

EARLY AND CURRENT FAMILY ENVIRONMENT AMONG INPATIENT TRAUMA SURVIVORS:  
ASSOCIATIONS WITH MULTI-TYPE ABUSE AND SEXUAL ORIENTATION

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Thesis Prepared for the Degree of  
MASTER OF SCIENCE

UNIVERSITY OF NORTH TEXAS

May 2013

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Williams, Jennifer S. Early and current family environment among inpatient trauma survivors: Associations with multi-type abuse and sexual orientation. Master of Science (Psychology), May 2013, 79 pp., 10 tables, references, 110 titles.

The present study is an exploratory analysis of associations among sexual orientation, childhood abuse, and characteristics of both early and current family environment in a sample of 80 inpatient trauma survivors. Participants were administered a background information questionnaire, Dissociative Disorders Interview Schedule, the Family Environment Scale and other instruments not analyzed in the current study. Multi-type abuse was significantly associated with low expressiveness and independence and high control in the early family, but no associations emerged with current family characteristics. Results suggest that the intergenerational transmission of family organization and moral-religious orientation occurred in the entire sample, and the transmission of family conflict patterns occurred only in the L/G/B group. Overall, participants perceived improvements in their current family environments compared to their early family environments. Findings yield support for the sexual minority stress model and mixed support for the intergenerational transmission of family characteristics.

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## ACKNOWLEDGEMENTS

First, I would like to extend special appreciation to my parents, Jamie and David Harris, without whom my work and education would not be possible. My partner, Frankie Faires, also deserves special appreciation for his support and encouragement which have kept me bolstered and moving. I would like to thank Dr. Shelley Riggs for her time and effort in helping this project develop from start to finish, as well as her votes of confidence and support during the hardest parts of the process. Additionally, I thank my committee members for their indispensable input, support, time and effort to improve this document.

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EARLY AND CURRENT FAMILY ENVIRONMENT AMONG INPATIENT TRAUMA SURVIVORS:  
ASSOCIATIONS WITH MULTI-TYPE ABUSE AND SEXUAL ORIENTATION

Introduction

Bowen conceptualized the family as a dynamic emotional system, with subsystems composed of dyads and triads, and complex interconnections between all subsystems (Comella, 2011). The emotional processes in the family strongly influence behavior, making behavior more predictable in the familial context than other social settings that demand less conformity from the individual (Comella, 2011). The intergenerational transmission of emotional processes, when behaviors learned in the early family occur in one's adult family, is one basic tenet of family systems theory. The emotional processes, behaviors and patterns of interactions within the family system become automatic for members, who participate in preserving the emotional climate of the family. Such automaticity can lead to resistance in changing the emotional climate over time and across generations unless member(s) become conscious of patterns of behavior and their consequences and make a concerted effort to take novel action that will instigate change (White, 2011).

This idea has important implications regarding the ways the family of origin, defined as the family in which one is raised through early life and adolescence, may influence the family of creation, defined as the family that one forms in adulthood that may include spouses/partners, children, etc. For example, there is evidence that patterns of behavior involving boundaries, control, cohesiveness and parental availability can be unintentionally transmitted to the family of creation (Alexander & Warner, 2003). Further, Carson, Gretz, Donaldson and Wonderlich (2001) found that among incest survivors, characteristics of the family of origin are significantly

correlated with characteristics of the family of procreation, which is the family formed through marriage and/or childbearing. Specifically, Carlson et al. (2001) reported that characteristics from the family of origin, including ethical and religious values, the importance of achievement, engagement in intellectual and cultural pursuits, as well as conflict and control, were significantly correlated with characteristics of the family of procreation as reported by participants.

Examination of the family environment, which is defined as the socio-emotional climate of the family, and implications of the intergenerational transmission of family characteristics, have been particularly important in studying childhood abuse and its impact on the mental health of those who have experienced it. The literature has consistently identified aspects of the family environment at the systemic, interpersonal and individual levels that are associated with abuse (Benedict & Zaustra, 1993; Faust et al., 2004; Long & Jackson, 1991; Moos & Moos, 2002). These family characteristics often include low levels of cohesion (i.e., commitment, help and support provided between family members), expressiveness (i.e., encouragement to express feelings in a direct way), and organization (i.e., the importance of clear structure), as well as high levels of control (i.e., rules enforced to direct family functioning) and conflict (i.e., the overt expression of anger and conflict). This type of dysfunctional family pattern and the abuse it is often linked with can have lasting effects on the mental health of children and adult survivors. For instance, research suggests that family environment characteristics are correlated with psychotic symptoms in abused children (Faust & Stewart, 2007), and mediate the relationship between childhood maltreatment and behavioral outcomes in children (Beasely, 2008). In adulthood, early family environment is also associated with adult social adjustment in



women with a history of childhood abuse (Robertson, 1997), and adult rape among women reporting childhood emotional abuse (Messman-Moore & Brown, 2004).

### *Multi-Type Abuse*

More recently, researchers have become aware of the fact that when one type of abuse is experienced, it is likely that other types of abuse have co-occurred. The term *multi-type abuse* refers to the coexistence/co-occurrence of one or more types of maltreatment (Higgins & McCabe, 2000). Typically researchers look at combinations of five different types of abuse: sexual abuse, physical abuse, emotional abuse, neglect and witnessing domestic violence. That multi-type abuse is a common experience in abuse survivors implies that studies looking at the relationship between one particular type of abuse and other variables of interest may be overlooking the impact of other types of abuse the participants may have experienced. This can lead to mixed samples, which casts doubt on the validity of findings that do not take into account multi-type abuse experiences (Larrivee, Tourigny & Bouchard, 2007).

Major issues identified for study have included risk factors for experiencing multiple types of abuse, outcomes for children who have suffered multi-type abuse, as well as adult adjustment after experiencing multi-type abuse in childhood. Significant overlaps in the experience of multiple types of abuse and strong correlations between types of abuse have been found (Higgins & McCabe, 2000). For example, Larrivee, Tourigny and Bouchard (2007) found that approximately half (48%) of their sample experienced multiple types of abuse, with physical and psychological abuse having the strongest correlation. This is important because research has indicated that experiencing multiple types of abuse, as opposed to a single type or

no abuse, is associated with greater impairment and distress (Higgins & McCabe, 2001; Richmond, Elliott, Pierce, Aspelemier, & Alexander, 2009).

Factors relating the family environment to multi-type abuse specifically have been examined. Higgins and McCabe (2000) found that family characteristics predicted maltreatment and adult adjustment, with important family variables being sexual punitiveness by parents and lack of family cohesion. Other factors that have been linked to multi-type abuse include the mother's endorsement of corporal punishment, the mother's experience of childhood abuse, and the child's age-- with the first 2 factors being the best predictors of multi-type abuse (Clement & Bouchard, 2005). Furthermore, it seems as if the experience of many external stressors on the family, such as financial stress, work pressure, and more children increases the likelihood that children will experience multi-type abuse (Clement & Bouchard, 2005; Larrivee, Tourigny & Bouchard, 2007).

#### *Sexual Orientation, Family, and Minority Stress*

Thus far, little research has looked at the lesbian, gay and bisexual (L/G/B) family as a system, particularly the family-of-origin (Rostosky et al., 2004; Allen & Demo, 1995). This is a troubling gap in our knowledge, given that younger cohorts are "coming out" at earlier ages (Guardian, 2010), and that negative parental reactions to the process of questioning and identifying as a sexual minority seem sadly common (D'Augelli, Grossman, & Starks, 2005). For a questioning or identified L/G/B youth in a predominantly heterosexual family, especially a family that ascribes to negative beliefs about sexual minorities, the stress of being a sexual minority may be intricately embedded within the early family context (in which the individual would experience both their childhood and adolescent phases of development).

Minority stress is an extension of social stress theory that accounts for the excess stress individuals of minority groups may experience due to their minority social position (Meyer, 1995, 2003). Meyer (2003) described minority stress as a distal-proximal process comprised of three basic factors. First, there is a distal event (external, objective stressful event), such as discrimination or harassment. Second, there is a resulting, more proximal and subjective event in which the individual becomes vigilant in expectation of another negative event. And third, the most proximal event is the internalization by the individual of the negative attitude.

For many individuals who experience stress associated with their minority status, resilience and coping can be facilitated through group membership (see Meyer, 2003). Additionally, for racial and ethnic minorities, coping and resilience may be facilitated by family support since often minority status is shared with family members. This may not be the case for an L/G/B individual in a predominantly heterosexual family. The younger the individual is when they begin questioning or disclose their orientation, the more difficult it may be for them to access L/G/B community resources that could help them adapt to minority stresses, because they are more dependent on their family of origin and their behavior more controlled by parents.

Protective factors against minority stress may often be absent in L/G/B individuals' families of origin, and in more extreme and unfortunate cases some L/G/B individuals actually report victimization related to others' knowledge of their sexual orientation (sexual orientation victimization; SOV) within their families of origin. D'Augelli, Grossman and Starks (2005) found that in a sample of L/G/B youth, for every unit a measure of SOV increased the likelihood that the youths' parents knew their sexual orientation increased fourfold. Pilkington and D'Augelli

(1995) surveyed L/G/B youth about SOVs they had experienced and found that those who self-labeled as a sexual minority and disclosed their sexual identity at an earlier age, or were less concealing of their sexual orientation experienced higher rates of victimization than those whose sexual orientation was revealed at older ages. This supported an “enhanced target identifiability/vulnerability hypothesis” for sexual minority victimization (Plinkington & D’Augelli, 1995). Moreover, Stoddard et al. (2009) compared lesbians to their heterosexual sisters and found that the lesbian participants reported more childhood sexual and physical abuse, as well as adult sexual abuse, than their heterosexual sisters.

In adulthood, L/G/B individuals may begin to construct new families of choice/families of creation, which are families composed of accepting relatives, partners, friends and children. These families have often been cited as strong sources of support for L/G/B individuals relative to families of origin, when the members of the early family of origin are not accepting of L/G/B orientations (Weinstock, 1998). Sexual minority individuals may go through a conscious selection process while constructing families in adulthood by distancing themselves from less accepting members of their families of origin, as denoted by terms like “parentectomy” and “siblingectomy” (Connolly, 2006). Little research has looked at how L/G/B individuals perceive their adult family characteristics, or how the early family, especially when it is abusive, may be related to the perception of the family of creation.

### *The Present Study*

In L/G/B studies family research is a nascent area of interest, and though sexual minority individuals are more likely to experience abuse than their heterosexual counterparts, studies including multi-type abuse as variables of interest have not been common. The present study

seeks to extend the literature by examining possible associations between sexual orientation, multi-type abuse and family environment in childhood and adulthood. Hypotheses are drawn from family systems theory (e.g. intergenerational transmission) and the L/G/B minority stress model.

The first research question examines whether the characteristics of the early family environment were transmitted to the current family environment for the overall sample, as well as for each sexual orientation group. It was expected that there would be similarities between the early and current family characteristics for the entire sample. However, due to possible minority stress in the family of origin, which may inhibit the transmission of certain emotional processes and values, we hypothesized that correlations between early and adult family characteristics may be fewer and weaker for sexual minorities relative to the heterosexual group.

