Family Victimization Among Canadian Sexual and Gender Minority Adolescents and Emerging Adults

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Abstract

Objectives: This paper examines family victimization, well-being, and resilience among sexual and gender minority (SGM) adolescents and emerging adults aged 15 to 29 years.

Methods: Self-reported data were collected online (2019-2020) from 1,971 Canadian SGM youths. We used logistic regression to estimate the odds of: (a) having experienced family victimization over the past 12 months; (b) reporting well-being across the various frequencies of family victimization; and (c) thriving (i.e., flourishing despite having experienced family victimization).

Results: About 36% of participants experienced family victimization within the previous 12 months, with 13% reporting recurrent family victimization. Recurrent victimization was more prevalent among trans and nonbinary youths as compared to cisgender men, and was also more prevalent among socioeconomically disadvantaged participants. Recurrent victimization was significantly associated with higher odds of reporting internalized heterosexism, efforts to conceal gender and sexual orientation, languishing mental health, social anxiety, loneliness, and post-traumatic stress symptoms. Thriving participants were less likely to experience activity restrictions or to live with at least one parent, and more likely to score higher on authenticity scales, to report proactive norms against violence within their family, and to have food and economic security.

Conclusion: Despite recent advances in SGM rights and acceptance, SGM youths still face family victimization and compromised well-being.

Implications: These findings underline the importance of screening for family violence among SGM youths, particularly among trans youths and those of lower socioeconomic status. Findings also underline the importance of providing SGM youth both a safe family environment and material security.

Keywords: Family victimization; sibling bullying; LGBT; sexual and gender minority (SGM); adolescents; emerging adults.

Introduction

Parents' primary role is caring for and protecting their children (deLara, 2022); yet, when it comes to sexual and gender minority (SGM) youth, many families fall short of these obligations. Up to 80% of SGM individuals have experienced childhood adversity and lifetime family victimization (Friedman et al., 2011; Katz-Wise & Hyde, 2012; McGeough & Sterzing, 2018). While there is no consistent definition of family victimization across studies, common definitions refer to abuse or neglect by a family member, including parents or siblings, or an abuse of power meant to hurt and control a trusting and dependent person.

A meta-analysis of data collected from over 500,000 lesbian, gay, and bisexual (LGB) individuals (mostly adults) revealed high rates of verbal (35% to 43%) and physical (29% to 40%) family abuse (Katz-Wise & Hyde, 2012). Another meta-analysis of school-based studies found that about one-third of sexual minority women and a quarter of sexual minority men experienced parental physical abuse before 18 years of age (Friedman et al., 2011). Almost half of sexual minority youths experienced homophobic or transphobic slurs (e.g., "sissy") from their parents during childhood (D'Augelli et al., 2006). About 10% of Canadian LGBTQ2+ youths have experienced physical abuse by a family member over a one-year period (Taylor et al., 2020).

According to deLara (2022), frequent parental abuse is very similar to what would otherwise be called bullying (e.g., repeated, intentional verbal or physical abuse from someone with greater strength). Experiences of bullying are further complicated and amplified when the perpetrator is someone with whom the victim resides or on whom they rely for basic needs (i.e., parents, extended family, siblings). Due to its repetitive nature, bullying was considered an appropriate conceptual framework for this study. Data also suggests that family violence extends beyond parental victimization, as siblings and other relatives have also been identified as perpetrators of violence toward SGM individuals (deLara, 2022; Martinez & McDonald, 2021; Stoddard et al., 2009). Such findings highlight the importance of also examining immediate and extended family in victimization or bullying research conducted among SGM youth.

Family Violence Across SGM Youths' Personal and Sociodemographic Characteristics

Family victimization is unevenly reported among sexual minority groups, as people who identify as bisexual, pansexual, queer, questioning, or "other" tend to report higher rates and more frequent microaggressions, assault, and childhood maltreatment by a family member than those identifying as gay or lesbian (Friedman et al., 2011; Gartner & Sterzing, 2018; Sterzing et al., 2019). Family victimization rates also vary across gender, with women and individuals whose gender identities do not conform to their assigned sex at birth being the most likely to report higher rates, frequency, and diversity of victimization, including within the family, compared to cisgender men (Friedman et al., 2011; Gartner & Sterzing, 2018). They also report higher rates of sibling emotional abuse, physical assault and coercion, and childhood maltreatment.

Family victimization often aims to reprimand SGM children for their sexual or gender role nonconformity, non-normative sexual orientations, and outness (Gartner & Sterzing, 2018; McGeough & Sterzing, 2018). This might be especially the case for children with identities that are not as widely recognized (e.g., queer, pansexual, asexual), less understood, or perceived as ambiguous or unstable (Burke & LaFrance, 2016; Katz-Wise & Hyde, 2012; Prior, 2021).

Children with disabilities or activity restrictions constitute another group of youths at risk for family victimization, as they often need to rely on family members for care in ways that differ from those of their non-disabled peers. As well, family members caring for a youth with disabilities may feel an increased strain on their emotional, physical, or economic resources (Hibbard et al., 2007). Despite growing research on disabilities among SGM youths (Ingram, 2020; Maroney & McGinley, 2020), there is a dearth of information on family violence against SGM youths with disabilities and activity restrictions. Similarly, few studies have examined the impact of financial stress and neighborhood economic deprivation on family violence (e.g., Jackson et al., 2018; Monahan, 2020).

SGM youth of colour (Li et al., 2017) and Two-Spirit youths (Ferlatte et al., 2019; Ristock et al., 2019) are also likely to report family abuse, ranging from microaggressions to physical abuse. Cultures of silence surrounding sexual and gender diversity, misconceptions regarding sexual and gender diversity, cultural homonegativity, and religious objections to LGBTQ identities coupled with complex colonial issues are important contributing factors to the victimization of SGM youth of colour and Two-Spirit youths (Sadika et al., 2020). However, little research has examined differences in family victimization rates across sexual identities, gender, and race/ethnicity (McGeough & Sterzing, 2018).

