with risk for victimization, such as substance abuse, sex with multiple partners, or running away from home as a teenager. The gender of an individual's intimate partners may also have bearing on risk for victimization. Gay and bisexual men have more intimate relationships with men in adulthood than do heterosexual men, which may place them at higher risk for domestic violence and sexual assault. Lesbian and bisexual women, however, have fewer intimate relationships with men in adulthood, which may place them at lower risk for these experiences. In sum, a variety of factors may influence LGB individuals' relative risk for and protection from psychological, physical, or sexual abuse in childhood or adulthood.

A review of the existing literature reveals a wide range of findings, with the majority of studies pointing to at least slightly elevated prevalence rates for LGB populations. Nevertheless, a number of methodological issues limit our ability to draw firm conclusions at this point. Studies of LGB populations have generally used inadequate measures of violence (e.g., subjectively defined criteria, unclear age cutoffs, gender and relationship of perpetrator not specified). Moreover, most of these studies have focused on samples of lesbians, with fewer studies of gay men and virtually no studies focusing specifically on bisexual women or men. Furthermore, most of these studies have focused on child sexual abuse or domestic violence, shedding little light on other forms of victimization in the lives of LGB individuals. With the

Kimberly F. Balsam and Theodore P. Beauchaine, Department of Psychology, University of Washington; Esther D. Rothblum, Department of Psychology, University of Vermont.

Portions of this article were presented at the annual meeting of the Association for the Advancement of Behavior Therapy, Reno, Nevada, November 2002. This study was funded by the Scrivner Award of the American Psychological Foundation (awarded to Kimberly F. Balsam and Esther D. Rothblum) and grants from the Society for the Scientific Study of Sexuality, the Society for the Psychological Study of Social Issues, and the Child and Adolescent Psychology Foundation (all awarded to Kimberly F. Balsam). Additional funding was provided by the University Research and Scholarship Grant from the University of Vermont and a grant from the Lesbian Health Fund of the Gay and Lesbian Medical Association (both awarded to Esther D. Rothblum). This article was based on the doctoral dissertation of Kimberly F. Balsam. We thank Laura Gordon, Ali Oun, Colleen Nilsen, Mary Mellows, Kirsten Glennon, and Julianne Hellmuth for their assistance collecting these data.

Correspondence concerning this article should be addressed to Kimberly F. Balsam, Department of Psychology, University of Washington, Box 351525, Seattle, WA 98195. E-mail: kbalsam@u.washington.edu

exception of Tjaden, Thoeness, and Allison (1999), who focused on same-sex cohabitants, none of the existing studies have examined victimization over the life span. Additionally, the majority of studies on victimization among LGB people have used highly unrepresentative samples. In the few studies in which researchers have used data from population-based studies, the number of people who identified as LGB or reported having same-sex partners was very small (e.g., 144 of 16,000 in Tjaden et al.'s, 1999, study; 73 of 2,844 in Corliss, Cochran, & Mays', 2002, study).

Use of Siblings as the Comparison Group for LGB Samples

Another important limitation is that in general, previous studies of traumatic victimization among LGB populations have lacked a comparison group of heterosexuals. This is generally dealt with either by making comparisons with published norms for heterosexual populations or by controlling statistically for ways in which the LGB samples differ from heterosexual samples. However, in the case of traumatic victimization research, these comparisons are difficult because of the extremely wide range of prevalence rates in the empirical literature on heterosexual populations (e.g., Russell & Bolen, 2000). The use of a heterosexual comparison group within a study would help to ensure that differences between groups are indeed related to sexual orientation, not to methodology. One recent methodological innovation in the study of LGB psychology is the use of heterosexual siblings as a comparison group. This idea was first suggested by Rothblum (1994) and was previously used in a large study of lesbians conducted by Rothblum and Factor (2001). Heterosexual siblings are a logical comparison group because they come from demographic backgrounds (e.g., race, ethnicity, age cohort, and parental socioeconomic status) similar to their siblings. Furthermore, in the case of childhood victimization, LGB and heterosexual siblings grew up in the same households.

The goal of the current study was to examine the self-reported prevalence of traumatic victimization over the life span in a large national sample of lesbians, gay men, and bisexual women and men. Additionally, in this study we recruited self-identified LGB individuals and their siblings (heterosexual or LGB) and then compared LGB women and men with heterosexual women and men within this sample on the prevalence of traumatic victimization while controlling for family variance among siblings. Sexual orientation was examined as a predictor of (a) self-reported childhood psychological abuse and physical abuse by a parent or other adult caretaker, (b) childhood sexual abuse, (c) psychological and physical victimization by a partner in adulthood, and (d) sexual assault in adulthood. We hypothesized that higher rates of victimization would be found among LGB adults in comparison with heterosexual adults, even after accounting for shared variance among siblings. In addition to comparisons of overall prevalence rates, the gender of perpetrator for self-reported physical and sexual victimization was assessed to provide a more detailed picture of the respective victimization experiences of different sexual orientation groups.

Method

Procedure

Announcements were sent to every LGB periodical listed in the resource book *Gayellow Pages* (Green, 2001). In addition, large paid advertisements

were placed in prominent national and state LGB periodicals and national and regional periodicals specifically for LGB people of color. In an effort to specifically recruit LGB people of color, we sent advertisements to 120 organizations across the United States identified through the *Gayellow Pages* and on the Internet as serving LGB people of color. E-mail advertisements were sent to LGB campus groups across the United States. Flyers were sent to about two thirds of all LGB religious organizations and to all LGB organizations (e.g., bookstores, community centers) listed in the *Gayellow Pages*. The announcement was placed on LGB Web sites identified from the book *Gay and Lesbian Online* (Dawson, 1998) and LGB e-mail Listservs identified through Internet search engines, friends, and colleagues. The text of ads and announcements was as follows: "University LGB research team is looking for volunteers to complete a survey about how the lives of adult sisters and brothers are similar or different. To participate, please contact [followed by contact information of the research team] and indicate the number of siblings. You do not need to be out to your siblings to participate in this study." The contact address was changed in each advertisement and announcement to include a fictional post office box number (e.g., Box 144 for the San Francisco Bay Times; Box 930 for the Unitarian Church of Birmingham, Alabama) so that we could determine exactly where each participant heard about the study.

When LGB participants wrote, telephoned, or e-mailed to participate in the study, they were asked how many siblings might participate. We then mailed questionnaires and postage-paid return envelopes to the original respondents (index participants) and their siblings or, if they wished, mailed all questionnaires to the original respondents for them to mail to their siblings. In some cases, LGB participants had siblings who were themselves LGB. To cast a wide net and not exclude any siblings, we sent questionnaires to LGB siblings as well (such siblings were included in the pool of lesbian, gay, or bisexual participants).

Participants

Of the total of 2,354 questionnaires that were sent out, 1,274 were returned, for a response rate of 54.1%. Of the 796 questionnaires sent to index participants (those who contacted us), 620 (77.9%) returned questionnaires. Index participants requested questionnaires for 1,558 siblings, and 645 were returned (41.3%). In many cases index participants had more than one sibling, and questionnaires were received from some, if not all, of them. Thus, even though the response rate was different, the actual number of index participants and their siblings was roughly equal. Furthermore, it is unknown how many siblings actually received a questionnaire. Overall, questionnaires were sent out to 790 families of siblings. Of these, 421 families (53.3%) had the index participant and at least one other sibling return questionnaires. Twenty questionnaires were excluded from further analyses because participants did not indicate a gender (or indicated that they were transgender) or a sexual orientation. Nine additional questionnaires were excluded because the code identifying their family membership was missing or unclear. Of the 605 index participants who were included in the study, 424 (70.1%) had at least one sibling return a questionnaire, and 187 (28.3%) had all of their siblings return questionnaires.

