Published in final edited form as:

Curr Psychiatry Rep. 2023 May ; 25(5): 183–191. doi:10.1007/s11920-023-01420-0.

Sexual Victimization Among Sexual and Gender Minoritized Groups: Recent Research and Future Directions

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Abstract

Purpose of the review: Sexual victimization is a significant public health concern. Compared to heterosexual and cisgender peers, sexual and gender minoritized (SGM) individuals are at elevated risk for sexual victimization. Prominent theories suggest that this risk is due in part to the stigma SGM individuals face when navigating heteronormative cultures. The goal of this article is to review the prevalence, risk factors, and consequences of sexual victimization in SGM individuals.

Recent findings: Studies continue to show that SGM individuals—bisexual and/or gender minoritized in particular—are at higher risk for sexual victimization. Little work has focused on risk factors, though recent research continues to highlight post-victimization disparities among SGM individuals. Emerging studies also point to theoretically informed factors that may influence victimization risk and recovery, including sexual and gender-related stigma.

Summary: To inform prevention and intervention efforts, future research would benefit from streamlining assessment, methodology, and dissemination practices.

Keywords

sexual minority; gender minority; minority stress; sexual victimization; mental health; physical health

Introduction

Sexual victimization is a pervasive problem worldwide. In the US, upwards of 18.3% of women and 1.4% of men have experienced rape in their lifetime (1). Moreover, 44.6% of women and 22.2% of men report sexual victimization other than rape (1). Specific groups, such as those identifying as sexual and gender minoritized (SGM), are at particularly high risk for sexual victimization (2, 3). The negative impact of victimization on subsequent

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mental and physical health outcomes has been well documented (4), including among SGM individuals (5)••. Drawing on our knowledge of the research literature, with a focus on quantitative studies published from the US and Canada in the past year (2021–2022), we review the prevalence, risk factors, and consequences of sexual victimization in SGM individuals. When possible, we highlight studies examining differences *between* SGM and other groups (e.g., heterosexual and/or cisgender), but also *within* SGM sub-groups (e.g., gay versus bisexual). Recommendations for future research will also be discussed.

Operationalizing Sexual and Gender Identity

According to a 2020 Gallup poll, 5.6% of US adults self-identify as lesbian, gay, bisexual, and/or transgender (6). Sexual and gender identity are fluid constructs that evolve over an individual's lifetime amidst an ever-shifting cultural backdrop (7, 8). Given the challenges of defining the complexities of human experiences, standard definitions are necessary to provide a foundation for this review.

Sexual orientation is a multidimensional construct that includes sexual attraction, sexual behavior, and sexual identity. Terms like *lesbian*, *gay*, *bisexual*, *queer*, and *heterosexual* are frequently used to refer to sexual identity but also can describe sexual attraction and/or behavior. Attraction and behavior, however, do not always align with how someone identifies. For example, during adolescence, sexual attraction is a prominent element of sexual orientation as many may not yet know or want to label their sexual identity, let alone disclose it to others (9). Sexual orientation is fluid across the lifespan (10, 11) and, particularly in the case of identity and behavior, may vary by social context (e.g., home, school, work).

Gender identity is an individual's psychological sense of their gender (12) and is distinct from sexual orientation. *Cisgender* refers to someone for whom their sex assigned at birth aligns with their gender identity. *Transgender* is a broad term that captures the experiences of those whose assigned sex does *not* align with how they identify. Moreover, there are a variety of other terms used by individuals for whom the categories of male/female fail to capture how they see themselves, such as *agender*, *genderqueer*, *gender fluid*, *gender non-conforming,* and *non-binary* (13). *Gender expression*, on the other hand, involves how an individual communicates their gender identity to others via their appearance, clothing, or mannerisms (14).

Sexual and gender minoritized (SGM) is used to represent a vast array of identities and experiences under a single population label (15). When necessary, in this article, we use *sexual minoritized* in reference to individuals who endorse a sexual orientation other than heterosexual (e.g., lesbian, gay, bisexual) and *gender minoritized* in reference to individuals (regardless of sexual orientation) who endorse a gender identity that does not align with their sex assigned at birth (e.g., transgender, genderqueer, non-binary).

Theoretical Frameworks for Sexual Stigma and Minority Stress

In 2016, SGM individuals were designated as a health disparity population by the National Institutes of Health in recognition that this group disproportionally suffers from worse mental and physical health outcomes relative to heterosexual and cisgender peers. Notably,

these disparities are often exacerbated in SGM individuals who have experienced sexual victimization (16–18)•. This risk, both for sexual victimization and worse post-victimization outcomes, may be attributable, at least in part, to the stigma SGM individuals face when navigating a heteronormative culture.

Sexual stigma and *gender minority stigma* reflect the negative regard that society directs toward non-heterosexual and non-gender-conforming experiences, identities, and communities (19, 20). These stigmas are fundamentally rooted in systems that privilege heterosexual and cisgender individuals (19), resulting in a culture of pervasive *heteronormativity*, which assumes everyone is heterosexual and other sexual identities are inferior, and *gender binarism,* which assumes that gender only exists as a male/female binary and thus stigmatizes those who do not conform (20). These ways of thinking are ingrained in social norms, institutions, and laws, resulting in pervasive implicit and explicit culturally stigmatizing messages that SGM individuals are not only lower on the social ladder, but also justifiable targets for violence.