Mental Health and Relational Outcomes of Family Violence

Negative family relationships have been linked to poor mental health and relational outcomes among SGM individuals (Andersen et al., 2015; Rothman et al., 2012; Ryan et al., 2009). For example, studies have found that family victimization and rejection can lead to the development of a negative self-image, self-criticism, low self-esteem, shame, and social anxiety among SGM individuals (Chan & Leung, 2021; deLara, 2022; Roberts et al., 2011; Willoughby et al., 2010), as these fuel fears of rejection, disappointment, and relationship deterioration. Family rejection is also a major cause of loneliness and is particularly high among trans youths compared to their cisgender peers (Yadegarfard et al., 2014). While recent studies have explored how minority stressors (e.g., experiences of SGM-based discrimination) are associated with social anxiety among sexual minority individuals (Mahon et al., 2021), specific data linking family victimization to social anxiety and loneliness among SGM youths are scarce.

To protect themselves from further violence and stigma (Bry et al., 2017; Carastathis et al., 2017), SGM youths may conceal their identity, particularly in high-stigma contexts (Pachankis & Bränström, 2018). Indeed, data suggest that youths who had not disclosed their sexual orientation to their parents report less verbal abuse (D'Augelli et al., 2010). Yet, concealment also imposes a significant psychological burden on individuals, such as feelings of inauthenticity or living a lie, along with various cognitive, affective, and behavioural difficulties (Goh et al., 2019; Pachankis, 2007; Pachankis et al., 2020).

Flourishing Despite Experiencing Family Victimization: Resilience, Authenticity, and Socioeconomic Resources

As childhood trauma has been negatively associated with poor mental health outcomes (Peter et al., 2011), SGM youths facing family victimization are likely to suffer languishing mental health, defined by Keyes (2002) as a state of emptiness, stagnation, and quiet despair. Yet, some youths bounce back from adversity and manage to thrive despite the violence they face (Yoon et al., 2020). While strengthening SGM youths' abilities and opportunities to thrive despite adversity is crucial, data on how to do so remain scarce. Thus, studying SGM youths who flourish despite experiencing family victimization is important. Flourishing is a state of mental health that encompasses emotional, psychological, and social well-being (Keyes, 2002, 2006). It is achieved with a combination of internal and external resilience factors.

Based on the data we have, authenticity is one of the internal resilience factors that has been significantly associated with the well-being of sexual minority individuals (Riggle et al., 2017). As SGM individuals face social pressures often forcing them to choose between being authentic or being socially included and supported (Catalpa & McGuire, 2018; Levitt et al., 2016), authenticity appears as a particularly relevant internal resource for resilience and their ability to thrive.

When it comes to external resilience resources, socioeconomic indicators are commonly used as proxies, as they speak not only of material resources (e.g., adequate living conditions, food, transportation), but also of psychosocial assets that are affected by material factors, such as access to family support and opportunities (Cannas Aghedu et al., 2022; Khanlou & Wray, 2014; Kroenke, 2008). Among trans people, poverty and food insecurity have been shown to erode physical and mental health as well as support systems (Russomanno et al., 2019), which indicates how the lack of such external resilience factors can have serious consequences – a common outcome in contexts of family victimization experienced by SGM youth.

The Current Study

This study aimed to examine family victimization among Canadian SGM youths, aged 15 to 29, over the past 12 months, and to explore characteristics associated with flourishing despite having experienced family victimization. We expected family victimization to be more prevalent and more recurrent among trans participants than cisgender ones, as well as for participants living in economically disadvantaged environments. We also hypothesized that family victimization, both sporadic and recurrent, would be associated with negative self-evaluative, behavioural, cognitive, and affective outcomes. As family victimization is often associated with extra-familial victimization (McGeough & Sterzing, 2018), we controlled for concurrent victimization experienced in school, in the workplace, and in sports to better isolate the influence of family victimization on the outcome variables. Finally, we examined whether participants' characteristics as well as their internal and external resources (authenticity and socioeconomic status) were associated with flourishing, despite having experienced family victimization.

Method

Sampling

The present study's self-reported, correlational data were drawn from a web-based survey (online from September 2019 to May 2020) accessible via any web-enabled device (e.g., computer, tablet, smartphone). The survey was available in English and French and took approximately 30 to 60 minutes to complete. Eligibility criteria included self-identifying as Two-Spirit, lesbian, gay, bisexual, transgender, queer, or another SGM identity (2SLGBTQ+), being between 15 and 29 years of age, and residing in Canada. Participants' location was confirmed by the reported residential postal code and IP addresses captured by the web survey platform. The survey was promoted via Canadian 2SLGBTQ+ focused and allied community-based organizations, online communities, and social media (e.g., Instagram, Facebook, Twitter). This study was reviewed and approved by the institutional research ethics boards of the following Canadian universities: Université du Québec à Montréal (Quebec), Dalhousie University (Nova Scotia), Université Laval (Quebec), University of Toronto (Ontario), Toronto Metropolitan University (Ontario), University of Saskatchewan (Saskatchewan), and University of Victoria (British Columbia).

The survey registered 4,121 entries, of which 1,725 were excluded because the participants were ineligible (e.g., younger than 15 years old or older than 29 years of age, or were both heterosexual and cisgender), did not consent to the study terms, exited the survey after providing consent, did not provide key data on their gender modality (i.e., cisgender or transgender) or sexual orientation or identity, or failed the attention check questions. This paper focuses on the subset of participants who provided data on their family victimization experiences ($n = 1,971$).

Variables

Demographic Information

We collected data on: gender modality (i.e., cisgender or transgender) and identity (men, women, nonbinary); sexual orientation and identity (e.g., gay, lesbian, bisexual, queer, pansexual); age; education; migration trajectory; living arrangement (i.e., living with at least one parent or not); racialized or visible minority status (i.e., non-white or non-Caucasian); and activity restriction (see Table 1 for coding). Activity restriction was measured using four questions (e.g., "Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending over, learning, reading or writing, or doing any similar activities?"). Response anchors were "never," "sometimes" or "often." Those who replied "often" to at least one question were classified as having "frequent activity restrictions" (Grondin, 2016).