The 1,245 participants in the study consisted of 796 (63.9%) women and 449 (36.1%) men. On the basis of the self-rating of sexual orientation, 525 (42.2%) identified as heterosexual, 163 (13.1%) identified as bisexual, and 557 (44.7%) identified as lesbian or gay. Among the women, 340 (42.7%) identified as heterosexual, 125 (15.7%) identified as bisexual, and 331 (41.6%) identified as lesbian. Among the men, 185 (41.2%) identified as heterosexual, 38 (8.5%) identified as bisexual, and 226 (50.3%) identified as gay. Although most sibling participants identified as heterosexual, 19.4% identified as LGB. Participants ranged in age from 18 to 79 years, with a mean age of 36.6 years ($SD = 11.3$). The sample was overwhelmingly European American (91.7%). There were 1.1% African American, 0.5% Asian American, 2.5% Latino, 0.6% Native American, 2.7% biracial, and 0.8% other race/ethnic group, for a total of 92 participants of color. Further information about demographic data by gender and sexual orientation is described in Rothblum, Balsam, and Mickey (2004), and infor-

mation about psychological adjustment controlling for sibling variance is described in Balsam, Beauchaine, Mickey, and Rothblum (in press).

Measures

The questionnaire mailed to all participants was entitled "Sisters and Brothers Project" and did not indicate anywhere that this study focused on sexual orientation. Instructions stated the following: "This survey is being distributed in order to learn how the lives of adult siblings are similar or different. There is little information about sisters and brothers and how their lives change in adulthood."

Demographic questions were adapted from an earlier study of lesbians and their sisters conducted by Rothblum and Factor (2001). These questions assessed gender, age, race/ethnicity, employment status, occupation, educational level, individual income, and household income. We assessed sexual orientation using a categorical measure that asked participants to identify themselves as heterosexual, bisexual, lesbian, or gay.

Childhood psychological abuse was assessed using the psychological abuse scale from the Childhood Maltreatment Interview Schedule—Short Form (CMIS-SF; Briere, 1992). This is a 7-item self-report scale designed to assess frequency of psychologically abusive actions by a parent or adult caretaker before the age of 18 years. In the current study, the alpha coefficient was .93.

Childhood physical abuse by a parent or adult caretaker was assessed using the Parent-Child version of the Conflict Tactics Scales (CTS; Straus, 1979) that yields a dimensional score of frequency and severity of self-reported physical abuse by a parent or adult caretaker. The alpha for this scale in the current study was .79. Additionally, a question adapted from the CMIS-SF (Briere, 1992) was used to generate a dichotomous measure of whether a participant reported having ever been injured by a parent or caretaker in childhood. The point-biserial correlation between these two measures of childhood physical abuse in the current study was .57.

Childhood sexual abuse was assessed using a series of questions from the CMIS-SF (Briere, 1992) adapted to identify the gender of each perpetrator. These questions were consistent with currently accepted definitions of childhood sexual abuse (Finkelhor, 1979). Participants were asked about sexually abusive actions perpetrated on them before their 18th birthday—either by someone who was at least 5 years older than them and/or by someone who was less than 5 years older, but who forced or coerced them to engage in these actions.

For the purposes of the current study, we defined *self-reported childhood sexual abuse* using the following criteria: (a) sexual contact before the age of 14 years with someone 5 or more years older than the participant (who may or may not have used force or coercion), (b) any sexual contact before the age of 18 years with a family member at least 5 years older than the participant, or (c) any forced or coerced sexual contact before the age of 18 years with a person less than 5 years older than the participant. This definition is consistent with the work of Wyatt (1985) and with other recent studies of child sexual abuse among LGB populations (e.g., Hughes, Johnson, & Wilsnack, 2001). Self-reported sexual abuse experiences were also categorized on the basis of the level of physical contact of the most severe incident of abuse reported by the participant. Moderate abuse included being kissed in a sexual way, touched in a sexual way, or touching someone else's private parts. Severe abuse included oral, anal, or vaginal intercourse or penetration.

Domestic violence. Experiences of *domestic violence*, defined for the current study as self-reported psychological and physical victimization by a partner since the age of 18 years, were assessed as described below. Participants who reported any domestic violence were asked to indicate the gender of the perpetrator(s). Participants were instructed to skip the section on domestic violence if they had never been in an intimate relationship. A total of 94 participants (7.4%) skipped this section. Participants were also instructed to skip the section on domestic violence in the past year if they have not been in an intimate relationship during this time period; 404 participants (32.4%) did so.

Psychological maltreatment by a partner. Self-reported psychological maltreatment in the context of adult intimate relationships was assessed using the Psychological Maltreatment of Women Inventory (PMWI)—Short Form (Tolman, 1995). This measure is a shorter version of the original PMWI (Tolman, 1989), adapted to be used in survey research. It was designed to measure the psychological aspects of domestic violence occurring within the past year and contains two subscales, Domination/Isolation and Emotional/Verbal. The measure was originally developed for use with battered heterosexual women. For purposes of this study, items were adapted to be gender neutral. Responses indicate how frequently each of the 14 items was reported to occur in the past year, ranging from 1 (*never*) to 5 (*very frequently*). In the current study, scores ranged from 0 to 70 ($M = 19.7, SD = 8.1$). The alpha for psychological maltreatment in the past year was .91.

The PMWI was also adapted for the current study to assess reported lifetime experiences of psychological maltreatment by a partner. Participants were asked to circle yes/no if they have ever experienced each item in the context of an intimate relationship since the age of 18 years. Participants' scores for ever experiencing psychological maltreatment were calculated by adding the number of items that the participant had experienced since the age of 18 years, which yielded a score from 0 to 14, with a mean score of 4.8 ($SD = 3.9$). This scale showed good internal consistency in the current study, with an alpha of .87.

Physical assault and injury by a partner. Self-reported physical assault and injury in the context of an intimate relationship was assessed using the Physical Assault and Injury subscales of the Revised CTS (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The CTS2 is a 60-item scale designed to measure the extent to which certain tactics, including violence, have been used to deal with conflict in an intimate relationship in the past year. Although the CTS2 contains two questions for each item, assessing actions done both by and to the participant, in the current study we assessed only actions done to the participant. The CTS2 assesses the frequency of each item within the past year, ranging from 1 (*once*) to 6 (*more than 20 times*). For purposes of the current study, we gave participants a score of 1 (categorized as physically assaulted by a partner in the past year) if they endorsed any item on the Physical Assault or Injury subscales and 0 if they endorsed no items on these subscales. Additionally, we gave participants a score of 1 (categorized as injured by a partner in the past year) if they endorsed any items on the injury subscale and 0 if they endorsed no items on this subscale. Participants were also asked to circle yes/no if they had ever experienced each item in the context of any intimate relationship since the age of 18 years and were categorized similarly according to whether they had ever experienced physical assault or injury by a partner. Participants who indicated that they had been physically assaulted or injured by a partner were asked to indicate the gender of the perpetrator.

Sexual assault in adulthood was assessed using a modified version of the Sexual Experiences Survey (Koss, Gidycz, & Wisniewski, 1987). The Sexual Experiences Survey is a 10-item, self-report measure designed to reflect various degrees of sexual aggression and victimization. These items are divided into four progressively more severe categories: coerced non-intercourse sexual contact, coerced intercourse, attempted rape, and rape. In the current study, participants who endorsed any item in a particular category were scored as "yes" for that category. Questions were also added to assess the gender of the perpetrator.

