SEXUAL ASSAULT REVICTIMZATION AMONG SEXUAL MINORITY INDIVIDUALS: A SYSTEMATIC REVIEW AND META ANALYSIS

BY

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THESIS

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ABSTRACT

Sexual assault is highly prevalent and can cause lifelong health consequences. Childhood sexual assault (CSA) survivors are at risk for adult sexual violence victimization and rates of revictimization are high. Sexual minority people are at increased risk for CSA, adult sexual assault, and other forms of sexual abuse. Sexual minority survivors of sexual violence face additional barriers following experiences of victimization, especially for disclosures and reporting of violence, and in accessing mental health resources. Increased shame and stigma, and decreased social support are all risk factors for revictimization, and are all heightened in sexual minority communities, suggesting that sexual minorities may be at elevated risk for revictimization. The aim of the current study was to conduct a meta-analysis on the prevalence of sexual violence revictimization among sexual minority survivors of sexual violence, as well as to examine risk and protective factors for revictimization and outcomes of revictimization. Of the 424 articles reviewed, eleven met our inclusion criteria and were deemed eligible for further review (k=11, n=15,491, n sexual minority= 8955; n heterosexual = 6536). Rates of revictimization among sexual minority individuals were high, with a meta-analysis finding a pooled rate of 50.0% (95% confidence Interval [.356, .645]). Sexual assault revictimization was prevalent among sexual minority individuals, and greater attention to sexual minority populations is necessary for implementing sexual violence resources and sexual violence prevention efforts.

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CHAPTER 1: INTRODUCTION

Sexual assault is highly prevalent, with an estimated 18.3% of women reporting experiencing rape in their lifetime and 44.6% experiencing other forms of sexual violence (e.g., sexual coercion, unwanted sexual contact; Black et al., 2011). One point four percent of men reporting rape, and 22% experiencing other forms of sexual violence across the course of their life, and transgender people are at increased risk (Langenderfer-Magruder et al., 2016). Sexual minorities (e.g., individuals who identify as lesbian, gay, bisexual, queer, or who have sex with people not exclusively of a different gender) are at increased risk for sexual assault (Rothman et al., 2011), with a review finding that sexual assault prevalence ranged between 15.6% to 85% for sexual minority women and between 11.8% to 54% for gay men. Sexual assault can have significant negative impacts on the lives of individuals who have experienced sexual assault, including negative mental health outcomes (Dworkin et al., 2017), physical outcomes (Waigandt et al., 1990), and economic outcomes (Loya, 2015). Survivors of childhood sexual abuse (CSA), are at risk for life long problems in living, including posttraumatic stress disorder (PTSD), depression, anxiety and physical health consequences (Campbell et al., 2008). Survivors of CSA are at risk for adult sexual assault victimization (Maker et al., 2001), and rates of revictimization are high, with a recent meta-analysis estimating that almost half of survivors of CSA face adult sexual assault experiences (Walker et al., 2019). This review, however, did not examine whether sexual minority CSA survivors are at disproportionate risk.

Sexual Assault Revictimization Theories

Sexual assault revictimization has long been an interest of sexual violence researchers, in part because its effects are tremendously detrimental. Rates of PTSD and psychological distress are elevated amongst survivors of sexual assault broadly (Dworkin, 2018); however, those who

have experienced both childhood and adult sexual assault experience even greater risks for mental health concerns (Messman-Moore et al., 2005). Early, and some current, theories on revictimization centered survivor characteristics as potential predictors of sexual violence revictimization experiences (Arata, 2000, 2002; Brenner et al., 2019), as though there was some aspect of the individual which made them particularly susceptible to this behavior (e.g., theories of learned helplessness; Peterson & Seligman, 1983). A particular focus has been placed on how psychological consequences of the first victimization experiences might influence psycho-social development and create vulnerably for future revictimization.

More current theories, instead use the socio-ecological model (Bronfenbrenner, 1977), to examine the individual's context as placing them at risk for being perpetrated against, and focus survivor-level factors as affecting vulnerability and exposure for predators (Campbell et al., 2009; Grauerholz, 2000; Messman & Long, 1996; Pittenger et al., 2016, 2018; Relyea & Ullman, 2017). Individual and microsystem factors, which emerge following the initial experiences of CSA, such as lack of social support, shame, and stigma are risk factors for revictimization (Mason et al., 2009; Ullman & Najdowski, 2011). These inner-layer factors may interact with larger meso- and exo- system factors which place survivors at risk. For example, individual level experiences like, shame, may interact with exo-system structures to promote risk. Shame is a reliable predictor of non-disclosure of sexual assault experiences, and survivors who do not disclose initial experiences of sexual assault are less likely to seek out medical services or to file an official police report (Bicanic et al., 2015), which may place them at risk for negative health outcomes, and place them at risk for revictimization (Messman-Moore et al., 2005). It is also important to acknowledge the larger macros- and exo-system factors which place individuals at risk for sexual victimization in both childhood and adulthood, such as socioeconomic status,

which may impact revictimization rates as well (Bryant-Davis et al., 2010; Loya, 2014), as well as social norms which silence survivors (Kennedy & Prock, 2018), and may place them at future risk.