Societal-level manifestations of stigma affect SGM individuals in three main ways (19). First, *enacted stigma* is the direct experience of discrimination or victimization as a result of sexual and/or gender identity. Second, even in the absence of enacted stigma, SGM individuals can be affected by *felt stigma*, which refers to the constant worry that one will be victimized or discriminated against because of their identities. Third, *internalized stigma* refers to SGM individuals' acceptance of societal-level stigma into their own self-concept (i.e., internalized heterosexism). Minority stress theory (21–23) posits that the chronic stress SGM individuals experience from these stigmas perpetuate health disparities. Thus, minority stress can influence cognitive, affective, and interpersonal processes to "get under the skin" and adversely impact the mental and physical health of those chronically exposed (24). Awareness of this vulnerability is a critical prerequisite to understanding sexual victimization risk in SGM individuals as well as factors that may promote or inhibit post-victimization recovery.

Sexual Victimization Among Sexual and Gender Minoritized Groups

Sexual victimization includes a wide range of nonconsensual sexual experiences including unwanted contact, attempted rape, and completed rape (25). At any level of severity, perpetrators can use a variety of tactics including threats, physical force, incapacitation from alcohol or other drugs, or not giving one a chance to say "no" (26). Although sexual victimization research has historically focused on rape, it is critical to consider the full range of severity, as lower severity incidents like sexual harassment and touching are highly prevalent and more commonly endorsed than rape (27, 28). Moreover, lower severity victimization can serve as a form of 'boundary testing' and has the potential to escalate into more severe forms of victimization (29).

Compared to heterosexual and cisgender peers, SGM individuals report higher rates of sexual victimization. In a systematic review of 75 studies, Rothman et al. (2011) found that 43% of sexual minoritized women and 30% of sexual minoritized men experience sexual victimization in their lifetime (2). Across individual studies, prevalence rates tend to vary widely (e.g., 16–85% of sexual minoritized women, 12–54% of sexual minoritized

men) (2). This variability is likely due to heterogeneity in recruitment methods (e.g., convenience samples versus nationally representative samples) as well as the methods for assessing sexual victimization (e.g., single item versus behaviorally-specific sets of items). Recently published prevalence rates continue to underscore sexual victimization disparities for SGM individuals (30, 31, 32)•, while also showing greater severity of victimization in this population (32)•. In a national college sample, SGM students were more likely to have ever experienced sexual victimization (30.8% of sexual minoritized students, 45% of gender minoritized students) compared to students identifying as heterosexual (18.5%) or cisgender (19.6%), respectively (33)•. An emerging body of research has also identified heightened risk in sub-groups of SGM individuals. For instance, Grocott et al. (2021) found that gender minoritized students were nearly 9 times more likely to have experienced sexual victimization than cisgender students. In a national, non-probability sample, 80.1% of bisexual women and 62.7% of lesbian women reported a sexual victimization history relative to 44.4% of heterosexual women (34)•. Consistent with the larger literature (35)•, Canan et al. (2021) showed that bisexual women in particular reported higher rates than both lesbian and heterosexual women, though lesbian women also were at elevated risk compared to heterosexual peers (34)•. These studies underscore the importance of not only exploring differences *between* groups, but also *within* SGM populations, to help identify who might be especially at risk.

Sexual Victimization Correlates

A rigorous body of research has identified factors that heighten vulnerability for sexual victimization among (presumably) heterosexual women, including a history of childhood sexual abuse (36, 37), hazardous alcohol use (38), and sexual risk behaviors (39). These factors have also been found to predict sexual victimization among SGM individuals (40, 41, 42)• and are consistent with minority stress theory (21–23) and a self-medication framework (43), which would posit that SGM individuals may be more likely to cope with chronic minority stress via alcohol or sex. Over time, these short-term self-regulatory attempts can reinforce and maintain maladaptive coping, but also inadvertently increase risk for sexual revictimization.

Importantly, and in alignment with minority stress theory, emergent studies suggest that sexual and gender identity-related stigma directly impact victimization experiences. For example, consistent with a stigma-based framework, the association between being a transgender person of color and sexual victimization severity was stronger for those with greater trans visibility (i.e., “people can tell I am transgender even if I don’t tell them”) (44)•. Other recent research has more directly considered the impact of minority stress on sexual victimization risk, particularly among bisexual identified individuals, as this sub-group is at greater risk relative to both heterosexual and other sexual minoritized peers (35)•. For instance, bisexual women who experienced biphobia and hostile sexism in their social circles were more likely to report sexual victimization in the past year (45)•. Relatedly, sexual stigma was found to predict sexual victimization for bisexual SGM individuals, and to a lesser degree, lesbian SGM individuals (46)•. Notably, much of the literature on sexual victimization prevalence and correlates, including recent research, has relied on cross-sectional designs. Certainly, more longitudinal studies are needed to understand the

shared and unique risk factors that make SGM individuals - including specific sub-groups - more vulnerable to sexual victimization.