Lifetime victimization risk. To understand overall lifetime victimization, we created a summary variable by assigning 1 point for each of the following reported experiences: childhood physical abuse, childhood sexual abuse, adult domestic violence, and adult sexual assault. Because of the lack of consensus for creating a dichotomous definition of psychological abuse, childhood psychological abuse and psychological maltreatment by a partner in adulthood were not included. This scoring strategy has been used in several recent studies of victimization to account for the fact that many individuals who experience one type of trauma also experience others (e.g., Banyard, Williams, & Siegel, 2001). Scores on the lifetime victimization variable ranged from 0 to 4, with a mean of 1.0 ($SD = 1.0$).

Results

We first examined whether LGB index participants who had at least one sibling return a questionnaire differed from LGB participants who had no siblings return a questionnaire. A *t* test comparing the two groups indicated no differences on overall lifetime victimization, $t(547) = 1.86, p = .06$. Next, we examined whether index participants of color were less likely than White participants to have a sibling return a questionnaire. A chi-square test indicated that index participants of color (58.0%) were not significantly less likely than White participants (70.7%) to have at least 1 sibling return a questionnaire, $\chi^2(1, N = 597) = 3.53, p = .06$. Next, we examined whether LGB index participants who had all of their siblings return questionnaires differed from LGB index participants who did not have all of their siblings return questionnaires. A *t* test comparing the two groups indicated that those who had all of their siblings return questionnaires had lower overall lifetime victimization scores than those who did not, $t(547) = 3.81, p < .001$. Additionally, a chi-square test indicated that index participants of color (16.0%) were less likely than White index participants (29.0%) to have all of their siblings return questionnaires, $\chi^2(1, N = 597) = 3.89, p < .05$.

Descriptive statistics for both dependent variables and covariates are presented in Table 1 by gender and sexual orientation. Because participants were nested within families, we analyzed all data using multilevel modeling (MLM), conducted in hierarchical linear modeling (HLM) 6.0 (Raudenbush, Bryk, Cheong, & Congdon, 2004). For each outcome measure, a two-level random inter-

cepts model was constructed. Both gender and sexual orientation were modeled at Level 1. Age and education were included as Level 1 covariates given that gender and sexual orientation differences in these demographic variables were found in preliminary analyses (Rothblum et al., 2004). Sexual orientation effects were assessed by constructing orthogonal contrast codes that compared (a) heterosexual versus lesbian, gay, and bisexual participants, and (b) lesbian/gay versus bisexual participants. These nested contrasts enabled us to evaluate the independent effects of belonging to a sexual minority group and of subgroup differences within sexual minority groups. The orthogonal contrast vectors were entered as Level 1 fixed effects. To account for possible differential gender effects across sexual orientation groups, two Gender \times Sexual Orientation interaction terms were also included at Level 1—one for heterosexual versus LGB participants and the other for lesbian/gay versus bisexual participants. In each case, the gender and sexual orientation vectors outlined above were multiplied by one another to create the interaction term.

At Level 2, we were interested in examining family effects on the Level 1 intercepts. In addition, family size (number of siblings reported by the index participant) was included as a Level 2 covariate because the number of siblings was quite variable, ranging from 0 to 12 ($M = 2.8, SD = 1.7$). The only Level 1 parameter that was allowed to vary at Level 2 was the intercept term. Thus, all Level 1 slopes were fixed, which created random intercepts models with both Level 1 and Level 2 covariates (see Raudenbush & Bryk, 2004). In cases of binary outcome measures (e.g., pres-

Table 1
Sample Descriptive Statistics by Sexual Orientation and Gender

Variable	Men						Women					
	Heterosexual (<i>n</i> = 185)		Bisexual (<i>n</i> = 38)		Gay (<i>n</i> = 226)		Heterosexual (<i>n</i> = 348)		Bisexual (<i>n</i> = 125)		Lesbian (<i>n</i> = 332)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	35.8	10.9	35.2	10.3	39.3	11.7	36.9	11.3	31.6	10.3	36.8	11.1
Education ^a	4.0	1.4	3.8	1.3	4.5	1.4	4.0	1.3	4.5	1.3	4.7	1.2
Childhood trauma variables												
Child psychological abuse	16.5	11.7	22.1	12.7	19.1	13.2	17.5	12.8	22.7	12.8	21.1	13.4
Child physical abuse level	12.1	19.7	21.6	32.9	13.8	22.6	10.8	18.8	15.6	28.0	15.6	27.6
Injured by parent/caretaker (%)	11.1		31.6		16.8		11.4		15.3		18.0	
Any CSA (%)	12.8		44.1		31.8		30.4		47.6		43.6	
CSA moderate	11.6		38.9		29.7		28.2		46.8		40.4	
CSA severe	5.6		29.4		21.5		17.1		24.2		28.3	
Domestic violence variables												
Psych maltreatment by partner ever	4.4	3.9	4.5	4.4	4.1	3.5	4.5	3.9	5.0	3.8	5.6	4.0
Psych maltreatment by partner past year	21.2	8.7	21.4	8.9	18.4	6.1	19.5	7.5	18.4	8.1	20.0	9.2
Physical assault by partner ever (%)	43.0		47.1		38.8		39.0		49.2		47.5	
Physical assault by partner past year (%)	37.2		41.7		26.9		27.4		20.0		23.2	
Injured by partner ever (%)	10.9		20.6		13.9		18.0		21.3		18.0	
Injured by partner past year (%)	9.9		16.7		6.7		11.1		8.4		7.8	
Sexual assault variables (%)												
Coerced nonintercourse	12.6		44.7		28.4		30.1		53.2		39.8	
Coerced intercourse	9.3		39.5		20.6		26.0		34.1		30.9	
Attempted rape	2.2		15.8		15.1		9.3		11.3		15.0	
Completed rape	1.6		13.2		11.6		7.5		16.9		15.5	
Overall lifetime victimization	0.7	0.8	1.4	1.4	1.0	1.0	0.9	1.0	1.3	1.1	1.2	1.1

Note. CSA = child sexual abuse; Psych = psychological.

^a 1 = some or no high school, 2 = high school degree, 3 = some college, 4 = college degree, 5 = some graduate–professional school, 6 = graduate–professional degree.

ence vs. absence of sexual abuse), nonlinear Bernoulli models were specified. For analyses with complete data, there were 1,254 participants nested within 646 families. When missing data were encountered, cases were excluded from analyses. No more than 4.9% of data points were missing for any outcome measure. Results from the HLM analyses appear in Table 2 and are described below.

Prior to analyzing gender and sexual orientation effects on outcomes, we conducted a preliminary HLM analysis that compared LGB index participants with LGB participants recruited from siblings on overall lifetime victimization. No significant difference emerged.

Men Compared With Women

As indicated in Table 2, gender was a significant predictor of the childhood sexual abuse variables and the adulthood sexual assault variables, with women of all sexual orientation groups more likely to report a history of sexual victimization than men. Women were also more likely to report a history of being injured by a partner. However, men were more likely to report a history of physical assault by a partner in the past year. Gender was also a significant predictor of overall lifetime victimization, with women reporting more types of lifetime victimization than men.