Family Victimization

Family victimization was assessed with a general question from the Forms of Bullying Scale (Shaw et al., 2013), which we adapted to explicitly refer to the family context:

Bullying is when one or more of the following things happen AGAIN and AGAIN to someone who finds it hard to make it stop. Bullying is when a person or a group of people, in person or online (internet, social media, e-mail, etc.), makes fun of or teases someone in a mean and hurtful way, tells lies or spreads nasty rumours about someone to try to make others not like them, leaves someone out on purpose or doesn't allow them to join in, hits, kicks or pushes someone around, deliberately damages, destroys or steals someone's things, threatens to hurt someone, or makes them feel afraid

Table 1. Participant Characteristics ($n = 1,971$)

	% (n)
Gender identity, by gender modality	
Cisgender	56.3 (1,109)
Men	16.6 (327)
Women	39.7 (782)
Trans	43.7 (862)
Men	9.6 (190)
Women	2.4 (48)
Nonbinary	31.7 (624)
Sexual orientation	
Gay/lesbian	30.9 (608)
Bi/pansexual	44.0 (867)
Queer	16.3 (321)
Questioning	4.0 (78)
Asexual (not classified in the above)	4.9 (97)
Age group	
15-17	22.9 (452)
18-20	21.5 (423)
21-23	19.7 (389)
24-26	17.8 (351)
27-29	18.1 (356)
Education (missing = 7)	
< High school diploma	20.8 (409)
High school diploma	22.0 (430)
College certificate/diploma	30.7 (603)
Post-secondary degree	26.6 (522)
Living with at least one parent	
No	49.4 (973)
Yes	50.6 (998)
Frequent activity restrictions	30.5 (602)
Race	
White	76.7 (1,512)
Indigenous	9.5 (188)
Visible minority	13.8 (271)
Migration trajectory (missing = 4)	
First-generation immigrant (born abroad)	11.1 (219)
Second generation	16.9 (333)
Third generation or more	72.0 (1,416)

of getting hurt. It is NOT bullying when teasing is done in a friendly, playful way, or when two equally strong people argue or fight. Using the above definition, please state whether you have been bullied in your immediate or extended family over the last 12 months.

Five response anchors were provided: "no", "yes, but rarely", "yes, several times per month", "yes, several times per week", and "yes, almost daily". Responses were trichotomized: no family victimization ("never"), sporadic family victimization ("yes, but rarely"), and recurrent family victimization ("yes, several times per month" or more). The same item was adapted for the workplace, sports, and school, and the three answers were combined into a dichotomous (yes/no) "exposure to bullying in other life domains" variable that was included as a control variable in the regression models.

Forms of Victimization

Consistent with other research, we explored six broad forms of bullying among those who answered yes to the first, general question: verbal violence ("You are called names, insulted, teased, harassed, verbally intimidated, or yelled at"); social exclusion ("You, your opinions or your ideas are ignored, excluded, despised or looked upon with contempt"); reputational damage ("Someone spreads rumours, gossip, false accusations against you, or revealed personal or hurtful information about you"); physical violence ("You are physically intimidated, beaten, pushed, hit, shoved, slapped, spit on, tripped, or have had your hair pulled or objects thrown at you, or someone threatened your physical safety"); vandalism ("Someone deliberately destroys or vandalizes your personal property or steals from you"); and expressions of contempt and prejudice ("Someone expresses prejudice or derogatory remarks toward you or your community, or acts as if they are better than you, as if they are afraid of you, or as if they think you are dishonest"). The response anchors were: (0) "never/not applicable"; (1) "rarely"; (2) "less than half of the time"; (3) "more than half of the time", and (4) "every time or almost every time". The six items had an adequate scale reliability score ($\alpha = .79$), with factor loadings varying from .55 to .70.

Self-Stigma

We explored negative self-evaluative outcomes through SGM self-stigma scales. Sexual orientation self-stigma was measured using four items adapted from two internalized homonegativity scales (Mayfield, 2001), replacing the word "homosexuality" with "sexual orientation" so that participants of all sexual orientations could answer. Prior focus groups and pilot testing informed the selection and wording of the four items: "I sometimes resent my sexual orientation"; "I hate myself because of my sexual orientation"; "I feel ashamed of my sexual orientation"; and "When I think of my sexual orientation, I feel depressed". Response options were rated on a five-point Likert scale and ranged from (1) "strongly disagree" to (5) "strongly agree". The factor loadings varied from .78 to .82 and the scale's internal consistency was excellent ($\alpha = .92$). Responses were dichotomized to distinguish participants who rejected (< 3; coded as 0) or endorsed self-stigma (≥ 3; coded as 1). The same items were used to measure self-stigma regarding gender identity and expression, replacing "sexual orientation" with "gender expression or identity". We provided the following definitions: "By 'gender identity,' we mean the gender that is yours or that you feel is yours. By 'gender expression,' we mean the way you express your gender, your masculinity, or your femininity (e.g., through accessories, makeup, nail polish, etc.)". Factor loadings ranged from .74 to .83 and the scale's internal consistency was very good ($\alpha = .89$).

We explored concealment efforts as a behavioural outcome using two questions adapted from the Nebraska Outness Scale (Meidlinger & Hope, 2014): "How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with… Your immediate family (e.g., parents and siblings)?" To assess concealment efforts with regard to gender, we used the same question, but replaced "sexual orientation" with "gender identity or expression or your trans status". Response anchors were "never", "rarely", "half the time", "most of the time", and "all the time". The score was dichotomized so that participants concealing most of the time or all the time were coded as 1, and the others as 0.

Distress and Well-Being

Social anxiety. We assessed social anxiety using the 13-item Social Anxiety Scale for Adolescents – Short Form (SAS-A; La Greca & Lopez, 1998). The SAS-A is comprised of three subscales covering cognitive (e.g., preoccupations), affective (e.g., anxiety, distress), and behavioural (e.g., avoidance) dimensions: (1) fear of negative evaluation (e.g., "I worry about what others say about me"; $\alpha = .90$); (2) social avoidance and distress in new social situations or with unfamiliar peers (e.g., "I get nervous when I meet new people"; $\alpha = .71$); and (3) general or pervasive social avoidance and distress (e.g., "I get nervous when I talk to peers I don't know very well"; $\alpha = .82$). The five-point response anchors

vary from (0) "never" to (4) "always". The mean score was dichotomized at the cut-off value of ≥2.8, so that 1 reflects high social anxiety and 0, lower social anxiety. The overall scale shows excellent internal consistency (α = .93).