The Sequelae of Sexual Victimization

Within the larger literature, sexual victimization in (presumably) heterosexual populations has been associated with a host of mental health consequences, including depression, anxiety, posttraumatic stress, disordered eating, and substance use disorders (4). These associations also hold true for SGM individuals. For example, among sexual minoritized cisgender women, those who experienced rape in adulthood reported more mental health symptoms and more hazardous drinking than their non-victimized peers (16)•. Holmes et al. (2021) found a significant association between sexual victimization and disordered eating among bisexual cisgender women (47)•. Similarly, a secondary analysis of 27,795 US transgender individuals indicated that past-year unwanted sexual contact was associated with increased risk for suicidal ideation (48)•. Sexual victimization is also associated with negative physical health outcomes. For instance, sexual minoritized cisgender women who were sexually revictimized were at increased risk for binge eating, obesity, and hypertension (49)•.

The reviewed literature suggests that both SGM identity and sexual victimization history confer independent risk for negative mental health, substance use, and physical health outcomes. Fewer studies, however, have explored how the link between sexual victimization and post-victimization consequences vary as a function of SGM identity. Theory (21, 22, 24) posits that the chronic stress associated with SGM identities “gets under the skin” to contribute to mental health disparities, and for SGM individuals who experience sexual victimization, this can further complicate post-victimization recovery. In support of this notion, a study of US students found the association between sexual victimization and depression was greater for SGM individuals than cisgender heterosexual men (30)•. Similarly, in a study of Quebecois cisgender college students, sexual victimization severity was more strongly associated with trauma symptoms among sexual minoritized women than heterosexual women (50)•. Extending findings to substance use, among cisgender women presenting to a family planning clinic, sexual victimization was associated with heavier alcohol use in sexual minoritized women, but not heterosexual women (51)•.

Contrary to these recent studies, others have not found support for interactions between sexual victimization and SGM identity in the prediction of depressive symptoms (52)•, PTSD symptoms (30, 52)•, or cigarette use (51)•, such that the association between victimization and these outcomes did not vary by SGM identity. Moreover, in a sample of 60,200 US college students, unwanted sexual contact in the past year was associated with depression and suicidal ideation in *both* sexual minoritized and heterosexual students (53)•. Further, Norris et al. (2021) found that sexual victimization was associated with a greater likelihood of past month cannabis use in heterosexual women, but not sexual minoritized women. Thus, findings regarding how SGM identity might contribute to negative post-victimization outcomes are mixed.

Relatedly, little is known about factors that promote resilience for SGM individuals who experience sexual victimization. In a national study of university students, a sense of

belonging with the campus community served as a stronger buffer against post-victimization depression for sexual minoritized students relative to heterosexual students (53)•. However, sexual victimization can negatively impact resilience factors. Consistent with a broader literature linking trauma exposure to deterioration of social support over time (54), sexual revictimization among sexual minoritized women was associated with lower social support (49)•. Research informed by positive psychological factors (e.g., posttraumatic growth, resilience, social support) is greatly needed to highlight the unique strengths of SGM individuals and ways that resilience can be fostered following sexual victimization (55). With few exceptions, sexual victimization research has yet to widely consider the role of stigma in contributing to disparities in post-victimization outcomes among SGM individuals or resiliency factors that may promote post-victimization recovery. More research is needed in this regard.

Implications for Research

Earlier reviews of interpersonal violence in SGM populations (56, 57) identified critical weaknesses in the rigor of the literature that continue to persist today. These included: (1) few studies that distinguish between sex assigned at birth, sexual orientation, and gender identity; (2) poor operational definitions, and thus, inconsistent measurement of sexual victimization; (3) inadequate sample sizes; and (4) reliance on cross-sectional designs. Echoing these weaknesses, we propose the following recommendations in light of our recent literature review.

Recommendation 1: Improve Assessment

Notable limitations in assessment pervade the literature and weaken methodological rigor. For example, many studies rely on single, self-identification items of sexual orientation that offer limited response options for participants to choose from (e.g., lesbian/gay, bisexual, heterosexual). As such, we miss out on the nuance in how SGM individuals might otherwise identify (e.g., asexual, demisexual, pansexual), but also in the representation of SGM sub-groups. For instance, ‘mostly’ heterosexual is an identity that is distinct from both heterosexual and bisexual and makes up the largest SGM sub-group (58), yet is not captured in studies when this identity is not listed (i.e., this group will otherwise select ‘heterosexual’ over ‘bisexual’) (59). In addition, sexual orientation contains other components, including sexual attraction and behavior, which may or may not align with sexual identity (e.g., men who have sex with men). Further, gender expression, which is how an individual communicates their gender identity to others via their appearance, clothing, or mannerisms (14), is rarely assessed or reported in sexual victimization research. This is a considerable limitation as identity may be serving as a proxy for gender expression, though gender expression may be a more proximal risk factor for stigma-related discrimination or victimization (44)•. Fine tuning our assessment, both in terms of identity and expression, will allow us to better understand the diversity of SGM experiences as well as identify SGM sub-groups that may be more hidden, yet at elevated risk.

Furthermore, there is a propensity in the literature to frame identity categories as predictors of sexual victimization and post-victimization outcomes for analytical purposes. While

this practice may capture the differences between groups (e.g., SGM versus heterosexual and/or cisgender), minority stress theory posits that it is the experiences associated with marginalized identities – not the identities themselves – that lead to disparities. It will be essential to move away from using identity categories as proxies of minority stress and, instead, measure the putative mechanisms (i.e., stigma, minority stress) as the constructs of interest.