The second research question examines whether sexual orientation and multi-type abuse are related to perceptions of the early family environment. Theoretically, the experience of abuse would be related to a pattern of dysfunctional family characteristics and minority stress embedded within the early family environment would be related to more negative perceptions (higher conflict, control, moral-religious orientation, lower independence, cohesion, organization and expressiveness). Based on this logic, it was expected that multi-type abuse and minority sexual orientation would be associated with more negative perceptions of early family characteristics.

The third research question examines whether sexual orientation and multi-type abuse are related to perceptions of the current family environment with the expectation that multi-

type abuse would be related to more negative perceptions and sexual minority orientation would be related to more positive perceptions of the current family environment.

Theoretically, negative family characteristics associated with the experience of multi-type abuse in childhood would be transmitted to the adult family environment (higher conflict, control, lower independence, cohesion, organization and expressiveness). On the other hand, dealing with sexual minority stress in the family of origin would be one factor that could be related to consciously changing the emotional processes and values carried on to the families of creation (lower conflict, control, higher independence, cohesion, organization and expressiveness).

## Method

### *Participants*

The current study used archival data from a larger project examining attachment and family processes in a sample of 80 inpatients recruited over a 7-month period from a specialized hospital treatment program for trauma-related disorders. The sample was predominantly female (74 females, 6 males), with a mean age of 36.56 (range = 18-66). Patients who were psychotic, non-fluent in English, or judged by a physician to be too unstable to participate were excluded from the study. Regarding abuse, over 90% of the participants reported experiencing childhood sexual abuse, 75% reported experiencing both childhood sexual and physical abuse, and 7.5% endorsed neither childhood sexual or physical abuse experiences. Almost 66% ( $n = 48$ ) of individuals reporting childhood sexual abuse indicated the perpetrator was an immediate family member, such as a parent, step-parent or sibling. Approximately one third of the sample identified as L/G/B (20% bisexual, 7.5% gay/lesbian), a

proportion that exceeds the general estimate of approximately 3% for the American population (1.7% lesbian/gay, 1.8% bisexual; Williams Institute, 2011), and warrants investigation of the sample with regard to this difference. The ethnicity of the sample was mostly White (81.3%), but included 3 Hispanics, 3 Native Americans, 1 African American, 1 Asian American, 5 individuals with multicultural backgrounds and 2 individuals reporting “other” as their ethnicity. Marital status included 38.8% single, 33.8% married and 27.5% divorced participants.

### *Instruments*

The background information questionnaire is a self-report instrument developed for this study. It was used to obtain information about the demographics of the sample. It asked the participants questions about their age, ethnicity, income, employment status, sexual orientation, current relationship status, as well as early family circumstances and family mental health history (drug and alcohol abuse, suicide, psychiatric hospitalization and psychiatric diagnoses). In addition, participants self-identified as bisexual, lesbian, gay or heterosexual. In order to boost statistical power, lesbian, gay and bisexual participants were combined into a single sexual minority group ( $n = 22$ ). Heterosexuals in the sample comprised the reference group ( $n = 53$ ).

The Dissociative Disorders Interview Schedule (DDIS; Ross et al., 1989) is a 131-item instrument, available in an interview or self-report format. The latter method was used in the present study. The DDIS is used to assess the presence of *Diagnostic and Statistical Manual-Fourth Edition (DSM-IV-TR*, American Psychiatric Association, 2000) mental disorders. Items ask questions about demographic information, sexual and physical abuse in childhood, substance abuse, and psychiatric history. Ross (1997) reported good validity and reliability for the DDIS.

Additionally, Ross, Duffy and Ellason (2002) found diagnostic concordance of the DDIS with the Dissociative Experiences Scale indicating dissociative identity disorder and dissociative disorder not otherwise specified ( $\kappa = .81$ ), SCID-D ( $\kappa = .74$ ), and clinician diagnosis ( $\kappa = .71$ ).

Multi-type abuse was used as the second independent variable in the study, as reported by participants' responses to Items 73 and 78 of the DDIS. The variable was categorized into three levels, multi-type abuse (sexual and physical), single type abuse (sexual or physical) or none (neither sexual nor physical abuse).

The Family Environment Scale (FES; Moos & Moos, 2002) is a 90-item self-report instrument used to measure the socio-emotional environment of a family. The FES was administered twice, once with instructions to respond to items with respect to family of origin, and a second time with respect to their current family of residence. The FES produces 10 subscales. The subscales used in the current study included: (a) Cohesion, which assessed the commitment, help and support in a family; (b) Expressiveness, which assessed the encouragement family members are provided to express their feelings in a direct way; (c) Conflict, which assessed overtly expressed anger and conflict in a family; (d) Organization, which assessed the importance of clear structure and organization within the family; (e) Control, which assessed the sets of rules and procedures used in the families functioning; (f) Independence, which assessed the self-sufficiency, assertiveness and ability to make their own decisions of family members; and (g) Moral-religious Orientation, which assessed the families ethical and religious values.

The first six subscales were selected because there is evidence that families with histories of abuse show low levels of cohesion, expressiveness, organization, and



independence, and high levels of control and conflict (Moos & Moos, 2002). The last subscale was included based on the expectation that moral-religious orientation would be likely to influence relatives' and parents' treatment of children of alternative sexual orientations. Subscales scores are low if they fall below 40 and elevated if they are above 60.

### *Procedures*

All of the procedures used in data collection were reviewed and approved by the hospital staff, medical director and Institutional Review Board of the principal investigator's educational institution. Before recruitment, patients were assessed by their attending physicians to determine a diagnosis according to the *Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition- Text Revision (DSM-IV-TR; American Psychiatric Association [APA], 2000)*, as well as to assess the appropriateness of their participation in the study when considering their clinical status. Research assistants actively recruited participants by attending weekly group meetings for patients and describing the study in detail. Patients who were deemed eligible and wanted to participate in the study scheduled an appointment with a research assistant, and all participation was voluntary. The study was explained in detail to the participant, who then signed a consent form and release of information form in order for the investigators to obtain their diagnostic records. The consent form described the purpose of the study, any risks and benefits associated with participation, as well as the right of participants to decline or discontinue participation at any time during the study. Doctoral-level counseling psychology students provided verbal and written instruction and individually administered the study instruments. Participants were given a packet of self-report questionnaires with detailed

and clear instructions on how to complete them. Questionnaires took approximately 2-3 hours to complete, were completed the same day if possible, or were returned within 48 hours.

Missing value analysis determined that all of the current family environment variables and most of early family environment variables were missing less than 4% data, with the exception of early family independence which was missing 6.3% values. The sexual orientation variable was missing 6.3% values. Missing value analysis indicated that the data were missing completely at random (Little MCAR test: chi-square = 14.025,  $df = 27$ ,  $p > .05$ ). Missing data were imputed with expectation maximization (EM) algorithm into ( $k = 5$ ) five data sets using Statistical Package for the Social Sciences (SPSS Version 20.0), using all independent and dependent variables in the imputation. Estimates from each imputed data set were combined via the pooling option in SPSS, or by averaging when the auto-pooling option was not available (Donders, van der Heijden, Stijnen, & Moons, 2006).

## Results

Multi-type abuse was experienced by 75% ( $n = 60$ ) of the overall sample, 74.6% ( $n = 18$ ) of sexual minorities, and 85.1% ( $n = 42$ ) of heterosexuals. Single type abuse was experienced by 16.3% ( $n = 13$ ) of the overall sample, 21.2% ( $n = 5$ ) of sexual minorities, and 10.6% ( $n = 8$ ) of heterosexuals. Lesbian, gay and bisexual (L/G/B) individuals reported higher incidence of intra-familial abuse. For example, 50% of L/G/B individuals reported sexual abuse by their fathers versus 35.8% of heterosexuals, 22.7% L/G/B reported sexual abuse by their mothers versus 18.9% of heterosexuals, 36.4% L/G/B reported sexual abuse by their brothers versus 26.4% of heterosexuals, 13.6% L/G/B reported sexual abuse by their sisters versus 7.5% of heterosexuals and 59.1% reported sexual abuse by other male relatives versus 52.8% of heterosexuals. In

addition, as shown in Tables C2-C5, the L/G/B individuals generally reported a longer duration of abuse (approximately 6 months), more abuse incidents, and more perpetrators (i.e., 40% of L/G/B individuals reported 4 or more perpetrators compared to 23% of heterosexual individuals).

According to the Family Environment Scale (FES), a score below 40 is low in that characteristic and scores above 60 is high. Means and standard deviations (see Table 4) suggest that on average the early family environments of the inpatient sample were characterized by moderate organization and moral-religious orientation, low cohesion, expressiveness, and independence, as well as high conflict and control. Current family environments were characterized by moderate levels of all of the family environment variables. Gender and ethnicity were not related to variables of interest. Weak correlations were found between age and both early ( $r = -.24, p = .04$ ) and current ( $r = .24, p = .04$ ) family cohesion.

#### *Pearson's Correlations*

As shown in Tables 1, 2 and 3, significant correlations for the overall sample were found between early and current family conflict, early and current family moral-religious orientation, and early and current family organization. Also, a significant correlation was found between early family control and current family organization. These findings indicate that the way conflict is expressed and resolved, the moral and religious beliefs of the family, as well as the level of organization present in the early and current family environments of the participant were significantly associated, in that they co-varied in the same direction. Additionally, the level of control in the childhood family environment is significantly associated with the level of organization that occurs in the adult family environment.

In the heterosexual group, early and current moral-religious orientations were significantly correlated, suggesting that the heterosexual participants were likely to have similar moral and religious beliefs in their current families as in their families of origin. Also, early family conflict was significantly negatively correlated with current family moral-religious orientation. For the L/G/B group only one significant correlation emerged between early and current family conflict. Statistical comparison of the all correlation coefficients for sexual orientation groups yielded no significant differences regarding the strength of the correlations between the early and current family environments for sexual minorities versus heterosexuals.

#### *Paired Sample t-tests*

Results of paired sample *t*-tests to compare the early and current family environments are presented in Table 4. In the overall sample and both sexual orientation groups, there were significant increases from early to current levels of cohesion, expression, and independence, as well as significant decreases from early to current levels of conflict and control, but no significant changes in organization or moral-religious orientation. Although non-significant, in the overall sample and the heterosexual group there was an upward trend in moral-religious orientation approaching significance from early to current family environment, while in the L/G/B group there was a downward trend.

#### *MANOVA 1*

Using early family subscales as the outcome variables, results of a 2 (Heterosexual vs. Non-Heterosexual) X 3 (No Abuse, Single Type, and Multiple Types of Abuse) MANOVA were significant for multi-type abuse, Wilk's  $\lambda = .69$ ,  $F(14, 136) = 2.00$ ,  $p = .03$ ,  $\eta^2 = .17$ , but non-significant for sexual orientation, Wilk's  $\lambda = .89$ ,  $F(7, 68) = 1.20$ ,  $p = .32$ ,  $\eta^2 = .11$  (see Table 3).