Sexual Minority Status and Sexual Assault

A growing body of research has suggested that sexual minority people, or people who do not identify as heterosexual, are at increased risk for both adult and CSA (Coulter & Rankin, 2017; Rothman et al., 2011). Evidence has also suggested that sexual minority survivors of sexual violence face additional barriers following experiences of victimization, especially around disclosure, reporting, and accessing mental health resources (Calton et al., 2016; Harvey et al., 2014). The Minority Stress Model (MSM; Meyer, 2003), helps explain the physical and mental health disparities for sexual minority people. The MSM posits that individuals who hold a sexual minority identity are at increased risk for hostile stressors and unique stressors, related to their identity, which can further contribute to poor outcomes (specifically mental health, sexual health, drug use, and physical health outcomes; Meyer, 2003).

This model has been used to explicate the increased risk of victimization and subsequent poor mental health outcomes for sexual minorities who have experienced sexual assault (Murchison et al., 2017), and, in conjunction with ecological approaches, it may be valuable in conceptualizing sexual minority risk for revictimization following CSA. Individual level factors, such as stigma (Miller et al., 2011) and shame (Aakvaag et al., 2019), are consistent predictors of revictimization. Sexual minority survivors are at risk for facing additional stigma following victimization (Calton et al., 2016), which has been posited as attributed in part to the stressors articulated in the MSM. Relationship level factors, like social support has been found to contribute to sexual revictimization risk (Bender et al., 2003; Hawn et al., 2018), and, sexual

minorities are less likely to have many of the same social supports as their cisgender, heterosexual counterparts (Frost et al., 2016). Increased shame, increased stigma, and decreased social support are all risk factors for revictimization, and are all heightened in sexual minority communities, suggesting that sexual minorities may be at elevated risk. Additionally, sexual minority individuals are at risk for outer-layer predictors of revictimization, such as experiencing poverty (Badgett et al., 2019). Many larger community care systems are ill-prepared to meet the needs of sexual minority communities (Todahl et al., 2009), and exo-system factors, such as stigmatizing and negative stereotypes about sexual minority status and sexual behaviors, perpetuate heterosexist ideas about sexual assault experiences (such as gender of survivor and perpetrator), and harmful stereotypes about CSA as predictive of same-sex behaviors (H. W. Wilson & Widom, 2010), These larger, outer-layer factors may impact the revictimization risk for survivors of sexual assault.

It is evident that sexual minorities are at unique risk for sexual abuse across the lifespan, and potentially for higher rates of revictimization, but the latter is not well established. While some studies have found similar risk for heterosexual and sexual minorities (Balsam et. Al., 2011), others have found that sexual minorities are at considerably greater risk (Canan et al., 2019). Thus, to examine this potential risk, we have to first better understand a prevalence of sexual violence revictimization in sexual minority communities. Given the different rates of sexual assault reported among sexual minority individuals, and the different experiences of stigma and social support that sexual minority individuals face, a review of revictimization prevalence is warranted. Although the literature on sexual violence revictimization is well established, and well synthesized by previous reviews, a recent review did not examine the role that sexual minority identity has on revictimization (Walker et al., 2019). By conducting a meta-

analysis that specifically examines rates by a sexual minority identity, we can better characterize the risk for revictimization among sexual minority survivors of sexual violence and provide a more complete review of revictimization.

Current Study

The current review examines the relationship between sexual minority identity and revictimization. Specifically, we aim to summarize the literature on revictimization and sexual minority identity and revictimization and to conduct a meta-analysis to examine the prevalence of sexual violence revictimization among sexual minority survivors of sexual violence. Additionally, we summarized the examined revictimization risk factors and outcomes examined within the studies.

CHAPTER 2: METHODS

Data Sources

PubMed and Open Access Thesis and Dissertation Data (OATD) were used to generate the complete initial list of articles reviewed (total = 421). The following search terms were used uniformly across the first two databases reviewed on October 15th of 2019: (((sexual assault) OR rape) OR sexual violence) AND ((revictimization) OR (Repeated Victimization)). References of relevant manuscripts were reviewed, as were professional network databases. Unpublished dissertations were searched to reduce the likelihood of publication bias (Ferguson & Brannick, 2012).

Study Selection

Studies were included for analysis if they presented data on sexual assault revictimization for sexual minorities. Studies were excluded for the following reasons: 1) the recruited sample was mixed-sex romantic dyads), 2) the article presented no empirical data, 3) the manuscript presents a duplicate sample, 4) duplicate articles/projects appeared, and 5) the document is not available in English.

Sexual minority status was defined as 1) identifying as any sexual orientation which was not heterosexual (e.g., Lesbian, gay, bisexual), or 2) as engaging in sexual and/or romantic interactions with someone of the same gender or sex (e.g., men who have sex with men). Sexual violence was defined broadly as participants endorsing any of the following sexually abusive experiences: 1) forcible, coercive, incapacitated, or non-consensual penetration or sexual contact vaginally, anally, or orally with genitals, objects, or fingers, 2) being forced, coerced to penetrate someone vaginally, anally, or orally with genitals, fingers, or objects, or being incapacitated or not consenting during this experience, 3) sexual contact (i.e., fondly, groping, rubbing up against

in a sexual nature). Studies where sexual violence experiences was not measured by assessing specific behaviors (i.e., where participants were simply asked if they experienced adult or child sexual abuse) were also included. Revictimization was defined as a both childhood and adulthood experiences of sexual assault, but not one which is necessarily identical to the primary experience.