Loneliness. As an affective outcome, loneliness was measured using the three-item version of the UCLA Loneliness Scale (Hughes et al., 2004; Russell et al., 1980). The scale assesses how often participants felt a lack of relational connectedness ("You lack companionship"), collective connectedness ("Left out"), and general isolation ("Isolated from others"). Responses (0) "hardly ever", (1) "some of the time", and (2) "often" were summed and dichotomized, scores higher than 4 indicating great loneliness. Internal consistency was adequate (α = .78).

Flourishing and Languishing Mental Health. We used Keyes' Mental Health Continuum Short Form to measure flourishing and languishing mental health (Keyes, 2006). The items were preceded by the general instruction: "In the past month, how often did you feel…". The questions covered emotional well-being ("…satisfied with your life?"), psychological well-being ("… that you are having experiences that make you grow and become a better person?") and social well-being ("… that society is becoming a better place for people like you?"). The response options were: (0) "never"; (1) "once or twice"; (2) "about once a week"; (3) "about two or three times a week"; (4) "almost every day"; and (5) "every day". The "flourishing" variable was coded as 1 for participants who had experienced at least one of the three emotional well-being items (i.e., happy, interested in life, or satisfied) and six of the nine psychological or social well-being items every day or almost every day, and coded 0 for all other participants. The "languishing" variable was coded as 1 for participants who had experienced at least one of the emotional well-being items (i.e., happy, interested in life, or satisfied) and six of the psychological or social well-being items never or once or twice (all other participants were coded as 0). The overall scale showed excellent internal consistency (α = 0.92).

Post-Traumatic Stress Symptoms. The five-item Primary Care Post-Traumatic Stress Disorder Screen for DSM-5 (PC-PTSD-5) measured post-traumatic stress symptoms: intrusive thoughts, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity. Respondents were asked to answer "yes" or "no" to all items. Yeses were summed and dichotomized at three yeses or more (1), as this number is suggestive of probable post-traumatic stress disorder (Prins et al., 2016). The scale had excellent internal consistency (α = 0.90).

Authenticity. The Authenticity Scale was used to measure a tripartite conception of authenticity (Wood et al., 2008), comprising self-alienation (e.g., "I feel out of touch with the 'real me'"), authentic living (e.g., "I am true to myself in most situations"), and accepting external influence (e.g., "I always feel I need to do what others expect me to do"). The response anchors ranged from (0) "does not describe me at all" to (4) "describes me very well". Some items were reverse-coded so that higher scores reflect higher authenticity, and the mean score was with high authenticity defined as a score of 3 or more. The global scale had good internal consistency (α = 0.86).

Proactive Family Norms Against Violence. Participants were invited to rate their family's reactions toward violence ("Thinking about the situations related to bullying and intimidation that have just been described, would you say that in your family this kind of situation is…") along three six-point continuums created for this study. The continuums ranged from "always acceptable" to "always unacceptable", from "always discouraged" to "always encouraged", and from "always punished" to "never punished". Family norms were considered proactive against violence if participants responded that the items were often or always unacceptable, discouraged, or punished on at least two of the three items. The scale had acceptable internal consistency (α = 0.78).

Socioeconomic Stressors

Three variables captured socioeconomic stressors: food insecurity, financial stress, and neighbourhood material deprivation. Food insecurity was measured using a single item adapted from the Health Behavior in School-aged Children study (Currie et al., 2009): "Some people go to school, work, or bed hungry because there is not enough food at home. How often does this happen to you"? The word "work" was added in our question since the initial questionnaire was intended for children. Seven response options were provided: "every day", "several times a week", "about once a week", "several times a month (less than once a week)", "about once a month", "less than once a month", and "never". A dichotomous indicator was created: (0) never or less than once a month, and (1) about once a month or more. To assess financial stress, we measured both personal financial stress (five items, e.g., "You do not have enough money to pay your regular bills"; α = 0.83; Hamby et al., 2015) and family financial stress (five items, e.g., "Your family is having problems because your parents/guardians do not have enough money to buy things they need or want"; (α = .87); Mistry et al., 2009). Response anchors were: (0) "never true"; (1) "rarely true"; (2) "sometimes true"; (3) "often true"; (4) "always true"; and (recorded as missing data) "does not apply" with higher scores indicating greater financial stress.

Means were calculated and transformed into z-scores, which were then averaged and transformed into quintiles (five stress categories, each containing 20% of the sample). The neighbourhood material deprivation information was based on the material deprivation index, which combines information on education, employment, and income in the neighbourhood based on participants' postal codes (Pampalon et al., 2012).

Statistical Analysis

First, descriptive statistics for participants' characteristics were computed using Stata 17 (StataCorp, 2021). Second, we estimated the crude and adjusted odds ratios (ORs) for having experienced sporadic and recurrent family victimization (compared to none) across participants' demographic and socioeconomic characteristics using multinomial regression models. Third, we estimated both crude and adjusted ORs for experiencing negative outcomes across family victimization levels. These models were estimated with Mplus 8.2 (Muthén & Muthén, 2017), and missing data on independent and control variables were treated using full information maximum likelihood estimation. Fourth, we performed Firth's penalized logistic regression models using SAS 9.4 (Allison, 2012) to estimate crude and adjusted ORs for reporting flourishing mental health (compared to not) among the participants who experienced family victimization.

As family relationships are likely to vary depending on whether one lives with their parents or not, we compared participants who were living with at least one parent to those who did not on all variables using Cramér's *V* (Cramér, 1999) to estimate the effect size of their association. As all effect sizes were small or negligible (< 0.11; see Rea & Parker, 2014, p. 219, for Cramér's *V* cut-offs), and to maximize statistical power (Peduzzi et al., 1996), statistical analyses were performed on the complete analytic sample. Adjusted models included sociodemographic variables and relevant variables as a step in identifying potentially confounding variables for future causal modeling.