Findings indicate that participants' views regarding the emotional climate of the family of origin are associated with the experience of multi-type versus single type or no abuse. There was no interaction between sexual orientation and multi-type abuse on the perception of early family environment characteristics, Wilk's  $\lambda = .84$ ,  $F(14, 136) = .89$ ,  $p = .57$ ,  $\eta^2 = .08$ . Follow up univariate analysis of variance (ANOVAs) revealed that multi-type abuse was significantly related to early family expressiveness,  $F(2,74) = 6.29$ ,  $p = .00$ ,  $\eta^2 = .15$ , independence,  $F(2,74) = 3.95$ ,  $p = .02$ ,  $\eta^2 = .11$ , and control,  $F(2,74) = 4.58$ ,  $p = .01$ ,  $\eta^2 = .12$ . In each case, multi-type and single type abuse were significantly different from no physical or sexual abuse, but not from each other. Participants who endorsed no physical or sexual abuse reported lower levels of family control, and higher levels of expressiveness and independence than the other two groups.

#### MANOVA 2

Using current family variables as the outcome, results of a 2 (Heterosexual vs. Non-Heterosexual) X 3 (No Abuse, Single Type, and Multiple Types of Abuse) MANOVA were non-significant for multi-type abuse, Wilk's  $\lambda = .81$ ,  $F(14, 136) = 1.08$ ,  $p = .39$ ,  $\eta^2 = .10$ , and showed a trend toward significance for sexual orientation, Wilk's  $\lambda = .83$ ,  $F(7, 68) = 1.94$ ,  $p = .08$ ,  $\eta^2 = .17$  (see Table 4). There was no interaction between sexual orientation and multi-type abuse on the perception of current family environment characteristics, Wilk's  $\lambda = .85$ ,  $F(14, 136) = .88$ ,  $p = .64$ ,  $\eta^2 = .08$ . Although the overall MANOVA was non-significant, at the univariate level moral-religious orientation was significantly associated with sexual orientation,  $F(2,74) = 9.19$ ,  $p = .00$ ,  $\eta^2 = .11$ , and multi-type abuse,  $F(2,74) = 4.18$ ,  $p = .02$ ,  $\eta^2 = .10$ . The means of both the heterosexual and L/G/B groups were in the moderate range ( $M = 56.20$  and  $M = 48.92$ ,

respectively). Additionally, post hoc analyses showed that the multi-type, single type and no abuse group means for current moral-religious orientation were significantly different from each other, but the means for the abuse groups were all in the moderate range ( $M = 55.1$ ,  $M = 46.4$ ,  $M = 60.0$ , respectively).

## Discussion

The present study extends the body of research in family studies and sexual orientation by examining characteristics of early and current family environments among inpatient trauma survivors. However, the use of a clinical sample should not be mistaken as a regression to the illness model of minority sexual identity which posits that L/G/B orientation is a mental illness, but viewed rather as an effort to examine special populations (inpatient trauma survivors) in relation to sexual orientation. Results yielded evidence of great resilience in the inpatient trauma sample overall, with participants reporting improved family environment characteristics in the current family compared to the early family. Additionally, the lack of differences found between the sexual orientation groups regarding most family environment characteristics suggests support for the lesbian, gay and bisexual (L/G/B) model of minority stress, given that the abuse experienced by the entire sample was likely confounded with negative experiences related to L/G/B identity. The results also provide preliminary evidence that conflict is transmitted across family environments for L/G/B individuals specifically, suggesting that conflict may be related to L/G/B sexual identity. The specific findings regarding associations between early and current family environments, as well as abuse, sexual orientation and the family environment are discussed.

### *Early and Current Family Environments*

Consistent with previous research with child abuse samples (Moos & Moos, 2002), participants in this trauma sample reported that their early family environment was characterized by low levels of cohesion, expressiveness, independence, moderate levels of organization and moral-religious orientation, and high levels of conflict and control. In contrast, participants reported moderate levels of all of the family characteristics with respect to their current family. Nevertheless, consistent with the hypothesis that emotional processes can be transmitted inter-generationally, results showed associations between the levels of the organization, conflict, and moral-religious orientation among the families in which participants grew up and the families they have created in adulthood. Based on a significant overall correlation and lack of significant differences for the entire sample and both sexual orientation groups, the organization in the early family environment seems to have been repeated in the current family. Although current research has not addressed the transmission of family organization adequately, this finding is consistent with the theory of intergenerational transmission of family processes. In this inpatient sample it appears that the degree of emphasis on structure and orderly functioning in the family of origin remained similar in the family of creation.

The positive correlation between the perceived conflict in participants' early families and their current families was significant for the L/G/B group, but not the heterosexual group. Theoretically, this finding suggests that L/G/B participants learned maladaptive conflict styles by watching their parents and other family members, which later contributed to poor conflict management in their families of creation. It is unclear why this correlation in separate group

analyses remained significant for the L/G/B group, but not the heterosexual group. This may be related to the experience of L/G/B minority stress, which leads people to continue to engage in, or be ready to engage in, conflict regarding one's sexual identity within the family, but also outside of it. That is, for L/G/B individuals, conflict around one's sexual identity does not end once they leave the family of origin, but can remain a threat in all contexts of their lives. Alternatively, based on recent evidence that stress pertaining to one's family was related to more sexual orientation conflict for bisexual individuals than for lesbians and gay men (Lewis, Derlega, Brown, Rose, & Henson, 2009), this finding might be explained by the large proportion of bisexual participants in the L/G/B group.

However, on the average for the entire sample and both sexual orientation groups, the level of conflict in the early family environment was in the high range, while in the current family environment conflict was in the moderate range. As demonstrated by t-tests, this represented a decrease in expression of overt anger and conflict across family contexts. This finding suggests that trauma survivors can learn ways to deal with anger that differ from their parents' behaviors and implies that intervention may be useful in teaching new ways to consciously reduce anger and resolve conflict in participants' adult family lives.

There were no significant correlations between early and current family cohesion, expressiveness, independence or control. This suggests that transmission of these characteristics was not strong enough to reproduce these patterns of emotional processes and behaviors across generations. Although the mechanisms of intergenerational transmission are not well understood, such interruption of transmission processes is thought to happen in a few ways (Robboy & Anderson, 2011). First, there is evidence that parenting style affects



transmission processes. Authoritarian styles of communication and parenting, rather than open and positive parenting, can result in less adherence by offspring to parental values and behaviors (Scabini & Marta, 2006; Schönplflug, 2001). The high levels of control, conflict, and low levels of expressiveness, independence, and cohesion in early families would indicate that their parents may have established authoritarian styles of parenting that could interfere with intergenerational transmission. An alternative explanation suggests that the content of transmission may be dynamic in nature, in that it is subject to continual negotiation and re-evaluation (Scabini & Marta, 2006). If values, behaviors and emotional processes are not reinforced by environmental factors in some way, they will likely be changed, diminishing the similarity between generations in what they value, and how they behave and deal with emotions.

Overall, the level of moral-religious orientation was very similar across family contexts, with moderate levels of these characteristics in early and current families. Positive correlations and non-significant differences between early and current levels of ethical and religious values support the intergenerational transmission hypothesis, suggesting that the ethical/religious values of the family of origin were carried into adult family life. These findings are consistent with previous evidence indicating that religious values can be transmitted across two or three generations, demonstrating even a direct influence of grandparent religious beliefs on grandchildren (Bengston, Copen, Putney, & Silverstein, 2009). There may be more successful transmission of religious values than other family characteristics because parents consciously indoctrinate these values in their offspring and many families have a church community with structured teaching that plays a role in passing on religious values as well.

However, further analysis for the separate sexual orientation groups showed that the correlation between early and current family moral-religious orientation remained significant only for heterosexuals. In the heterosexual group, early and current family moral-religious orientation co-varied in the same direction, but with higher levels of these values in their families of creation than those in their families of origin (which approached statistical significance). In contrast, for the sexual minority group early and current family ethical and religious values did not co-vary, and the group reported non-significant but slightly lower levels of these values in their families of creation than those in their families of origin. So, instead of increasing, as the heterosexual group indicated, the L/G/B group indicated decreasing levels of ethical and religious values. While there was no data collected about the timeframes for their sexual identity milestones, such as coming out, it is likely that the socio-historical context played a role in this finding. For example, the oldest individuals in the group were born in the 1950s and 1960s and grew up in a time when sexual minority identity was considered taboo. Also, American culture generally, and the areas in which the participants grew up may have been more traditional and conservative politically and religiously than would be the case today.

The trend in this sample of decreasing ethical and religious values of the L/G/B individuals makes sense when one considers that many Protestant, Judaic, Catholic and Islamic doctrines view lesbian, gay and bisexual identities as immoral, sinful and sexually deviant. Conflict between one's religious beliefs and one's sexual orientation can lead to emotional distress (shame, guilt, internalized homophobia, depression, and suicidality) (Sherry, Adelman, Whilde & Quick, 2010). Thus, the L/G/B individuals in the present study may not have felt a pull to increase their religiousness, or with some potentially experiencing a need to maintain or shift

religious values in adulthood from those of their families of origin that include negative attitudes toward individuals of minority sexual orientations. This would be consistent with Sherry et al.'s (2010) findings that a sizeable portion of their sample of 422 L/G/B respondents believed their sexual orientation was the instigating factor in questioning and changing their religious beliefs, where almost 40% of the respondents disavowed religion or god or converted to a more affirming religious view.

#### *Multi-type Abuse and Family Environment*

Multivariate analysis of variance (MANOVA) results showed a significant relationship between multi-type abuse and early family control, with single and multi-type abuse groups reporting more control and the no abuse group reporting a moderate amount of this characteristic. This is also consistent with other literature showing that authoritarian beliefs about child rearing are more likely to lead to the use of violence (see Dufour, Clement, Chamberland & Dubeau, 2011 for a review).

Results also showed a significant relationship between multi-type abuse and expressiveness and independence, with single and multi-type abuse groups having low levels of these family characteristics and the no abuse group having moderate levels. This is consistent with previous research showing that relational aspects of the family environment are associated with various aspects of abuse, like multiple victimizations (Gold, Hyman & Andres-Hyman, 2004; Faust et al, 2004; Long & Jackson, 1991; Moos & Moos, 2002). Expressiveness may be intentionally discouraged in abusive families in order to maintain abuse as a family secret to avoid legal trouble. Moreover, from a family systems standpoint, the use of high levels of control may inhibit the development of independence.

The lack of significant association between multi-type abuse and other early family environment characteristics was somewhat surprising, because previous empirical evidence has linked multi-type abuse and family characteristics (Higgins & McCabe, 2000). One explanation for this may be that other aspects of abuse are more strongly related to characteristics of the family environment. For instance, several studies have found evidence that the degree or severity of abuse is more important than the types of abuse experienced when considering outcomes (Clemmens, Welsh, DiLillo, & Messman-Moore, 2007; Higgins, 2004). These findings may also have to do with the types of abuse that were used to construct the multi-type abuse variable in the current study, accounting only for sexual and physical abuse. There is also the possibility that specific types of abuse may be more strongly related to particular family characteristics than others, which is a link that would have been missed by combining different types of abuse together in one multi-type abuse variable. Some empirical evidence suggests a weaker relationship between CSA, which was prominent in the current sample, and family environment characteristics than for other types of abuse (Higgins & McCabe, 2000).