Data Extraction

Search results from the two databases (PubMed and OATD) were downloaded as CSV files and subsequently exported to Microsoft Excel version 16.4. A total of 421 one articles were downloaded from these sources, with 13 additional articles reviewed from other sources (e.g., references lists and datasets from professional networks), bringing our total number of records to 424 following the removal of duplicates (see Figure 1). Articles were screened by the first author and screened again by a trained undergraduate research assistant. Manuscripts were first screened by abstract and title for inclusion, at which point 77 were excluded, and 347 articles were reviewed in full for inclusion. Ultimately, 12 articles met our inclusion criteria, however one paper was excluded from analysis, as it was the only study which exclusively recruited survivors of sexual assault which increased the heterogeneity of the studies (as all sexual minority survivors and nearly all heterosexual survivors experienced revictimization; López & Yeater, 2018). For the 11 articles which met inclusion criteria, the following data were extracted; sample size, the number of sexual minority people in each sample, the gender/sex designation of the sample, number of survivors of CSA in each sample, the rate of revictimized survivors in the total sample, and the rate of survivors who experienced revictimization. Additionally, definitions of sexual minority, and sexual assault, and revictimization were also extracted. Data were double coded by trained undergraduate research assistants.

Data Analysis

Data analyses were conducted using STATA 16 (StataCorp, 2015). For each eligible study, revictimization rates and 95% confidence intervals were calculated. Meta-analyses to determine prevalence were conducted using the METAN procedure (which was designed specifically to handle continuous data). Rates of revictimization were converted from percentage to logit, which is designed to achieve normality (Harris et al., 2007). Prevalence for sexual minorities will be estimated in line with recommendation of Borenstein, by using a study itself as a unit of analysis in meta-analysis with random effects, instead of the subgroups (i.e., different groups of sexual minorities, such as bisexuals) within those samples (Borenstein & Higgins, 2013). A pooled revictimization rate and χ^2 test of homogeneity were calculated. To estimate the proportion of total variability in estimates which can be attributed to heterogeneity of studies, the I^2 statistic was calculated.

Two studies (Hughes et al., 2010; Morris & Balsam, 2003) collected sexual minority status on a continua, ranging from 0 or entirely lesbian, to 100 or entirely heterosexual. In line with methods from other studies (e.g., Sigurvinsdottir & Ullman, 2016), individuals who identified as "Entirely" or "Mostly" heterosexual were classified as "Heterosexual," and women who identified as "Entirely" or "Mostly" lesbian were classified as "Lesbian." For Morris et al., 2003, participants were asked to rate on a scale from 0 (*exclusively gay/lesbian)* to 100 (*exclusively heterosexual),* and participants who indicated that they were exclusively heterosexual and had never had sexual experiences with women were not included. Women who indicated that they were a 21 and 100 were classified as "bisexual," (as all women in the study identified as either lesbian or bisexual, women who indicated that they were a 100 on the scale, were included in Morris' sample, therefore, included in the current analysis).

CHAPTER 3: RESULTS

Of the 424 articles reviewed, eleven met our inclusion criteria and were deemed eligible for further review (k=11, n= 15,491, n sexual minority= 8955; n heterosexual = 6536; see Figure 1). Of the 8,955 sexual minorities, 1,373 identified as mostly lesbian or lesbian, 1,142 identified as bisexuals, and 3,979 identified as gay men, or men who have sex with men. One study grouped all participants who did not identify as heterosexual into one category as "sexual minority" (n=2,431; see Table 1.1). All eleven studies depended on retrospective reporting of sexual revictimization experiences (i.e., asking people at one time point, whether they had experienced more than one instance of sexual assault).

Perpetrator information

Of the 11 studies presented, one paper presented information about CSA perpetrator gender identity (Paul et al., 2001). Paul and colleagues found that 92.3% of the CSA survivors had male perpetrators. Another paper (Morris et al., date) did not present gender identity information about all CSA perpetrators, though they did present information about what percent of perpetrators were male relatives (Father, Grandfather, Uncle, Brother, Stepfather, Foster father, or male cousin). Heidt and colleagues did not present information about CSA perpetrator gender, but they present information about the survivor's relationship to the perpetrator (immediate family, distant family, family/acquaintance, stranger).

Three presented information about adult sexual assault perpetrator gender (Hequembourg et al., 2013; Morris et al., 2001). Morris and colleagues found that approximately 94.5% of sexual minority women who experienced sexual victimization since they were 16 reported male perpetrators. Hequembourg and colleagues found that 79% of all sexual minority women

reported that in their most recent sexual victimization experience, the perpetrator was a man, and that bisexual women were more likely than lesbian women to report a male perpetrator.