Another critical issue is that the most widely utilized measures to assess sexual victimization were developed from a heteronormative perspective (see (60)• for exception). For example, the Sexual Strategies Scale (61) only assesses male-to-female perpetration and does not consider relationship type. Similarly, the Revised Sexual Experiences Survey (62) includes a range of tactics (e.g., verbal pressure, physical force, incapacitation), but does not include culturally-relevant tactics specific to the SGM community (e.g., threatening to expose the individual's sexual or gender identity to others). Although recent efforts have been made to adapt this measure to include less heteronormative language (34)••, these adaptations have not yet been widely tested nor implemented. Measures of sexual victimization perpetration and victimization must also be adapted to erase heterosexist bias that presumes male-to-female violence by assessing the perpetrator's gender identity, sexual orientation, and relationship to the SGM individual. Beyond this, qualitative research exploring the nature and scope of sexual victimization experiences within the SGM community could help inform the creation of assessments better centered in SGM experiences. This necessary work in measurement development should be conducted and tested with feedback from the SGM community.

Recommendation 2: Address Contextual Factors

The study of sexual victimization in SGM populations must also account for the range of perpetrator types along a relationship spectrum (e.g., stranger, casual acquaintance, friend, romantic partner). While attention to this important contextual factor is often missing in sexual victimization research (63)•, it is particularly relevant for SGM individuals, who may be at elevated risk for victimization from those they know – particularly romantic partners (64). Unfortunately, research "silos" exist, as sexual victimization research does not typically assess the relationship context and couples-focused research does not typically assess sexual victimization within the relationship. Thus, it is critical that future research break down these "silos" by adapting existing measurement approaches to more comprehensively assess sexual victimization both within and outside of intimate relationships. As the use of these methods begin to clarify victimization across different relationship types, research will be better equipped to examine individual and contextual risk factors to understand in what situations, and for whom, these effects are most likely to be observed. Until these goals are met, the field will be inadequately informed to develop effective and culturally-relevant prevention approaches.

Recommendation 3: Eliminate Sampling Biases

Research on sexual victimization suffers from sampling biases that systematically exclude SGM individuals or limit examination of sub-group differences. Sampling methods either *assume* that participants identify as heterosexual and cisgender or *exclude* SGM individuals

for parsimony and/or concerns over sample size. While there are certainly studies that focus on sexual victimization in SGM individuals, such as those discussed earlier in this review, standard practice is to sample a specific subpopulation to the exclusion of other subpopulations. A related problem is the common practice to combine sexual minoritized individuals – across birth sex and/or sexual identity – into one group (i.e., LGB) to compare sexual victimization rates and post-victimization outcomes to heterosexual peers. This practice increases sample size and representativeness, but erases critical differences found even among SGM sub-groups. Together, these weaknesses make it difficult to examine similarities and differences in the risks and consequences of sexual victimization as well as the mechanisms that reinforce or maintain negative outcomes among SGM individuals. This is particularly problematic with respect to gender minoritized individuals, who are most likely to be excluded from sexual victimization research due to such sampling bias.

Collectively, these sampling methods are directly responsible for the marginalization and invisibility of SGM individuals in the sexual victimization research literature. Assumptions of heterosexuality predominate research, and thus, sexual and gender identity are rarely measured or reported. Consequently, SGM individuals and the unique stressors they experience are erased from empirical investigations of sexual victimization. To this end, we recommend (1) intentional efforts to oversample sub-groups of SGM individuals with careful consideration of gender versus sexual identity, and (2) assess and report sexual and gender identities to characterize the inclusion of SGM individuals in sexual victimization research, even when SGM individuals are not the central focus of the investigation. These best practices are critical to move the state of science forward to understand and address sexual victimization disparities.

Recommendation 4: Incorporate an Intersectional Approach

To improve the health and well-being of SGM individuals, research must consider the impact of intersectional identities and related experiences among SGM sub-groups (65). Intersectionality theory posits that multiple forms of oppression converge to create social conditions that facilitate discrimination (66). Thus, marginalized identities, including those related to sexual orientation, gender identity, and race/ethnicity, are best understood in combination. Given this, it is not surprising that individuals with multiple marginalized identities are more likely to have worse health outcomes than individuals with only one (67).

Within studies employing an intersectional approach, as noted previously, there is a tendency to use identity categories as predictors of negative outcomes. For example, Gilmore et al. (2021) found that sexual minoritized cisgender women who identified as Latinx reported less severe past year sexual victimization than White sexual minoritized cisgender women (68)•. However, to more appropriately consider intersectionality, studies that focus on the mechanisms of sexual victimization (e.g., stigma, minority stress) are needed rather than categorical indicators such as sexual orientation, gender, or race/ethnicity. Understanding racially, ethnically, and economically diverse SGM in the context of multiple oppressions (51, 68) • is a necessary step for furthering our understanding of sexual victimization risk and post-victimization recovery. In doing so, the field will be better positioned to develop

and implement prevention and interventions that address the unique social conditions, especially for SGM individuals of color and those of lower socioeconomic status.