The non-significant findings for multi-type abuse and current family environment may be due to several factors. First, as with early family environment, other aspects of abuse (such as severity) may be more important in relationship to the adult family environment characteristics than multi-type abuse. Additionally, many individuals who have been abused in childhood do not become abusive in adulthood, with transmission rates around 30% (Pears & Capaldi, 2001). This suggests that emotional processes and family interactions have the potential to improve across generations, which appeared to be the case in the current sample.

### *Sexual Orientation and Family Environment*

Informal comparison of frequency data seemed consistent with previous literature indicating that abuse experiences may differ between sexual orientation groups (Stoddard et al., 2009), with higher proportions of L/G/B participants reporting sexual abuse by nuclear family members, male relatives and other males and a higher proportions of heterosexuals reporting abuse by their stepfathers, female relative or other females. Furthermore, the duration and frequency of certain sexual abuse acts appeared to differ between sexual orientation groups.

Regarding family environment, the lack of significant findings between sexual orientation and early family characteristics may have several explanations. First, sexual orientation may be related to other family variables that were not measured in the current study, such as support, acceptance and redefinition of what the individual's orientation means within the context of the family (Oswald, 2002). Second, it may be that the measurement of factors associated with sexual orientation (gender non-conforming behaviors, questioning sexuality, same-sex sexual experiences, coming out) is necessary to understand their relationship with the experience of the family environment (Alanko et al., 2009; Pilkington & D'Augelli, 1995). Third, the present sample included a large proportion of bisexual identifying individuals. Presently there is a lack of understanding of many aspects of bisexuality and negative attitudes about bisexual orientation (bi-negativity). Additionally, the need to increase power by collapsing sexual minority groups into one category in the present study may have affected the ability to find unique relationships among each sexual orientation group to early family characteristics.

Alternatively, these findings may be explained by the L/G/B minority stress model. Negative experiences related to sexual orientation (minority stress) occurring in the early family could have led L/G/B participants to report less favorable family characteristics, and thus may have been confounded with the abuse experienced by the entire sample. In other words, negative and stressful experiences are related to adverse outcomes (in this case, unfavorable perceptions of the family environment), and are not specifically related to one's sexual orientation. Given the likelihood of both traumatic abuse and minority stress related to their sexual identity, the fact that L/G/B individuals did not have more negative perceptions of their early families than the heterosexuals and reported similar improvements in their current families as heterosexuals, suggests resilience on their part.

#### *Implications*

Results of the present study have a number of implications. The early family environment of this sample on average was characterized by high overtly expressed anger and conflict and enforcement of rules to direct family functioning, moderate ethical and religious values and importance of clear structure and organization, as well as low levels of commitment, help, support, encouragement to directly express emotions, self-sufficiency, assertiveness and autonomous decision making. For clinicians, when clients report these family characteristics in childhood, it may be informative to screen for various types of abuse; conversely, when an abuse history is identified, it may be useful to explore the family of origin characteristics as well. The resulting information could be used to guide the initial interview with the client, flag the possibility of trauma experiences, and suggest potential avenues of treatment planning. For

example, early abuse related maladaptive patterns of behaviors in interpersonal interactions, especially within the family context, may be identified and targeted for intervention.

Furthermore, while the average pattern of family characteristics seemed to improve from the childhood to adult context, there was a similarity in the level of importance of clear structure and organization from the early to current family. Increasing the level of structure and organization in the current family environment may be beneficial to the client, but further exploration of this family characteristic and how it relates to overall family functioning would be helpful. Although participants reported that their current families had moderate levels of conflict, control, cohesion, expressiveness, and independence, it may be beneficial to work with clients to determine if improvement in these areas may be healthier for their family's functioning and their own well-being.

Also, because reported moral-religious orientation was lower in the abused participants than in the non-abused ones, clinicians could explore whether abused clients' religious values or affiliations contribute to their well-being and healing. Heterosexuals with experiences similar to those in the present sample may consider religious values as a source of guidance and comfort, and this can be utilized by clinicians as a way to help clients find coping activities and positive support structures to facilitate recovery from traumatic experiences. For L/G/B clients with experiences similar to those in the present sample, exploring their views of how their sexual and religious orientations intersect may be particularly useful in order to determine its utility as a source of support and coping. Helping L/G/B clients explore accepting and affirming religious or spiritual beliefs and values when they perceive these to be undefined or lacking for

them could be an additional resource for L/G/B individuals who are recovering from traumatic experiences as well.

Given that the L/G/B participants in the study reported somewhat differing sexual abuse experiences than heterosexual participants, clinicians should maintain an awareness of this possibility and be sensitive to clients' perceptions of how sexual abuse experiences have impacted the process of their sexual identity development (e.g., whether the clients identify as heterosexual, bisexual, gay, lesbian or otherwise). Furthermore, for inpatient groups specifically, facility and program policies and training regarding sexual orientation issues should be in place to facilitate a treatment experience that is safe, accepting and which provides a holistic approach for the clients. And finally, the intersection of multiple minority statuses and abuse is an important point for clinicians to account for in working with L/G/B clients because the complexity of the issues created by sexual, cultural and experiential intersections can compound the minority stress they experience.

#### *Limitations and Future Research*

The present study had several limitations. First, the use of retrospective, self-report accounts of early family environments may have resulted in reporting biases related to the reconstructive nature of memory. The use of an inpatient sample also limits the generalizability of findings to similar populations. In addition, the relatively small sample size and unequal size of sexual orientation and abuse groups increased the chances of a Type 2 error. Importantly, collapsing L/G/B participants into one sexual minority group potentially masked the variability that exists between these sexual orientation groups. Examination of the family relationships of lesbians, gays and bisexuals separately is important for understanding the experiences of these



distinct groups. More information about the sexual identity development of the participants, such as when and if they came out to their families of origin, could have been used to understand how sexual orientation is related to perceptions of the participants' families. Also, it may have been useful to know whether the participants grew up in rural or urban areas, given the potentially different cultural influences around L/G/B issues. Furthermore, the experience of L/G/B individuals of color and various ethnic and racial diversities has not been well addressed regarding family of origin experiences. This is particularly important given the stress that individuals with multiple minority statuses may face both at home and in their local communities.

More recently, researchers have examined the fluidity of sexuality, particularly in women. The question of how and to what extent contextual and experiential factors may influence the development of sexuality in humans has been repeatedly raised (Balsam et al., 2005; Diamond, 2003, 2005). Reports from abuse survivors stating how childhood abuse has affected their sexuality, including their sexual orientation (Robohm et al., 2003), should be supplemented with more studies exploring the subjective reports of broad, probability samples of individuals.

### *Conclusions*

The findings of the present study provide support for the sexual minority stress model, and mixed support for the intergenerational transmission of family characteristics. There was some continuity in family environment across the family of origin and the family of creation contexts, suggesting intergenerational transmission of organization and moral-religious orientation. However, predicted similarities for other family characteristics in childhood and

adulthood did not emerge. These findings suggest the resilience of the sample, in that the participants perceived the characteristics of their families to have improved from the early family to the current family despite the trauma they experienced.

Regarding sexual orientation, the finding that the L/G/B group perceived their early and current families similarly to the heterosexual group suggests that the abuse experienced by the entire sample may have masked or superseded the effects of minority stress experienced in their early families. However, the conflict L/G/B individuals experienced in their early families seemed to be associated with the conflict in their current families. This finding is not well understood and should be investigated in future research. Given the trend that younger cohorts of L/G/B individuals are coming out at earlier ages than older cohorts (Guardian, 2010), often while still living at home, the need to understand more about minority stress experienced within the early family environment of sexual minority youth seems very important. This may be critical to understanding how the family of origin and experience of abuse or minority stress in this environment could affect the L/G/B individual's ability to protect themselves from sexual orientation victimization outside of the home. Thus, it would be beneficial to learn more about how the L/G/B youth experiences their family environment and how this affects their sexual identity development and psychological well-being.

Table 1

*Correlations for Early and Current Family Environment Characteristics for the Entire Sample*

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<u>Early Family</u>	<u>Cohesion</u>	<u>Expressiveness</u>	<u>Conflict</u>	<u>Independence</u>	<u>Moral-Relig.</u>	<u>Organization</u>	<u>Control</u>
<u>Current Family</u>							
Cohesion	.04	.05	-.09	.02	.04	.06	.14
Expressiveness	-.01	.16	-.10	.09	.08	-.09	.04
Conflict	-.03	.04	.27*	-.04	.10	.02	-.09
Independence	.01	.10	-.06	.12	.06	-.03	.02
Moral-Relig.	.03	-.06	-.16	-.10	.31**	.00	.05
Organization	-.08	-.04	.07	-.04	-.07	.26*	.24*
Control	-.00	.04	.14	-.05	.00	.10	.14

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\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

Table 2

*Correlations for Early and Current Family Environment Characteristics for Heterosexual Participants*

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<u>Early Family</u>	<u>Cohesion</u>	<u>Expressiveness</u>	<u>Conflict</u>	<u>Independence</u>	<u>Moral-Relig.</u>	<u>Organization</u>	<u>Control</u>
<u>Current Family</u>							
Cohesion	.02	.04	-.12	.06	-.01	.11	-.07
Expressiveness	-.01	.19	-.11	.14	.01	-.17	-.07
Conflict	.06	.10	.19	.01	.16	-.06	-.20
Independence	.08	.10	-.00	.11	-.01	-.06	.03
Moral-Relig.	.05	-.07	-.35*	.08	.32*	.01	-.09
Organization	-.14	-.07	.09	-.04	-.22	.24	.24
Control	.02	.04	.09	-.01	.04	.12	.10

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\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

Table 3

*Correlations for Early and Current Family Environment Characteristics for L/G/B Participants*

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<u>Early Family</u>	<u>Cohesion</u>	<u>Expressiveness</u>	<u>Conflict</u>	<u>Independence</u>	<u>Moral-Relig.</u>	<u>Organization</u>	<u>Control</u>
<u>Current Family</u>							
Cohesion	.09	.06	-.11	.03	.10	-.05	.08
Expressiveness	.02	.10	-.15	.05	.18	.10	.15
Conflict	-.25	-.08	.45*	-.21	-.00	.18	.14
Independence	-.15	.09	-.18	.15	.19	.05	.01
Moral-Relig.	.02	-.06	.04	-.36	.24	-.01	.05
Organization	.09	.06	-.04	.06	.26	.31	.16
Control	-.06	.01	.20	-.09	-.13	.07	.13

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\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