Revictimization risk factors and consequences

Of the 11 studies included in this review, three examined risk factors specifically for revictimization. McConnell et al. 2019, examined experiences of prejudice as a potential risk factor for revictimization. Specifically, McConnell and colleagues examined bisexual prejudice as a potential moderator of the relationship between CSA and hazardous drinking, in a larger mediation model (examining hazardous drinking as a mediator between ASA and CSA). Canan and colleagues examined demographic variables (including sexual orientation) as predictors of revictimization and found that income significantly predicted revictimization experiences (2019). Heidt and colleagues examined if CSA characteristics predicted revictimization experiences and found that only CSA severity predicted likelihood of revictimization experiences. Hequembourg in a stepwise regression examining adult victimization severity, where sexual identity and CSA experiences were entered as predictors, education, number of lifetime male partners, and alcohol severity significantly predicted adult victimization experiences (sexual orientation did not, but CSA experiences did).

Of the 11 studies, four presented outcomes of sexual assault revictimization (Balsam et al., 2011; Heidt et al., 2018; Hughes et al., 2010; Kalichman et al., 2001), where one presented mental health outcomes for victimization broadly (Martin et al., 2011). Two studies examined mental health outcomes (e.g., PTSD, general psychological distress, and depression) and found increased risk for those who experienced revictimization (Balsam et al., 2011; Heidt et al., 2018). Three studies found that sexual minority people who experienced revictimization were at increased risk for alcohol and drug use (Balsam et al., 2011; Hughes et al., 2010; Kalichman et

al., 2001). One study examined sexual behavior outcomes and found that men who experienced CSA and sexual coercion as adults were more likely to be treated for an STD (Kalichman et al., 2011).

Rates of Revictimization

Rates of revictimization among sexual minority individuals who were CSA survivors ranged from ranged from 18.75% to 87.22%, with the meta-analysis finding a pooled rate of 50.0% (95% CI [.356, .645]; see Figure 2). There was significant heterogeneity across studies, with I^2= 98.7%, and $\chi^2(10) = 754.41$, $p < .000$. Rates of childhood survivors who were revictimized among heterosexual comparators ranged from 17% to 78% with a meta-analysis finding a pooled rate of 41.7% (95% CI [.221, .612]; See Figure 3). The proportion of total variability in estimates which can be attributed to heterogeneity of studies was high, with the I^2= 97.0%, and $\chi^2(3) = 101.50$, $p< .000$.

Comparisons of revictimization likelihood

Of the 11 studies identified for inclusion, four studies provided female identified, heterosexual comparison groups (Balsam et al., 2011; Canan et al., 2019; Hughes et al., 2010; Martin et al., 2011). Among all four studies, sexual minority women were more likely to than heterosexual women to report revictimization experiences. One of the four studies (Balsam et al., 2011) found similar rates of revictimization between sexual minority men and heterosexual women.

CHAPTER 4: DISCUSSION

Revictimization was highly prevalent, with approximately 50% of sexual minority survivors in the current sample experiencing revictimization, and 41% of heterosexual survivors experiencing revictimization. Studies were heterogeneous. While these I^2 values are high, they are consistent with other studies which have conducted meta-analyses on binary data, to assess a specific experience in a specific population data (e.g., Goetter et al., 2015; Walker et al., 2019; Wilson, 2018).

Sexual violence revictimization is a significant problem in both the sexual minority, and heterosexual communities. While the difference between the prevalence's of sexual minority and heterosexual was small, the disparity found deserves further attention in the literature. Sexual minority individuals are at increased risk of both childhood and adulthood sexual assault (Rothman et al., 2011), and it is possible that the revictimization rates between sexual minority and heterosexual individuals are similar because base rates of victimization experiences are higher for sexual minority individuals from the start. Only four studies compared revictimization rates between sexual minority and heterosexual populations, thus we were unable to conduct a meta-analysis on the effect sizes of these differences. However, it is important to note that all four studies that sexual minority women reported more victimization experiences than their cisgender, heterosexual counterparts. One study, Balsam et al., 2011, found that rates of revictimization were similar between sexual minority men and heterosexual women.

While most studies reported on survivor-level predictors of revictimization (e.g., survivor substance use), few studies adopted an extra-individual lens to understand revictimization risk among sexual minority participants. Notably, across many studies, information about the perpetrators of these acts were missing. While scholars have noted a lack perpetrator information

in revictimization research (Classen et al., 2005) and scholars have called to recenter perpetrator factors in conversations about revictimization (Messman & Long, 1996), perpetrator information remains underassessed. By solely focusing all research efforts on survivor-level traits, scholars risk perpetuating a victim-blaming narrative, that there is something about an individual which makes them vulnerable to assault, even multiple times, rather than acknowledging that it is in fact perpetrators who identify vulnerable individuals and perpetrate violent behaviors against them. To truly understand the nature of sexual violence risk and protective factors, it is important that researchers and practitioners aim not only to understand why survivors experience assault, but to also understand the context of those violent experiences, including who perpetrates these acts and why. Pushing our conceptualizations of risk and protection to the outer layers of the ecological model (Basile et al., 2016; CDC, 2020) is particularly important for understanding risk of marginalized communities (see Rieger et al., 2021 for an overview of intersectional and ecological approaches to violence risk conceptualization), as researchers risk further pathologizing oppressed groups by dedicating resources to changing group characteristics, rather than addressing the root causes of violence (i.e., oppression; Tuck, 2009).