Heterosexual Participants Compared With LGB Participants

As indicated in Table 2, sexual minority status was associated with most of the victimization variables in the model, both childhood and adulthood. In childhood, sexual minority status significantly predicted all variables of childhood abuse, with LGB participants more likely to report these experiences than their heterosexual counterparts. Regarding domestic violence since the age of 18 years, LGB participants reported more lifetime psychological maltreatment than their heterosexual counterparts, and were more likely to report at least one physical assault by a partner. Sexual minority status was not predictive of psychological maltreatment or physical assault by a partner in the past year or of ever being injured by a partner. In terms of sexual assault in adulthood, LGB participants were more likely to report a history of nonintercourse sexual coercion, coerced intercourse, and rape than heterosexual participants. Table 1 reveals that only 1.6% of heterosexual men reported a history of rape in adulthood, compared with 13.2% of bisexual men and 11.6% of gay men. Similarly, 7.5% of heterosexual women reported a history of rape in adulthood, compared with 16.9% of bisexual women and 15.5% of lesbians. No sexual orientation effect was found for coerced intercourse or attempted rape. Finally, LGB participants reported higher levels of overall lifetime victimization than their heterosexual counterparts.

Lesbians And Gay Men Compared With Bisexual Women and Men

All HLM models included a contrast to examine between-groups differences among sexual minorities by comparing lesbians and gay men with bisexual women and men (see above). As indicated in Table 2, a significant effect was found for nonintercourse sexual coercion. An examination of Table 1 indicates that bisexual men (44.7%) and women (53.2%) were more likely

to report a history of this experience than gay men (28.4%) or lesbians (39.8%). Table 2 also reveals a significant effect for rape. An examination of Table 1 indicates that bisexual men (13.2%) and women (16.9%) were more likely to report a history of rape than gay men (11.6%) or lesbians (15.5%). No other significant effects were found for this contrast.

Gender \times Sexual Orientation Interaction Effects

To examine whether sexual orientation predicted victimization differently for men and women, we included two interaction terms in the HLM analysis. A number of significant effects were found for the Gender \times Heterosexual \times LGB interaction term, including all three childhood sexual abuse variables, lifetime partner psychological maltreatment and physical assault, and all four sexual assault variables. An examination of Table 1 reveals that the sexual orientation differences between heterosexual and LGB men were greater than those differences among heterosexual and LGB women. No significant effects were found for any of the analyses examining the Gender \times Lesbian/Gay versus Bisexual interaction term.

Family Variance

As indicated by the significant Level 2 variance components for all variables (see Table 2), within-family influences accounted for a considerable amount of variance in the majority of the victimization measures. Significant effects for family variance were found for all of the childhood abuse variables, partner psychological maltreatment ever and past year, injury by a partner ever and past year, three of the four sexual assault variables, and overall lifetime victimization. In addition, significant effects for family size were found for child psychological abuse, childhood physical abuse, and severe childhood sexual abuse, with participants in larger families reporting more victimization.

Gender of Perpetrator

Table 3 provides descriptive data on the gender of the perpetrator by gender and sexual orientation of the participant. Participants who responded affirmatively to each of the dichotomous physical and sexual abuse variables were asked to indicate the gender of the perpetrator(s). Some participants who experienced multiple victimizations of the same type indicated both a male and female perpetrator. Given the skew of these data and the low numbers of participants in several of the cells, chi-square analyses were conducted separately for men and women.

As shown in Table 3, there was a significant sexual orientation effect on all but one (injured by adult caretaker) of the variables of physical and sexual abuse among men. Gay men reported the highest percentage of male sexual abuse perpetrators in childhood, and heterosexual men reported the least. Fewer men reported female sexual abuse perpetrators in childhood, but the percentage was highest among heterosexual men and lowest among gay men. Not surprisingly, heterosexual men reported the highest percentage of physical assault by female partners, and gay men reported the highest percentage of physical assault by male partners. Fewer men reported female sexual assault perpetrators in adulthood, but the percentage was highest among heterosexual men and lowest among gay men.

Table 2
HLM Analyses of Gender, Sexual Orientation, and Family Effects on Psychological Abuse, Physical Abuse, and Sexual Abuse Variables

Variable	Level 1 fixed effects										Level 2 family effects									
	Gender		Heterosexual vs. LGB		Gay/lesbian vs. bisexual		Gender × Heterosexual vs. LGB		Gender × Gay/Lesbian vs. Bisexual		Variance component		Family size effect							
	Coeff	SE	t	Coeff	SE	t	Coeff	SE	t	Coeff	SE	t	Coeff	SE	t					
Child psychological abuse	1.20	0.89	1.35	-1.56	0.29	-5.42***	-0.89	0.62	-1.44	0.27	0.54	0.51	-0.42	1.21	-0.35	71.74	1,540.8***	0.56	0.28	2.04*
Child physical abuse level	-1.20	2.15	-0.56	-1.93	0.56	-3.46**	-0.45	1.44	-0.32	0.17	1.11	0.15	-2.62	3.17	-0.83	222.12	1,376.4***	1.28	0.64	2.02*
Injured by parent/caretaker	-0.38	0.33	-1.17	-0.26	0.12	-2.24*	-0.02	0.24	-0.10	-0.10	0.21	-0.44	-0.59	0.42	-1.43	5.34	2,256.6***	0.12	0.07	1.69
Any CSA	0.72	0.16	4.41***	-0.23	0.05	-4.42***	-0.09	0.11	-0.83	-0.23	0.10	-2.25*	-0.07	0.21	-0.32	1.79	1,150.8***	0.09	0.05	1.86
CSA moderate	0.75	0.16	4.68***	-0.23	0.05	-4.49***	-0.13	0.11	-1.26	-0.20	0.10	-1.98*	0.06	0.21	0.27	2.07	1,227.2***	0.06	0.05	1.24
CSA severe	0.65	0.17	3.93***	-0.22	0.05	-4.26***	0.05	0.11	0.51	-0.27	0.11	-2.52*	0.02	0.21	-0.08	3.46	1,535.3***	0.14	0.05	2.52*
Partner psych maltreat ever	0.76	0.31	2.45*	-0.33	0.10	-3.21**	0.18	0.21	0.85	0.38	0.19	2.00*	-0.38	0.42	-0.91	1.23	685.7*	-0.04	0.08	-0.55
Partner psych maltreat year	-0.78	0.77	-1.01	-0.07	0.26	-0.27	0.73	0.54	1.35	0.46	0.47	0.99	-1.97	1.06	-1.86	5.57	602.4**	-0.02	0.19	-0.09
Partner physical assault ever	0.21	0.16	1.29	-0.19	0.05	-3.44**	-0.11	0.11	-0.99	0.20	0.10	2.01*	-0.04	0.22	-0.17	0.87	871.3	0.06	0.04	1.51
Partner physical assault year	-0.53	0.20	-2.65**	0.05	0.07	0.73	0.09	0.15	0.64	-0.04	0.12	-0.31	-0.33	0.27	-1.22	0.21	542.0	0.05	0.05	1.17
Injured by partner ever	0.41	0.17	2.44*	-0.10	0.05	-1.90	-0.10	0.11	-0.87	-0.07	0.11	-0.69	-0.05	0.23	-0.21	2.79	1,301.3***	0.01	0.05	0.07
Injured by partner year	-0.11	0.19	-0.56	-0.03	0.06	-0.43	0.04	0.13	0.31	-0.20	0.12	-1.75	-0.35	0.25	-1.38	6.09	2,090.6***	-0.01	0.07	-0.20
Coerced nonintercourse	0.64	0.16	4.01***	-0.22	0.05	-4.08***	-0.27	0.11	-2.55*	-0.24	0.11	-2.26*	-0.09	0.21	-0.44	0.26	694.3*	0.04	0.04	0.94
Coerced intercourse	0.49	0.17	3.02**	-0.10	0.05	-1.92*	-0.09	0.11	-0.83	-0.37	0.11	-3.44***	-0.40	0.21	-1.91	0.70	785.3	0.07	0.04	1.63
Attempted rape	0.61	0.16	3.91***	-0.07	0.05	-1.53	-0.08	0.10	-0.81	-0.50	0.10	-4.88***	0.01	0.20	0.07	5.84	2,614.1***	-0.01	0.06	-0.07
Completed rape	0.90	0.16	5.61***	-0.24	0.05	-5.19***	-0.19	0.10	-1.97*	-0.35	0.11	-3.26**	0.18	0.20	0.92	6.17	2,907.5***	-0.11	0.07	-1.60
Overall lifetime victimization	0.20	0.08	2.52*	-0.14	0.03	-5.65***	-0.08	0.05	-1.41	0.01	0.05	-0.18	-0.09	0.11	-0.84	0.36	1,191.9***	0.03	0.02	1.56