Table 4

*Paired Sample t-Test for Early and Current Family Environment Characteristics*

<u>FES Subscale</u>	<u>Early M (SD)</u>	<u>Current M (SD)</u>	<u>t (df)</u>
<u>Entire Sample (N = 80)</u>			
Cohesion	21.53 (15.60)	43.12 (17.61)	-8.26(4269) ***
Expression	27.06 (11.32)	46.54 (16.58)	-9.24(1318) ***
Conflict	65.10 (12.87)	50.78 (13.67)	8.07(3910) ***
Independence	28.67 (15.39)	45.85 (15.53)	-7.33(60844) ***
Moral-Religious	51.97 (13.40)	54.06 (11.73)	-1.24(3075)
Organization	49.70 (13.54)	48.98 (12.10)	0.66(2426)
Control	64.70 (12.39)	49.34 (14.40)	7.52(557) ***
<u>Heterosexuals (n = 56)</u>			
Cohesion	21.37 (15.71)	44.51 (17.89)	-7.34(901) ***
Expression	27.03 (10.99)	47.67 (16.58)	-8.10(262) ***
Conflict	66.03 (12.23)	50.84 (13.81)	7.06(2063) ***
Independence	26.90 (15.71)	45.98 (15.52)	-6.73(40747) ***
Moral-Religious	52.82 (12.72)	56.20 (10.64)	-1.77(836)
Organization	49.54 (13.43)	50.00 (12.69)	0.10(379)
Control	66.97 11.02)	50.61 (14.19)	6.41(87) ***
<u>L/G/B Individuals (n = 24)</u>			
Cohesion	21.94 (15.66)	39.78 (18.17)	-3.57(787) ***
Expression	27.15 (12.31)	43.82 (16.52)	-3.94(787) ***
Conflict	62.31 (14.19)	50.62 (13.61)	3.56(338) ***
Independence	32.79 (14.10)	45.53 (15.90)	-3.03(1606) **
Moral-Religious	50.00 (14.89)	48.92 (12.61)	0.27(361656)
Organization	50.05 (14.09)	46.54 (10.37)	1.13(2479)
Control	59.46 (14.05)	46.31 (14.75)	3.18(323) **

\*  $p < .05$ . \*\* $p < .01$ . \*\*\*  $p < .001$ .

Table 5

*MANOVA and Follow-up Tests for Sexual Orientation, Multi-type Abuse and Family Environment Characteristics*

	Sexual Orientation (N = 80)		F	Multi-Type Abuse (N = 80)			F	Sexual Orientation X Multi-Type Abuse Interaction  F
	Hetero (n = 58) M (SD)	L/G/B (n = 22) M (SD)		Multi-type (n = 60) M (SD)	Single-type (n = 13) M (SD)	none (n = 7) M (SD)		
Early Family								
<u>MANOVA 1</u>			1.20				2.00*	.89
Conflict	66.0(12.2)	62.3(14.2)	.07	67.4(12.1)	59.4(10.1)	55.5(13.4)	2.63	1.68
Control	67.0(11.0)	59.5(14.1)	3.75	66.2(12.1)	64.6(15.2)	50.7(11.0)	4.58**	.90
Cohesion	21.4(15.7)	21.9(15.7)	.22	21.3(15.6)	18.5(17.4)	30.9(21.9)	.73	.51
Organization	49.5(13.4)	50.1(14.1)	.17	49.9(12.9)	51.1(14.8)	44.1(14.7)	.89	.81
Independence	26.9(15.7)	32.8(14.1)	.81	25.8(15.8)	33.8(11.9)	45.0(08.3)	3.95*	.83
Expressiveness	27.0(11.0)	27.2(12.3)	.43	26.2(10.7)	24.7(16.4)	41.1(12.8)	6.29**	1.98
Moral-Religious	52.8(12.7)	50.0(14.9)	2.34	51.4(12.7)	54.8(11.5)	51.1(19.3)	1.73	2.34
Current Family								
<u>MANOVA 2</u>			1.94				1.08	.88
Conflict	50.8(13.8)	50.6(13.6)	.24	51.4(14.4)	47.6(13.2)	51.2(12.6)	.40	.99
Control	50.6(14.2)	46.3(14.8)	1.81	50.4(14.0)	47.0(10.9)	44.4(17.1)	1.13	.31
Cohesion	44.5(17.3)	39.8(18.2)	.25	42.8(18.0)	44.9(11.3)	42.8(16.2)	.08	.18
Organization	50.0(12.7)	46.5(10.4)	2.18	49.5(11.6)	46.6(16.1)	49.3(12.3)	.60	1.11
Independence	46.0(15.5)	45.5(15.9)	.03	43.7(16.4)	51.0(09.6)	55.0(7.01)	1.88	.14
Expressiveness	47.7(16.6)	43.8(16.5)	.08	45.3(16.7)	47.8(09.9)	55.7(12.7)	1.04	.12
Moral-Religious	56.2(10.6)	48.9(12.6)	9.19**	55.1(10.7)	46.4(14.0)	60.0(13.7)	4.18*	2.15

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

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APPENDIX A  
EXTENDED LITERATURE REVIEW

## Sexual Orientation

This chapter begins with a review of the scientific literature regarding the current state of sexual minority focus in psychological research and the stigma that has been attached to lesbian, gay and bisexual (L/G/B) mental health challenges over time. The increased likelihood of abuse and victimization of L/G/B persons is explored as an important contributing factor to mental health challenges associated with L/G/B sexual orientation. This will be followed by an overview of characteristics of abusive families, as well as the present state of L/G/B family studies. The information provided in the review supports the rationale for an exploratory analysis of interrelationships between abuse features, lesbian/gay/bisexual orientation, and reports of early and current family environments in a sample of inpatient trauma survivors.

Definitions of the terms “sexual orientation” and “sexual identity”, as well as how to operationalize and measure them in psychological research, have not been consistent (Herek & Garnets, 2007; Ridner, Topp & Frost, 2007). The American Psychological Association (2011) defines sexual orientation as “an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes...[and] a person's sense of identity based on those attractions, related behaviors, and membership in a community of others who share those attractions (para. 1). However, recent research indicates that sexual orientation may be best conceptualized as consisting of affectional and sexual behaviors, erotic fantasies, emotional attachment, self-identification and present relationship (Garnets, 2002).

There seems to be a lack of consensus also in the wider literature regarding other terms surrounding sexual orientation research. “Heteronormativity” is a term Oswald, Blume and Marks (2005) use to denote an ideology surrounding gender, sexual and family binaries. This

ideology dictates that gender is categorically male and female, heterosexuality is normal while minority sexual identities are abnormal, and families are biological/legal and other types of families are not genuine. The use of “heteronormativity” in this way has been criticized as an imprecision. “Heteronormality” has been suggested for use in its place to denote that heterosexuality is considered the natural and normal standard (Kurdek, 2005). Likewise, Kurdek points out that “gaynormativity” and “lesbiannormativity” exist as normative standards by which lesbians, gay men and bisexuals carry out processes of inclusion and exclusion within their own groups.

More recently, the term “queering” has been introduced to refer to acts that challenge gender, sexual and family binaries, and thus, heteronormativity (Oswald et al., 2005). The queering process can include living and conceptualizing all three constructs (gender, sexuality and family) in ways that expand beyond the usual dichotomies in these domains. Researchers have begun applying a queer theoretical approach to family studies, meaning their research is focused on family construction processes rather than trying to identify which characteristics qualify individuals as members of a family system (Oswald et al., 2005).

Considering the lack of uniform application of terms, as well as a burgeoning set of new nomenclature, in sexual orientation research it is important to clarify terms used in the present study. In this document, the acronym L/G/B is used to refer to lesbian, gay and bisexual individuals simultaneously. The use of forward slashes to separate the acronym is meant to acknowledge the fact that lesbians, gays and bisexuals are separate groups with unique experiences, even as we are considering them together for the present study. Also, at times the term “sexual minority” is used to denote individuals of lesbian, gay, bisexual or other sexual



orientations that do not include heterosexuality. This is not intended to encompass transgendered individuals (who identify as heterosexuals) since the term transgendered does not refer to a sexual orientation, per se, but rather to an individual's sense of gender identity. This is not to imply that transgendered individuals may not also identify as lesbian, gay or bisexual, in which case they would be covered by the term "sexual minorities".

### Sexual Orientation and Mental Health

In 1973, "homosexuality" was removed as a diagnostic category in the *Diagnostic and Statistical Manual-III (DSM-III)* (Knudson-Martin & Laughlin, 2005). In 1987 the American Psychological Association (APA) Council of Representatives "urged its members not to use the '302.0 Homosexuality' diagnosis in the current ICD-9-CM or the '302.00 Ego-dystonic Homosexuality' diagnosis in the current *DSM-III* or future editions of either document" (Fox, 1988). This movement away from strict heteronormativity and the pathologization of L/G/B identity was instigated by researchers like Evelyn Hooker, who showed that a sample of gay men were as mentally healthy as heterosexual controls in non-clinical samples (Milar, 2011).

However, the process of leaving behind the illness model of minority sexual identity has not been simple because researchers have often focused on the association between certain mental health challenges and sexual orientation in L/G/B literature. For instance, empirical findings suggest that gay and bisexual men are more likely than heterosexual men to experience mood and anxiety disorders (Herek & Garnets, 2007), that L/G/B adolescents and adults are more likely to report suicidal ideation (Eskin, Kaynak-Demir, & Demir, 2005), and that lesbian women are more likely than heterosexual women to develop problems with alcohol abuse (Hughes, Johnson, & Wisnack, 2001).

Keeping this trend in mind, it is important to recognize the evidence that sexual minority status does not determine one's psychological health. Herek and Garnets (2007) point out empirical evidence which suggests that, while associations between mental health challenges like anxiety and mood disorders and L/G/B status may exist, large epidemiological studies have found that most individuals are not at high risk for developing various forms of psychological distress, no matter their sexual orientation. Other researchers have begun to link mental health challenges among L/G/B groups to factors other than their sexual orientation. For instance, Greenwald (2009) reported that sexual minority identity was not related to attachment style or psychiatric symptoms among inpatients, but childhood sexual abuse severity was significantly associated with these variables. Several mechanisms have been posited to account for patterns of mental health challenges that have been associated with L/G/B status, such as stigma, minority stress, and victimization (Herek & Garnets, 2007).

#### L/G/B Minority Stress

Minority stress is an extension of social stress theory that accounts for the excess stress individuals of minority groups may experience due to their minority social position (Meyer, 1995, 2003). Meyer (2003) describes minority stress as a distal-proximal process comprised of three basic factors. First, there is a distal event, or an external, objective stressful event. This may be some form of harassment or discrimination against the individual due to their minority status, such as a gay youth being called, or simply hearing the use of, sexual orientation related epithets in his community or home. Second, there is a resulting more proximal, subjective event in which the individual becomes vigilant in expectation of another negative event. They gay youth may feel on guard at school, home or other places after this verbal assault occurs,

being careful to avoid certain locations, or individuals, and feel anxiety at the possibility of a negative event happening again. And third, the most proximal event is the internalization by the individual of the negative attitude. The youth may begin to function in a way that reflects that he integrated anti-gay attitudes into his beliefs, by doing things like using the anti-gay epithets when referring to himself, lesbians, gay men or bisexual individuals.

L/G/B minority stress has been cited as a factor in mental health challenges associated with L/G/B status. Koyper and Fokkema (2011) found a positive relationship between minority stress and mental health in a sample of Dutch L/G/B participants. Specifically, they found that experiencing more negative reactions from others, and internalized homonegativity was related to more mental health problems, specifically in L/G rather than bisexuals, while openness was related to better mental health for sexual minority women, but not men. For example, depression has been associated with aspects of L/G/B minority stress, like L/G/B specific unsupportive social reactions, internalized homonegativity, stigma consciousness and L/G/B specific confidant support (Berghe, Dewaele, Cox & Vincke, 2010).