There is significant evidence to suggest that the studies included in the review are too different from one another to group together to form a singular rate, as is evident by the elevated I^2 value. This may be due in part to the vastly different ways in which these studies defined and measured relevant constructs. Studies varied in their definitions of CSA, adult sexual abuse, revictimization, and even sexual minority status. The majority of studies (8 out of 13) uses the Sexual Assault Experiences Survey (SES) to measures adult sexual assault experiences, and one study used to assess CSA experiences (Koss et al., 2007). CSA experiences were largely ununiform in their definition, with definitions of CSA ranging from very conservative (i.e.,

sexual assault which occurred prior to the age of 14, or sexual assault which occurred prior to the age of 18, but the perpetrator was at least five years older than the survivor, unless the perpetrator was a family member, in which case any sexually aggressive act perpetrated by a family member prior to the age of 18 was consider CSA) to definitions which are very broad (i.e., sexual abuse which occurred prior to the age of 18). Several studies were entirely female identified, and one study specified that the perpetrator had to be a man. CSA, specifically, was measured differently across studies, with four studies using investigator designed questions to measure CSA. Different assessment strategies of violent experiences are well understood, with questions which ask about specific behaviors that someone has perpetrated against them (i.e., as in done in the SES; Koss et al., 2007) finding prevalence rates about nine times higher that studies which ask whether or not someone has ever experienced sexual assault which require people to label and code (Fisher et al., 2000).

It is also important to note that definitions of sexual minority differed across studies, with some papers including heterosexual people who have sexual experiences with other same sex individuals in their studies of sexual minority individuals (Kalichman et al., 2001). LGB communities are, by definition, heterogeneous and grouping individuals with distinct identities erases the unique risks for certain groups. For example, bisexual women are particular risk for sexual assault victimization experiences compared not only to heterosexuals, but also to other sexual minority individuals (Balsam et al., 2005; Blunt-Vinti, 2019; Hipp, 2016; Rothman et al., 2011). Additionally, the populations sampled within each study in this review are likely not similar enough to compare to one another. For example, studies of majority HIV+ men are substantially different from populations of majority female college students (Martin et al., 2011), and as such, likely should not be grouped, there are other defining features (notably: race,

gender, and socioeconomic status), which make them more different than similar. Future reviews must adopt intersectional lens to understand the complex social, economic, and structural determinants of sexual violence victimization and subsequent revictimization experiences. While the current study was underpowered to conduct multi-level meta-regression to examine how study level factors (such as the percentage of bisexual people, percentage of white people, how the study was sampled, how conservative definitions of revictimization were), impacted the prevalence of revictimization experiences, future studies should aim to do so as more research becomes available.

Additionally, studies defined prevalence of revictimization differently, with some studies presenting revictimized individuals as a distinct population, separate from single-event survivors (i.e., survivors just of adult sexual assault, or CSA), whereas other studies, included revictimized survivors as a subset of survivors of CSA. Additionally, several studies were not included in the current analyses for defining revictimization as any time someone experiences more than one unique instance sexual assault, rather than assault in both childhood and adulthood (e.g., Austin et al., 2008). As researchers continue to study sexual assault revictimization, clear construct definition (both in theory, and quantitatively) will continue to be immensely important.

The current study focused exclusively on sexual minority populations, and not gender diverse populations (e.g., transgender or non-binary). Transgender individuals are often grouped with sexual minority individuals, when transgender individuals are often at increased risk of violence in both childhood (e.g., Garthe et al., 2021) and adulthood (Langenderfer-Magruder et al., 2016; Stotzer, 2009), and often face additional barriers to accessing resources and unique psychological consequences (Lerner & Robles, 2017; Testa et al., 2012). Understanding the needs of the transgender community is crucial, especially considering the numerous barriers this

community faces, however, given that several studies in the current review excluded transgender individuals, we were unable to examine revictimization risk in this population. Future studies should consider examining revictimization risk for transgender individuals.

The current review found few studies which examined revictimization risk, and most studies examined individual-level risk factors for revictimization. Other risk factors which adopt an ecological approach to understanding a context of risk, (e.g., lack of community resources, a climate that tolerates violence against sexual minority people) may profoundly impact risk for sexual minority individuals (Flanders et al., 2021). Understanding the actual rates of revictimization and the differing risk for sexual minorities compared to their heterosexual counterparts is an important first step to better understanding how we can prevent sexually violence among the sexual minority community. While there has been a recent push to address health disparities for sexual minority individuals (Fredriksen-Goldsen et al., 2014), researchers and policy makers should consider sexual minority populations as they implement resources and sexual violence prevention efforts (Potter et al., 2012). It is important to note that most studies that presented data on the survivor's perpetration, the majority of survivors reported that their perpetrators were men, particularly among sexual minority women. Exclusively targeting sexual minorities for prevention interventions will not contribute to decreased risk for violence among sexual minorities. Prevention programming should not aim to solely address the individual-level factors contributing to increased risk and should aim to also target outer layers of the socio-ecological model to address risk. Doing so also aligns with the MSM: by targeting broader systems that maintain oppression, internal stressors and external stressors contributing to victimization and perpetration likelihood will reduce sexual violence risk.