Recommendation 5: Increase Use of Longitudinal Designs

In our review, the majority of new research published has been cross-sectional. Future studies must move beyond cross-sectional designs to incorporate measurement approaches that can more accurately capture (1) the proximal and temporal occurrences between relevant and unique SGM-related risk and protective factors of sexual victimization, and (2) developmental trajectories documenting sexual victimization and post-victimization outcomes over time and across the lifespan. This need could be best met with longitudinal panel designs, intensive longitudinal designs (e.g., daily diary or ecological momentary assessment), and/or measurement burst designs (e.g., longitudinal surveys with periods of daily diary or ecological momentary assessment). Among these, only intensive longitudinal designs allow for the assessment of proximal and temporal effects between variables to identify mechanisms of sexual victimization risks and consequences. Such designs are particularly well-suited to address both person-level (i.e., between-person) and situation-level (i.e., within-person) differences. In addition, only longitudinal panel designs and intensive longitudinal designs are able to assess developmental trajectories to consider the impact of sexual victimization on short- and long-term consequences as well as what factors reinforce or maintain consequences over time. We encourage future researchers to build on intensive designs focused on post-victimization outcomes among SGM individuals to date (61) to identify proximal risk factors of sexual victimization (27)• among SGM individuals in future research. Overall, as these complexities are better understood, prevention and interventions can be directed at appropriate “upstream” targets.

Recommendation 6: Standardize Reporting

Lastly, standardized reporting requirements are critically needed to advance knowledge about the sexual victimization experiences of SGM individuals, particularly sub-group differences within this diverse population. For example, journals, as well as Editors of journals, could require reporting of sex assigned at birth, sexual identity, and gender identity as basic demographics in all articles. Further, standard practices should include detailed reporting of measurement strategies (e.g., instrumentation), particularly for sexual and gender identity measures. When examining sexual victimization, researchers should pay particular attention to reporting sexual victimization prevalence rates, including severity, in not just the overall sample, but also within SGM sub-groups. Journals, particularly those with broad readership, should request articles on this topic so that this work is not limited to special issues or SGM-focused journals whose readership is already aware of the critical need for this research.

Conclusion

SGM individuals are disproportionately impacted by sexual victimization. Our review of recent research in this area indicates replication of earlier results concerning higher prevalence rates and greater likelihood for SGM individuals to suffer from worse post-victimization outcomes when compared to heterosexual and cisgender individuals. However, gaps in knowledge persist, particularly the need to understand the unique role of minority

stress on sexual victimization risk and its impact on subsequent coping and recovery. Limitations provide opportunities for future work to move beyond establishing prevalence to identify risk and protective factors that will most effectively facilitate prevention and intervention efforts among SGM individuals.

Human and Animal Rights

All reported studies/experiments with human or animal subjects performed by the authors have been previously published and complied with all applicable ethical standards (including the Helsinki declaration and its amendments, institutional/national research committee standards, and international/national/institutional guidelines).

ACKNOWLEDGEMENTS

Manuscript preparation was supported by grants from the National Institute of Alcohol Abuse and Alcoholism: K99AA028777 (PI: Blayney), K08AA028546 (PI: Jaffe), and R01AA025995 (PI: Parrott).

References

References

Papers of particular interest or that were recently published are designated • (of importance) or •• (of major importance).

1. Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.; 2011.
2. Rothman EF, Exner D, Baughman AL. The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: A systematic review. Trauma, Violence, & Abuse. 2011;12(2):55–66.
3. James SE, Herman JL., Rankin S., Keisling M., Mottet L., & Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.; 2016.
4. Dworkin ER, Menon SV, Bystrynski J, Allen NE. Sexual assault victimization and psychopathology: A review and meta-analysis. Clinical psychology review. 2017;56:65–81. [PubMed: 28689071]
5. Klein LB, Dawes HC, James G, Hall WJ, Rizo CF, Potter SJ, et al. Sexual and relationship violence among LGBTQ+ college students: a scoping review. Trauma, Violence, & Abuse. 2022:15248380221089981. •• This scoping review examined research on LGBTQ+ college students experiences of sexual and relationship violence and identified five main themes across studies (e.g., victimization-related attitudes, prevalence rates, negative outcomes, prevention implications, and future research recommendations).
6. Jones JM. LGBT identification rises to 5.6% in latest US estimate. Gallup News. 2021;24.
7. Diamond LM, Butterworth M. Questioning gender and sexual identity: Dynamic links over time. Sex roles. 2008;59(5):365–76.
8. Katz-Wise SL, Reisner SL, Hughto JW, Keo-Meier CL. Differences in sexual orientation diversity and sexual fluidity in attractions among gender minority adults in Massachusetts. The Journal of Sex Research. 2016;53(1):74–84. [PubMed: 26156113]
9. Goldbach JT, Gibbs JJ. A developmentally informed adaptation of minority stress for sexual minority adolescents. Journal of adolescence. 2017;55:36–50. [PubMed: 28033502]
10. Diamond LM. Sexual identity, attractions, and behavior among young sexual-minority women over a 2-year period. Developmental psychology. 2000;36(2):241. [PubMed: 10749081]