Note. All models were constructed with age and education included as Level 1 covariates. LGB = lesbian, gay, and bisexual; Coeff = coefficient; CSA = child sexual abuse; psych = psychological; maltreat = maltreatment.
* $p \leq .05$. ** $p \leq .01$. *** $p < .001$.

Table 3
Gender of Perpetrator(s) for Participants Who Reported Physical and/or Sexual Abuse

Variable	Men						$\chi^2(2)$	Women						$\chi^2(2)$
	Heterosexual		Bisexual		Gay			Heterosexual		Bisexual		Lesbian		
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Injured by adult caretaker														
Father	16	84.2	9	75.0	23	63.9	2.61	19	54.3	13	68.4	32	55.2	1.20
Mother	4	21.1	3	25.0	17	47.2	4.45	15	42.9	9	47.4	31	53.4	1.01
Childhood sexual abuse														
Perpetrator man	14	60.9	12	80.0	66	95.7	17.83***	97	96.0	57	96.6	131	93.6	1.17
Perpetrator woman	11	47.8	9	60.0	13	18.8	13.75***	11	10.9	9	15.3	28	20.0	3.77
Partner physical assault														
Male partner	1	1.4	9	56.3	63	80.8	95.93***	108	88.5	43	71.7	42	27.8	107.72***
Female partner	63	94.4	11	68.8	9	11.5	104.13***	1	0.8	21	35.0	125	82.8	186.33***
Coerced nonintercourse														
Perpetrator man	1	4.3	13	76.5	57	88.9	55.98***	99	98.0	63	95.5	99	75.6	31.26***
Perpetrator woman	22	95.7	7	41.2	10	15.9	45.68**	2	2.0	13	19.7	51	38.9	45.46***
Coerced intercourse														
Perpetrator man	0	0.0	11	73.3	41	88.9	44.01***	79	90.8	36	85.7	65	64.4	20.90***
Perpetrator woman	14	82.4	6	40.0	6	13.3	26.61***	0	0.0	8	19.0	41	40.6	46.10***
Attempted rape														
Perpetrator man	1	25.0	6	100.0	33	97.1	18.07***	29	93.5	11	78.6	44	89.8	2.30
Perpetrator woman	3	75.0	2	33.3	1	2.9	15.90***	0	0.0	2	14.3	9	18.4	6.31
Rape														
Perpetrator man	0	0.0	5	100.0	20	76.9	10.29**	22	88.0	18	85.7	41	80.4	0.67
Perpetrator woman	3	100.0	2	40.0	0	0.0	24.43***	0	0.0	3	14.3	12	23.51	7.13

Note. Each analysis included only participants who endorsed that particular type of victimization. Analyses were conducted separately for male perpetrators and female perpetrators. Percentages for male and female perpetrators do not add to 100% because of some participants having more than one perpetrator and because of missing data.

** $p \leq .01$. *** $p \leq .001$.

There were fewer significant effects for sexual orientation among women. Heterosexual, bisexual, and lesbian women did not differ significantly on the gender of perpetrator of any childhood abuse variable, nor on rape or attempted rape in adulthood. Not surprisingly, heterosexual women reported the highest percentage of physical assault by male partners, and lesbians reported the highest percentage of physical assault by female partners. Heterosexual women reported the highest number of male perpetrators of coerced and noncoerced intercourse, and lesbians reported the lowest number. Although there were fewer reports of coerced and noncoerced intercourse by female perpetrators, lesbians reported higher numbers of female perpetrators than heterosexual women.

Discussion

Prevalence of Victimization

Our primary goal in this study was to examine sexual orientation as a predictor of self-reported victimization over the life span. As hypothesized, lesbians, gay men, and bisexual women and men reported higher levels of psychological, physical, and sexual violence in both childhood and adulthood. A particularly dramatic difference emerged when overall lifetime victimization was compared across sexual orientation. With 720 LGB participants, this project is one of the largest studies of victimization among LGB people. A notable strength was its inclusion of both male and female participants of all sexual orientation groups in a single study. By using the same measurement strategies, we allowed for more valid comparisons. To date, only one other study conducted by Tjaden et al. (1999) has examined sexual orientation differences

in self-reported physical and sexual victimization in both childhood and adulthood. Similar to their findings, in the current study we found higher rates of reported victimization in both childhood and adulthood. Unlike Tjaden et al.'s (1999) study, we used self-reported sexual orientation, rather than self-reported prior same-sex cohabitation. The fact that the results were generally similar suggests that both same-sex behavior and LGB identity are associated with higher risk for victimization.

The current study is also the first to model family effects of a sample of lesbian, gay, bisexual, and heterosexual siblings. As expected, within-family influences accounted for a significant portion of the variance for most of the victimization variables, and the effects were largest for childhood abuse, which likely occurred while sibling participants were living in the same household. The fact that sexual orientation accounted for significant variance in victimization above and beyond family influences suggests that even within the same family, LGB siblings are at greater risk for victimization than their heterosexual siblings.

Childhood Victimization

As hypothesized, sexual minority status was associated with higher levels of self-reported parental psychological abuse and physical abuse, suggesting that LGB youths may be singled out by their parents for maltreatment. These results are consistent with the few previous studies that have addressed this issue (e.g., Corliss et al., 2002; Tjaden et al., 1999). This finding is important because the majority of studies on childhood victimization of LGB populations have not distinguished between victimization at school, in

the neighborhood, or at home. The current study lends support to the idea that the same boys and girls who are bullied by classmates may be similarly targeted by the very people who are supposed to be protecting and caring for them.

In the current study, we also found elevated rates of self-reported childhood sexual abuse among lesbians, gay men, and bisexual women and men. These results add to a growing body of evidence about childhood sexual abuse drawn from studies of lesbians (Hughes, Haas, Razzano, Cassidy, & Matthews, 2000; Roberts & Sorensen, 1999; Tjaden et al., 1999; Tomeo, Templer, Anderson, & Kotler, 2001) and gay men (Doll et al., 1992; Paul, Catania, Pollack, & Stall, 2001; Tomeo et al., 2001). By including both men and women in the same study, we were able to examine Gender \times Sexual Orientation interaction effects and found that sexual orientation differences in childhood sexual abuse were greater among men than among women. While heterosexual men (12.8%) reported a relatively lower rate of childhood sexual abuse, bisexual men (44.1%) and gay men (31.8%) reported rates that were more comparable to those of the women of all sexual orientations in this sample. Additionally, the majority of the previous studies of child sexual abuse did not include self-identified bisexuals. The high rates of self-reported child sexual abuse among the bisexual participants in the current sample, particularly among the men, suggest that this group should be the focus of future studies in this area.