Limitations and Future Directions

There were significant limitations to the current manuscript which should be noted. While authors of the current study aimed to control for publication bias by searching to include unpublished dissertation data in the current analysis, we did not ultimately find any unpublished work that was eligible for inclusion. Additionally, only 11 studies were ultimately included in this meta-analytic review, and, as such, this review offers only a preliminary overview of this emerging body of work. To understand both within study effects and between study effects, future studies should adopt a thorough multi-level analytic approach. Future research should examine studies continue to examine differential rates of sexual violence experience between sexual minority and heterosexual individuals. Future studies should continue to consider outer-layer risk factors for sexual assault, and sexual assault revictimization.

Conclusions

Sexual minority individuals are at risk for sexually violent experiences across the life span. It is imperative that sexual minority and gender identity be assessed in sexual violence research, and that community resources meet the needs of the LGBT community in designing and implementing sexual violence response and prevention resources. Theories of revictimization should continue to evolve, should examine perpetrator factors, and consider larger factors which could place survivors at risk for revictimization, particularly for sexual minority survivors. By solely focusing on survivor level traits, we are at risk for perpetuating a victim-blaming narrative – that there is something about an individual which makes them vulnerable to assault, even multiple times, instead of acknowledging that it is in fact perpetrators who identify vulnerable individuals and perpetrate violent behavior against them. Acknowledging broader, outer-layer contexts (community- and societal level factors) which

allow both perpetration and victimization to occur, will grow the revictimization literature immensely, and allow researchers and policymakers to implement community and societal level changes to eradicate sexual violence.

CHAPTER 5: TABLES AND FIGURES

Table 1 Results of k=11 studies included in review of meta-analyses.

Study	Sexual Orientation/ practices	Gender/Sex	Sample Size	N of CSA survivors	N of Revictimized Survivors	Prevalence of CSA survivors revictimized	Prevalence of total sample revictimized
Balsam et al. (2011)	Lesbian	Women	322	142	28	20%	8.70%
	Gay	Men	214	66	11	17%	5.14%
	Heterosexual	Women	335	101	17	17%	5.07%
Canan et al., (2019)	Lesbian	Women	424	153	127	83.01%	30%
	Bisexual	Women	443	177	161	90.96%	36.30%
	Heterosexual	Women	428	69	54	78.26%	12.60%
Hequembourg et al., (2013)	Lesbian	Cisgender women	98	45	30	66.67%	30.60%
	Bisexual	Cisgender Women	107	60	53	88.33%	49.50%
Heidt et al., (2005)	Lesbian	Women	123	71	18	25.35%	14.60%
	Gay	Men	118	88	30	34.09	25.40%
	Bisexual	Mixed-Gender	66	49	26	53.06%	39.40%
Hughes et al., (2010)	Entirely lesbian	Women	303	103	64	62.14%	21%
	Mostly lesbian	Women	100	58	16	27.59%	16%
	Bisexual	Women	16	11	5	45.45%	34%
	Mostly heterosexual	Women	32	14	3	21.43%	9%
	Heterosexual	Women	502	125	60	48.00%	12%
Kalichman et al., (2001)	Men who have sex with men	Men	595	210	40	19.05%	6.70%
Martin et al., (2011)	Lesbian	Women	33	7	4	59.80%	12.12%
	Bisexual	Women	167	42	21	49.90%	12.68%
	Heterosexual	Women	5239	561	184	32.90%	3.50%
McConnell et al., (2019)	Bisexual	Women	343	145	56	38.60%	16.43%
Morris et all., (2003)	Sexual Minority	Women	2431	956	525	54.93%	21.60%

Table 1 (cont.)

Pantalone et al., (2019)	Men who have sex with men	Men	171	121	74	61.16%	43.27%
Paul et al., (2001)	Men who have sex with men	Men	2881	497	239	48%	8.30%

Note. Gender or sex designation and sexual orientation designation reflects the description provided by manuscript authors. The following manuscripts provided information only about participant sex, not gender:

Table 2 Definitions of constructs and additional study details.

Paper	More than one sexual minority group is presented	Retrospective reporting, or multiple timepoints	Definition of Assault	Presented Heterosexual Comparative Data?
Balsam et al. (2011)	Yes	Retrospective	CSA was defined as sexual contact before the age of 14 with someone five or more years older than the participant, any sexual contact with a family member before the age of 18, or any forced or coerced sexual contact before the age of 18 with a person less than five years older than the participant. The SES-SFV was used to identify experiences of rape in adulthood.	Yes
Canan et al., (2019)	Yes	Retrospective	CSA was defined as any nonconsensual sexual behavior occurring prior to the age of 14. Sexual assault was defined broadly as "sexual contact or behavior that occurs without the consent of the recipient." Specific assault experience was defined using the SES-SFV.	Yes
Hequembourg et al., (2013)	Yes	Retrospective	CSA was defined as unwanted sexual experiences occurring before age 14, specifically, sexual exposure, sexual touching of breasts/genitals, and sexual penetration. The SES-SFV was used to assess for adulthood sexual victimization (both in the past six months and since the age of 14).	No
Heidt et al., (2005)	Yes	Retrospective	The LEQ was used to assess for CSA, where CSA was defined as contact abuse prior to the age of 18 perpetrated by a relative or by someone more than 5 years older, or by someone who was less than 5 years older but used force or threat to commit abuse.	No
Hughes et al., (2010)	Yes	Retrospective	CSA was defined as sexual abuse which occurred before the age of 18. Adult sexual assault was measured by asking "Since you were 18 years old was there a time when someone forced you to have sexual activity that you did not really want?"	Yes

Table 2 (cont).