Sexual minority orientation can differ in important ways from other types of minority status, like race or ethnicity. This may be due to the potential hidden nature of sexual orientation (Lindquist & Hirabayashi, 1979). For many minority groups that experience stress associated with their minority status, resilience and coping can be facilitated through group membership (see Meyer, 2003). Additionally, for racial and ethnic minorities such adaptation, coping and resilience may be facilitated by family support—since often minority status is shared with family members. However, this may not be the case when one is an L/G/B or questioning

individual in a predominantly heterosexual family. In this way, the experience of minority stress may be embedded in the context of the family environment for some L/G/B individuals.

The younger the individual is when they begin questioning or disclose their orientation, the more difficult it may be for them to access L/G/B community resources that could help them adapt to minority stresses. In more extreme and unfortunate cases, not only may protective factors against minority stress be absent in L/G/B families of origin, but some L/G/B individuals actually report sexual orientation victimization (SOV) within their families of origin. Corliss, Cochran, Mays, Greenland and Seeman, (2009), found that among 2,001 non-heterosexual women that those aware of same sex attractions before 12 years of age, disclosed their non-heterosexual orientation before age 18, or first same-sex sexual experience were more likely than other women to report harassment by peers and family, emotional and physical abuse by family members, molestation by strangers, heterosexual rape, sexual minority rape and at least one suicide attempt before age 18.

#### Sexual Orientation and Victimization

Not only can minority stress itself be associated to the forms of psychological distress that have been linked to L/G/B status, but so may the increased likelihood for L/G/B individuals' to experience interpersonal victimization both in childhood and adulthood compared to heterosexuals (Balsam, Rothblum, & Beauchaine, 2005; Roberts et al., 2010). Victimization in early life not only perpetuates the likelihood of later re-victimization (Gobin & Freyd, 2009), but is associated with sequelae that overlap with mental health challenges frequently reported by L/G/B individuals (Robohm, Litzenberger & Pearlman, 2003).

The experience of trauma is associated with low self-esteem, high rates of anxiety, depression, substance abuse, sexual risk-taking, lack of intimacy, suicidal behavior, symptoms associated with posttraumatic stress disorder (PTSD) and certain character pathologies (see Brady, 2008 for a review). Quite obviously this list includes problems with which the L/G/B population has been linked in the literature. For example, Descamps, Rothblum, Bradford and Ryan (2000) examined the prevalence and mental health consequences of childhood sexual abuse, adult sexual abuse, intimate partner violence and hate crimes on a national sample of lesbian women. They found that lesbians who reported experiences of these types of victimization also reported increased daily stress, depression and substance abuse relative to lesbians who did not report these experiences. Moreover, in a study of 227 lesbians and bisexual women, participants who had histories of childhood sexual abuse reported significantly more emotional and behavioral difficulties than participants who had not experienced sexual abuse (Robohm, Litzenberger & Pearlman, 2003). This suggests that the sexual abuse, and not the participants' sexual orientation per se, influenced difficulties in mental health that have been commonly associated with minority sexual orientation in the literature. Thus, the focus of research would best be turned to what factors predispose this group to experiencing more victimization, which in turn seems to increase their chances of experiencing negative mental health outcomes.

The body of literature suggesting that L/G/B individuals experience more childhood maltreatment, as well as victimization in adolescence and adulthood, when compared to heterosexual control groups is well established (Corliss et al., 2002; D'Augelli, 1998; Hughes, Johnson, & Wislneck, 2001; Plinkington & D'Augelli, 1995; Stoddard et al., 2009; Tomeo,

Templer, Anderson & Kotler, 2001). Roberts et al. (2010) found that lesbian, bisexual and heterosexual women with same-sex partners had higher prevalence of interpersonal violence and childhood exposure to maltreatment or violence than the reference group of heterosexual women with opposite sex partners. Results of this study also indicated that lesbians and bisexuals experienced more unwanted sex than the reference group and that the non-exclusively heterosexual groups had younger ages at the time of their worst trauma experience than exclusively heterosexual participants. This disparity translated into higher levels of PTSD in the sexual minority group, which was nearly completely accounted by differences in trauma exposure between sexual minorities and the reference group. Similarly, Balsam et al. (2005) found that sexual minority identity was associated with higher non-intercourse sexual coercion, coerced sexual intercourse, rape and overall lifetime victimization than was found for heterosexuals.

Victimization of sexual minorities has been linked in some instances to disclosure of sexual orientation, and research suggests that gender atypical behavior may also be associated with abuse in the home (Alanko et al., 2009; D'Augelli et al., 1998; D'Augelli et al., 2006; Pilkington & D'Augelli, 1995). D'Augelli, Grossman and Starks (2005) found that in a sample of L/G/B youth, for every unit a measure of SOV increased the likelihood that the youths' parents knew their sexual orientation increased fourfold. Pilkington and D'Augelli (1995) surveyed L/G/B youth about SOVs they had experienced and found that those who self-labeled as a sexual minority and disclosed their sexual identity at an earlier age, or were less concealing of their sexual orientation experienced higher rates of victimization than those whose sexual orientation was revealed at older ages. This supported an "enhanced target

identifiability/vulnerability hypothesis” for sexual minority victimization (Plinkington & D’Augelli, 1995). Moreover, Stoddard et al. (2009) compared lesbians to their heterosexual sisters and found that the lesbian participants reported more childhood sexual and physical abuse, as well as adult sexual abuse, than their heterosexual sisters. In a sample of Latino gay and bisexual men, those reporting stronger subjective feelings of overt effeminacy reported more childhood and adulthood sexual abuse/rape, as well as verbal and physical abuse by relatives than those reporting lower subjective feelings of effeminacy (Sandfort, Melendez & Diaz, 2007).

Factors related to victimization for bisexuals may differ from those of lesbians or gay men. However, they have typically not been assessed independently in the literature. This may be due to the fact that bisexuality has been regarded as sexual identity confusion, a temporary phase or an indication of promiscuity by researchers, the wider culture and L/G/B communities (Diamond, 2008). More recently, compelling evidence from a 10-year longitudinal study of bisexuality by Lisa Diamond (2008) suggests that bisexuals do in fact comprise a distinct sexual orientation, showing similarity to heterosexuals in some ways and to lesbian and gay individuals in other ways, as well as important differences from both groups.

While there is literature suggesting that bisexuals report experiencing more maltreatment in childhood and victimization in adulthood than heterosexuals, a significant difference has generally not been found between bisexuals and lesbians/gay men in regards to victimization (Balsam et al., 2005; Roberts et al., 2010; Saewyc, Skay, Pettingell, Reis, Bearinger, Resnick, Murphy, & Combs, 2006). Saewyc et al. (2006) compared seven population based surveys to examine the odds of physical and sexual abuse based on sexual orientation and

gender. Bisexuals overall had greater odds of experiencing sexual abuse compared to heterosexuals, with female bisexuals being twice as likely and male bisexuals being ten times as likely as peers to report a history of sexual abuse. When it came to physical abuse, the likelihood of bisexual females reporting a positive history was twice as high as that of heterosexuals in the sample. While only a few surveys showed significant differences in the abuse histories reported by bisexuals and lesbians/gay men, Saewyc et al. (2006) could not draw a conclusion about what contributed to the differences. While the consensus in current literature is that there is not generally a significant disparity in victimization experienced by lesbians, gay men and bisexuals, it should be kept in mind that such differences may not lie in the likelihood of histories of abuse, but more in the mechanisms, details, features, and patterns of abuse. These questions have not yet been addressed by researchers.

In recent years, researchers have examined the fluidity of human sexuality. Repeatedly questions regarding the ways in which contextual and experiential factors may influence the development of sexuality have been asked (Balsam et al., 2005; Diamond, 2003, 2005). Few studies have directly asked participants how they perceive abuse experiences to have influenced their experience of their sexual development. One such study was a qualitative analysis of 227 young women in which almost half of the sample (46.4%) indicated that experiencing childhood sexual abuse had affected their feelings about their sexuality, sexual identity development milestones, and even their sexual orientation itself (Robohm et al ,2003). While the present study will not address this topic, it should be noted that this is a link that is largely unexplored.



## The Family System

Family environment can be defined as the socio-emotional climate of the family. The importance of the early family environment is viewed as the context in which attachment to caregivers is developed, interpersonal boundaries are learned, and first socialization occurs is undeniable. Researchers have identified many difficulties and risks associated with dysfunctional family environments, such as increased risk of child maltreatment. Svedin, Back and Soderback (2002) interviewed 38 adolescent and adult females about sexual abuse, family relationships and family climate. Results indicated that sexual abuse was associated with family dysfunction (relational problems, marital discord, alcohol abuse, social isolation) and adverse family climate characteristics, such as emptiness, lack of closeness, loneliness, power and control, unpredictability and chaos. The authors pointed out that this family climate was most prominent when the perpetrator lived in the victim's household.

It seems that the experience of abuse and the climate and characteristics of the family environment are unmistakably intertwined. The family environment may often be the primary context in which abuse occurs, and the health of the family system in childhood seems to be associated with the child's vulnerability to maltreatment. For instance, sexual abuse by a family member occurs more frequently than abuse by strangers and acquaintances (Weihe, 1998). Not surprisingly then, researchers have examined family variables for their predictive value in determining which family characteristics are associated with childhood sexual, physical and emotional abuse, and how these characteristics may moderate and mediate the relationship between abuse and survivor outcomes.

According to Moos and Moos (2002), the environment of the family system can be analyzed in terms of dimensions. Their perspective of the dimensions of the family environment involves the idea that the family maintains itself as a dynamic system by utilizing a level of organization that imparts a clear structure for activities and interactions. Additionally, control and the implementation of rules of engagement with those inside and outside of the family may also be used to maintain the family system. The dimension of the family environment, according to Moos and Moos (2002), that deals with interpersonal relationships between members involves the extent to which the family exhibits cohesion, with members showing commitment and support of each other, the direct and healthy expression of their emotions to one another, and the manner in which anger and conflict are expressed and resolved. The personal dimension of independence deals with the extent to which the family facilitates members learning to become self-sufficient, assertive and able to make their own decisions. And the personal dimension of moral-religious orientation reflects the ethical and religious values the individual perceives their family to hold.

The literature has consistently identified aspects of the family environment at the systemic, interpersonal and individual levels that are associated with abuse (Benedict & Zaustra, 1993; Faust et al., 2004; Long & Jackson, 1991; Moos & Moos, 2002). The interpersonal and systemic aspects of the family environment seem to be particularly influential with respect to the potential for abuse to occur (Mollerstrom, Patchner, & Milner, 1992). Specifically, characteristics often present in families in which abuse occurs include: low levels of cohesion, expressiveness and organization and high levels of control and conflict.

In the interpersonal domain, there is evidence that along with parental absence, family conflict may be a significant predictor of childhood sexual abuse (Benedict & Zaustra, 1993).