Results

Sample Characteristics

The sample was composed of both cisgender (56.3%; with a predominance of cisgender women, 39.7%) and trans participants (43.7%; 9.6% trans men, 2.4% trans women, and 31.7% nonbinary), who were mainly gay or lesbian (30.9%), bisexual or pansexual (44%), and queer (16.3%). They were aged between 15 and 29 years (*M* = 21.7, *SD* = 4.3). Less than half of the sample had a high school diploma or less (about 44.4%), and over half were living with family members, mainly with both parents or with a single parent. About one-third reported often experiencing at least one activity restriction in their everyday lives (e.g., in hearing, seeing, communicating, walking, climbing stairs, etc.). Most were white (76.7%), while 9.5% were Indigenous, and 13.8% were members of visible minority groups (i.e., non-Caucasian or non-white). Most were born in Canada from parents born in Canada (72.0%), while 16.9% were born in Canada from immigrant parents, and 11.1% were born abroad.

Over one-third of the sample (35.8%) reported family victimization over the previous year, and 12.9% experienced it several times a month or more (see Table 2). Regarding forms of victimization, 32.8% reported social exclusion, verbal violence (29.5%), or expressions of contempt and prejudice (28.5%). About one out of five reported some reputational damage (18.7%), while about one out of ten experienced vandalism (10.6%) or physical violence (10%). Detailed frequencies are shown in Table 2.

Among participants who reported having experienced violence, parents were identified as perpetrators by 71.6%, while extended family (e.g., aunts, uncles, grandparents, cousins) and siblings were also identified as perpetrators by 42.8% and 33.2% of participants, respectively. Victimization occurred mostly in person (66.2%), or both in person and online (29.1%), with only a minority reporting online victimization only (4.7%). About half (47.5%) considered that they were specifically targeted for victimization due to their SGM status. Exposure to both sporadic and recurrent family victimization was explored across participant, family, and environmental characteristics (see Table 3). In the adjusted model, sporadic family victimization was more likely among cisgender women and trans individuals compared to cisgender men, as well as among those with frequent activity restrictions in everyday life, those living with extended family (compared to living in non-family-based arrangements), and those experiencing higher financial stress and monthly food insecurity. Recurrent family victimization was higher among trans participants compared to cisgender men, and among those experiencing higher financial stress and monthly food insecurity.

Table 2. Family Victimization Frequency in the Last 12 Months (*n* = 1,971)

	None	Rare family victimization	Several times per month	Several times per week	Almost daily	Overall prevalence
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Any form	64.2 (1,265)	23.0 (452)	7.3 (143)	3.7 (72)	2.0 (39)	35.8 (706)

	Never	Rarely	Less than half of the time	More than half of the time	Every time or almost every time	Overall prevalence
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Specific forms						
Social exclusion	67.2 (1,318)	6.5 (128)	9.6 (188)	9.0 (177)	7.6 (149)	32.8 (642)
Verbal violence	70.5 (1,381)	11.1 (217)	8.1 (159)	6.1 (119)	4.2 (83)	29.5 (578)
Expressions of contempt and prejudice	71.5 (1,397)	8.5 (167)	7.3 (143)	7.0 (137)	5.7 (111)	28.5 (558)
Reputational damage	81.3 (1,590)	7.8 (152)	4.7 (92)	3.5 (68)	2.8 (55)	18.7 (366)
Vandalism	89.4 (1,745)	6.5 (127)	1.9 (37)	1.6 (32)	0.6 (11)	10.6 (207)
Physical violence	90.1 (1,755)	5.9 (115)	2.3 (44)	1.4 (27)	0.4 (8)	10.0 (194)

Note. Seven participants (0.36%) who reported having experienced family victimization did not report experiencing any of the specific forms listed above.

Table 3. Family Victimization Across Participant, Family, and Environmental Characteristics (*n* = 1,971)

	Sporadic (vs. none) (*n* = 452)				Recurring (vs. none) (*n* = 254)			
	Crude OR	(95% CI)	aOR	(95% CI)	Crude OR	(95% CI)	aOR	(95% CI)
Age								
15-17	2.70	(1.70, 4.54)	2.25	(1.30, 4.45)	1.05	(0.73, 1.44)	0.89	(0.57, 1.34)
18-20	2.78	(1.72, 4.77)	2.41	(1.38, 4.58)	1.13	(0.82, 1.56)	0.99	(0.66, 1.47)
21-23	2.25	(1.36, 3.95)	1.81	(1.05, 3.30)	1.13	(0.79, 1.59)	0.95	(0.63, 1.41)
24-26	1.55	(0.87, 2.70)	1.53	(0.83, 2.86)	1.05	(0.72, 1.49)	1.00	(0.66, 1.45)
27-29 (ref. cat.)	1.00		1.00		1.00		1.00	
Gender modality and identity								
Cis men (ref. cat.)	1.00		1.00		1.00		1.00	
Cis women	2.66	(1.59, 5.40)	2.06	(1.16, 4.40)	1.34	(0.98, 1.89)	1.28	(0.88, 1.87)
Trans women	5.44	(1.83, 14.51)	5.81	(1.70, 17.89)	2.68	(1.21, 5.37)	2.58	(1.06, 5.78)
Trans men	7.76	(4.17, 16.89)	4.50	(2.21, 10.08)	2.72	(1.72, 4.24)	2.19	(1.30, 3.61)
Nonbinary	5.01	(3.05, 10.03)	3.15	(1.76, 6.95)	2.05	(1.49, 2.91)	1.65	(1.11, 2.47)
Sexual orientation								
Gay/lesbian (ref. cat.)	1.00		1.00		1.00		1.00	
Bi/pansexual	1.85	(1.31, 2.69)	1.09	(0.74, 1.69)	1.31	(1.03, 1.66)	0.99	(0.74, 1.30)
Queer	1.69	(1.06, 2.66)	0.96	(0.57, 1.64)	1.52	(1.09, 2.12)	1.06	(0.73, 1.57)
Questioning	2.69	(1.23, 4.94)	1.72	(0.76, 3.21)	1.17	(0.58, 2.01)	0.94	(0.48, 1.67)
Asexual	1.57	(0.75, 3.00)	0.89	(0.37, 2.03)	0.68	(0.31, 1.13)	0.50	(0.23, 0.84)
Race								
White (ref. cat.)	1.00		1.00		1.00		1.00	
Indigenous	2.44	(1.64, 3.53)	1.34	(0.81, 2.04)	1.50	(1.01, 2.13)	1.10	(0.73, 1.56)
Visible minority	1.48	(0.99, 2.15)	1.64	(1.07, 2.44)	1.26	(0.91, 1.67)	1.35	(0.95, 1.81)
Frequent activity restrictions								
No (ref. cat.)	1.00		1.00		1.00		1.00	
Yes	3.97	(3.03, 5.19)	2.52	(1.89, 3.49)	2.45	(1.95, 3.04)	1.91	(1.51, 2.44)
Living arrangement								
Not living with at least one parent (ref. cat.)	1.00		1.00		1.00		1.00	
Living with at least one parent	1.18	(0.92, 1.55)	0.87	(0.58, 1.29)	1.02	(0.83, 1.26)	1.04	(0.78, 1.38)
Financial stress								
Q1 Lowest financial stress (ref. cat.)	1.00		1.00		1.00 1.00		1.00 1.00	
Q2	2.01	(1.18, 3.44)	1.76	(1.03, 3.05)	1.48	(1.00, 2.15)	1.38	(0.94, 2.06)
Q3 Moderate financial stress	2.05	(1.23, 3.72)	1.44	(0.83, 2.68)	1.91	(1.33, 2.73)	1.56	(1.07, 2.28)
Q4	2.90	(1.85, 5.34)	1.96	(1.19, 3.65)	2.61	(1.85, 3.76)	2.06	(1.42, 3.06)
Q5 Highest financial stress	8.13	(5.29, 13.90)	4.83	(3.04, 8.63)	2.95	(2.02, 4.34)	2.16	(1.44, 3.29)