11. Bishop MD, Mallory AB, Russell ST. Sexual minority identity development: Latent profiles of developmental milestones in a national probability sample. Psychology of Sexual Orientation and Gender Diversity. 2022.
12. American Psychological A. Publication Manual of the American Psychological Association, (2020): American Psychological Association; 2019.
13. National Academies of Sciences EaM, Committee on P. Understanding the well-being of LGBTQI+ populations. 2021.
14. Health NIo. Sexual & Gender Minority Terms and Definitions . 2021.
15. Health NIo. Sexual and gender minority populations in NIH-supported research . 2019.
16. Blayney JA, Hequembourg A, Livingston JA. Rape acknowledgment and sexual minority women's mental health and drinking behaviors. Journal of interpersonal violence. 2021;36(7–8):NP3786–NP802. • This cross-sectional study examined rates of rape acknowledgement in lesbian and bisexual cisgender women and found high rates of rape acknowledgement in the sample as well as differences in mental health and hazardous drinking when compared to non-victimized sexual minoritized cisgender peers. [PubMed: 29909710]
17. Hequembourg AL, Parks KA, Collins RL, Hughes TL. Sexual assault risks among gay and bisexual men. The Journal of Sex Research. 2015;52(3):282–95. [PubMed: 24483778]
18. Hughes TL, Szalacha LA, Johnson TP, Kinnison KE, Wilsnack SC, Cho Y. Sexual victimization and hazardous drinking among heterosexual and sexual minority women. Addictive behaviors. 2010;35(12):1152–6. [PubMed: 20692771]
19. Herek GM. Confronting sexual stigma and prejudice: Theory and practice. Journal of social issues. 2007;63(4):905.
20. Herek GM. A nuanced view of stigma for understanding and addressing sexual and gender minority health disparities. Mary Ann Liebert, Inc. 140 Huguenot Street, 3rd Floor New Rochelle, NY 10801 USA; 2016. p. 397–9.
21. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin. 2003;129(5):674. [PubMed: 12956539]
22. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. 2013.
23. Brooks VR. Minority stress and lesbian women: Free Press; 1981.
24. Hatzenbuehler ML. How does sexual minority stigma "get under the skin"? A psychological mediation framework. Psychological bulletin. 2009;135(5):707. [PubMed: 19702379]
25. Basile KC, Smith SG, Breiding M, Black MC, Mahendra RR. Sexual violence surveillance: Uniform definitions and recommended data elements. Version 2.0. 2014.
26. Canan SN, Jozkowski KN, Wiersma-Mosley J, Blunt-Vinti H, Bradley M. Validation of the sexual experience survey-short form revised using lesbian, bisexual, and heterosexual women's narratives of sexual violence. Archives of sexual behavior. 2020;49(3):1067–83. [PubMed: 31549361]
27. Blayney JA, Jaffe AE, Carroll Q, Read JP. Contextual risk for nonconsensual sexual experiences: An application of routine activity theories among first-year college women who drink alcohol. Psychology of Violence. 2021.
28. Papp LJ, McClelland SI. Too common to count?"Mild" sexual assault and aggression among US college women. The Journal of Sex Research. 2021;58(4):488–501. [PubMed: 32615816]
29. Gervais SJ, DiLillo D, McChargue D. Understanding the link between men's alcohol use and sexual violence perpetration: The mediating role of sexual objectification. Psychology of Violence. 2014;4(2):156.
30. Kammer-Kerwick M, Wang A, McClain TS, Hoefer S, Swartout KM, Backes B, et al. Sexual violence among gender and sexual minority college students: The risk and extent of victimization and related health and educational outcomes. Journal of interpersonal violence. 2021;36(21–22):10499–526. • This multi-site cross-sectional study examined the consequences of sexual victimization among SGM and heterosexual cisgender college students and found that SGM students were more likely to experience sexual victimization and post-victimization mental health symptoms. [PubMed: 31686584]