It should be noted that the factors that might mediate the relationship between childhood sexual abuse and sexual orientation remain to be determined. This is a particularly important concern, given the possibility that the current results could be used politically to link childhood sexual abuse with homosexuality in the eyes of the public. The methodology and measures used in this research do not allow for questions of causality to be addressed. Sexuality, broadly defined, is one of the important areas that can be affected by childhood sexual abuse (Briere, 1992; Westerlund, 1993). Thus, it may be plausible to assume that for any individual, early sexual experiences, including experiences of abuse, are among the myriad of factors that might influence one's sexual attractions, behavior, and identity.

However, it is also plausible to assume that there are factors associated with being LGB that influence one's relative risk for sexual victimization in childhood. For example, a young boy of 11 or 12 years of age who becomes aware of same-sex attractions may not easily be able to find same-sex peers with whom to explore these attractions. Whereas a heterosexual boy of middle-school age could typically approach girls whom he found attractive—to approach another boy at school in this manner may be risky and even dangerous. Such boys may turn to older men as the only potential way to explore their sexuality (Rind, 2001), as indicated by the relatively greater percentage of gay and bisexual men who reported sexual abuse by a male perpetrator. For girls, early awareness of same-sex feelings may lead to acting out behaviors that could increase risk for sexual victimization by predatory men (e.g., truancy or drug use). For some LGB boys and girls, gender-atypical appearance and behavior may make them more visible and vulnerable to aggression by adults. It will be important for future researchers to examine these potential explanations in greater detail to explain the growing body of evidence regarding childhood sexual abuse risk among LGB populations.

Adult Victimization

The results of the current study suggest that the high victimization risk for LGB individuals does not end in childhood. Compared with their heterosexual counterparts, LGB adults reported more experiences of physical victimization in adult relationships. These findings concur with Tjaden et al.'s (1999) study, which compared same-sex and opposite sex cohabitants. In the current study, we did not focus on partner victimization in a current relationship, given that heterosexual women and men tend to be in relationships for longer durations than lesbians and gay men (Kurdek, 1998; Rothblum et al., 2004; Solomon, Rothblum, & Balsam, 2004). Instead, we asked all participants about partner victimization in the past year and over the lifetime, thus anchoring this measure in similar time periods for all participants. Unlike Tjaden et al.'s (1999) study, in the current study we found that the majority of self-identified lesbians who reported this type of victimization indicated that the perpetrator was a female partner. This suggests that contrary to myths and stereotypes, lesbian relationships are not a safe haven from physical violence (cf. Balsam, 2001, for a review). Additionally, different factors may contribute to violence for same-sex and opposite-sex couples. Kurdek (1994, 2003) found differences in areas of conflict for same-sex and opposite-sex couples. Preliminary research indicates that LGB-specific stressors, such as internalized homophobia, may contribute to violence in lesbian relationships (Balsam & Szymanski, in press). The possibility that higher rates of childhood victimization histories have an impact on domestic violence in same-sex relationships (including the fact that some victims may become perpetrators of abuse) should also be considered in future research.

Finally, in the current study we examined a range of sexual assault experiences in adulthood by using the most commonly used measure in the field (Sexual Experiences Survey; Koss et al., 1987). The findings regarding self-reported sexual assault are particularly striking for male participants. Although less than 2% of heterosexual men reported being raped in adulthood, more than 1 in 10 gay and bisexual men reported this experience. Indeed, the significant interaction terms for all four sexual assault variables indicate that for men, even more so than for women, a sexual minority orientation is associated with higher rates of sexual victimization. These results concur with other studies of gay and bisexual men (Duncan, 1990; Hickson et al., 1994; Waterman, Dawson, & Bologna, 1989). Furthermore, we add to the literature by using a standardized measure and including a feasible comparison group.

Among women, the results are also alarming. More than twice as many lesbian and bisexual women (15.5% and 16.9%, respectively) reported an experience of rape in adulthood than heterosexual women (7.5%). These results parallel those found by Tjaden et al. (1999), who assessed forcible rape. It is unclear what factors might put lesbian and women at greater risk of rape in adulthood. Because the majority of perpetrators, in this study and others, are men, and because many rapes occur in a dating or relationship context, it would be reasonable to hypothesize that women who partner primarily or exclusively with other women would be at lower risk of rape. Future research should examine more closely those factors that mediate this risk.

Although the majority of comparisons between bisexual participants and lesbian/gay participants were not significant, bisexual participants were significantly higher on self-reported coerced

non-intercourse and rape in adulthood. Historically, research on sexual orientation and victimization has either excluded bisexuals or failed to recognize them as a separate group, thereby obscuring potentially important differences. More recently, Udry and Chantala (2002) found higher rates of victimization among adolescent girls with both male and female partners, compared with girls with opposite-sex or same-sex partners only. Similarly, in a sample of LGB adolescents, Freedner, Freed, Yang, and Austin (2002) found higher rates of partner abuse among bisexual boys and girls compared with their heterosexual counterparts. It will be important for future researchers to recruit large enough samples of bisexuals to follow up on these preliminary findings and to examine potential factors that might account for bisexuals' relatively higher risk for victimization.

Conclusions and Methodological Limitations

This research significantly advances our knowledge about the relationships between traumatic victimization and sexual orientation over the life span. The results provide compelling evidence that LGB adults report more victimization over the life span. Several of the methodological limitations of previous studies—such as unstandardized measures of violence, failure to assess sexual orientation, lack of a heterosexual comparison group, and small sample sizes—were addressed by the procedures used in this study. Nevertheless, several qualifications of this evidence must be kept in mind. Although behavioral anchors were used to assess victimization, these data are still based on self-report and thus are subject to biases inherent in any self-report measure. Accurate recall is a potential confounding factor, particularly in the assessment of events that occurred in childhood among a sample of adults. It is possible that sexual orientation differences, either in recall or willingness to report, influenced the overall prevalence rates found. For example, lesbians' higher reported rates of sexual abuse in childhood and adulthood may, in part, reflect the general support and encouragement in lesbian and feminist communities for discussing male violence against women.

On a more subtle level, LGB people in general must cope with internalized oppression due to cultural victimization (Neisen, 1993), which may contribute to a bias toward recalling and reporting more victimization. On the other hand, LGB people, similar to people in other oppressed groups, may be particularly sensitive to the potential of making themselves look bad in the eyes of researchers and may therefore be biased toward reporting less victimization. This may be particularly true in the area of sexual abuse and sexual assault, as most LGB people have been exposed to the myths that these types of abuse cause people to become LGB.

As with other nonprobability research, the current study cannot be said to be representative of all lesbian, gay, bisexual, and heterosexual individuals in the United States. In particular, people of color are underrepresented in this sample, despite efforts to specifically recruit these participants via organizations and periodicals for LGB people of color. Our results also indicate that the requirement of the inclusion of a sibling served as a barrier to participation by LGB people of color. Although participants were assured that they could give a survey to a heterosexual sibling without "outing" themselves, participants of color may have been less likely to take this risk, as indicated by the lower percentage of index participants of color who had all of their siblings return a questionnaire. People of color might have been less likely to trust

our research team, because no one was specifically described as a person of color. LGB people of color face unique challenges in managing their identities and ties to both communities of color and LGB communities (Greene, 1994; Walters, 1998). For some, coming out to family may be a more complex challenge than for European Americans. Being "out" to family may be viewed as less important than maintaining support of family members who can provide a shelter from the daily experiences of racism in society at large and within LGB communities (Fukuyama & Ferguson, 2000; Greene, 1997). Finally, the explicit questions about victimization may have served as a barrier to participation. LGB people of color, who have experienced stigmatization on multiple levels, may have been even less willing than LGB European Americans to disclose information that could potentially be used to portray themselves and their communities in a negative light.