Note. aOR = Odds ratio adjusted for all other variables in the model.

Table 3. Family Victimization Across Participant, Family, and Environmental Characteristics (*n* = 1,971) (suite)

	Sporadic (vs. none) (*n* = 452)				Recurring (vs. none) (*n* = 254)			
	Crude OR	(95% CI)	aOR	(95% CI)	Crude OR	(95% CI)	aOR	(95% CI)
Monthly food insecurity (ref. cat. "Never")	4.78	(3.40, 6.72)	2.51	1.7, 3.81)	2.81	(2.08, 3.79)	1.97	(1.41, 2.75)
Neighbourhood material deprivation								
Q1 Most privileged (ref. cat.)	1.00		1.00		1.00		1.00	
Q2	1.43	(0.90, 2.28)	1.18	0.72, 1.98)	1.13	(0.81, 1.59)	1.09	(0.76, 1.56)
Q3 Moderately deprived	1.88	(1.18, 3.06)	1.50	(0.90, 2.52)	1.34	(0.94, 1.87)	1.24	(0.85, 1.76)
Q4	1.76	(1.11, 2.83)	1.21	(0.73, 2.04)	1.31	(0.96, 1.85)	1.15	(0.82, 1.62)
Q5 Most deprived	2.10	(1.28, 3.47)	1.62	(0.97, 2.83)	1.36	(0.94, 1.93)	1.19	(0.80, 1.72)

Note. aOR = Odds ratio adjusted for all other variables in the model.

Self-Evaluative, Cognitive, Affective, and Behavioural Implications of Family Victimization

Sexual orientation self-stigma and social anxiety only reached significance with recurring family victimization, while gender identity and expression self-stigma did not reach significance at either sporadic or recurring levels (see Table 4). Loneliness and languishing mental health increased with both levels of family victimization, and post-traumatic stress symptoms were more common among those who experienced recurring family victimization (compared to those who experienced it less often).

Table 4. Self-Evaluative, Behavioural, Cognitive, and Affective Implications of Family Victimization Over the Past 12 Months

		Sporadic (vs. none)		Recurring (vs. none)	
	n	aOR	(95% CI)	aOR	(95% CI)
SGM concealment efforts (most of or all the time)	1971	1.24	(0.95, 1.59)	1.44	(1.05, 1.98)
Sexual orientation self-stigma	1971	1.26	(0.94, 1.70)	1.93	(1.34, 2.78)
Gender identity and expression self-stigma (among gender minority participants)	862	1.30	(0.80, 2.06)	1.42	(0.94, 2.11)
Social anxiety	1971	1.21	(0.95, 1.52)	1.73	(1.26, 2.36)
Loneliness	1971	1.41	(1.06, 1.81)	2.43	(1.65, 3.23)
Languishing mental health	1971	1.60	(1.17, 2.16)	2.87	(1.95, 3.94)
Post-traumatic stress symptoms (among those victimized)	706	1.00†		3.19	(1.98, 4.82)

Note. aOR = odd ratios adjusted for age, gender identity and modality, sexual orientation, living arrangement, race, frequent activity restriction, financial stress, food insecurity, neighbourhood material deprivation, and exposure to bullying in the workplace, in sports, and at school. † Sporadic victimization is the reference category, as participants who were not victimized did not complete the post-traumatic stress symptoms checklist.

Flourishing Despite Family Victimization Experiences

Table 5 explores the likelihood of reporting flourishing mental health at the time of the study despite having experienced family victimization in the previous year across participants' characteristics. Both crude and adjusted results revealed that flourishing was lower among cisgender women as well as trans and non-binary participants (compared to cisgender men), those who lived with at least one parent, those who reported frequent activity restrictions, and those who experienced monthly food insecurity. However, flourishing despite family victimization was more likely to occur among participants reporting high authenticity scores and proactive family norms against violence. Sexual orientation and racialization were not significantly associated with flourishing despite family victimization.