31. Trottier D, Nolet K, Benbouriche M, Bonneville V, Racine-Latulippe F, Bergeron S. Sexual Violence Perpetration and Victimization: Providing Prevalence Rates for Understudied Populations. Violence and Gender. 2021;8(2):59–66. • This cross-sectional study examined both perpetration and victimization rates among adults and found that SGM individuals as well as heterosexual women reported the highest rates of sexual victimization.
32. López G, Yeater EA. Comparisons of sexual victimization experiences among sexual minority and heterosexual women. Journal of interpersonal violence. 2021;36(7–8):NP4250–NP70. • This cross-sectional study examined sexual minoritized and heterosexual women's experiences of sexual victimization both qualitatively and quantitatively and found that sexual minoritized women reported greater victimization severity as well as higher rates of revictimization. [PubMed: 29991321]
33. Grocott LR, Leach NR, Brick LA, Meza-Lopez R, Orchowski LM. Institutional response and impact of reporting sexual violence: an examination of sexual and gender minority college students. Journal of interpersonal violence. 2021:08862605211055078. • This cross-sectional study from the Healthy Minds Survey found that sexual victimization rates were higher in SGM college students, particularly gender minoritized students, relative to heterosexual cisgender college students.
34. Canan SN, Jozkowski KN, Wiersma-Mosley JD, Bradley M, Blunt-Vinti H. Differences in lesbian, bisexual, and heterosexual women's experiences of sexual assault and rape in a national US sample. Journal of interpersonal violence. 2021;36(19–20):9100–20. • This cross-sectional study examined differences in sexual victimization rates among sexual minoritized and heterosexual cisgender women and found high rates across groups, particularly among lesbian and bisexual identified women. [PubMed: 31347442]
35. Salim SR, McConnell AA, Messman T. Sexual Victimization Outcomes and Adjustment Among Bisexual Women: A Review of the Quantitative Literature. Trauma, Violence, & Abuse. 2022:15248380211073837. •• This narrative review examines the consequences of sexual victimization among bisexual women and identifies limitations of current studies, including limited assessment of biphobia and mental health outcomes.
36. Classen CC, Palesh OG, Aggarwal R. Sexual revictimization: A review of the empirical literature. Trauma, violence, & abuse. 2005;6(2):103–29.
37. Messman-Moore TL, Long PJ. The role of childhood sexual abuse sequelae in the sexual revictimization of women: An empirical review and theoretical reformulation. Clinical psychology review. 2003;23(4):537–71. [PubMed: 12788109]
38. Testa M, Livingston JA. Women's alcohol use and risk of sexual victimization: Implications for prevention. Sexual assault risk reduction and resistance: Elsevier; 2018. p. 135–72.
39. Testa M, Hoffman JH, Livingston JA. Alcohol and sexual risk behaviors as mediators of the sexual victimization–revictimization relationship. Journal of consulting and clinical psychology. 2010;78(2):249. [PubMed: 20350035]
40. Ray CM, Tyler KA, Gordon Simons L. Risk factors for forced, incapacitated, and coercive sexual victimization among sexual minority and heterosexual male and female college students. Journal of interpersonal violence. 2021;36(5–6):2241–61. • This cross-sectional study examined sexual victimization prevalence rates and risk factors for sexual victimization and found that heavy drinking increased risk for sexual victimization among both heterosexual and sexual minoritized students. [PubMed: 29502503]
41. Sutton TE, Simons LG, Tyler KA. Hooking-up and sexual victimization on campus: Examining moderators of risk. Journal of interpersonal violence. 2021;36(15–16):NP8146–NP75. • This cross-sectional study examined risk factors for sexual victimization among sexual minoritized and heterosexual college students and found that sexual hookups increased risk for sexual victimization among sexual minoritized men and women relative to heterosexual students. [PubMed: 30973050]
42. Jaffe AE, Blayney JA, Lewis MA, & Kaysen D. Prospective risk for incapacitated rape among sexual minority women: Hook-ups and drinking. The Journal of Sex Research, 2020;57:922–932. [PubMed: 31556751]
43. Khantzian EJ. The self-medication hypothesis of substance use disorders: A reconsideration and recent applications. Harvard review of psychiatry. 1997;4(5):231–44. [PubMed: 9385000]

44. Staples JM, Fuller CC. Adult sexual assault severity among transgender people of color: The impact of double marginalization. Journal of Aggression, Maltreatment & Trauma. 2021;30(5):694–706. • This cross-sectional study examined transgender visibility as a moderator of the association between race/ethnicity and sexual victimization severity and found that this association was stronger for those with greater transgender visibility.

45. Grove M, Johnson NL. The relationship between social group prejudice and vulnerability to sexual violence in bisexual women. Psychology of Sexual Orientation and Gender Diversity. 2022. • This cross-sectional study examined sexual minority-related stigma experiences as predictors of sexual victimization among bisexual women and found that those who experienced more biphobia and hostile sexism in their peer groups were more likely to report sexual victimization in the past year.

46. Flanders CE, VanKim N, Anderson RE, Tarasoff LA. Exploring potential determinants of sexual victimization disparities among young sexual minoritized people: A mixed-method study. Psychology of Sexual Orientation and Gender Diversity. 2021. • This cross-sectional study examined sexual minority-related stigma experiences both qualitatively and quantitatively and found that sexual stigma was associated with a greater likelihood of experiencing sexual victimization among bisexual SGM individuals, and to a lesser extent, also lesbian SGM individuals.

47. Holmes SC, DaFonseca AM, Johnson DM. Sexual victimization and disordered eating in bisexual women: a test of objectification theory. Violence against women. 2021;27(11):2021–42. • This cross-sectional study examined the consequences of sexual victimization among bisexual college students and found a relationship between sexual victimization and disordered eating that was mediated by sexual objectification and body shame. [PubMed: 33059524]

48. Yockey A, King K, Vidourek R. Past-year suicidal ideation among transgender individuals in the United States. Archives of suicide research. 2022;26(1):70–80. • This cross-sectional study from the 2015 Transgender Survey examined correlates of past year suicidal ideation and found that gender identity as well as sexual victimization were associated with suicidal ideation. [PubMed: 32780685]

49. Caceres BA, Wardecker BM, Anderson J, Hughes TL. Revictimization Is Associated With Higher Cardiometabolic Risk in Sexual Minority Women. Women's Health Issues. 2021;31(4):341–52. • This cross-sectional study from the Chicago Health and Life Experiences study examined the impact of sexual revictimization on health-related behaviors and found that revictimization among sexual minoritized women was associated with higher odds of depression, binge eating, obesity, and hypertension. [PubMed: 33766475]