Kalichman et al., (2001)	Yes	Retrospective	To assess sexual coercion experiences, three questions were asked: Have you ever had sexual intercourse (anal intercourse) even though you didn't want to because a man threatened to leave you?", "have you ever had sexual intercourse even though you didn't want to because a man threatened to use physical force to make you?", and "has a man ever forced or pressured you to have sexual intercourse when you did not want to?" To distinguish between ASA and CSA, participants were asked to state their age at the time of the event. Experiences which occurred after age 16 were adult, and earlier experiences were considered childhood.	No
Martin et al., (2011)	Yes	Retrospective	Sexual assault was defined as "nonconsensual or unwanted sexual contact" including forced touching, oral sex, or penetrative sex with any type of person.	Yes
McConnell et al., (2019)	No	Retrospective	CSA was defined as sexual abuse prior to the age of 18. and was measured using the CTQ-SA. Adult hood rape was measured using the SES-SFV.	No
Morris et al., 2003	Yes	Retrospective	CSA was defined as non-consensual sexual experiences prior to the age of 16. This was assessed with an item asking, “Before the age of 16 did [a family member/stranger/someone you know] force you to engage in sexual activities?” This item was repeated assessing sexual assault experiences after the age of 16.	No
Pantalone et al., 2019	No	Retrospective	CSA was defined as someone who was five years older than the respondent when they were under the age of 18, or someone who had abuse perpetrated against them by an individual of any age when they were under 18. CSA was measured using the CMIS-SR. Adult sexual abuse was measured by using the SES-SFV.	No
Paul et al., (2001)	No	Retrospective	CSA was determined by asking participants if in their childhood they had ever been "forced or frightened to do something sexually that [they] did not want to do" and, "Did [they] ever have an experience when you felt at the time that [they] were forced or frightened into doing something sexually that [they] did not want to do?."	No

Figure 1. PRISMA chart of article selection.