Table 5. Characteristics of Flourishing Participants (Compared to Those Not Flourishing) Among Those Victimized ($n = 699$)

	Distribution of participant characteristics		Flourishing, by participant characteristics					
	Not flourishing ($n = 633$)	Flourishing ($n = 66$)						
	n (%)	n (%)	% (95% CI)		Crude OR (95% CI)		aOR (95% CI)	
Gender modality and identity								
Cisgender men	54 (8.53)	17 (25.76)	23.94 (14.61, 35.54)		1.00		1.00	
Cisgender women	222 (35.07)	23 (34.85)	9.39 (6.04, 13.75)		0.33 (0.17, 0.66)		0.31 (0.14, 0.71)	
Trans and non-binary participants	357 (56.40)	26 (39.39)	6.79 (4.48, 9.79)		0.23 (0.12, 0.45)		0.26 (0.11, 0.60)	
Sexual orientation								
Gay/lesbian	158 (26.12)	23 (34.85)	12.71 (8.23, 18.45)		1.00		1.00	
Bi/pansexual	300 (49.59)	32 (48.48)	9.64 (6.69, 13.33)		0.73 (0.41, 1.28)		1.30 (0.64, 2.62)	
Queer	119 (19.67)	9 (13.64)	7.03 (3.27, 12.93)		0.54 (0.24, 1.19)		0.98 (0.40, 2.44)	
Questioning	28 (4.63)	2 (3.03)	6.67 (0.82, 22.07)		0.59 (0.15, 2.36)		1.30 (0.29, 5.85)	
Missing	28	0						
Racialization								
White	450 (71.09)	52 (78.79)	10.36 (7.83, 13.36)		1.00		1.00	
BIPOC	183 (28.91)	14 (21.21)	7.11 (3.94, 11.64)		0.68 (0.37, 1.25)		0.62 (0.32, 1.22)	
Frequent activity restrictions								
No	332 (52.45)	53 (80.30)	13.77 (10.48, 17.62)		1.00		1.00	
Yes	301 (47.55)	13 (19.70)	4.14 (2.22, 6.98)		0.28 (0.15, 0.52)		0.40 (0.21, 0.76)	
Living arrangement								
Do not live with parents	300 (47.92)	43 (65.15)	12.54 (9.22, 16.51)		1.00		1.00	
Live with at least one parent(s)	326 (52.08)	23 (34.85)	6.59 (4.22, 9.72)		0.50 (0.29, 0.84)		0.50 (0.26, 0.97)	
Missing	7	0						
Monthly food insecurity								
Less than once a month or never	478 (75.51)	61 (92.42)	11.32 (8.77, 14.30)		1.00		1.00	
At least monthly	155 (24.49)	5 (7.58)	3.13 (1.02, 7.14)		0.28 (0.11, 0.67)		0.37 (0.15, 0.91)	
Authenticity								
Low	523 (83.95)	36 (55.38)	6.44 4.55, 8.80)		1.00		1.00	
High	100 (16.05)	29 (44.62)	22.48 (15.60, 30.66)		4.21 (2.48, 7.17)		3.29 (1.83, 5.90)	
Missing	10	1						
Proactive family norms against violence								
No	523 (85.18)	46 (71.88)	8.08 (5.98, 10.64)		1.00		1.00	
Yes	91 (14.82)	18 (28.13)	16.51 (10.09, 24.84)		2.28 (1.27, 4.09)		2.02 (1.06, 3.87)	
Missing	19	2						

Note. aOR = coefficients adjusted for all other variables and age (continuous). Missing values are excluded.

Discussion

This study sought to examine family victimization among Canadian SGM youths and its association with negative self-evaluative, behavioural, cognitive, and affective implications. We also explored the correlates of flourishing despite having experienced family victimization. We found that over one-third of respondents had experienced repeated family victimization in the past year, and about half of those reported perceiving that it was motivated by their SGM status. To our knowledge, there is no data on family bullying, as defined in this study, in Canada. Clément et al. (2015) found that about 50% of mothers reported repeated family violence toward their children over a one-year period. However, the children in their study were much younger (aged 0 to 18 years old), which is usually associated with higher rates of family victimization.

Despite greater societal acceptance of homosexuality (Ayoub & Garretson, 2017; Roberts, 2019), family acceptance may still be lagging. For example, some parents maintain negative attitudes toward sexual and gender diversity and struggle with their children's SGM identity (Chrisler, 2017; Katz-Wise et al., 2016; Pullen Sansfaçon et al., 2020). Furthermore, we found that SGM youths living with extended family members tend to experience more family victimization than those living with immediate family. A likely explanation is that youths who live with extended family may suffer from a generally unstable environment within their immediate family, which forces them to live away from their parents and siblings. Youths living with extended family may also be exposed to generational differences in understanding and acceptance of sexual and gender diversity.

Adjusted results showed that compared to cisgender men, cisgender women, trans men, trans women, and nonbinary participants reported higher sporadic victimization prevalence rates, while recurring victimization was higher among trans and nonbinary respondents. These results suggest that gender nonconformity is more often punished, causing trans and non-binary individuals to continue to face victimization in cis-heteronormative contexts. It is possible that sexual identities lesser known by the general population, such as queer or pansexual, do not benefit from the same societal acceptability or visibility than the more widely represented gay and lesbian sexual orientations. Bisexual, pansexual, uncertain and questioning individuals also suffer from specific stigma (e.g., the belief that bisexuality is a phase of denial, transition, or experimentation; Burke & LaFrance, 2016; Diamond, 2008; Prior, 2021).

As for gender diversity categories and terminology, many have not yet gained the same levels of societal acceptability or recognition as those related to sexual diversity. Moreover, when it comes to their children, many parents experience discomfort toward gender nonconformity (Chrisler, 2017; Katz-Wise et al., 2016; Pullen Sansfaçon et al., 2020). Probabilistic surveys from the Quebec government revealed that, while societal acceptance of LGBT people improved from 2013 to 2017 (Giner & Perron, 2017), the population's comfort with sexual and gender diversity varied across subgroups (colleagues, teachers, health professionals, etc.). Respondents felt the greatest discomfort at the idea of their own children being LGBT, with bisexual and trans children prompting the most discomfort. Our findings indicate that this apparent discomfort can have serious implications, leading to higher levels of parent-perpetrated victimization.

This study is among the first to explore family violence experienced by SGM youths with disabilities or activity restrictions. Crude and adjusted analyses revealed that sporadic, but not recurring, family victimization was more common among participants with frequent activity restrictions (e.g., difficulties in hearing, communicating, walking, etc.). Among possible explanations are families' ableist expectations of youth and a lack of understanding and accommodation for the youths' needs and abilities. These youths may also be more dependent on family members, which can exacerbate stress that may be conducive to violence. These hypotheses, however, need to be explored in future research.

Our findings also show that reduced access to economic and material resources, including food, is associated with family victimization in SGM youths. These factors likely heighten unpredictability and psychological distress, compromise family members' availability to provide care, or disrupt positive parenting practices, all of which can increase the risk of family violence (Jackson et al., 2018; Monahan, 2020).