50. Paquette G, Martin-Storey A, Bergeron M, Dion J, Daigneault I, Hébert M, et al. Trauma symptoms resulting from sexual violence among undergraduate students: Differences across gender and sexual minority status. Journal of interpersonal violence. 2021;36(17–18):NP9226–NP51. • This cross-sectional study from Quebec examined the consequences of sexual victimization among sexual minoritized and heterosexual college students and found that sexual minoritized students reported more post-victimization trauma symptoms. For cisgender students, perpetrator gender and amount of sexual violence moderated the association between sexual identity and trauma symptoms. [PubMed: 31195873]

51. Norris AL, Carey KB, Shepardson RL, Carey MP. Sexual revictimization in college women: Mediational analyses testing hypothesized mechanisms for sexual coercion and sexual assault. Journal of interpersonal violence. 2021;36(13–14):6440–65. [PubMed: 30565482]

52. Tyler KA, Ray CM. Risk and protective factors for mental health outcomes among sexual minority and heterosexual college women and men. Journal of American College Health. 2021:1–10. • This cross-sectional study examined correlates of sexual victimization among sexual minoritized and heterosexual college students and found that sexual minoritized men reported more trauma symptoms than sexual minoritized women.

53. Backhaus I, Lipson SK, Fisher LB, Kawachi I, Pedrelli P. Sexual assault, sense of belonging, depression and suicidality among LGBQ and heterosexual college students. Journal of American college health. 2021;69(4):404–12. • This cross-sectional study from the Healthy Minds Survey examined whether the association between sexual victimization and mental health symptoms was moderated by sexual identity and sense of belonging. Findings indicated that having a high sense of belonging following sexual victimization was associated with lower mental health concerns for sexual minoritized students. [PubMed: 31661423]

54. Wagner AC, Monson CM, Hart TL. Understanding social factors in the context of trauma: Implications for measurement and intervention. Journal of Aggression, Maltreatment & Trauma. 2016;25(8):831–53.
55. Meyer IH. Resilience in the study of minority stress and health of sexual and gender minorities. Psychology of Sexual Orientation and Gender Diversity. 2015;2(3):209.
56. Yerke AF, DeFeo J. Redefining intimate partner violence beyond the binary to include transgender people. Journal of Family Violence. 2016;31(8):975–9.
57. Blondeel K, De Vasconcelos S, García-Moreno C, Stephenson R, Temmerman M, Toskin I. Violence motivated by perception of sexual orientation and gender identity: a systematic review. Bulletin of the World Health Organization. 2018;96(1):29. [PubMed: 29403098]
58. Savin-Williams RC, Vrangalova Z. Mostly heterosexual as a distinct sexual orientation group: A systematic review of the empirical evidence. Developmental Review. 2013;33(1):58–88.
59. Lorenz TK. Relying on an “Other” category leads to significant misclassification of sexual minority participants. LGBT health. 2021;8(5):372–7. [PubMed: 34097503]
60. Dyar C, Messinger AM, Newcomb ME, Byck GR, Dunlap P, Whitton SW. Development and initial validation of three culturally sensitive measures of intimate partner violence for sexual and gender minority populations. Journal of interpersonal violence. 2021;36(15–16):NP8824–NP51. [PubMed: 31057032]
61. Strang E, Peterson ZD, Hill YN, Heiman JR. Discrepant responding across self-report measures of men’s coercive and aggressive sexual strategies. Journal of Sex Research. 2013;50(5):458–69. [PubMed: 22329465]
62. Koss MP, Abbey A, Campbell R, Cook S, Norris J, Testa M, et al. Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. Psychology of Women Quarterly. 2007;31(4):357–70.
63. Anderson RE, Holmes SC, Johnson NL, Johnson DM. Analysis of a modification to the sexual experiences survey to assess intimate partner sexual violence. The Journal of Sex Research. 2021;58(9):1140–50. [PubMed: 32484752]
64. Bender AK, Lauritsen JL. Violent victimization among lesbian, gay, and bisexual populations in the United States: Findings from the National Crime Victimization Survey, 2017–2018. American journal of public health. 2021;111(2):318–26. [PubMed: 33351656]
65. Graham R, Berkowitz B, Blum R, Bockting W, Bradford J, de Vries B, et al. The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: Institute of Medicine. 2011;10:13128.
66. Crenshaw K Mapping the margins: Intersectionality, identity politics, and violence against women of color. Stan L Rev. 1990;43:1241.
67. Pérez AE, Gamarel KE, van den Berg JJ, Operario D. Sexual and behavioral health disparities among African American sexual minority men and women. Ethnicity & health. 2020;25(5):653–64. [PubMed: 29502446]
68. Gilmore AK, Walsh K, López C, Fortson K, Oesterle DW, Salamanca NK, et al. Sexual assault victimization: Latinx identity as a protective factor for sexual minorities. Journal of interpersonal violence. 2021:0886260521999122. • This cross-sectional study examined correlates of sexual victimization severity in the past year among sexual minoritized and heterosexual college students and found that being a sexual minority, cisgender woman, and having more severe sexual victimization history was associated with more severe past year sexual victimization.
69. Dworkin ER, Jaffe AE, Fitzpatrick S, Rhew IC, Kaysen D. Daily relationships between PTSD symptoms, drinking motives, and alcohol consumption in trauma-exposed sexual minority women. Psychology of Addictive Behaviors. 2021;35:3–15. [PubMed: 33030918]