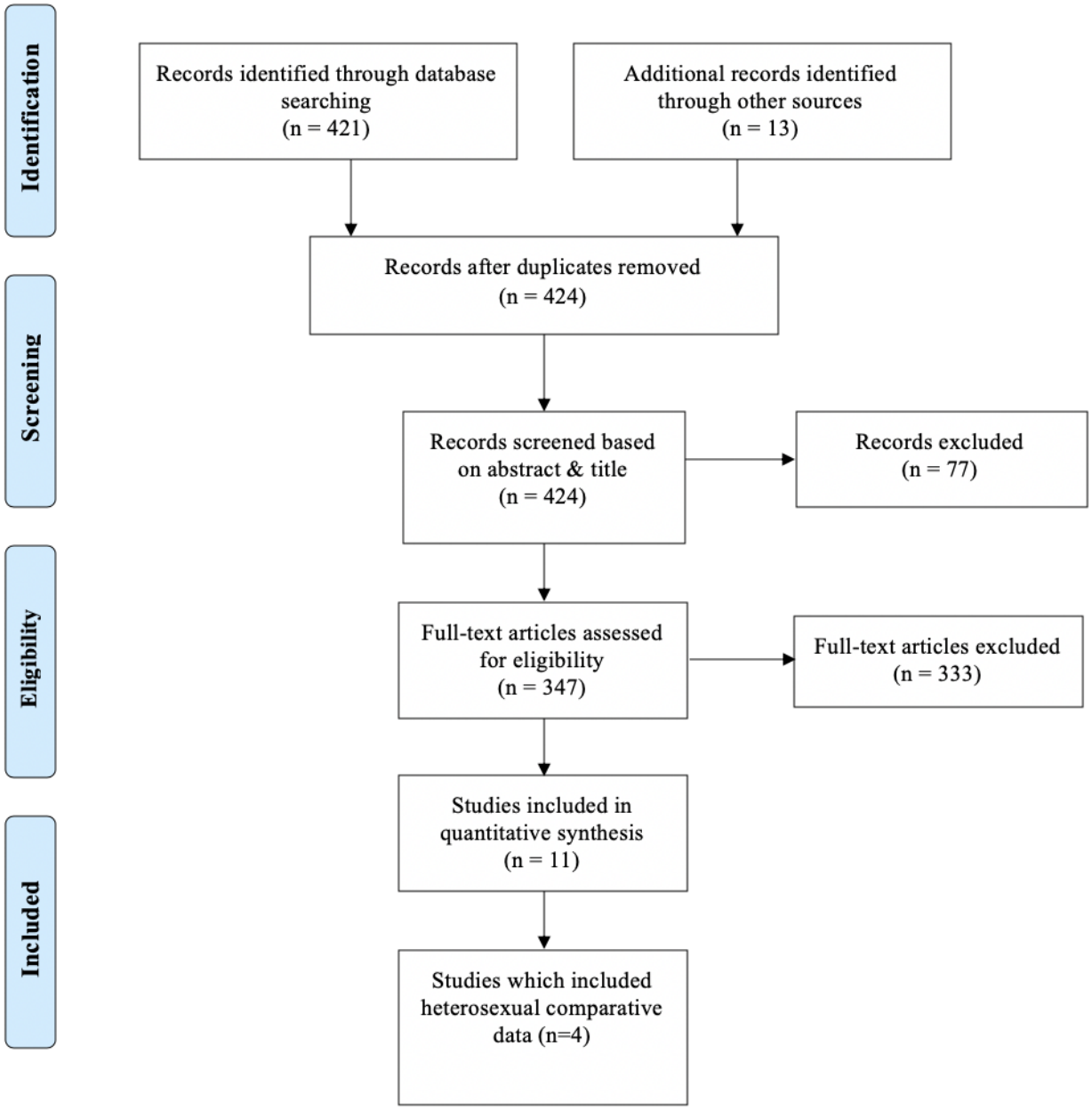
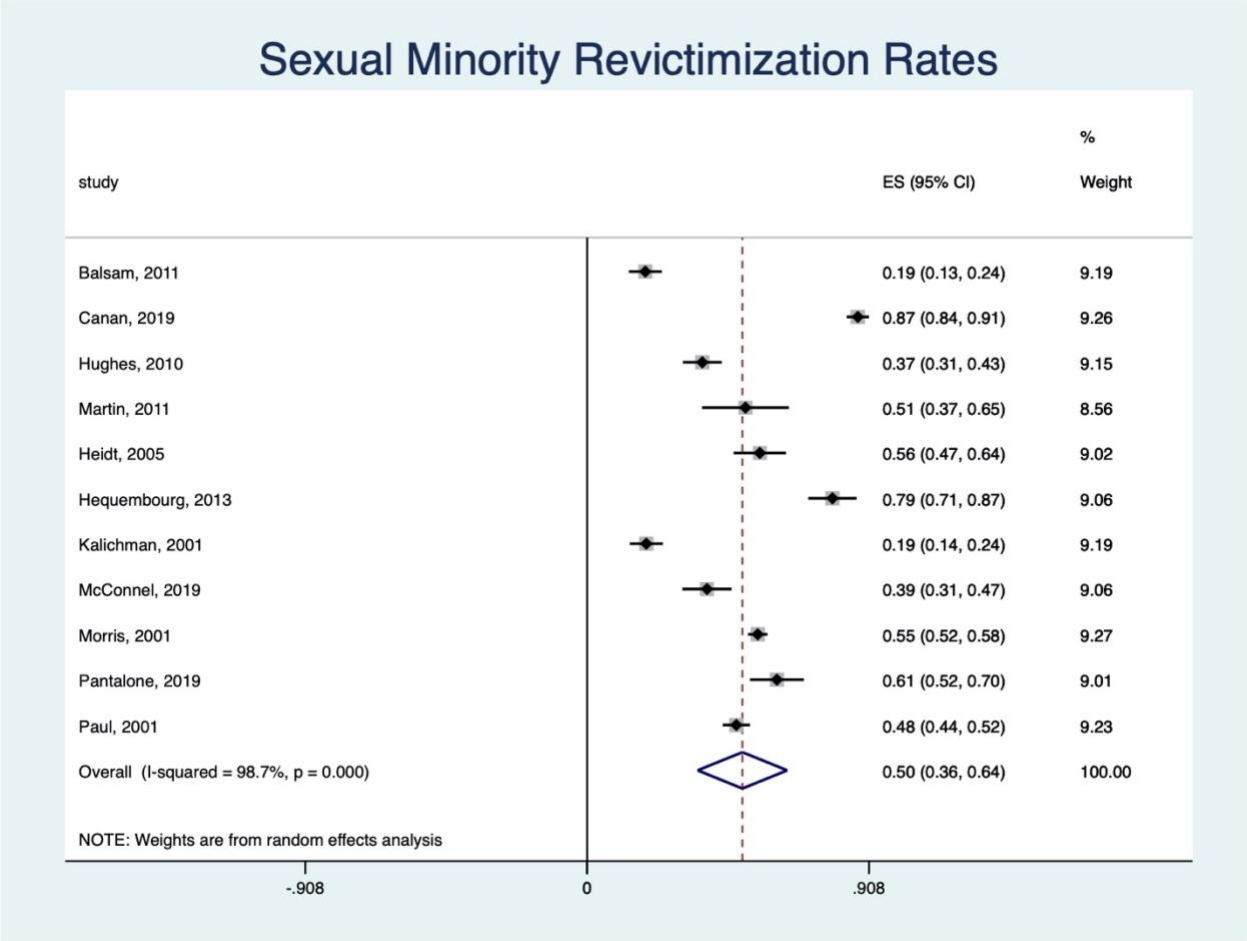


Figure 2. Forrest plot for k=11 studies which presented the rates of sexual minority survivors of CSA who had been revictimized as adults.



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