Although much LGB research focuses on European American samples, a few large-scale studies have found higher rates of lifetime victimization among lesbians of color when compared with European American lesbians (Descamps, Rothblum, Bradford, & Ryan, 2000; Morris & Balsam, 2003). Another recent study of urban American Indians found higher rates of childhood physical abuse among LGB participants than heterosexual participants (Balsam, Huang, Fieland, Simoni, & Walters, 2004). Similarly, in a community study of Puerto Rican drug users (Finlinson et al., 2003), minority sexual orientation was associated with childhood physical and sexual abuse among men, and childhood sexual abuse among women. It will be important to address the issue of victimization risk in LGB people of color in future research. To do so, researchers need to develop culturally sensitive methodologies for sampling LGB people of color and include comparison groups of LGB European Americans as well as heterosexual people of color to understand the complex relationships between sexual orientation, race/ethnicity, and risk for victimization. These methodologies might include ethnically diverse research teams, active collaboration with communities of color, modification of survey instruments to reflect the experiences of diverse participants, and debriefing for participants (Croom, 2000). Offering financial incentive might also increase inclusion by more marginalized groups that do not typically volunteer for research.

In addition to the lack of ethnic diversity in the sample, it is important to consider other ways in which LGB individuals who elected to participate in this study differed in systematic ways from those who did not participate. This is a particularly relevant issue, given the general findings of high levels of reported victimization. The current sample did not include those LGB individuals who did not see or respond to the advertisements for the study, nor did it include those who initially volunteered for participation but declined to return a completed survey. Because we have no information about individuals in these groups, we have no way of determining the exact ways in which they may differ from those who did participate. However, the demographics of the LGB sample are similar to the profile of individuals who participate in other survey-based research. It is likely that this group is more "out" and more well-connected to the LGB community than those who are not included in the sample, given that all of the participants were recruited through periodicals, e-mail lists, and organizations that target the LGB community. Although this group is likely to be somewhat representative of the more visible segment of the LGB community, we did not find a significant difference on overall self-reported lifetime victimization between LGB index

participants (who might be more “out”) and those LGB participants who were recruited from siblings. Nevertheless, this sample is likely to underrepresent LGB people who have low incomes, who live in isolated areas, who are not connected to LGB communities, who do not speak English, and/or who have other mental health or health problems (e.g., Greene, 2000). Thus, the high rates of reported psychological, physical, or sexual victimization of LGB participants in the current study compared with their heterosexual counterparts may actually be a low estimate of the actual prevalence of victimization in the LGB population at large.

Although the sibling design provided an accessible comparison group of heterosexuals, additional sampling bias may be inherent in this design. We found that LGB index participants who had all of their siblings return questionnaires had lower reported rates of lifetime victimization than those LGB index participants who did not have all of their siblings respond. It is probable that LGB people who had less traumatic lives, including less victimization within their own families, would have healthier relationships with their siblings in adulthood. These index participants would probably be more likely to request that all of their siblings participate in the study and would be more likely to gain the cooperation of their siblings. However, excluding index participants who could not recruit all of their siblings would have also resulted in a biased sample, leaving out those LGB individuals with greater victimization histories.

The current study is one of several recent studies that illuminate the unique risk factors associated with a minority sexual orientation. In considering these results, it is important to keep in mind the context of social and cultural oppression experienced by LGB people. Historically, U.S. society has condoned discrimination and violence against individuals who do not fit the heterosexual norm. Over the past several decades, trends in the media, social institutions, and the culture at large have created a more accepting and affirming atmosphere in which many LGB people can live their lives out in the open. Nevertheless, discrimination against LGB people continues to exist in our society, both on institutional and interpersonal levels. An LGB person’s experience of victimization occurs against a backdrop of these social and cultural factors, which may influence both an individual’s risk as well as his or her response to victimization.

In conclusion, mental health professionals who work with LGB individuals should be aware of the heightened risk of psychological, physical, and sexual victimization in the lives of their clients and should conduct a thorough assessment of victimization history and current victimization risk. In doing so, it is important for clinicians to avoid gender-based stereotypes about victims and perpetrators. Gay and bisexual men, in particular, experience a risk for sexual victimization over the life span that is much greater than their heterosexual male counterparts and is more similar to the risk experienced by women of all sexual orientations. Asking behaviorally anchored questions may encourage disclosure among men. Finally, clinicians should be aware that victimization may have implications for their LGB clients’ mental health, relationships with family of origin, and partner relationships. Regardless of whether an LGB person has directly experienced victimization, he or she has likely been affected vicariously by such experiences in his or her social network and in the LGB community at large.

References

- Balsam, K. F. (2001). Nowhere to hide: Lesbian battering, homophobia, and minority stress. *Women and Therapy, 23*, 25–38.
- Balsam, K. F., Beauchaine, T. P., Mickey, R. M., & Rothblum, E. D. (in press). Mental health of lesbian, gay, bisexual, and heterosexual siblings: Effects of gender, sexual orientation, and family. *Journal of Abnormal Psychology*.
- Balsam, K. F., Huang, B., Fieland, K., Simoni, J. M., & Walters, K. (2004). Culture, trauma, and wellness: A comparison of heterosexual and lesbian, gay, bisexual and two-spirit Native Americans. *Cultural Diversity and Ethnic Minority Psychology, 10*, 287–301.
- Balsam, K. F., & Szymanski, D. M. (in press). Relationship quality and domestic violence in women’s same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*.
- Banyard, V. L., Williams, L. M., & Siegel, J. A. (2001). Understanding links among childhood trauma, dissociation, and women’s mental health. *American Journal of Orthopsychiatry, 71*, 311–321.
- Briere, J. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*. Newbury Park, CA: Sage.
- Cochran, S. D. (2001). Emerging issues in research on lesbians’ and gay men’s mental health: Does sexual orientation really matter? *American Psychologist, 56*, 931–947.
- Corliss, H. L., Cochran, S. D., & Mays, V. M. (2002). Reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults. *Child Abuse and Neglect, 26*, 1165–1178.
- Croom, G. L. (2000). Lesbian, gay, and bisexual people of color: A challenge to representative sampling in empirical research. In B. Greene & G. L. Croom (Eds.), *Education, research, and practice in lesbian, gay, bisexual, and transgendered psychology* (pp. 263–281). Thousand Oaks, CA: Sage.
- Dawson, J. (1998). *Gay and lesbian online* (3rd ed.). Los Angeles: Alyson Books.
- Descamps, M. J., Rothblum, E., Bradford, J., & Ryan, C. (2000). Mental health impact of child sexual abuse, rape, intimate partner violence, and hate crimes in the National Lesbian Health Care Survey. *Journal of Gay and Lesbian Social Services, 11*, 27–55.
- DiPlacido, J. (1998). Minority stress among lesbians, gay men, and bisexuals: A consequence of heterosexism, homophobia, and stigmatization. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 138–159). Thousand Oaks: Sage.
- Doll, L. S., Joy, D., Bartholow, B. N., Harrison, J. S., Bolan, G., Douglas, J. M., et al. (1992). Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men. *Child Abuse and Neglect, 16*, 855–864.
- Duncan, D. (1990). Prevalence of sexual assault victimization among heterosexual and gay/lesbian university students. *Psychological Reports, 59*, 1307–1313.
- Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.
- Finlinson, H. A., Robles, R. R., Colon, H. M., Lopez, M. S., Negron, M. C., Oliver-Velez, D., et al. (2003). Puerto-Rican drug users’ experiences of physical and sexual abuse: Comparisons based on sexual identities. *Journal of Sex Research, 40*, 277–285.
- Freedner, N., Freed, L. H., Yang, W., & Austin, S. B. (2002). Dating violence among gay, lesbian, and bisexual adolescents: Results from a community survey. *Journal of Adolescent Health, 31*, 469–474.
- Fukuyama, M. A., & Ferguson, A. D. (2000). Lesbian, gay, and bisexual people of color: Understanding cultural complexity and managing multiple oppressions. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 81–106). Washington, DC: American Psychological Association.
- Green, F. (2001). *Gayyellow pages*. New York: Renaissance House.
- Greene, B. (1994). Lesbian women of color: Triple jeopardy. In L. Comas-