Importantly, research suggests that relational aspects of the family environment contribute to re-victimization and multiple victimizations. For instance, when compared to abuse by one perpetrator or no abuse, female college students enduring multiple perpetrators also reported low cohesion and expressiveness, but high levels of conflict and control in their early family environment (Long & Jackson, 1991).

Similarly, systemic aspects of the environment that are used to maintain the family system influence the potential for abuse itself, and may play a moderating role in the psychological adjustment of individuals with an abuse history. Dysfunctional families may exhibit rigid adherence to and strict enforcement of boundaries and rules. This may be a reflection of extreme attempts at maintaining the family system. Results of the association of the level of family organization on abuse have been fairly consistent. For example, Moos and Moos (1994) found that dysfunctional family environments are associated with less love, lack of social integration and poor organization. More specifically, they found these family characteristics to be associated with childhood sexual abuse. Other researchers cite the moderating role of organization and other family characteristics in the psychological manifestations of child abuse, noting that these characteristics may also impact the progress of treatment (Faust & Katchen, 2004). According to Faust and Norman-Scott (2000), low organization and high conflict within the family may influence the severity of the child's trauma reaction to sexual abuse. Similarly, a later study on the effect of family environment on psychological symptomology of abused children found that the severity of symptomology was

again related to family variables (Faust, Ferdella, & Villa, 2004). Specifically, children's symptomology severity was inversely related to family support, organization and independence.

Individuals reporting histories of childhood sexual abuse also tend to report low levels of independence in their families of origin (Faust et al., 2004; Moos & Moos, 2002). It may be that a lack of parental guidance and modeling results in the inability to exhibit self-sufficiency. Learned helplessness associated with victimization may not allow for assertive behaviors to develop and living in a highly controlled environment could leave few options for practicing the skill of making one's own decisions. This characteristic might influence the potential for re-victimization and the transmission of dysfunctional emotional processes to the current families of adult survivors of childhood abuse, in that some survivors may have not learned a level of independence that would allow them to break the cycle of abuse.

In addition, the moral-religious orientation of the family may influence the way that individuals who are or are suspected to be sexual minorities are treated by other family members. Various religious groups have condemned lesbian, gay or bisexual identity as a sin, basing their negative appraisal of it on eight biblical passages (Gillis, 1998). Notably, conservative Christian groups have espoused traditional family values in social and political arenas, and attributed the decline of these values on various secular groups- one of them being the L/G/B/T community (Gillis, 1998). Additionally, findings in social psychology studies indicate that negative attitudes toward L/G/B individuals are linked to conservative religious ideologies and support for traditional gender roles (Herek 1996a as cited in Gillis, 1998; Kite and Whitley, 1996 as cited in Gillis, 1998).

Since the link between dysfunctional family environments and childhood abuse has been established, the literature has expanded to examine the influence family variables may have on mental health and other outcomes for abused children and adults with a history of childhood abuse. For instance, research suggests that family environment characteristics are correlated with psychotic symptoms in abused children (Faust & Stewart, 2007), are linked to adult rape in relation to childhood emotional abuse among women (Messman-Moore & Brown, 2004), mediate the relationship between childhood maltreatment and behavioral outcomes in children (Beasley, 2008), and are associated with adult social adjustment in women with a history of childhood abuse (Robertson, 1997).

Ray and Jackson (1997) identified 2 major factors on the Family Environment Scale :

- 1) flexibility-cohesion, which had positive loadings from cohesion, expressiveness and independence and negative loading from conflict and control and
- 2) structure, which had positive loadings from cohesion, organization, and moral-religious emphasis and negative loadings from conflict.

Both factors significantly predicted a main effect of family environment on later psychological and social adjustment of childhood sexual abuse (CSA) survivors. Family structure and flexibility/cohesion specifically showed direct effects on adult self-esteem, depressive symptoms and social adjustment among 266 college women, 141 of whom had experienced childhood sexual abuse.

The health of the family context seems to mediate the relationship between abuse and long term outcomes, psychological symptoms and psychological well-being (Griffin & Amadeo, 2010; Ramirez, 2009; Galea, 2010). Ramirez (2009) sought support for Browne and Finkelhor's (1986) traumagenic dynamics theoretical model of CSA to explain the psychological symptoms

experienced by this population. Traumagenic factors described in the model include traumatic sexualization, betrayal, powerlessness, and stigmatization. In a sample of 514 female college students, CSA's impact on all three traumagenic factors (betrayal, powerlessness, stigmatization) was mediated by family cohesion, conflict and organization. Additionally, the traumagenic factors influenced both internalizing and externalizing behaviors (anxiety, depression and somatization) of the women. So, in addition to finding empirical support for Brown and Finkelhor's model, the findings of the study underscored the importance of the healthy family environment as a compensatory factor in recovering from childhood abuse. This point is supported by findings that characteristics of the family context positively influence psychological well-being in survivors of child abuse (Galea, 2010). To better understand the family as a context for victimization it is helpful to first conceptualize the family as a multi-dimensional, dynamic system.

#### Family Intergenerational Transmission Processes

An upsurge of interest in family research, sometimes called the family movement, began in the 1950's with important contributions by researchers like Bowen and Ackerman. This line of study was greatly influenced by the application of general systems theory to the conceptualization of the family. For instance, Bowen conceptualized the family as an emotional system based on assumptions that emotional processes strongly influence behavior, making behavior more predictable in the familial context than other social settings that demand less conformity from the individual (Comella, 2011). Eight basic concepts were used to describe the emotional processes that occur in the family: degree of balance between intimacy and autonomy of the individual members (differentiation), the triad as the smallest unit of the

family, the nuclear family emotional system, projection processes by which a dyad diffuses tension onto a third member, emotional distancing (cut off) of members from each other, multigenerational transmission processes of patterns of behavior and interaction, sibling position and the impact of societal norms on the emotional processes within the family (Comella, 2011).

Of particular interest here is the concept of the multigenerational transmission process. Bowen's family systems theory implies that there is an emotional climate in the family which exerts a strong influence on the behaviors of its members over the course of their lives. The emotional processes, behaviors and patterns of interactions within the family system become automatic for members and all participate in preserving the emotional climate of the family. Such automaticity, consequently, leads to resistance in changing the emotional climate over time and across generations unless member(s) become conscious of patterns of behavior and their consequences and makes concerted effort to take novel action to instigate change (White, 2011). While Bowen developed this concept in reference to the way broad patterns of behaviors in the family system impact the degree of differentiation achieved by its members, the idea has implications for how the environment of the family of origin may influence the environment of the family of creation.

Patterns of behavior involving boundaries, control, cohesiveness and parental availability can be unintentionally transmitted to the family of creation (Alexander & Warner, 2003). Alexander and Warner (2003) posited that processes in the family system, as well as attachment processes at the dyadic level within that system, can be examined to better understand the transmission of abuse from one generation to the next. They proposed that the

development of internal working models, affect regulation and attachment styles of younger generations in a family system are contingent, in part, on those of the older generations. Family processes may serve to maintain the cycle through which older generations impact younger generations, and this will carry over to the creation of new families when children leave the home. Further, Carson, Gretz, Donaldson and Wonderlich (2001) found that family variables in the family of origin of incest survivors are significantly correlated with family characteristics in the family of procreation. Relationships with relatives from the family of origin, including moral-religious, achievement, intelligent and cultural orientation, conflict and control were significantly correlated with relationships in the family of procreation of participants. So, intergenerational dynamics of families of origin may certainly play a role in the development of the families its members go on to establish in adulthood.

#### Lesbian, Gay and Bisexual Families of Origin and Families of Creation

Interestingly, little empirical information is available about the early family lives of individuals who later identify as lesbian, gay or bisexual. This will likely change as a result of younger cohorts disclosing their sexual orientations earlier to their families, often while still living in their parents' household. Until this branch of literature expands, the discussion of the L/G/B family of origin will be limited to the scant data available. Currently, the available evidence suggests that in youth, gender atypical behavior and parents' awareness of child sexual minority status may make L/G/B individuals targets for negative parental interactions and victimization within their families (D'Augelli, Grossman & Starks, 2005; Landolt et al., 2004; Plinkington & D'Augelli, 1995).



Later in adolescence and adulthood, secrecy and distancing from family may result from the need for secrecy to protect oneself from being “outed” as lesbian, gay or bisexual. This may continue indefinitely if the individual decides that it is best not to disclose their sexual identity to their family (Savin-Williams, 1998). If the individual does choose to “come out” to parents or relatives, he or she risks rejection and a negative reaction, at least initially (Savin-Williams, 1998). The L/G/B individual may either be rejected or excluded and receive anything from non-supportive to ambivalent to positively supportive responses from family (Rostosky et al., 2004). Support is especially likely to be experienced by sexual minorities in families that exhibit adaptability and cohesion (Reeves et al., 2010).

In some instances, sexual minority persons have been found to ascribe to a binary view of family in which a legitimate family to them is legally and biologically formed and all other families are not genuine, potentially as a result of internalized heteronormativity. These individuals may attempt to form “real” families by investing their efforts only in their biological families-of-origin (Carrington, 2002 as cited in Oswald, Blume, & Marks, 2005). Often though, sexual minority persons will form very close bonds with individuals outside of their families-of-origin, since this may provide a more accepting network for support (Connolly, 2006). Sexual minorities, more than heterosexuals, have been found to seek support within their “families of choice” and friends rather than their families-of-origin (Connolly, 2006).

Aside from families of choice centered around close friends, L/G/B families of creation centered around partners or spouses and the children of sexual minority individuals are an important area of consideration as the visibility of these families increases. Lesbians, gay men and bisexuals may describe their families of creation as a being a group of individuals they

include in an intimate family unit without requiring that members be biologically related or legally bound to each other (Weeks, Heaphy & Donovan, 2001). This may reflect an adaptive constructive process for a group of individuals who experience many impediments to legally recognized marriages, adoption or insemination. For instance, it is well known that same-sex marriage is a controversial topic in politics and legal restrictions related to marriage can greatly impact the lives of L/G/B individuals. Also, L/G/B foster parenting, adoption and insemination/surrogacy are areas of great interest as the rights of L/G/B individuals to have families have come to the forefront of GLBT family research and public policy. However, little is known about the context of the sexual minority's family of creation.

Families of choice have been cited as strong sources of support for L/G/B individuals relative to families of origin (Weinstock, 1998). Accepting relatives, partners, and friends may be chosen as members of new families upon which the lesbian, gay or bisexual individual relies for help, nurturance, understanding, affection, protection and acceptance. Sexual minority individuals may feel the need to make way for new families by distancing themselves from less accepting or tolerant members of their families of origin, as denoted by terms like "parentectomy" and "siblingectomy" (Connolly, 2006). The very nature of a constructivist view of a family unit, of "doing" family, of choosing who is included, and deciding the nature of the roles members will fill, lends itself to more fluidity than a family of origin to which members belong due to biological kinship. Thus, it seems then that there is much to be learned about how the L/G/B individual perceives the family environment they construct as they leave home, since it has the potential to differ greatly from the family into which they were born.