Family Victimization and Well-Being

The present findings also extend those of minority stress research conducted with adult populations, which demonstrate that anti-SGM violence, including childhood bullying, is associated with adult psychological distress and reduced well-being (Hart et al., 2018; Lehavot & Simoni, 2011; Schwartz et al., 2016). In the present study, recurrent family victimization was associated with negative self-evaluation and overall compromised interpersonal functioning, as evidenced by results showing higher levels of self-stigmatization, social anxiety, and loneliness among victims. SGM youths' concealment efforts could potentially be a protective strategy to prevent them from experiencing violence, or they could constitute a form of resistance and resilience. However, as the results suggest, such efforts could also reflect or lead to social anxiety, which manifests as fear of negative evaluation by others as well as avoidance of and distress in social situations. Loneliness and languishing mental health were positively associated with both sporadic and recurrent family victimization. The more often SGM youths experienced family victimization, the more likely they were to self-isolate or to feel excluded and to report languishing mental health. Consistent with previous studies (McGeough & Sterzing, 2018), SGM youths who experienced recurring family victimization were also more likely to report probable post-traumatic stress disorder, a common occurrence among trauma victims (Chan et al., 2021). This mental health profile and its association with family victimization in SGM youths remained significant even after accounting for concurrent victimization in other important life domains, confirming the crucial role of families of origin in SGM youths' development and psychosocial (mal)adjustment.

Flourishing Despite Family Victimization

Finally, we described the characteristics of the participants who were thriving (i.e., reporting flourishing mental health) despite experiencing family victimization. The results revealed how cisgender women as well as trans and nonbinary participants (compared to cisgender men) and those who report frequent activity restrictions were less likely to thrive. One possible explanation is that these groups might already experience other challenges relating to their

gender identity and modality (e.g., cisnormativity), or to their disability status (e.g., ableism) that can further burden them and reduce their ability to thrive.

As the results suggest, such ability is significantly supported by specific internal and external resources. Among SGM youths, the capacity to stay true to oneself and to resist external influence and pressures on self-definition emerged as an inner resource that supported thriving. This finding confirms previous results showing that greater authenticity is associated with better mental health, even after controlling for stressful life events (Ryan et al., 2005), higher hopes, and less intense post-traumatic stress disorder symptoms (for a review, see Wood et al., 2008). Among SGM youths, affirmation of authentic gender or sexual orientation is of particular importance in thriving (Pachankis et al., 2020; Pullen Sansfaçon et al., 2021).

Yet, SGM youths must find a balance between affirmation and safety (Pullen Sansfaçon et al., 2021). This study found specific circumstances relating to security that were associated with thriving, such as living away from one's parents, which likely makes it easier to distance themselves from them when things get heated, and having a family where violence is actively discouraged and condemned, which can be seen as supportive and comforting. Experiencing monthly food insecurity was negatively associated with flourishing, which is not surprising as food insecurity is a mentally and emotionally damaging experience that generates uncertainty and elevates stress (Weaver & Hadley, 2009). As food insecurity is also a common proxy for low socioeconomic status (Weaver & Hadley, 2009), this result confirms that economic security also plays a significant role in flourishing mental health (Gilmour, 2014), although we did not have sufficient information to establish whether it affects SGM youths' ability to thrive through the material resources or the psychosocial assets it provides (or both).

Limitations

The present findings should be considered in light of the study's limitations. First, data collection overlapped with the beginning of the COVID-19 pandemic. This uncertain time and the repeated and extended periods of home confinement likely increased the emotional and financial stress experienced by participants and their families – factors that have also been shown to be associated with family violence (Every-Palmer et al., 2020; Humphreys et al., 2020). Second, our victimization measure, which is drawn from the bullying literature and based on a single all-encompassing screening item, departs from more common approaches to assess family maltreatment and neglect. Thus, this approach likely underestimated family victimization exposure among participants. Third, because the data are self-reported, they are susceptible to recall bias and social desirability bias. Fourth, the findings are based on convenient sampling, which is prone to self-selection and prevalence estimation biases (e.g., participants may have been more likely to be victims than non-participants, or those who were victims could have avoided the survey in order to not have to remember such experiences). Lastly, the study's cross-sectional design does not allow for inference of causality nor directionality of the observed associations. However, despite its limitations, this study shows that recurrent family victimization is associated with negative self-evaluative, behavioural, cognitive, and affective implications among SGM youths.

Implications for Intervention

To reduce or prevent family victimization, we need to increase families' acceptance of sexual and gender diversity. As Dickson et al. (2019) suggested, parents need to be educated about the potential long-term harm resulting from parental belittling, ridicule, and sarcasm, and they need to better understand the importance of supporting their SGM children. Support groups that are affirmative of sexual and gender diversity and workshops that foster affirmative parenting practices have been shown to be promising (Austin et al., 2021; Newhook et al., 2018), particularly for economically struggling families (Maguire-Jack & Font, 2017).

At the policy level, child protection services, schools, and healthcare providers working with SGM youths and their families all play a significant role in family victimization screening and in educating parents and caregivers about SGM-affirming parenting practices. This should be a priority for service providers, particularly those working with trans and nonbinary youths. Another important step is to have evidence-based interventions that assess, intervene in, and reduce family violence (Newcomb et al., 2019; Spivak et al., 2021) and that also include SGM-specific content.

While it is crucial to change SGM youths' hetero-cisnormative environment, it is also necessary to approach family violence victims from a multidisciplinary standpoint (Mooney, 2017; Musicaro et al., 2019). They need to receive adequate support to build strong internal and external resources to cope with family trauma. Our exploration of SGM youths who are flourishing despite their family victimization experience reveals the importance of balancing

authenticity with safety within the family, as well as ensuring food and economic security to sustain their ability to thrive.

The present study also suggests that preventing family victimization may prevent its many social and mental health costs among SGM youths (e.g., post-traumatic stress disorder). As such, interventions should also target perpetrators and the insidious forms that victimization can take within families. Future research should investigate best practices to support SGM youths' families to help stop the violence and bring about change.

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Conflict of interest

The authors have no conflict of interest to disclose.

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