- Diaz and B. Greene (Eds.), *Women of color: Integrating ethnic and gender identities in psychotherapy* (pp. 389–427). New York: Guilford Press.
- Greene, B. (1997). Ethnic minority lesbians and gay men: Mental health and treatment issues. In B. Greene (Ed.), *Ethnic and cultural diversity among lesbians and gay men* (pp. 216–239). Thousand Oaks, CA: Sage.
- Greene, B. (2000). Beyond heterosexism and across the cultural divide: Developing an inclusive lesbian, gay, and bisexual psychology: A look to the future. In B. Greene and G. L. Croom (Eds.), *Education, research, and practice in lesbian, gay, bisexual, and transgendered psychology: A resource manual* (pp. 1–45). Thousand Oaks, CA: Sage.
- Hickson, F. C. I., Davies, P. M., Hunt, A. J., Weatherburn, P., McManus, T. J., & Coxon, A. P. M. (1994). Gay men as victims of nonconsensual sex. *Archives of Sexual Behavior, 23*, 281–294.
- Hughes, T. L., Haas, A. P., Razzano, L., Cassidy, R., & Matthews, A. (2000). Comparing lesbians' and heterosexual women's mental health: A multi-site survey. *Journal of Gay and Lesbian Social Services, 11*, 57–76.
- Hughes, T. L., Johnson, T., & Wilsnack, S. C. (2001). Sexual assault and alcohol abuse: A comparison of lesbians and heterosexual women. *Journal of Substance Abuse, 13*, 515–532.
- Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology, 55*, 162–170.
- Kurdek, L. A. (1994). Areas of conflict for gay, lesbian, and heterosexual couples: What couples argue about influences relationship satisfaction. *Journal of Marriage and the Family, 56*, 923–934.
- Kurdek, L. A. (1998). Relationship outcomes and their predictors: Longitudinal evidence from heterosexual married, gay cohabiting, and lesbian cohabiting couples. *Journal of Marriage and the Family, 60*, 553–568.
- Kurdek, L. A. (2003). Differences between gay and lesbian cohabiting couples. *Journal of Social and Personal Relationships, 20*, 411–436.
- Morris, J. F., & Balsam, K. F. (2003). Lesbian and bisexual women's experiences of victimization: Mental health, revictimization, and sexual identity development. *Journal of Lesbian Studies, 7*, 67–85.
- Neisen, J. H. (1993). Healing from cultural victimization: Recovery from shame due to heterosexism. *Journal of Gay and Lesbian Psychotherapy, 2*, 49–63.
- Paul, J. P., Catania, J., Pollack, L., & Stall, R. (2001). Understanding childhood sexual abuse as a predictor of sexual risk-taking among men who have sex with men: The Urban Men's Health Study. *Child Abuse and Neglect, 25*, 557–584.
- Pilkington, N. W., & D'Augelli, A. R. (1995). Victimization of lesbian, gay, and bisexual youth in community settings. *Journal of Community Psychology, 23*, 33–56.
- Raudenbush, S. W., & Bryk, A. S. (2004). *Hierarchical linear models: Applications and data analysis methods* (2nd ed.). Thousand Oaks, CA: Sage.
- Raudenbush, S. W., Bryk, A. S., Cheong, Y. F., & Congdon, R. (2004). *HLM6: Hierarchical linear and nonlinear modeling*. Lincolnwood, IL: Scientific Software International.
- Rind, B. (2001). Gay and bisexual adolescent boys' sexual experiences with men: An empirical examination of psychological correlates in a nonclinical sample. *Archives of Sexual Behavior, 30*, 345–368.
- Roberts, S. J., & Sorensen, L. (1999). Health related behaviors and cancer screening of lesbians: Results from the Boston Lesbian Health Project. *Women and Health, 28*, 1–12.
- Rothblum, E. D. (1994). "I only read about myself on bathroom walls": The need for research on the mental health of lesbians and gay men. *Journal of Consulting and Clinical Psychology, 62*, 213–220.
- Rothblum, E. D., Balsam, K. F., & Mickey, R. M. (2004). Brothers and sisters of lesbians, gay men, and bisexuals as a demographic comparison group: An innovative research methodology to examine social change. *Journal of Applied Behavioral Science, 40*, 283–301.
- Rothblum, E. D., & Factor, R. J. (2001). Lesbians and their sisters as a control group: Demographic and mental health factors. *Psychological Science, 12*, 63–69.
- Russell, D. E. H., & Bolen, R. M. (2000). *The epidemic of rape and child sexual abuse in the United States*. Thousand Oaks, CA: Sage.
- Solomon, S. E., Rothblum, E. D., & Balsam, K. F. (2004). Pioneers in partnership: Lesbian and gay male couples compared with those not in civil unions and married heterosexual siblings. *Journal of Family Psychology, 18*, 275–286.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and Family, 41*, 75–88.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*, 283–316.
- Tjaden, P., Thoennes, N., & Allison, C. J. (1999). Comparing violence over the life span in samples of same-sex and opposite-sex cohabitants. *Violence and Victims, 14*, 413–425.
- Tolman, R. (1989). The development of a measure of psychological maltreatment of women by their male partners. *Violence and Victims, 4*, 159–177.
- Tolman, R. (1995, July). *The validation of the Psychological Maltreatment of Women Inventory*. Paper presented at the Fourth International Family Violence Conference, Durham, NH.
- Tomeo, M. E., Templer, D. I., Anderson, S., & Kotler, D. (2001). Comparative data of childhood and adolescent molestation in heterosexual and homosexual persons. *Archives of Sexual Behavior, 30*, 535–541.
- Udry, J. R., & Chantala, K. M. (2002). Risk assessment of adolescents with same-sex relationships. *Journal of Adolescent Health, 31*, 84–92.
- Walters, K. L. (1998). Negotiating conflicts and allegiances within lesbian and gay communities of color. In G. Mallon (Ed.), *Foundations of social work practice with gay and lesbian persons* (pp. 47–75). New York: Harrington Park Press.
- Waterman, C. K., Dawson, L. J., & Bologna, M. J. (1989). Sexual coercion in gay male and lesbian relationships: Predictors and implications for support services. *Journal of Sex Research, 26*, 118–124.
- Westerlund, E. (1993). *Women's sexuality after childhood incest*. New York: Norton.
- Wyatt, G. E. (1985). The sexual abuse of Afro-American and White-American women in childhood. *Child Abuse and Neglect, 9*, 507–519.

Received March 16, 2004

Revision received December 2, 2004

Accepted December 3, 2004 ■