## Family Research and Sexual Orientation

Decades ago, when having a minority sexual identity was seen as a mental disorder, the families of L/G/B individuals were scrutinized for evidence of etiological factors in sexual orientation. For example, over-controlling mothers and distant, rejecting fathers were sometimes implicated in the development of L/G/B identities (Robinson, Skeen, Hobson & Herrman, 1982). Since the illness model of minority sexual identity has been disproven and repudiated by researchers and clinicians, the focus of L/G/B family studies has shifted toward family reactions to disclosure, family as a source of support for lesbians, gay men and bisexual individuals, same-sex couples/marriage and parenting. More recently, aging and grand-parenting issues in L/G/B literature have become popular areas of study as well.

Unfortunately, little research attention has been paid to the L/G/B family as a system, particularly to family-of-origin issues, in research (Rostosky et al., 2004; Allen & Demo, 1995). Historically, sexual minorities have been systematically excluded from family research. Allen and Demo (1995) conducted a review of three family journals (*Journal of Marriage and Family*, *Family Relations*, *Journal of Family Issues*) over a span of 13 years and found that of 2,598, only 12 articles (approximately 0.46%) explicitly addressed L/G/B topics related to family; and that in journals of related fields over the same time span only 15 of 5,465 articles (approximately 0.27%) addressed L/G/B topics. Interest in L/G/B family issues just started to gain attention in the 1970s, 1980s and 1990s, focusing on the coming out process, AIDs, and the same-sex parent debate (Allen & Demo, 1995; Knudson-Martin & Laughlin, 2005).

The dearth of studies regarding sexual minorities' family environments and family-of-origin persists in popular family journals, though to a lesser extent. The author of the present

study conducted a review similar to that of Allen and Demo (1995) of the Journal of Marriage and Family, Family Relations, Journal of Family Issues. All volumes published in each journal from 2000-2011 were examined for articles with explicit content relevant to the L/G/B population. The Journal of Marriage has published 1305 articles since 2000, with 20 of these articles (approximately 1.5%) including explicit L/G/B content. In the same time period Family Relations has published 649 articles, with 12 of these articles (approximately 1.8%) including explicit L/G/B content. And finally, the Journal of Family Issues has published 661 articles since 2000, with 14 of these articles (approximately 2.1%) including explicit L/G/B content. For the three journals combined about 1.8% of the articles were specifically concerned with topics related to the L/G/B population. Many of the articles addressed marriage and parenting issues for lesbians and gay men, and almost no emphasis was given specifically to the family environment or families-of-origin of lesbians, gay men and bisexuals. The Journal of GLBT Family Studies emerged in 2004. Surprisingly, in the issues published by this journal so far, the invisibility of L/G/B family environment and families-of-origin has continued.

Currently, the only study found which has examined the early family life of sexual minorities was conducted in 1982 by Robinson, Skeen, Hobson and Herrman. This study addressed the perceptions of early family life and parental relationships of 285 gay men and 47 lesbian women recruited from 30 national chapters of a Catholic organization, DIGNITY, working for the support and acceptance of L/G/B individuals. An unnamed questionnaire assessed 1) early family life conditions of the participants, including marital status of parents, living situation of parents during participants' childhood, "pleasantness" of the family environment and stress between parents; 2) parental relationships, including participant

satisfaction with their relationships with each parent; 3) love received from parents, 4) the realistic nature of their parents' expectations for them; 4) how worthy their parents felt the participants were as children; and 5) whether their parents would be accepting of their sexual orientation. Methodological issues severely limit the usefulness of the results presented. Although overall the participants reported positive perceptions of their early family life and relationships with parents, the findings are questionable because constructs were not defined and no details were provided about how they were measured. For example, the construct of early family life seemed to focus more on dyadic issues rather than on factors of the functioning and dynamics of the family system, subsystems or environment. Additionally, the majority of participants were Caucasian, Catholic, middle class, gay men. Relatively few participants were lesbians and no bisexual individuals were included in the sample. The response bias of individuals in this particular group toward more positive perceptions of early family environment is not known and it is uncertain how other samples of L/G/B individuals' responses may differ.

The early family environment is not unique in its lack of attention in L/G/B psychological research. No studies known to the current author have investigated how the environment of the family of choice or creation differs from what persons with sexual minority status experienced in their family of origin. This is an interesting gap in the literature when one considers the fact that L/G/B individuals may experience sexual orientation specific minority stress within the context of their own families, especially within the family of origin. Thus, many questions remain regarding the family environment of sexual minority individuals. The present study will seek to provide a starting point for addressing this gap in the literature.

APPENDIX B  
ADDITIONAL RESULTS

Frequencies were run of abuse characteristics by sexual orientation groups (see Tables B2-B5) showed that higher percentages of lesbian, gay and bisexual (L/G/B) participants reported being sexually abused by their father, mother, brother, sister, male relative or other male, while higher percentages of heterosexual participants reported being abused by a stepfather, female relative or other female. Additionally, higher percentages of the L/G/B participants reported experiences of hand-genital stimulation, fondling, intercourse with a male abuser, intercourse with a female abuser, performing oral sex on a male or female abuser, receiving oral sex performed by a female abuser, and anal sex with a male. Heterosexual participants reported higher percentages of receiving oral sex performed by a male abuser, enforced sex with animals, having pornographic photos taken of them, or other types of abuse. The average reported duration of sexual abuse for L/G/B individuals was 6 months longer than for heterosexuals (4.5 years and 4 years respectively), and a higher percentage of L/G/B endorsed experiencing 50 or more incidents of sexual abuse than heterosexuals.

Table B1

*Demographic Statistics*

	Overall (N = 80) N(%)	Heterosexual (n = 53) N(%)	Lesbian/Gay (n = 6) N(%)	Bisexual (n = 16) N(%)	Unident. (n = 5) N(%)
<u>Gender</u>					
Male	6(7.5)	5(9.4)	1(16.7)	0(0.0)	0(0.0)
Female	74(92.5)	48(90.6)	5(83.3)	16(100.0)	5(100.0)
<u>Ethnicity</u>					
African American	1(1.3)	1(1.9)	0(0.0)	0(0.0)	0(0.0)
Native American	3(3.8)	2(3.8)	0(0.0)	1(6.3)	0(0.0)
Asian/Pacific Islander	1(1.3)	1(1.9)	0(0.0)	0(0.0)	0(0.0)
Caucasian/White	65(81.3)	41(77.4)	6(100.0)	14(87.5)	4(80.0)
Hispanic	3(3.8)	2(3.8)	0(0.0)	1(6.3)	0(0.0)
Bi-racial/Multi-racial	5(6.3)	5(7.5)	0(0.0)	0(0.0)	1(20.0)
Other	2(2.5)	2(3.8)	0(0.0)	0(0.0)	0(0.0)
<u>Marital status</u>					
Single, living without partner	28(35.0)	18(34.0)	5(83.3)	4(25.0)	1(20.0)
Single, living with partner	3(3.8)	0(0.0)	1(16.7)	2(12.5)	0(0.0)
Married	27(33.8)	22(41.5)	0(0.0)	2(12.5)	3(60.0)
Divorced, living without partner	20(25.0)	13(24.5)	0(0.0)	6(37.5)	1(20.0)
Divorced, living with partner	2(2.5)	0(0.0)	0(0.0)	2(12.5)	0(0.0)
<u>Abuse</u>					
Multi-type	60(75.0)	39(73.6)	5(83.3)	11(68.8)	5(100.0)
Single-type	13(16.3)	8(15.1)	1(16.7)	4(25.0)	0(0.0)
None	7(8.8)	5(9.4)	0(0.0)	1(6.3)	0(0.0)



Table B2

*Perpetrator Relationship by Sexual Orientation*

	<u>L/G/B</u>	<u>Heterosexual</u>	<u>Unidentified</u>
	(n = 22)	(n = 53)	(n = 5)
Perpetrator	N(%)	N(%)	N(%)
Father	11(50.0)	19 (35.8)	1(20.0)
Mother	5(22.7)	10(18.9)	2(40.0)
Stepfather	2(09.1)	6(11.3)	0(00.0)
Stepmother	0(00.0)	0(00.0)	0(00.0)
Brother	8(36.4)	14(26.4)	0(00.0)
Sister	3(13.6)	4(07.5)	0(00.0)
Male relative	13(59.1)	28(52.8)	2(40.0)
Female relative	3(13.6)	9(17.0)	1(20.0)
Other male	15(68.2)	31(58.5)	1(20.0)
Other female	4(18.2)	15(28.3)	3(60.0)

Table B3

*Abuse Acts by Sexual Orientation*

Abuse Acts	L/G/B	Heterosexual	Unidentified
	(n = 22) N(%)	(n = 53) N(%)	(n = 5) N(%)
Hand-genital	19(86.4)	40(75.5)	0(00.0)
Fondling	20(90.9)	42(79.2)	0(00.0)
Intercourse with male	16(72.7)	34(64.2)	4(80.0)
Intercourse with female	8(36.4)	14(26.4)	2(40.0)
Oral performed on male	15(68.2)	27(50.9)	0(00.0)
Oral performed on female	6(27.3)	11(20.8)	2(40.0)
Oral performed by male	9(40.9)	26(49.1)	3(60.0)
Oral performed by female	6(27.3)	13(24.5)	4(80.0)
Anal sex with male	10(45.5)	18(34.4)	3(60.0)
Sex with animals	3(13.6)	12(22.6)	1(20.0)
Pornographic photos	4(18.2)	16(30.2)	1(20.0)
Other	4(18.2)	42(79.2)	0(00.0)

Table B4

*Duration of Abuse and Average Number of Perpetrators by Sexual Orientation*

	<u>L/G/B</u> (n = 22) <i>M(SD)</i>	<u>Heterosexual</u> (n = 53) <i>M(SD)</i>	<u>Unidentified</u> (n = 5) <i>M(SD)</i>
Duration in years	4.5(00.8)	4.0(01.2)	4.0 (00.0)
Unknown duration	8.0(36.4)	21.0(39.4)	3.0 (60.0)
# perpetrators	3.0(01.6)	2.7(01.4)	3.7(01.2)

Table B5

*Abuse Incidents and Number of Perpetrators by Sexual Orientation*

	<u>L/G/B</u> (n = 22)	<u>Heterosexual</u> (n = 53)	<u>Unidentified</u> (n = 5)
Incidents of abuse			
Before age 18	N(%)	N(%)	N(%)
1-5	2(09.1)	7(13.2)	0(00.0)
6-10	1(04.5)	2(03.8)	0(00.0)
11-50	1(04.5)	8(15.1)	1(20.0)
50+	11(50.0)	19(35.8)	0(00.0)
Unknown	7(31.8)	17(32.1)	4(80.0)
# perpetrators			
1	4(18.2)	10(18.9)	0(00.0)
2	7(31.8)	14(26.4)	0(00.0)
3	1(04.5)	7(13.2)	2(40.0)
4	6(27.3)	4(07.5)	0(00.0)
5	2(09.1)	8(15.1)	1(20.0)
6	0(00.0)	0(00.0)	0(00.0)
7	1(04.5)	0(00.0)	0(00.0)
Unknown	1(04.5)	10(18.9)	2(40.0)

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